



Life-Saving Linkages: The Intersection of Community Mental Healthcare, Criminal-Legal Involvement, and Suicide Prevention

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BIG PROBLEM #1: Long-standing problem in suicide prevention



Suicide risk factors



Health Factors

- Mental health conditions
 - Depression
 - Bipolar (manic-depressive) disorder
 - Schizophrenia
 - Borderline or antisocial personality disorder
 - Conduct disorder
 - Psychotic disorders, or psychotic symptoms in the context of any disorder
 - Anxiety disorders
- Substance abuse disorders
- Serious or chronic health condition and/or pain



Environmental Factors

- Stressful Life Events which may include a death, divorce, or job loss
- Prolonged Stress Factors which may include harassment, bullying, relationship problems, and unemployment
- Access to Lethal Means including firearms and drugs
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide



Historical Factors

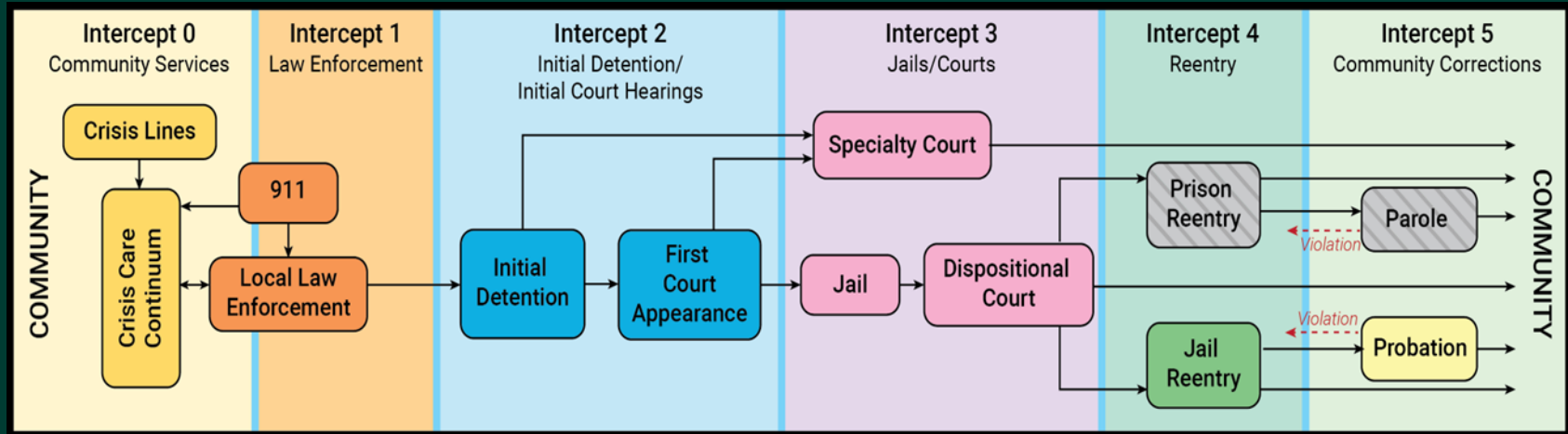
- Previous Suicide Attempts
- Family History of Suicide Attempts

This partially answers who.

But **WHEN** are they are risk?

Source: American Foundation for Suicide Prevention. <https://afsp.org/about-suicide/risk-factors-and-warning-signs//>

Intercepts = Points of intervention



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Per year (in U.S.):

- 911 calls: 240 million
- Police contacts: 53 million
- Arrest & jail detention (3-7 days): 10 million
- Jail sentence: ~ 1 million
- Probation: 5.8 million
- Prison: ~2.2. million
- Parole: 1.3 million

REMEMBER:

- The goal is to prevent suicide IN THE COMMUNITY
- Most people involved in the criminal-legal system on any given day are IN THE COMMUNITY
- In our trial, 97% of past-month suicide attempts occurred IN THE COMMUNITY, prior to arrest
- Sometimes, arrest is a result of the suicide attempt

OUR RESEARCH HAS...

