



Snohomish County, WA

Human Services

Research Division

Frequent Utilizers Project

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Results in Brief:

We found that individuals with multiple bookings in the local jail are often using other health and emergency services, and the vast majority of these individuals were identified as having a mental illness, alcohol or drug disorder, or both. We also found that despite high need for specific treatments, some people are not being treated, and services appear interrupted by lengthy periods in jail.

Under current conditions, these individuals will likely continue to cycle through the jail, and frequently utilize other emergency and medical services in the community. However, targeted approaches for frequent jail utilizers show promise, and have the potential to increase public safety and reduce use of costly emergency and correctional services.

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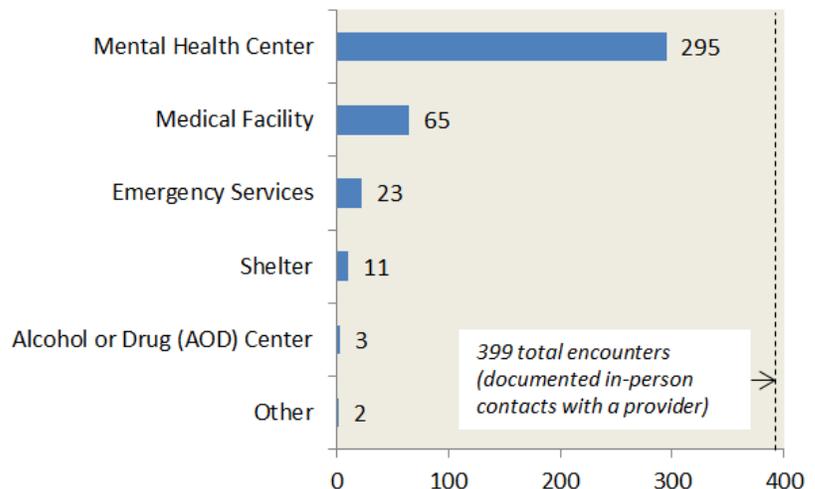
People with Numerous Jail Bookings Utilize Many Health and Emergency Services, and May Have Unmet Mental Health and Substance Abuse Needs

Individuals with Numerous Bookings into Snohomish County Jail Frequently Utilize Other Health Care and Emergency Services, Have High Rates of Alcohol, Drug Disorders and Mental Illness Disorder, and are not Accessing Community Resources

Individuals with multiple bookings into the county jail frequently use other health and emergency services, including mental health centers, hospitals, and emergency medical services. This population also appears to have high rates of mental illness and substance abuse disorders. This paper focuses specifically on the 23 individuals who had 9 or more bookings into Snohomish County Jail during a 10-month period in 2012.

- Nearly all of the most frequent utilizers of Snohomish County Jail had one or more encounters with health or emergency services during the study period (19 out of 23).
- These 23 people had a total of 399 non-jail health or emergency service encounters in the study period, including visits to mental health centers, hospitals, and emergency medical services. The distribution of all non-jail encounters is presented in the figure below.

Frequent Jail Utilizers have Many Encounters with Service Providers

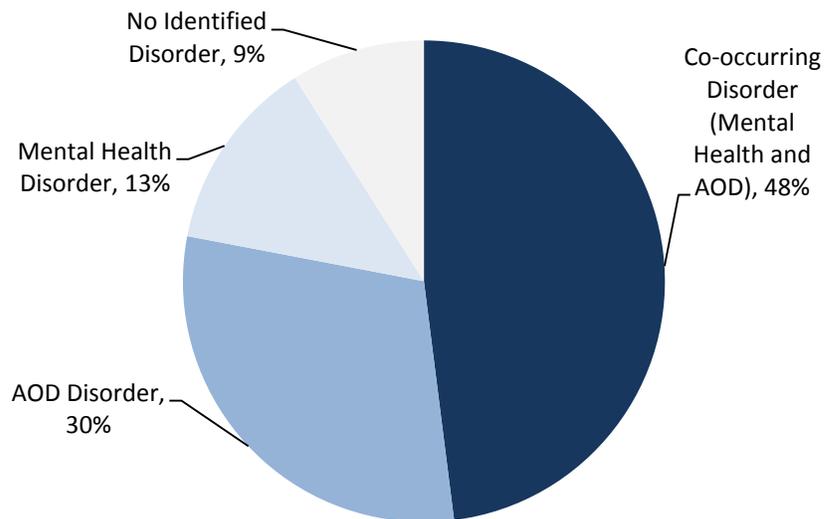


Notes: Data are for documented encounters during the study period (January 1-October 31, 2012). Mental health centers include centers providing crisis stabilization, outpatient, and inpatient care. Medical facility includes services and emergency room visits at a major local hospital.

