UNDERSTANDING THE POPULATION OF PEOPLE WITH FREQUENT JAIL CONTACT

Findings from a Multi-Site, Mixed-Methods Project

September 29, 2023



Supported by the John D. and Catherine T. MacArthur Foundation

Welcome/Tech Overview

- General Overview
 - Zoom features
 - Please chat your questions
- The John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge

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Acknowledgement

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- The authors are solely responsible for the content of this presentation.

Outline

- Overview
- Methods
- Project Sites
- Findings
- Policy Recommendations

OVERVIEW



PRA Research Team



3 Overarching Research Goals

- 1. Describe the population of people with frequent jail contact
 - Focus on intersecting needs and systemic barriers that lead to repeated jail admissions
- 2. Identify strategies used to reduce returns to jail
 - Focus on collaboration with community-based service providers
- 3. Assess outcomes associated with these strategies
 - Focus on behavioral health and racial/ethnic inequities

METHODS



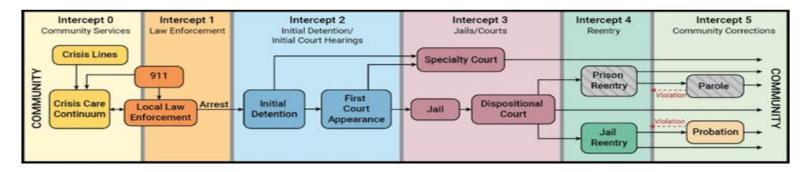
Methods

- Quantitative Methods
 - At least 6 years of jail and behavioral health administrative data
 - Analyses
 - Objective 1: Describe the population
 - Objective 3: Assess outcomes
- Qualitative methods
 - 50 interviews (27 practitioners, 23 people with lived experience)
 - Analyses
 - Objectives 1-3



Organizing Framework

- Sequential Intercept Model (SIM)
 - Identifies intercepts in pathways in and out of the criminal legal system among people with frequent jail contact (Abreu et al., 2017)



PROJECT SITES



3 Project Sites

- Mecklenburg County, North Carolina
- Harris County, Texas
- Pennington County, South Dakota



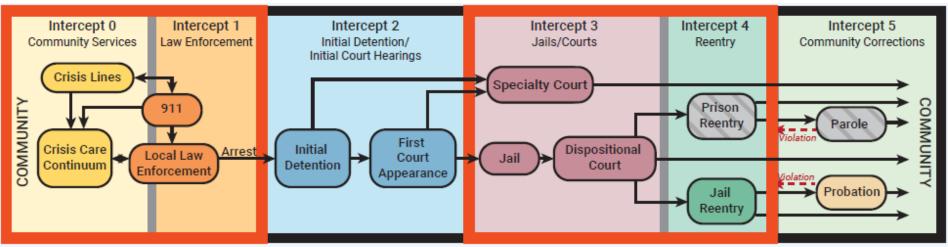
Mecklenburg County Site Lead

Dr. Stephen Strzelecki
Clinical Director,
Forensic Evaluations Unit





Mecklenburg County Focus



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. Behavioral Sciences & the Law, 35(5-6), 380-395. https://doi.org/10.1002/bsl.2300

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Harris County Site Lead

Wayne Young

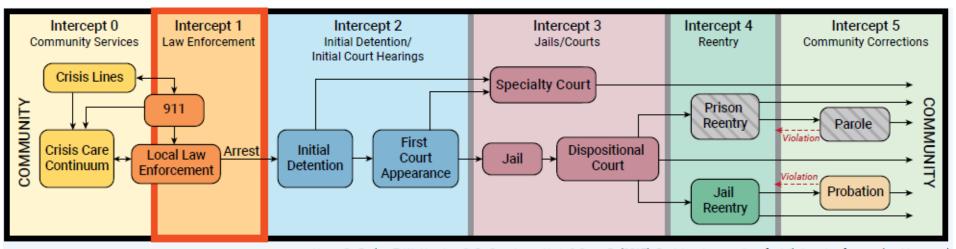
Chief Executive Officer,
The Harris Center for Mental
Health and IDD







Harris County Focus



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. Behavioral Sciences & the Law, 35(5-6), 380-395. https://doi.org/10.1002/bsl.2300

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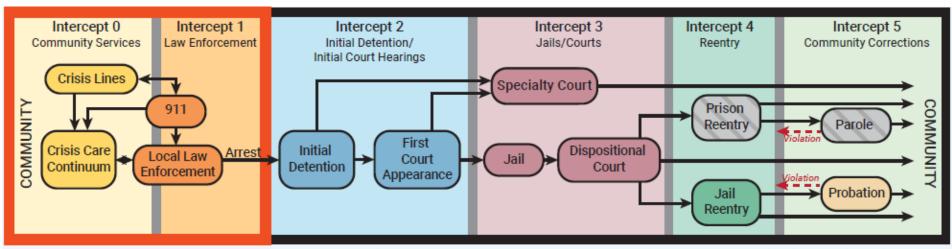
Pennington County Site Lead

Liz Hassett
Grant Manager,
Pennington County





Pennington County Focus



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. Behavioral Sciences & the Law, 35(5-6), 380-395. https://doi.org/10.1002/bsl.2300

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FINDINGS

Answering the 10 RFWP Research Questions



Research Question 1: How is frequent jail contact defined?