Shown that limited accessibility of community mental health and substance use services – *and not violent crime rate* – predict size of county jail populations

Shown that 1 in 5 of all U.S. adults who die by suicide have spent at least one night in jail in the past year

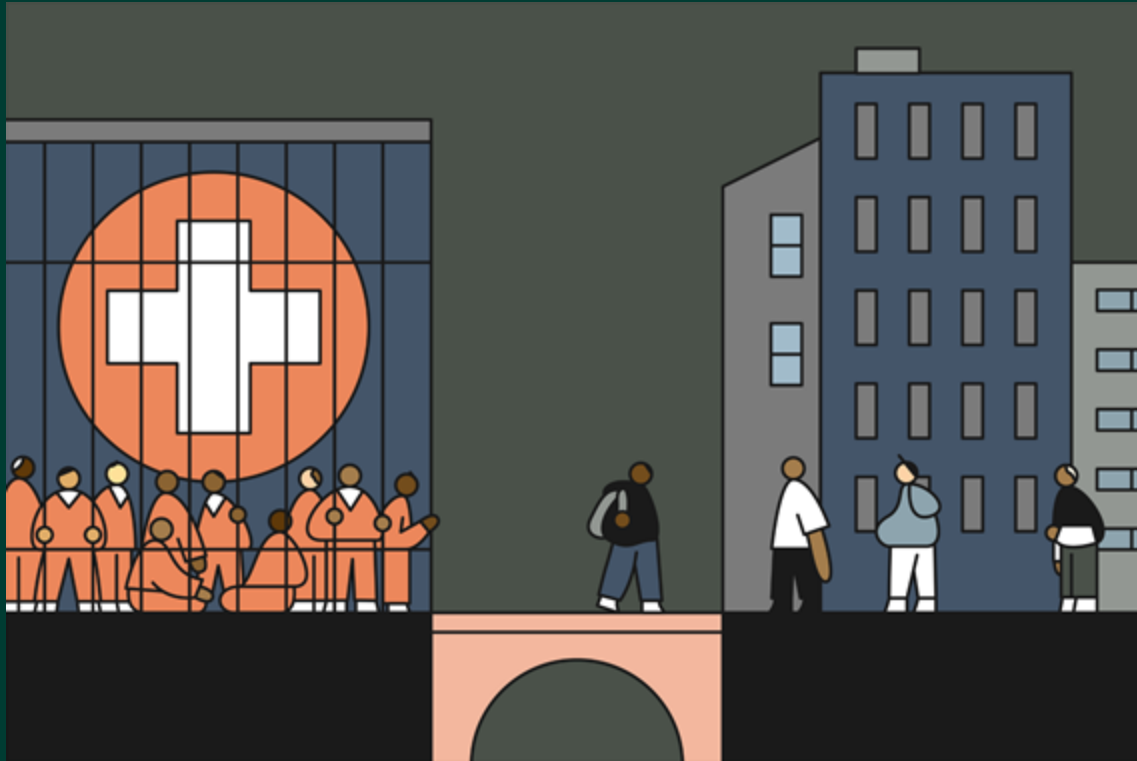
Tested policies for keeping individuals with mental illness adequately treated in the community and out of jails in 950 U.S. counties, an important step for reducing mass incarceration

Identified the first evidence-based suicide prevention intervention for the 10,000,000 releases from jail each year

Published the first comprehensive list of evidence-based mental health practices for individuals involved across the criminal-legal system;

Identified that **only 22-43% of counties** have each practice available anywhere in the county.

BIG PROBLEM #2: How to connect people to community care?