Frequent Jail Utilizers Have High Rates of Mental Illness and Alcohol or Drug Disorders

- Nearly all of the frequent jail utilizers appear to have substance abuse disorders, mental illness disorders, or a co-occurring disorder (91 percent).
- About half (11 of 23) frequent jail utilizers had a co-occurring disorder (48 percent).
- Only 2 of the 23 frequent jail utilizers have neither disorder (9 percent).

Frequent Jail Utilizers Have High Rates of Mental Illness and Alcohol or Drug Disorders, or both



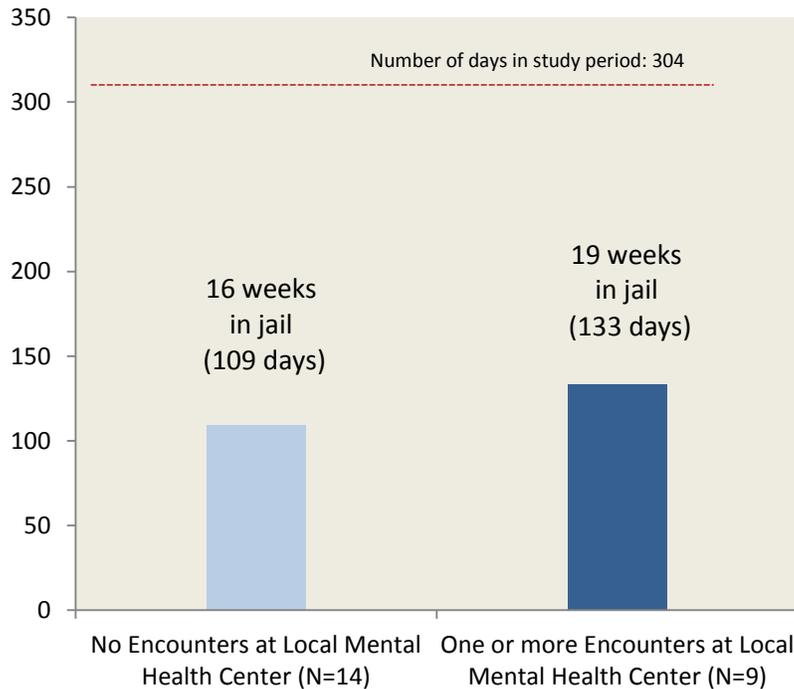
Notes: Individuals were classified as having an alcohol and drug (AOD) disorder if jail or other encounter records suggest substance abuse issues. Individuals were classified as having a mental illness if encounter records suggest treatment or diagnosis with a mental health disorder.

Infrequent and Interrupted Care Suggests that Mental Health and Substance Abuse Issues are Not Being Treated Effectively

- Although most (18 of 23) of the frequent utilizers appear to have an alcohol or drug disorder, only 3 received community based alcohol or drug treatment during the study period.
- About half (5 of 9) of the individuals prescribed psychiatric medications during their jail time had no recorded encounters at a local mental health center or agency.

- Though probably eligible, the majority (8 of 14, or 57 percent) of individuals with mental illness disorder were not enrolled in the regional support network (RSN) during the study period, the primary administrator of public mental health programs.
- About two thirds (9 of 14, or 64 percent) of individuals with mental illness disorder were treated in an outpatient clinic during the study period.
- Individuals who utilized local mental health services generally spent more than three weeks longer in jail than others, an experience that likely interrupts treatment plans and can affect outcomes.

Individuals Who Used Mental Health Services Generally Spent Three Weeks Longer in Jail than Others



Notes: Days and weeks shown above are the average number of days in jail during the study period (January 1-October 31, 2012). Mental health centers include centers in Snohomish County providing crisis stabilization, outpatient, and inpatient care. One encounter is one visit of any duration to the center during the study period.

Policy Implications

We found that (1) individuals with multiple bookings in the local jail are often using other health and emergency services, (2) many of these people are likely to have co-occurring mental health and alcohol and drug disorders, and (3) this population probably has many unmet mental health and substance abuse needs.

