

## RESEARCH BRIEF

### Identifying Behavioral Health Needs of Individuals Screened at the Booking Counter of Montgomery County Jail

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#### ABSTRACT

**Background:** Many of the individuals who are released from incarceration are re-arrested and re-incarcerated within three years of release. Challenges that predispose individuals to re-arrest and re-incarceration include lack of education, employment opportunities, decent affordable housing, and treatment for substance use disorders (SUD) and/or mental illness. This report summarizes the behavioral health needs of newly arrested individuals in Montgomery County, Ohio.

**Methods:** For this project, 4,809 adult individuals arrested for non-violent crimes received behavioral health screening and case management at booking in the Montgomery County Jail. Criminogenic assessment using the Risk-Needs-Responsivity (RNR) tool was conducted with 484 arrestees. Descriptive statistics and chi square statistics were calculated for gender, race, referrals made, education level, employment status, housing status, alcohol and other drug use, and mental health status.

**Results:** As a group, the arrestees were undereducated, underemployed, and homeless. Based on RNR assessment, 67% had an SUD, and 60% required mental health treatment. Significant gender and racial differences were found among the arrestees, with women significantly more likely to have SUD and mental health issues.

**Conclusions:** Individuals arrested and booked into the Montgomery County Jail experience a complex interaction among mental health, poly-substance use, medical, employment, and housing needs that must be addressed in a comprehensive and coordinated funding manner. This interactive complexity of issues demand a response from an integrated service delivery system that would best benefit the person served and the community.

**Key words:** reentry population, substance use disorders, mental health, gender differences, racial disparities

#### INTRODUCTION

The social cost of incarceration is alarming. The State of Ohio spent over \$1.73 billion, or approximately 6% of the state's budget, to assess, house, secure, and service incarcerated individuals in state prisons in 2017.<sup>1</sup> In Montgomery County, Ohio, where this study was conducted, \$109 million, or over 70% of the county's general fund, was spent in 2017 on judicial and law enforcement services, including operation of the County Jail.<sup>2</sup> Many of the individuals who are released from incarceration (over 36.5% in Montgomery County) are re-arrested and re-incarcerated within three years of release.<sup>3</sup> Recidivism, or the relapse into criminal behavior that results in re-arrest and re-incarceration, is a challenging issue in Montgomery County, which has a recidivism rate that is 1.19 times higher than the state recidivism rate of 30.7%.<sup>3</sup>

Returning citizens face a number of challenges that predispose them to re-arrest and re-incarceration, including lack of education, absence of adequate employment opportunities, a dearth of safe affordable housing, and need for treatment for substance use disorders (SUD) and/or mental illness.<sup>4</sup> The destructive cycle of return and re-incarceration of large numbers of individuals creates unique health needs and risks for returning citizens and their communities. The Urban Institute, at its fourth National Reentry Roundtable, examined the public health dimensions of

reentry and concluded that most returning citizens return to poor neighborhoods where access to education, employment, and affordable, high-quality health care is limited.<sup>5</sup> The most pressing health-related challenges included having no money for co-pays or deductibles, poor coordination of mental health and substance abuse services with health care, and racial and gender disparities in access to and quality of care. According to the findings of this Urban Institute Roundtable, returning citizens place demands on community health services for mental health services, SUD treatment, care coordination for multiple problems, and access to providers who have the skill set to treat the returning population.<sup>5</sup>

Most of those arrested and brought to the Montgomery County Jail are not receiving the behavioral health services that they require before or after arrest. The stays in the jail are relatively short, typically a few hours to a few days, so most offenders leave the jail without having their behavioral health needs addressed. This contributes to the high recidivism rate at the jail, because many offenders will re-offend due to untreated mental illness and/or co-occurring substance abuse. Most offenders return to the jail with the same barriers that they had prior to their last incarceration.

This report summarizes the behavioral health needs of newly arrested individuals in Montgomery County, collected in a reentry

program funded by a Bureau of Justice Assistance (BJA) grant. These findings inform about gender and racial differences in the need for behavioral health services by individuals who are released to society after arrest in Montgomery County.

## METHODS

### Setting

The Montgomery County Jail houses an average of 810 individuals (range = 672 – 935, for 2017-2018) and admits a mean of 60 arrestees (range = 15 – 116 for 2017-2018) daily.<sup>6</sup> The increased rate of incarceration of women is a disturbing phenomenon in Montgomery County, and women now make up over 20% of the county jail population, up from 12% a decade ago, which has led to overcrowding in the women's housing pods. In addition, disproportionate numbers of African Americans are incarcerated at the county jail. While African Americans comprise 22% of the county population, the jail population is typically 48-53% African American; Hispanics comprise less than 2% of the jail population.