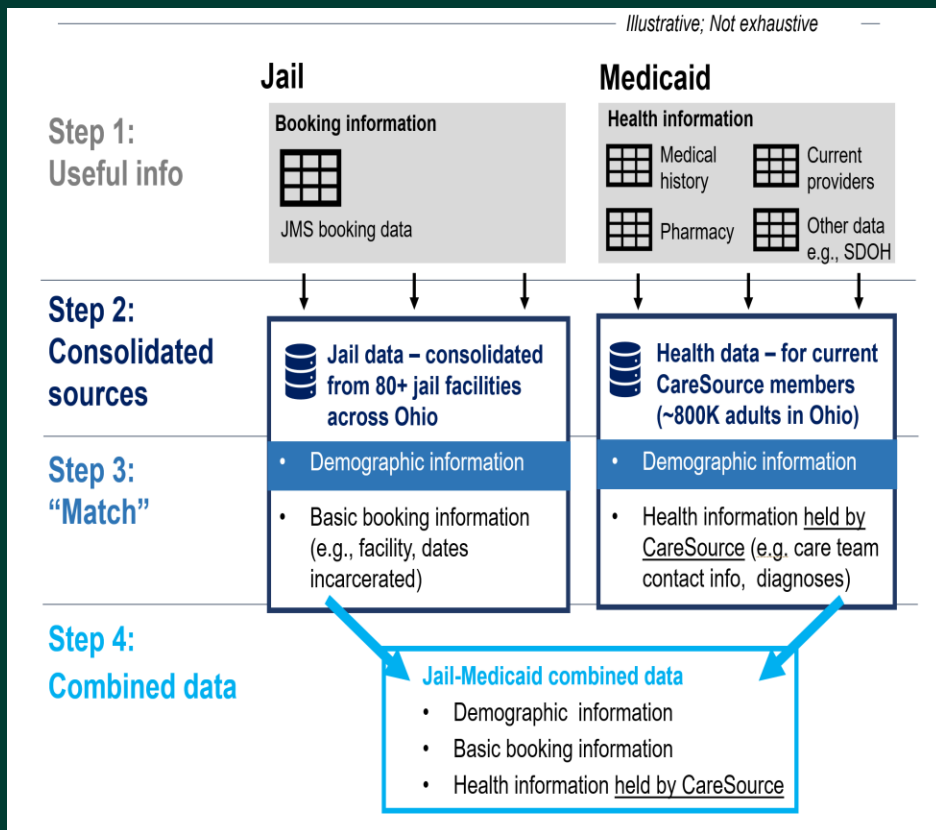


It's complicated...

3,000+ county and local jails, 18,000 police depts in the U.S.

2,500+ community mental health centers, 14,000+ addiction treatment centers, ~626 health systems in the U.S.

An ingenious solution: CareSource's Jail-Medicaid Data Project



Real-time matching
by managed care
organization or
healthcare system

Solves 2 large
problems at once



4 large projects + 4 pilot projects

- Includes the **2 largest** randomized suicide prevention trials ever
- >107,000 people
- Methods support

National Center for Health and Justice Integration for Suicide Prevention

\$15.5 million Center funded by the National Institute of Mental Health
(P50 MH127512; Johnson, Ahmedani, & Weinstock)

