

# Task Force on Community Justice and Mental Illness Early Intervention

March 30, 2016



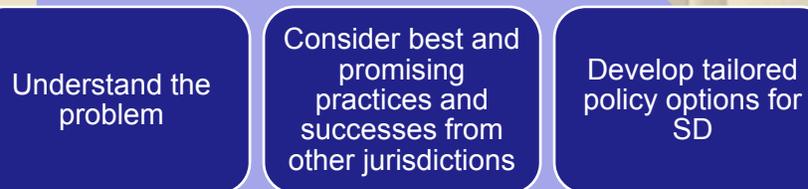
## Meeting Agenda

- Welcome and Introductions
- Review of Task Force Goals and Process
- National Perspective
- Overview of Mental Illness
- Public Input
- Next Steps

## Task Force Goals

- To improve public safety and the treatment of people with mental illness in contact with the criminal justice system through appropriate evaluation, intervention, diversion, and supervision.
- To more effectively identify mental illness in people coming into contact with the criminal justice system, through improved training in local criminal justice systems, better use of screening tools and skills, and expanded response and diversion options in communities for law enforcement and the courts, all while holding offenders and government more accountable.
- To better allocate limited local resources in order to improve early intervention services and preserve limited jail and prison resources for violent, chronic, and career criminals.

## Task Force Process



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# Mental Health and Criminal Justice: A National Perspective

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Crime and Justice Institute at CRJ | Boston, MA | [www.crj.org/cji](http://www.crj.org/cji)

## Overview of Presentation

- **Mental Illness in the US**
  - Prevalence rates
  - Staffing shortages
  - Services received
  - Unmet need
  - Spending
- **Mental Illness and the Criminal Justice System**
  - Law enforcement
  - Court system
  - Jails
  - Probation



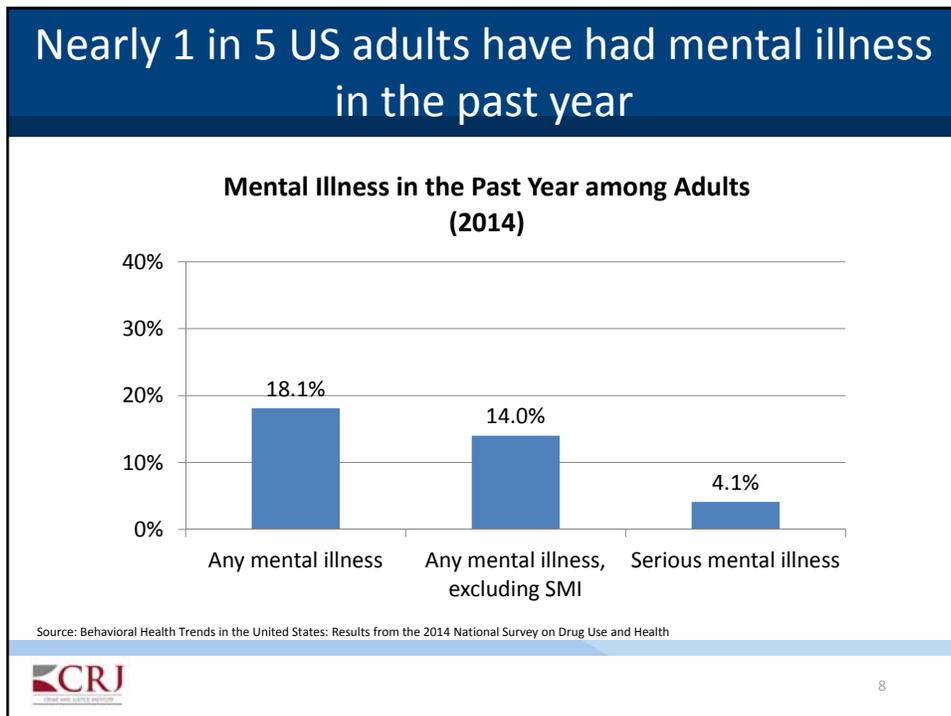
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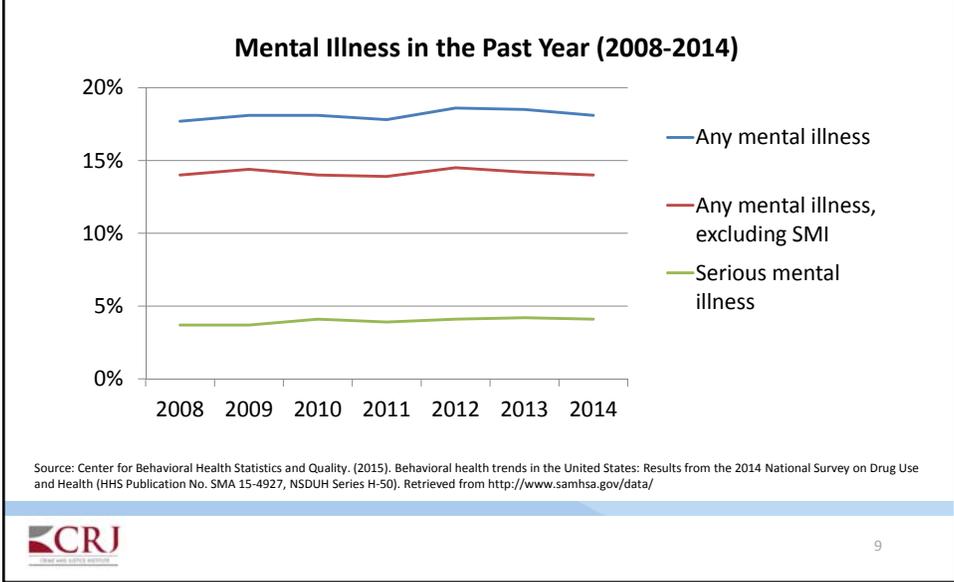
# Mental Illness in the US