- Typically, not defined by sites
 - Face and name recognition

Lack of Definition

Really, now that we've been doing this for a while staff are pretrained to eyeball [clients] so when they come in [staff] are like, 'Johnny's back. This is the second time this month.'



Research Question 1: How is frequent jail contact defined?

- Typically, not defined by sites
 - Face and name recognition
- Some agencies have lists of people with top # of contacts
- Median # of bookings among people with >1 booking
 - Ranged from 3 to 4 across sites



Research Question 2: What proportion of jail population?

- Majority (half to two-thirds) of bookings
- Minority (one-fifth to one-quarter) of people booked
- Rates ≥ other studies

Research Question 3: What characteristics describe the population?

- Predominantly men and people of color
- Mental health needs higher rates than general population
 - But, not necessarily characteristic of population
- Perceived high rates of:
 - Chronic homelessness
 - Trauma

Interconnected Needs

I think they're caught in alcohol or drug problems, houselessness, and mental health problems. So, our frequent utilizers are going to have a combination of all of those things.



Research Question 4: What are pathways to jail?

- Two pathways described
 - Low-level offenses directly tie to lack of housing
 - Low-level offenses related to unmet behavioral health needs

Frequent Arrests for Low Level Offenses

...a rap sheet that's 100 pages long... and it's literally just, you know, disorderly conduct, disorderly conduct



Research Question 4: What are pathways to jail?

- Two pathways described
 - Low-level offenses directly tie to lack of housing
 - Low-level offenses related to unmet behavioral health needs

But, quantitative data found often higher level of charges.



Research Question 5: What strategies have sites implemented?

 No site implemented programs exclusively for people with frequent jail contact

Strategies for People with Frequent Contact

When you go to categorize high utilizers, there's some that are inherently going to be jail facility high utilizers due to ... their background or ... they have a warrant... and then there's the high utilizers of [our services] which [includes] three different programs ... crisis care, safe solutions, and detox. So really, when I think about high utilizers ... it's kind of hard to say that they only use one area.



Research Question 5: What strategies have sites implemented?

- No site implemented strategies specifically for people with frequent jail contact
- Some collaboration across systems and agencies
- Strategies that support diversion and community-based alternatives to jail
 - Criteria differed across sites

Research Question 6: Who are strategies reaching?

- Inconsistent identification of behavioral health needs
 - Over time within people
 - Potential racial bias

Difficulty Accessing Mental Health Services

Many [people with frequent jail contact] don't see mental health service, I know myself at one time, it was pushed under the rug, you know? So, I'm able to talk to them about that...



Research Question 6: Who are strategies reaching?

- Inconsistent identification of behavioral health needs
 - Over time within people
 - Potential racial bias
- Reach of diversion services
 - People with mental health needs
 - White people and people of color
 - Men and women
 - Not necessarily people with frequent jail contact



Lack of Housing Impacts Services

[Lack of] housing causes disruptions, whether that be, because they lose their medication ... or something else. A lot of times it's not just simply [that people] stop taking their medications. [It] is usually a whole lot of other factors ... So, on paper, it looks like a lot of bad noncompliance, but when you really get to it, it's more like housing instability.



Research Question 7: How do sites define success?

- Typically, not defined by sites
- When discussed, focus on service delivery
 - How well received
 - How widespread
- Emphasis on:
 - Challenges
 - People with whom they currently work



Research Question 8: What are site-level outcomes?

Reductions in jail bookings across sites

Research Question 8: What are site-level outcomes?

- Reductions in jail bookings across sites
- But...
 - No change in booking rates for some
 - Example: people with mental health needs
 - Increase in booking rates for others
 - Example: felony charges

Research Question 9: What are individual-level outcomes?

- Decreases in average number of bookings*
- Some changes in average length of stay
 - Increases for some
 - Decreases for others*

*But, likely reflect limited follow-up period



Research Question 10: Are outcomes distributed equitably?

- No
- Overrepresentation of people with frequent contact
 - Overall and people with frequent jail contact
- Racial disparities persist in outcomes
 - Potential exacerbation

POLICY RECOMMENDATIONS



Policy Recommendations

- Create a data sharing ecosystem
- 2. Establish formal, jurisdiction-specific definitions
- 3. Use validated screening tools
- 4. Implement psychiatric advance directives
- 5. Facilitate jail in-reach programs
- 6. Increase peer support programs
- Improve access to housing
- 8. Increase utilization of community-based services
- 9. Center and evaluate efforts for racial equity

RECOMMENDATIONS TO REDUCE FREQUENT JAIL CONTACT

Policy Brief

Prepared by: Sarah L. Desmarais, Brandon Morrissey, Lisa Callahan, Samantha A. Zottola, Jen Elder, Kristin Lupfer, Elan C. Hope, & Richard A. Van Dorn MAY 2023