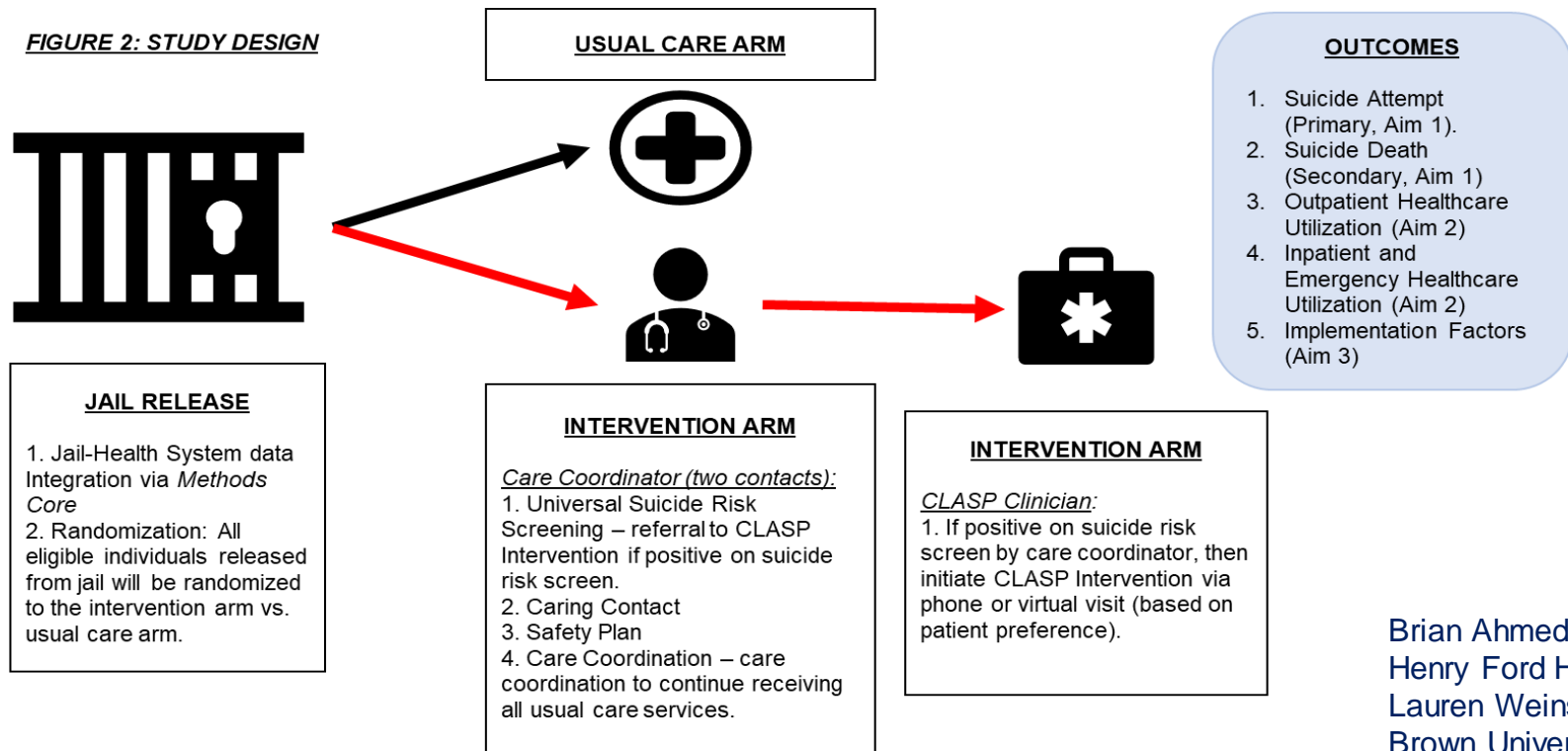


	Project 1	Project 2	Project 3	Project 4
Project Title	Syncing Screening and Services for Suicide Prevention Across Health and Jail Systems	Real-Time Managed Care Updates of Subscriber Justice-System Involvement for Suicide Prevention	Suicide Risk Identification in Jails using Data Linkage and Automation	Improving Mental Health Treatment for Individuals in Crisis Interacting with the Criminal Justice System
Lead Institutions	Henry Ford Health System & Brown University	Michigan State University & Butler Hospital	Wayne State University and Henry Ford Health System	Cambridge Health Alliance
Project Details	<p>Identify health system affiliated individuals at the time of jail release who will be randomized to usual care vs a multi-level intervention.</p> <p>Care pathway, randomized trial of n=60,000.</p>	<p>Randomize ~43,000 managed care subscribers who pass through jails to receive Caring Contact (CC) letters or to Care as Usual (CAU); implement intervention and training for a subset of subscribers in contact with behavioral health agencies.</p>	<p>Validate suicide risk prediction model for ~6,000 individuals booked into 3 jails using jail records and historic Medicaid claims data.</p>	<p>Compare the effectiveness of a police department intervention and usual care on medically treated suicide behavior, ED use, jail admission, recidivism, police calls, and arrests and engagement in outpatient mental health services.</p>



Project 1: Syncing Screening and Services for Suicide prevention across health and justice Systems (5S)