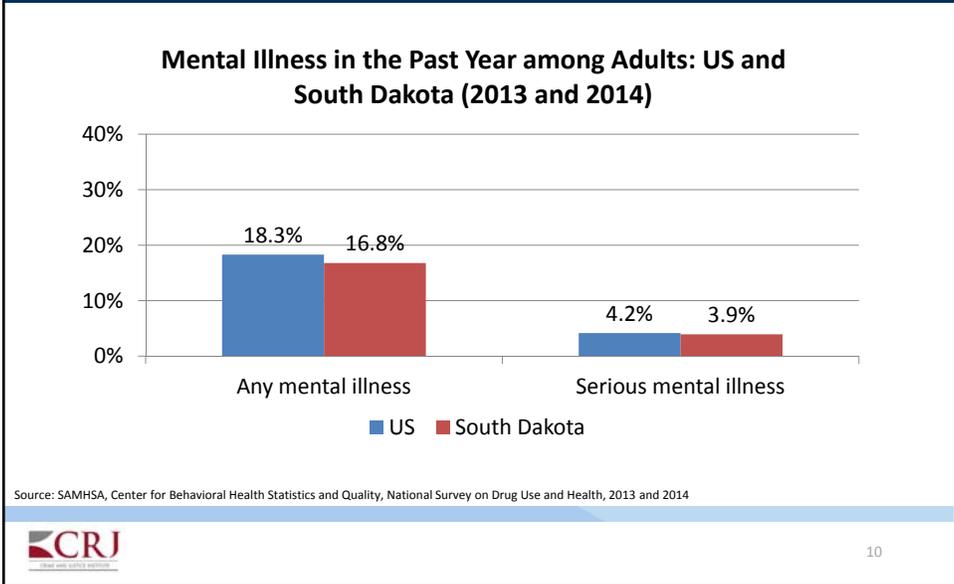
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## There has been little change in the prevalence of mental illness in the past 7 years



