



# Criminal Justice and Behavioral Health

The substantial prison population in the United States is strongly connected to drug-related offenses. While the exact rates of inmates with substance use disorders (SUDs) is difficult to measure, some research shows that an estimated 65% percent of the United States prison population has an active SUD. Another 20% percent did not meet the official criteria for an SUD, but were under the influence of drugs or alcohol at the time of their crime.

National Institute of Drug Abuse, Criminal Justice DrugFacts

## Nationally:

- Jails and prisons house significantly greater proportions of individuals with mental, substance use, and co-occurring disorders than are found in the general public.
- While it is estimated that approximately 5 percent of people living in the community have a serious mental illness, comparable figures in state prisons and jails are 16 percent and 17 percent, respectively.
- The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails.
- Similarly, the co-occurrence of mental and substance use disorders has been higher among people who are incarcerated in prisons or jails (33 percent to 60 percent) compared with people who are not incarcerated (14 percent to 25 percent).

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide, Substance Abuse and Mental Health Services Administration

## In Washington State:

Many people with mental or substance use disorders and experiencing homelessness are often channeled into the justice system. A 2016 study by the Department of Social Services of the characteristics of individuals booked into jail found the following:

- Six in ten (58 percent) had mental health treatment needs.
- Six in ten (61 percent) had substance use disorder treatment needs.
- Four in ten (41 percent) had co-occurring disorder indicators.
- Just over half (55 percent) of Medicaid recipients booked into jail had a mental health diagnosis identified in administrative records, compared to 34 percent in the general adult Medicaid population.
- Among Medicaid clients entering jail, depression was the most common diagnosis (33 percent), followed by anxiety disorders (31 percent), bipolar disorder (18 percent), and psychotic disorders (15 percent).
- 63 percent of female Medicaid recipients entering jail versus 55 percent of males had mental health treatment needs.

Behavioral Health Needs of Jail Inmates in Washington State, DSHS Research and Data Analysis Division Olympia, Washington

## **In Kitsap County:**

- Alcohol violations (age 18+), were reduced from 5.5 per 1,000 adults (age 18+) in 2010 to 2.8 per 1,000 adults in 2017. Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness.
- The arrests of adults (age 18+) for drug law violations, increased from 1.7 per 1,000 adults (age 18+) in 2012 to 2.3 per 1,000 adults in 2017. Drug law violations include all crimes involving sale, manufacturing, and possession of drugs.
- The arrests of adults (age 18+) for violent crime were reduced from 2.5 per 1,000 adults (age 18+) in 2006 to 1.4 per 1,000 adults in 2017. Violent crimes include all crimes involving criminal homicide, forcible rape, robbery, and aggravated assault. Simple assault is not defined as a violent crime.
- The adult (age 18 and over) admissions to prison, increased from a low of 243.3 in 2008 per 100,000 persons (all ages) to 713.5 per 100,000 in 2017. Admissions include new admissions, readmissions, community custody inmate violations, and parole violations. Counts of admissions are duplicated so that individuals admitted to prison more than once in a year are counted each time they are admitted. The admissions are attributed to the county where the conviction occurred.

Washington State Department of Social and Health Services, Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). County Reports, Feb 2019

## **Consequences of Criminal Justice Involvement:**

Arrest and incarceration often destabilize an individual's life, including their housing, health care, employment, and social connectedness. Researchers have found that even brief incarceration leads to adverse consequences, including loss of employment and future employment opportunities, poorer physical and behavioral health due to breaks in health care services and treatment, loss of housing and future housing opportunities, and disruptions in family life and social connections.

- While treatment and services are important for people with any type of mental illness, people with serious mental illness tend to experience longer and more punitive criminal justice involvement.
- The experience of incarceration is stressful, and services provided often lack the therapeutic environment needed to foster recovery.
- Due to funding and staffing limitations, many jails and prisons are not able to support continuity of care from and back into the community and many do not have adequate resources to treat serious mental illness.
- This may result in longer incarcerations; solitary confinement; re-arrest or re-incarceration; and worsened physical health, behavioral health, criminal justice, and social outcomes.

Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals, Substance Abuse and Mental Health Services Administration

## **Treatment of Individuals in the Criminal Justice System:**

Jail-based diversion presents an important opportunity to shorten average length of stay for people with behavioral health needs without increasing public safety risk. By shortening average length of stay, these interventions can help reduce jail costs. They also can eliminate or reduce the significant

damage that time in a jail setting can do to people with behavioral health needs, including exposure to risk of violence and disruption of community-based care and supports to keep them stabilized. Jail-based diversion can also help to reduce the impact of collateral consequences associated with long periods of incarceration, such as barriers to finding employment, housing, or connections to community-based treatment and recovery support services.

Frequently Asked Questions: A Look into Jail-Based Behavioral Health Diversion Interventions, Justice Center the Council of State Governments

Decades of science shows that providing comprehensive substance use treatment to criminal offenders while incarcerated works, reducing both drug use and crime after an inmate returns to the community. Scientific research since the mid-1970s shows that treatment of those with SUDs in the criminal justice system can change their attitudes, beliefs, and behaviors toward drug use; avoid relapse; and successfully remove themselves from a life of substance use and crime.

- Studies suggest that using medications for opioid use disorder treatment in the criminal justice system decreases opioid use, criminal activity post-incarceration, and infectious disease transmission.
- Studies have also found that overdose deaths following incarceration were lower when inmates received medications for their addiction.
- The recent National Academy of Sciences report on Medications for Opioid Use Disorder stated that only 5% of people with opioid use disorder in jail and prison settings receive medication treatment.
- Treatment during and after incarceration is effective and should include comprehensive care (including medication, behavioral therapy, job and housing opportunities, etc.).
- Despite the cost, treatment in the criminal justice system saves money in the long run.

National Institute of Drug Abuse, Criminal Justice DrugFacts

In 2019, Kitsap County Jail Reentry participants reduced jail bed days from 18,238 prior to program enrollment to 6,381 post-program enrollment (equivalent comparison periods), a 65% reduction. Reentry is a general term that includes both pre-release institutional coordination and community-based programming following release from jails or prisons. The transition from incarceration in jail or prison to the community is a critical period for ensuring continuity of care, reducing the likelihood of overdose or death after release, and linking individuals to needed social services and supports.

- Research has shown that, for individuals with substance use disorders, the likelihood of death by overdose increases 12-fold the 2 weeks post-incarceration.
- For individuals with opioid use disorders, this risk is 40 times that of the general population. Individuals reentering communities are also at an increased risk for suicide.
- If treatment is started in jail or prison, a process of therapeutic change can commence; continuing treatment upon reentry into the community can sustain these gains.
- Due to the high risk of homelessness, morbidity, and mortality among people released from incarceration, housing support, employment support, transportation, and linkage to identification and benefits are critical service components.

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