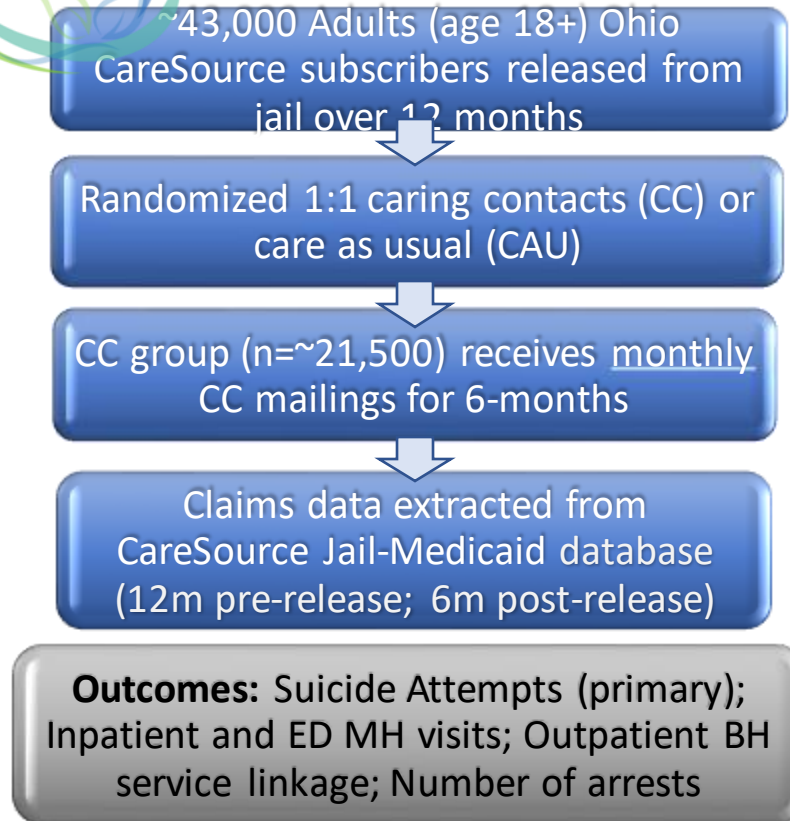
FIGURE 2: STUDY DESIGN



Brian Ahmedani,
Henry Ford Health
Lauren Weinstock,
Brown University



Project 2: Caring Contacts



Caring Contacts (CC) Examples

Example 1: "Dear [Name], We are just checking in with you to let you know we are thinking about you. We hope everything is going well. If you want to give us a call, we would be happy to hear from you. Please note that the following resources are always available to you. Best wishes, [Name, contact information]."

Example 2: "Dear [Mr./Ms. Name], It was an honor to serve you in the emergency department. We are here for you. Should you need anything, please contact us. Sincerely [Name, Team, phone number]."

In this project: Letters express caring but not mention arrest. If someone calls the CareSource number provided and asks why they got the letter, the care managers say that they received word of the person's arrest and wanted to check in to make sure they were OK and see if they needed anything.



Project 2: Reports, Re-engagement, and Training (RRT)

Participants: CareSource subscribers who had an appointment in one of 12 behavioral health (BH) agencies in the 6 months prior to arrest (n=~6,000)

Outcomes:

- Suicide attempts (Primary)
- Inpatient and ED MH care visits
- Outpatient BH service linkage
- Number of arrests

Reports

CareSource will provide weekly notification of clients' jail detentions and releases

Re-engagement

Weekly notifications include reminders/requests to reengage clients and screen for suicide risk. Safety planning recommended for subscribers with past suicide attempts

Training

Providers (n=120) receive training in evidence-based suicide risk assessment (CSSRS) and intervention (SPI)