The Montgomery County Alcohol, Drug Addiction & Mental Health Services Board (ADAMHS) received a three-year BJA grant from the US Department of Justice in 2015 to provide wrap-around case management services to individuals at the County Jail at the time of booking for a non-violent offense. Case managers at the booking counter screened and collected information from newly arrested individuals regarding their need for medical and behavioral health treatment, housing, employment, education, food, clothing, and/or legal services. Most of these individuals were released within hours of their arrest and were provided with personalized packets that contained information regarding contact information and addresses of organizations that could help them obtain needed goods and services.

As part of this BJA grant project, an evaluation team from the Substance Abuse Resources and Disability Issues (SARDI) Program in the Department of Population and Public Health Sciences at the Boonshoft School of Medicine at Wright State University received de-identified data collected by the case managers at the booking counter at the County Jail. The SARDI evaluation team analyzed these data to identify trends in needed services and reported the results of these analyses to BJA. These data are summarized in this Research Brief.

### Design

In a cross-sectional, non-experimental study that used convenience sampling methods to recruit participants, de-identified data collected by case managers at the booking counter were analyzed. Descriptive statistics included data regarding gender, race, education level, employment status, housing status, alcohol and other drug use, and mental health status.

### Participants

Men and women (18 years and older) who had been arrested for a nonviolent offense and were booked into the Montgomery County Jail from October 1, 2016, to September 30, 2018, served as participants. Exclusion criteria included arrest for a violent offense, arrest for technical violation of supervised release, or booking for revocation of the terms of supervised release. Once they were determined to be eligible for the program, individuals who were arrested and brought into the Jail for booking were called to the booking counter by a case manager, screened for mental health and SUD treatment needs, and queried about additional needed services. Altogether 4,809 eligible participants received case management at booking. Most, however, refused criminogenic assessment. Data for 484 individuals (41 African American women, 178 White women, 99 African American men, 166 White men) who consented to criminogenic assessment are reported here.

## Procedures

Case managers at the booking counter screened all eligible non-violent offenders with standardized screening tools, including the Patient Health Questionnaire (PHQ-2) for depression screening,<sup>7</sup> General Anxiety Disorder (GAD-7) scale,<sup>8</sup> and the CAGE-AID screener for SUD.<sup>9</sup> Those who had received mental health treatment in the past and/or those who scored above the criterion on the PHQ-2, GAD-7, or CAGE-AID were asked to complete criminogenic assessment using the George Mason University Risk-Needs-Responsivity Simulation Tool.<sup>10</sup>

## Measures/outcomes

Four valid, standardized instruments were used in this project. The Patient Health Questionnaire (PHQ-2) is a 2-item instrument designed to screen for depression.<sup>7</sup> The General Anxiety Disorder (GAD-7) scale is a seven-item instrument that permits screening and severity measurement of anxiety,<sup>8</sup> and the CAGE-AID screener is a four-item instrument designed to screen for alcohol and drug problems conjointly.<sup>9</sup> The George Mason University Risk-Needs-Responsivity Simulation Tool (RNR) provided criminogenic assessment for more in-depth screening to develop treatment recommendations based upon criminogenic risk factors.<sup>10</sup>

## Statistical Analysis

Descriptive statistics were calculated to summarize the number and types of referrals. Among those who completed the RNR, chi-square analyses were conducted for the following variables: gender (female versus male), race (African American versus White), referrals made (categories: medical treatment, behavioral health treatment, housing, employment, education, food, clothing, legal services), education level (categories: less than high school, high school graduate, some college, and college graduate), employment status (categories: full time, part time, unemployed looking for work, unemployed not looking for work, and not employed due to disability), housing status (homeless versus not homeless), alcohol and other drug use (categories: alcohol, opioid, meth and other amphetamines, marijuana, cocaine, and benzodiazepines), and mental health status (mental health diagnosis versus no diagnosis). Chi-square analyses were conducted to investigate the relationship of gender and race with the behavioral variables. Given the relatively large number of RNR measures analyzed, a Bonferroni correction was made, and alpha (significance level) was reduced from 0.05 to 0.008.

## RESULTS

A total of 5,343 referrals were made for 4,809 unduplicated participants screened at the booking counter at the Montgomery County Jail. Of the 5,343 referrals, 10% were for mental health services, 13% were for SUD treatment, 13% were for housing, 16% were for employment services, 7% were for medical services, 2% were for educational services, and 38% were for referrals for other community resources (such as food, clothing, or legal assistance). Having a case manager in the booking area helped the arrestee to formulate a reentry plan. Case managers used motivational interviewing and, after realizing the case managers were not a part of law enforcement, many arrestees were more open to discussing treatment needs. Arrestees reported that their motivation for mental health treatment or substance abuse treatment was hampered by fears of medication, long-term treatment, and the stigma of being considered mentally ill. Many verbalized that mental health treatment was too lengthy and less effective than self-medicating. Some verbalized a preference to serve jail time instead of maintaining the efforts at staying clean in the community and being years on probation.