## SD's rates of mental illness are slightly below national rates



## SD's rates of mental illness are lower than most bordering states

	AMI in the past year	SMI in the past year
<b>Total US</b>	<b>18.3%</b>	<b>4.15%</b>
Iowa	16.8%	4.59%
Minnesota	19.7%	4.50%
Montana	19.8%	4.65%
Nebraska	18.2%	4.38%
North Dakota	16.1%	4.02%
<b>South Dakota</b>	<b>16.8%</b>	<b>3.94%</b>
Wyoming	19.1%	4.35%

- SD's rate of any mental illness (AMI) is lower than all but North Dakota and Iowa
- SD has the lowest estimated rate of serious mental illness (SMI) in the region

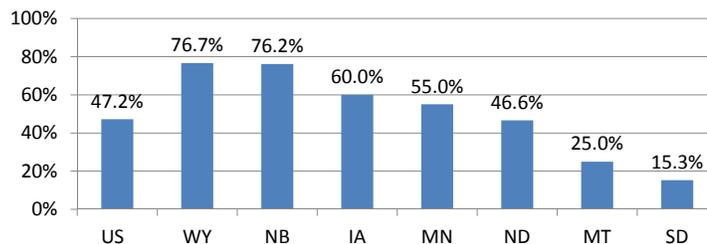
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013 and 2014.



## SD's prevalence rates are lower than national averages, but staffing challenges are significant

- Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the US that are experiencing a shortage of health professionals
- Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000

**Mental Health Care Health Professional Shortages:  
Percent of Need Met (January 1, 2016)**



Source: US Department of Health and Human Services, Health Resources and Services Administration Data Warehouse, accessed 3/14/16



## 3 in 100 US adults in a given year have a co-occurring disorder

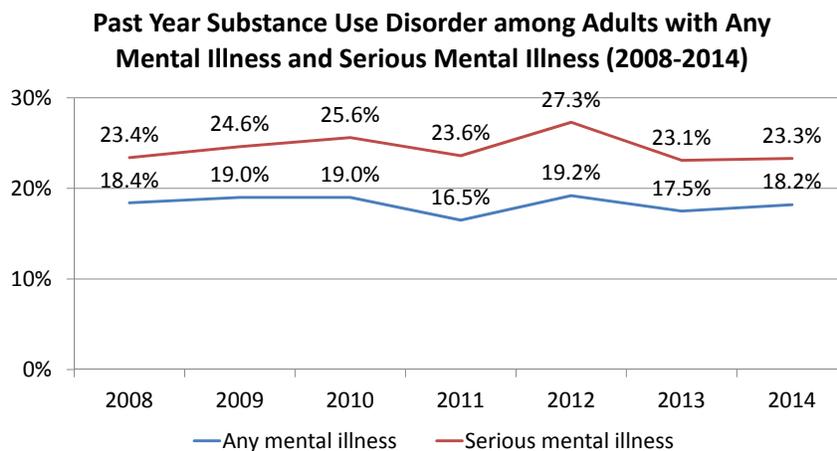
- In 2014, 7.9 million people, or 3.3% of the US adult population, had both mental illness and substance use disorders in the past year
  - 2.3 million, or 1% of US adults, had co-occurring serious mental illness and substance use disorders in the past year
- Rates of co-occurring disorders generally have not changed in the period 2008 to 2014

Source: Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health



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## 18% with any mental illness and 23% with serious mental illness had a substance use disorder in 2014



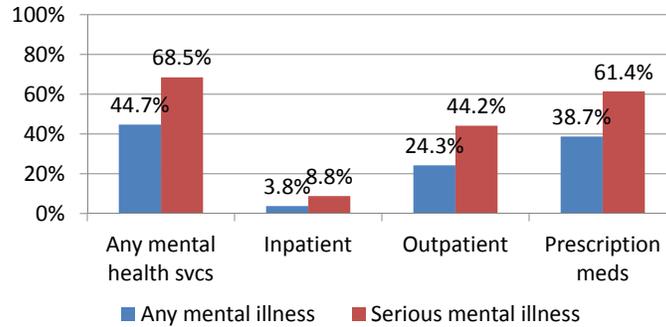
Source: Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health