NCHATS Project 3: Suicide Risk Identification in Jails



Intercept 2

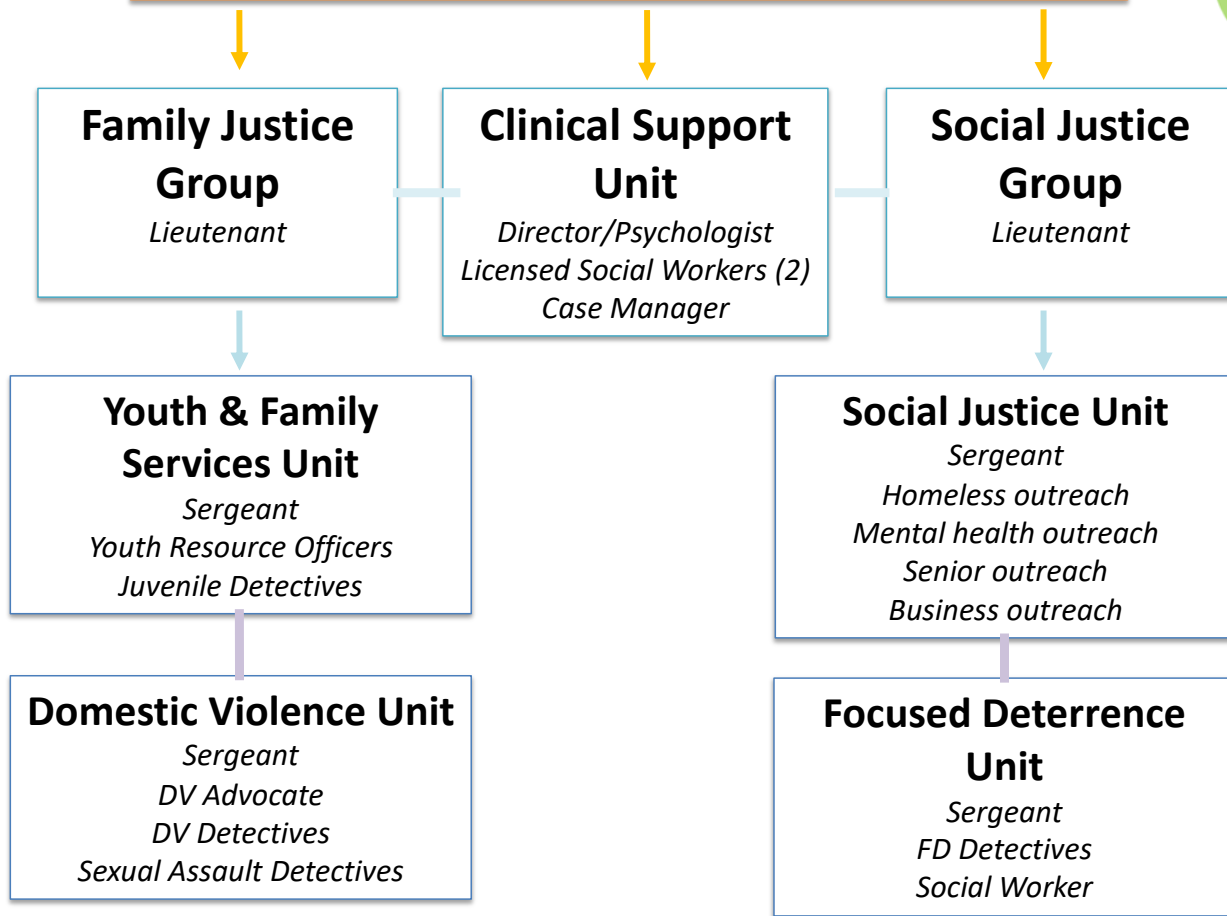
Initial Detention/ Initial Court Hearings

Sheryl Kubiak, Wayne State University
Brian Ahmedani, Henry Ford Health





Family and Social Justice Section



FAMILY AND SOCIAL JUSTICE SECTION (FSJS) + NAVIGATOR INTERVENTIONS

Position	Roles	Employer	Intervention
Social Worker	Assigned follow-up case for all police mental health calls for service. Connects individual to services/follow up case management.	Cambridge Police	FSJS
Psychologist	Supervises call cases assigned to social workers. Provides clinical supervision and oversight of case management plans.	Cambridge Police	FSJS
Mental Health Resource Police Officer	Conducts follow up visits in the community or at home. Coordination and follow-up when there is risk of harm to self or others. Liaison to specialty diversion court sessions.	Cambridge Police	FSJS
ED Staff	Receive/triage patients, create treatment/follow-up discharge plans. Alert police department if patient is discharged and needs follow up.	Hospitals	FSJS
System Navigator	Outreach/coordination of follow-up visits. Navigator connects services across ED, police department, inpatient and outpatient treatment.	Hospitals	FSJS+ Navigator