An issue of concern is that treatment in the jail transfers the entire cost of medical care to the County. Frequent utilizers booked into the jail often have complex mental health and AOD issues, and these conditions can require costly medications and other treatments. Once a person is booked into the jail the county is obligated to pay for any treatment provided. However, if cases can be diverted to treatment outside of the jail environment, then medical costs can be met by other entities (such as Medicaid), and result in cost savings for local taxpayers. Future policy briefs will explore the topic of cost in more detail.

Another issue of concern is that although the needs of this group are high, utilization rates of public services specifically designed to address mental illness or substance abuse are not. Only about half of those who were given treatment for mental illnesses while in jail used publicly available mental health services, and only three of the individuals utilized community-based alcohol and drug treatment services. Of those with a possible mental illness disorder, only 6 of 14 were registered with the RSN during the study period. This means that the remaining 8 were not linked to the primary provider of public mental health services.

Additionally, even when mental health treatment is provided, an effective dosage of treatment is unlikely because of frequent and lengthy time spent in the jail. All of the individuals in the study group were booked into the county jail at least 9 times in 10 months, and individuals that used local mental health care resources at least once in the study period generally spent three weeks longer in jail than those that did not receive community mental health treatment at all.

Under the status quo, it is likely that frequent jail utilizers will not receive the comprehensive care they need upon release, continue to have multiple encounters with emergency and medical services, and eventually return to jail. However, **recent research suggests that timely, targeted and appropriate care can lead to positive results for people with complex mental illnesses and substance abuse disorders that spend time in local jails.** For example, in one study individuals that received outpatient or case management during reentry were shown to

be less likely to use emergency services or to return to jail in a 3-month period.¹ In another study, frequent jail users with serious mental illnesses that received targeted treatment had fewer jail bookings, increased outpatient contacts, and fewer hospital days than those that did not receive the treatment.² Research in Washington has shown positive results for alcohol and drug treatment programs for adults. In 2009, the Washington State Department of Social and Health Services showed that arrests are significantly lower for high-risk adults who receive substance abuse treatment,³ and in 2012 the Washington State Institute for Public Policy found that certain targeted chemical dependency treatments are effective in reducing crime.⁴ If such interventions were successful in Snohomish County, it could lead to improved health outcomes for individuals, increased safety for the community, and decreased utilization of expensive emergency and correctional services. Snohomish County will continue to monitor the issue of frequent jail utilization, and consider developing programs that address the needs of this population.

This project was funded by the Amerigroup Foundation and the Snohomish County Chemical Dependency/Mental Health Program Advisory Board.

Technical Notes:

For this study, we identified 23 individuals that had nine or more bookings into the Snohomish County Jail during a recent 10-month period (January 1st and October 31st, 2012). We queried a range of databases to match individuals to encounters that occurred outside of the jail during the study period, including emergency medical services and transport, emergency, outpatient and inpatient care at local hospitals, treatment at local mental health centers (including outpatient, emergency, and inpatient), alcohol and drug treatment centers, homeless shelters, and other relevant county programs. It is likely that encounter rates are lower than actual rates as we were only able to capture encounters at institutions with available data. For the purposes of this work, we classified persons as having a mental illness if medical records indicated treatment or diagnosis with a mental illness or disorder. We classified persons as having an alcohol or drug disorder if medical records indicated use of alcohol or controlled substances, or if one or more jail booking included an alcohol or drug-related charge. Using this method, subjects were classified as having an AOD disorder, a mental health disorder, a co-occurring disorder, or no identified disorder.

Costs associated with services utilization will be presented in future policy briefs.

Citations:

¹Hawthorne, William B., et al. "Incarceration Among Adults Who Are in the Public Mental Health System: Rates, Risk Factors and Short-Term Outcomes," *Psychiatric Services*, 63.1 (January 2012): 36-32.

²Cusack, Karen J., et al. "Community Justice Involvement, Behavioral Health Service Use, and Costs of Forensic Assertive Community Treatment: A Randomized Trial," *Community Mental Health Journal*, 46.4 (August 2012): 356-63.

³ Mancusco, David and Barbara E.M. Felver, *Providing Chemical Dependency Treatment to Low-Income Adults Results in Significant Public Safety Benefits*, Washington State Department of Social and Health Services Research and Data Analysis Division, no. 11.140 (February 2009).

⁴Washington State Institute for Public Policy, *Chemical Dependency Treatment for Offenders: a Review of the Evidence and Benefit-Cost Findings*, (December 2012).