The sample of 484 arrestees who completed the RNR assessment was relatively undereducated, with 28% not completing high

school and 47% being high school graduates, compared to the general US population, which has a high school graduation rate of 90%.<sup>11</sup> Employment rates were also well below the American average, with 52% of the jail sample being unemployed and only 29% reporting full-time employment. Based on RNR assessment, 67% had an SUD, and 60% required mental health treatment. Less than 50% of the sample reported having housing.

Chi square analyses of data from the 484 individuals who completed the RNR revealed a number of significant relationships associated with gender and race for the behavioral variables measured. The most striking findings were related to gender differences. Women in this sample were significantly more likely to have mental health issues than were men,  $\chi^2$  (df = 1, n = 484) = 7.60, p = 0.006. Women were also significantly more likely to have a SUD than men,  $\chi^2$  (df = 1, n = 484) = 14.96, p < 0.0001. Men had a significantly greater need for housing than women did,  $\chi^2$  (df = 1, n = 484) = 30.55, p < 0.0001. In terms of racial differences found among arrestees at the Montgomery County Jail, white women were significantly more likely to have SUD than African American (AA) women,  $\chi^2$  (df = 1, n = 219) = 14.11, p = 0.0002. Table 1 summarizes all of the findings of the chi-square analyses conducted.

## DISCUSSION

Individuals arrested and booked into the County Jail experience a complex interaction among mental health, poly-substance use, medical, employment, and housing needs that must be addressed in a comprehensive and coordinated funding manner. These findings corroborate the challenges for public health identified by the fourth National Reentry Roundtable sponsored by the Urban Institute.<sup>5</sup> Special attention must be devoted to disparities associated with gender and racial subpopulations, in particular the higher need for SUD and mental health treatment by women. These disparities have been highlighted by numerous investigators, who relate the significantly higher prevalence of behavioral health disorders in incarcerated women to increased incidence of childhood trauma and physical, sexual, and emotional abuse experienced by women.<sup>12-16</sup>

## PUBLIC HEALTH IMPLICATIONS

Public health has an important role to play in reducing recidivism. Individuals arrested and booked into the Montgomery County Jail experience a complex interaction among mental health, poly-substance use, medical, employment, and housing needs that must be addressed in a comprehensive and coordinated funding manner. This interactive complexity of issues demands a response from an integrated service delivery system that would best benefit the person served and the community. State and county public health officials must collaborate to develop and fund an integrated service system that meets the needs of returning citizens, particularly women, who experience SUD and mental illness at higher rates.

## ACKNOWLEDGEMENTS

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**Table 1: Prevalence (%) of mental illness, substance use, unemployment, homelessness, and lack of education among arrestees who completed the RNR in the Montgomery County Reentry Project.**

	Women			Men		
	White (n=178)	AA (n=41)	Total (n=219)	White (n=166)	AA (n=99)	Total (n=265)
Mental Health Diagnosis	68.8	60.0	67.1 <sup>a</sup>	56.4	50.4	54.2 <sup>a</sup>
Substance Use Disorder	81.9 <sup>b</sup>	52.5 <sup>b</sup>	76.5 <sup>c</sup>	62.5	56.1	59.4 <sup>c</sup>
Preferred Substance						
Alcohol	3.3	14.6	5.6	12.7	15.2	13.6
Opioid	45.8 <sup>d</sup>	4.9 <sup>d</sup>	38.0 <sup>f</sup>	24.1 <sup>e</sup>	9.1 <sup>e</sup>	18.5 <sup>f</sup>
Meth/Amphetamines	16.6	2.4	13.9	12.7 <sup>g</sup>	1.1 <sup>g</sup>	8.3
Marijuana	6.3	17.1	8.3	5.4 <sup>h</sup>	19.2 <sup>h</sup>	10.6
Cocaine	8.0	12.2	8.8	2.4	10.1	5.3
Benzos	1.1	0.0	0.9	0.6	0.0	0.3
Employment						
Full Time	15.3	27.5	17.6 <sup>i</sup>	33.5	34.7	34.0 <sup>j</sup>
Part Time	15.4	10.0	14.4	10.4	18.4	13.3
Looking for Work	26.7	42.5	29.6	23.7	17.3	21.4
Not Looking	31.8	17.5	29.2	23.1	20.4	22.1
Disability	10.8	2.5	9.2	9.1	9.2	9.2
Homeless	35.7	45.0	37.4 <sup>k</sup>	61.1	68.0	63.7 <sup>l</sup>
Education						
Less than HS	32.2	35.0	32.7	24.5	24.2	24.3
HS Graduate	33.3	42.5	35.0 <sup>k</sup>	58.2	57.1	57.5 <sup>k</sup>
Some College	33.9	22.5	31.8 <sup>l</sup>	17.3	17.5	17.4 <sup>l</sup>
College Graduate	0.6	0.0	0.5	0.0	1.2	0.8

Note: Numbers with the same superscript differ significantly by at least p < .008.

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