Benjamin Le Cook, Cambridge Health Alliance and Harvard University
James Barrett, Cambridge Police Department



National, multisectorial effort

Research and Health Institutions

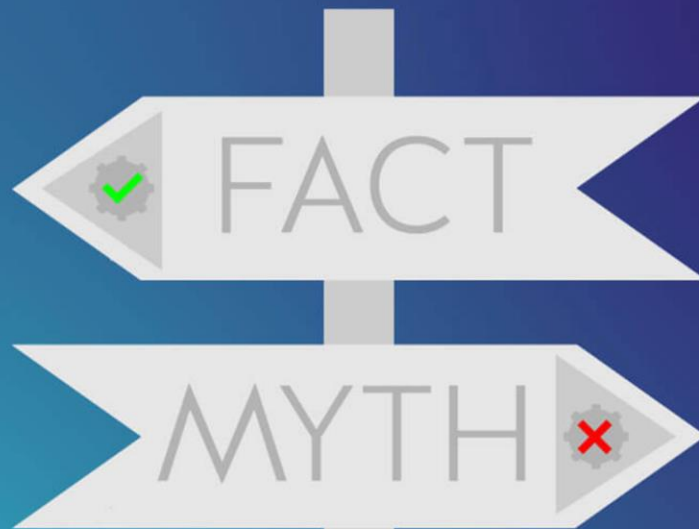
Michigan State University (MI)
Henry Ford Health (MI)
Brown University (RI)
Addiction Policy Forum (DC)
Butler Hospital (RI)
Cambridge Health Alliance (MA)
CareSource Ohio, Inc. (OH)
Columbia University (NY)
George Mason University (VA)
HealthPartners Institute (MN)
Mount Auburn Hospital (MA)
Pacific Institute for Research & Evaluation (MD)
RAND Corporation (CA)
UCLA (CA)
University of Illinois at Chicago (IL)
University of Pennsylvania (PA)
Wayne State University (MI)

Practice, Policy, and Lived Experience Partners

Addiction Policy Forum
Advocates for Human Potential
All Rise
American Academy of Addiction Psychiatry
American Foundation for Suicide Prevention
American Jail Association
American Probation and Parole Association
Civil Citation Network
Faces and Voices of Recovery
Franklin County Sheriff's Office
Genesee County Community Corrections
Greater Flint Health Coalition
JustLeadershipUSA
National Association of Police Organizations
National Center for State Courts
Pennsylvania Department of Corrections
Phronema Justice Strategies
Treatment Alternatives for Safe Communities
Treatment Communities of America
YesCare

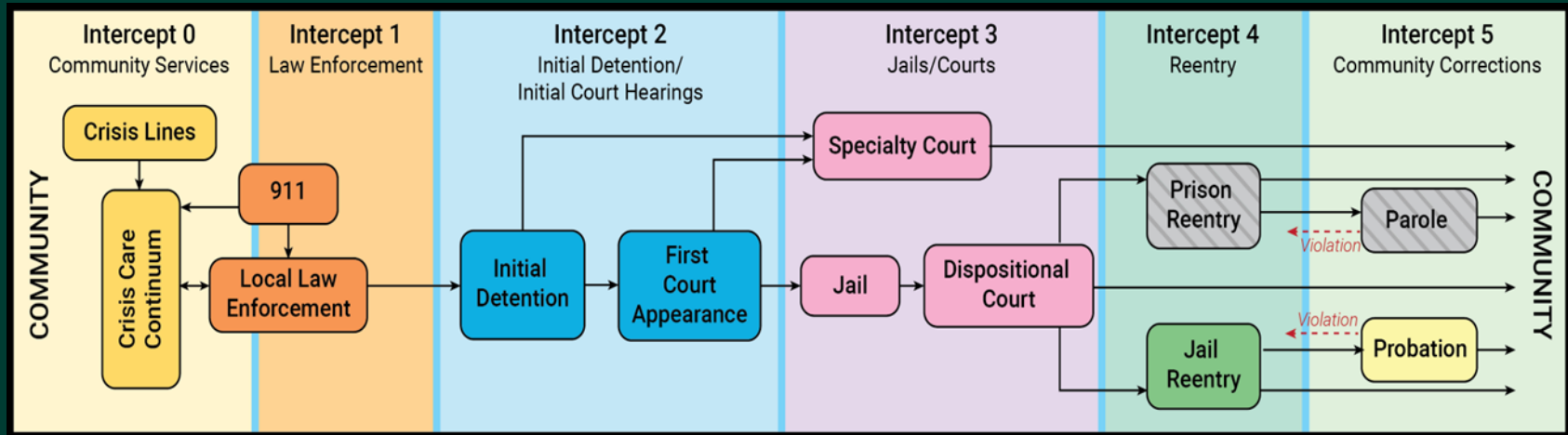
Visit the [NCHATS website](http://www.nchats.org) at www.nchats.org
Reach us at: Contact.NCHATS@msu.edu