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45% of those with any mental illness and 69% with serious mental illness received mental health services in the past year

**Mental Health Care Received by Adults with Any Mental Illness or Serious Mental Illness in the Past Year (2014)**

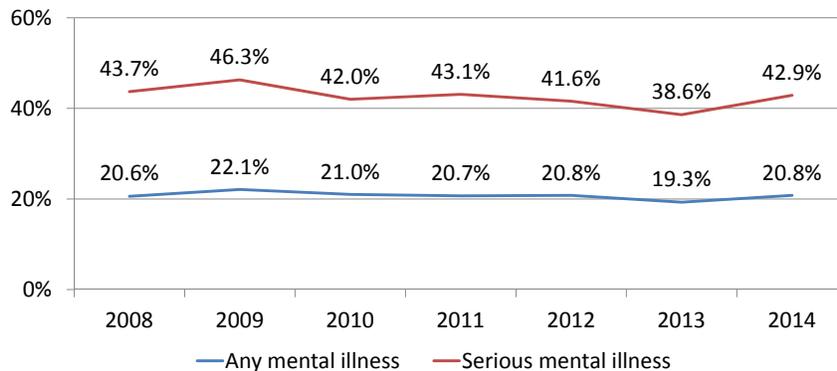


Source: Receipt of Services for Behavioral Health Problems: Results from the 2014 National Survey on Drug Use and Health, September 2015



4 in 10 adults with serious mental illness and 2 in 10 with any mental illness perceived an unmet need for mental health care

**Perceived Unmet Need for Mental Health Services in the Past Year (2008-2014)**



Source: Receipt of Services for Behavioral Health Problems: Results from the 2014 National Survey on Drug Use and Health, September 2015



## Cost, impact on daily living, stigma and beliefs about treatment are among the reasons why people reported not receiving services

Top 10 Reported Reasons for Not Receiving Mental Health Services in the Past Year Among Those with Perceived Unmet Need (2014)	Percent
Could not afford cost	45.4%
Thought could handle problem without treatment	28.3%
Did not know where to go for services	22.7%
Did not have time	16.4%
Treatment would not help	10.9%
Might cause neighbors/community to have a negative opinion	10.6%
Concerned about being committed/having to take medicine	10.2%
Might have negative effect on job	9.5%
Health insurance did not cover enough treatment	9.1%
Did not feel the need for treatment at the time	8.8%

Source: Receipt of Services for Behavioral Health Problems: Results from the 2014 National Survey on Drug Use and Health, September 2015

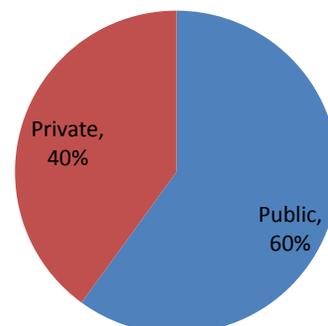


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## A majority of spending for mental health treatment is by public payers

- In 2009, \$147 billion was spent on mental health treatment

Public and Private Spending on Mental Health Treatment (2009)



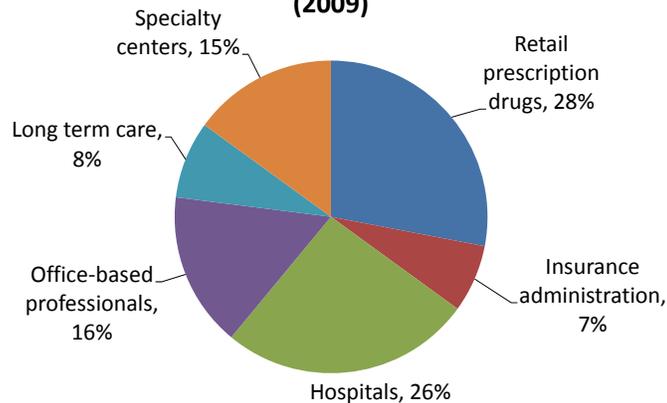
Source: Substance Abuse and Mental Health Services Administration. National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986–2009. HHS Publication No. SMA-13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.