Although most jail admissions represent the only contact a person will have with the criminal legal system, there is a small group of people who experience more frequent jail contact and who represent a disproportionate number of both jail admissions and expenditures. 1.2 People with frequent jail contact experience complex, interconnected social, economic, and behavioral health needs that may exacerbate (or be exacerbated by) their frequent jail contact. This group also experiences frequent contact with other services in the community, such as emergency rooms, homeless shelters, and treatment facilities. Strategies to implement services that meet complex needs and address structural barriers are critical to meaningfully and sustainably reduce system involvement among the population of people who experience frequent

policy brief typically has complicated behavioral and medical health needs, extensive criminal legal encounters, and significant social deficits such as poverty, isolation, and elevated risk of being unhoused. Mary of their needs can be addressed with intensive, person-centered treatment in a coordinated continuum of care. The success of community-based solutions is supported by three foundational elements:

services level. The population discussed in this

- A systemwide examination of structural barriers and opportunities,
- A focus on policies to effectively implement and support evidence-based interventions, and
- A re-envisioning of how the behavioral health and criminal legal systems can coordinate trauma-informed responses for people with frequent jail contact.
- 1 Elsa Augustine and Evan White, Hiol UTLUZUS OF MULTIPLE SYSTEMS IN SONOMA COUNTY 1-31 (2020), https://www.capolicylub.org/wp-content/uploads/2020/07/Fileh-Utilizers-of-Multiple-Systems-in-Sonoma-County add
- 2 Ross MacDonald, Fatos Kaba, Zachary Rosner, Allison Vise, David Weiss, Mindy Brittner, Molly Skerker, Nathaniel Dickey, and Homer Venters. The Rikers Island Hot Spotters: Defining the Needs of the Most Frequently Incorporated, 105 American Journal or Pussus Hautin 2262–2268 (2015). https://doi. org/10/2105/JAPI-2015/32782



Effective change for people with frequent

iail contact must proceed simultaneously on

a systemic, policy level and on the individual





1. Create a Data Sharing Ecosystem

- Common data-sharing language and platform
 - Across criminal legal and behavioral health systems
- Data dashboards
- Regularly updated data use agreements
- Limit data access as needed via firewalls

2. Establish Jurisdiction-Specific Definitions



Type

The specific jail or other criminal-legal system contacts being measured (e.g., jail bookings, days in jail, days on supervision)



Number

The number of contacts are measured in two ways:

- A set threshold (e.g., 3+ contacts)
- A proportion of the total population of people booked into jail (e.g., 800 most frequently booked people)



Time Period

The set period of time over which contacts are counted (e.g., 1, 2, or 5 years)



Additional Systems

The inclusion of contact with other systems in addition to legal system contact (e.g., emergency services, hospitals, homeless services)



3. Use Validated Screening Tools

- Engage in universal screening with validated tools
- Examples
 - Mental health Brief Jail Mental Health Screen (BJMHS)
 - Trauma PTSD Checklist for DSM-5 (PCL-5)
 - Drugs Texas Christian University Drug Screen 5 (TCUDS-5)
 - Alcohol Alcohol Use Disorders Identification Test (AUDIT)
- Share screening results
- Implement quality improvement protocols



4. Implement Psychiatric Advance Directives

- Psychiatric advance directives (PADs) enable selfdetermined treatment
 - Reduce need for coercive interventions
- PADs speed up receipt of treatment
- Must protect confidentiality when using PADs
- Peers should be considered to help people complete PADs

5. Facilitate Jail In-Reach Programs

- Allow practitioners to meet with people before release
 - Helps establish trust and engagement
- Follow the APIC model
 - Assess, Plan, Identify, and Coordinate
- Collaboration across systems is needed

6. Increase Peer Support Programs

- Peer support is critical
- Be aware of state requirements
- Look to behavioral health providers who may be using peers
- Peers MUST be approved to make contact in jails to facilitate connection during short pretrial period



7. Improve Access to Housing

- Encourage programs to participate in local Department of Housing and Urban Development (HUD) Continuum of Care
- Work with public housing authorities
- Develop relationships with landlords and apartment management companies
- Consider a shared data platform and dashboard

8. Increase Use of Community-Based Services

- Help people navigate the continuum of care
 - For example, "warm handoffs" or shared video chats
- Help with transportation
- Develop telehealth options and integrated treatment for cooccurring disorders
- Use SOAR to access Supplemental Security Income and Social Security Disability Insurance
- Treatment programs should use open enrollment models



9. Center and Evaluate Efforts for Racial Equity

- Reducing frequent contact not necessarily = racial equity
 - Be intentional about addressing systemic barriers
 - Evaluate access and outcomes across racial/ethnic subgroups
- Include voices of advocates, families, and people with lived experience at all stages

Thank you!

Use the QR code below to access the Frequent Jail Contact microsite.





SafetyAndJusticeChallenge.org