What I Wish People Understood about Suicide



24/7 CALL, TEXT, CHAT

What I Wish People Understood about Criminal-Legal Involvement



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WHAT I WISH PEOPLE UNDERSTOOD ABOUT SUICIDE PREVENTION AMONG PEOPLE WITH CRIMINAL LEGAL INVOLVEMENT

This work is about suicide prevention IN THE COMMUNITY and reducing the U.S. suicide rate

1 in 5 of all U.S. adults who die by suicide have spent at least one night in jail in the past year

Anyone working in healthcare will interact with people who are or have been involved with criminal-legal (C-L) systems. C-L contact is a social determinant of health.

Individuals are often suicidal before arrest. Some are arrested as a result of a suicide attempt

What suicidality **does** and **does not** mean about someone interacting with the criminal-legal system

What can we do? Evidence-based approaches

Justice-Involved Individuals and Evidence-Based Mental Health Practices (EBP)

We reviewed literature, identified evidence-based mental health practices, and surveyed their use among justice-involved populations (in community or jail) across U.S. counties.

Each EBP was only offered in 22-43% of U.S. counties. These programs improve mental health and help keep people out of jail. Check whether your county has each program and how many people it can serve. Examples Below

Johnson, J. E., et al. (2024). *Psychiatric Services*, 75(3): 246-257.

J.M.
JusticeBH

Mental health treatment required by the court

42%

Problem solving court

41.6%

Integrated mental health and substance use services; integrated dual disorder programs

40.6%

Crisis call-in centers

40.3%

Coordination between jail and community mental health services at transitions into or out of jail (e.g., hand-off)

38.3%

Diversion from criminal justice action to mental health treatment

36.7%

Trauma-informed care, settings, or services

36.6%

Crisis Intervention Teams (co-responding police efforts)

35.9%

Building an alliance with patients, taking preferences into account in mental health treatment planning

35.8%

Mental health peer navigators, peer advocacy, or peer support

34.2%

Critical Time Intervention -OR- Case management for mental illness

32.1%

Therapeutic Walk-in or crisis center

31.2%

Family or caregiver education and support about the patient's mental illness

31.1%

Supported employment for individuals with mental health conditions

30.6%

Medicaid eligibility continuity

29.3%

Permanent supportive housing for individuals with mental health conditions

29.2%

Use of standardized, validated mental health screening tool

28%

Assertive community treatment (ACT), Forensic assertive community treatment (FACT), or Forensic Intensive Case Management (FICM) for mental illness

27.2%

What can we do? County-level policies

Funding for community
mental health

Community crisis services

Diversion, length of court
dockets

Technical assistance is
available

From our national evaluation of Stepping Up
(www.stepuptogether.org):

Work across community mental health,
community substance use, probation, jails,
and other agencies:

- Interagency teams
- Agreement on goals and mission
- County-wide system of care
- Track metrics

What can we do? State-level policies

Amount and kind of
state funding for
community mental
health

Medicaid

1115 Waiver





THANK YOU

Does anyone have any questions?

Visit: www.nchats.org

Reach us at: Contact.NCHATS@msu.edu

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