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## Prescription drugs and hospitals each account for more than a quarter of mental health spending

**Distribution of Mental Health Spending by Provider Type (2009)**



Source: Substance Abuse and Mental Health Services Administration. National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986–2009. HHS Publication No. SMA-13-4740. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.



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## Key Takeaways

- 1 in 5 US adults have had some type of mental illness in the past year
- There has been little change in the prevalence of mental illness in the past 7 years
- South Dakota's rates of mental illness are lower than the national estimates and lower than most bordering states
- South Dakota's psychiatrist staffing challenges are significant compared to US and border states



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## Key Takeaways

- 3 in 100 US adults in a given year have co-occurring disorders
- 18% with any mental illness and 23% with serious mental illness had had a co-occurring disorder in 2014



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## Key Takeaways

- 45% of those with any mental illness received mental health services in the past year
  - 69% with serious mental illness received mental health services
- 2 in 10 adults with any mental illness perceived an unmet need for mental health care
  - 4 in 10 with serious mental illness perceived an unmet need



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## Key Takeaways

- Cost, impact on daily living, stigma, and beliefs about treatment are among the reasons why people reported not receiving services
- A majority mental health treatment spending is by public payers
- Prescription drugs and hospitals each account for more than a quarter of mental health spending



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# Mental Illness and the Criminal Justice System



## There is a lack of data on law enforcement contacts with individuals with mental illness

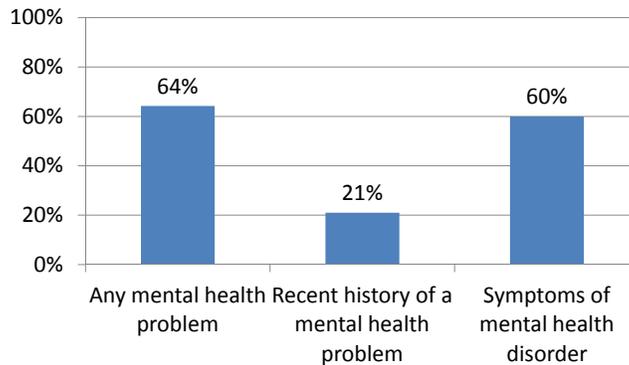
- No national data on law enforcement encounters with individuals with mental illness
- Studies estimate that 7% of law enforcement encounters involve people with mental illness (Borum (1998); Deane, Steadman, Borum, Veysey, & Morrissey (1999); Lodestar (2002))

## There is a lack of data on individuals with mental illness in the court system

- No national data collected on prevalence of individuals with mental illness in the court system, pretrial experiences, court processing times, or sentencing

## The prevalence of mental health problems in jails exceeds that of the general population

**Prevalence of Mental Health Problems among Jail Inmates (2006)**



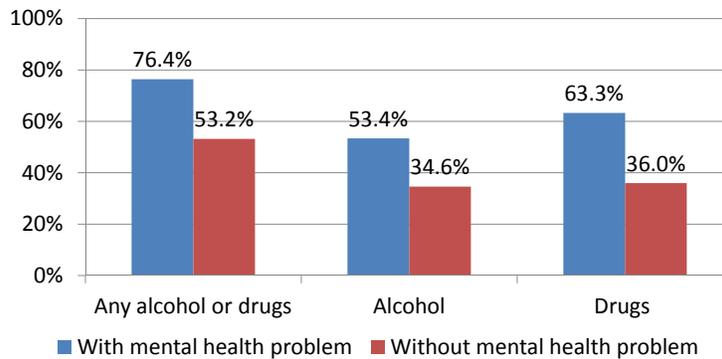
Source: Bureau of Justice Statistics, 2006



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## Jail inmates with mental health problems are more likely than those without problems to have substance abuse or dependence

**Substance Dependence or Abuse Among Jail Inmates, By Mental Health Status (2006)**

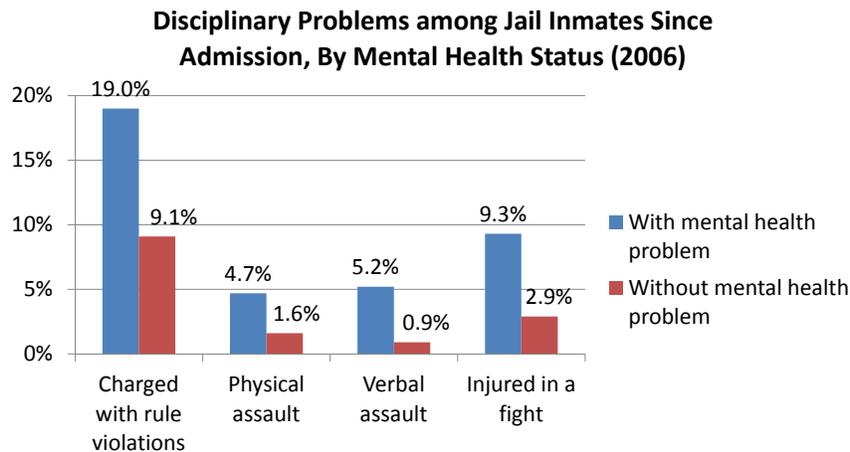


Source: Bureau of Justice Statistics, 2006



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## Inmates with a mental health problem are far more likely to be charged with rule violations, involved in assaults, and injured in a fight



Source: Bureau of Justice Statistics, 2006



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## Probationers with mental illness have shorter criminal histories but are more likely to have a current or past sentence for violence

- Last relevant study by Bureau of Justice Statistics published in 1999
  - 16% of probationers reported a mental condition or having stayed overnight in a mental hospital at some point in lifetime
  - Probationers with a mental illness
    - Had shorter criminal histories than other probationers
      - 45.8% with mental illness had 2 or fewer prior probation or incarceration sentences, compared with 57.8% of those without mental illness
    - Were more likely to have a current or past sentence for violence
      - 29.1% with mental illness had current or past sentence for violence, compared with 17.1% of those without mental illness

Source: Bureau of Justice Statistics, 1999



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## Key Takeaways

- There is a lack of data nationally on law enforcement encounters with individuals with mental illness and court experiences of these individuals
- Prevalence of mental health problems is higher for jail inmates than the general population
- Jail inmates with a mental health problem are more likely than those without a problem to have substance dependence or abuse
- Jail inmates with a mental health problem are far more likely to be charged with rule violations, involved in assaults, and injured in a fight



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## Key Takeaways

- Probationers with mental illness have shorter criminal histories, but are more likely to have current or past sentence for violence



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## Next Steps

- Continue to understand the problems facing South Dakota
  - What does our current system look like?
  - What does the data tell us?

## Upcoming Meetings

<u>Date:</u>	<u>Time:</u>	<u>Location</u>
April 15 <sup>th</sup>	10am-3pm CT	Sioux Falls- Sheraton Hotel and Conf Ctr
May 26 <sup>th</sup>	10am-3pm CT	Ft. Pierre- AmericInn Conference Center
June 14 <sup>th</sup>	10am-3pm CT	Sioux Falls- Sheraton Hotel and Conf Ctr
July 11 <sup>th</sup>	10am-3pm MT	Rapid City- Ramkota Conference Ctr
August 18 <sup>th</sup>	10am-3pm CT	Ft. Pierre- AmericInn Conference Center
September 22 <sup>nd</sup>	10am-3pm CT	Pierre- Red Rossa Conference Room
October 14 <sup>th</sup>	10am-3pm CT	Pierre- Red Rossa Conference Room