



Behavioral Health Data & the Criminal Justice System: A Crossroads

Criminal Justice Coordinating Council & Crime Reduction Act Convening

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Agenda

- ✓ Introduction

- ✓ National Behavioral Health Data Trends

- ✓ New Mexico Behavioral Health Data Trends

- ✓ Behavioral Health and the Criminal Justice System

- ✓ A Path Forward

About CJI

- CJI bridges the gap between research and practice with data-driven solutions that drive bold, transformative improvements in adult and youth justice systems.
- CJI provides non-partisan analysis, research, technical assistance, program evaluation, and training to jurisdictions throughout the country.



CJI's Technical Assistance in New Mexico

- Analyze criminal justice data
- Interview key stakeholders and practitioners, including regional and stakeholder specific focus groups
- Facilitate working group process
- Provide research & best practice examples for policy development
- Summarize findings and recommendations in a report

It is not CJI's role to make recommendations, but rather to provide data analysis and serve as a resource for research and best practices.

National Behavioral Health Trends

National Behavioral Health Data Sources

Data Sources

- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - *National Survey on Drug Use and Health*
- Center for Disease Control and Prevention (CDC)
- Bureau of Justice Statistics (BJS)
 - *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*
 - *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012*

Characteristics

- Earliest annual reports from 2014, latest from 2022
- Self-Reported
- Surveys
- Substance Use Data (12+)
- Mental Health Data (18+)
- Excludes individuals in institutional settings (prisons, nursing homes, shelters, etc.)

Definitions & Key Terms

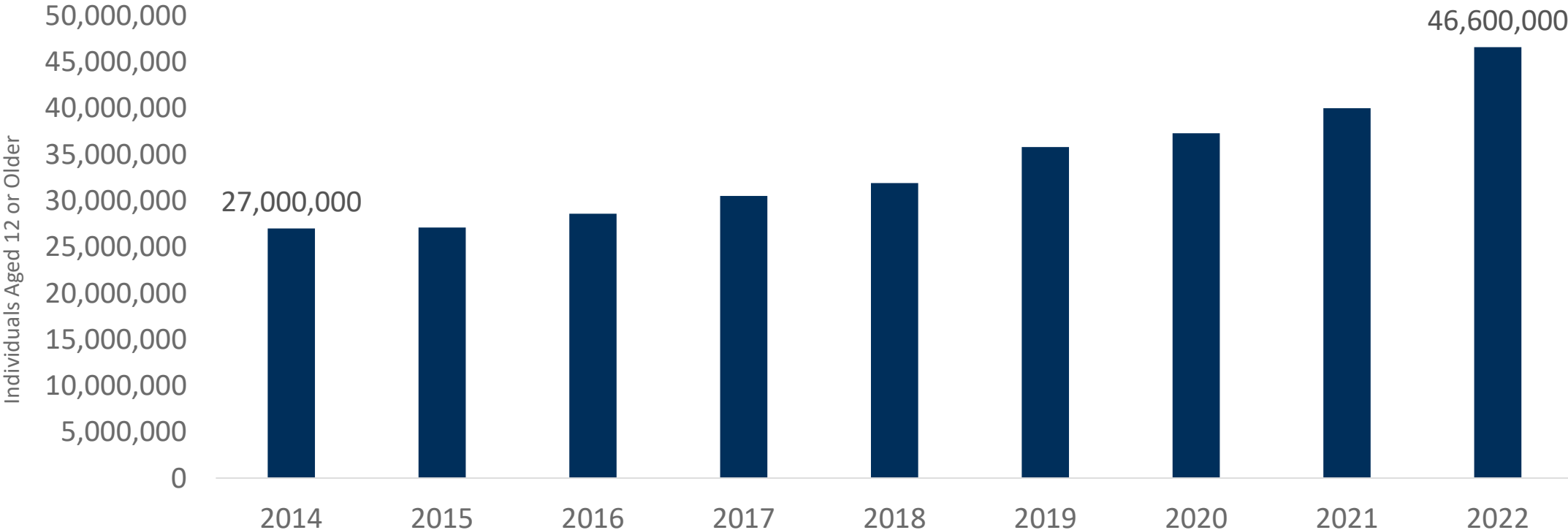
- Substance Use Disorder (SUD)
- Any Mental Illness (AMI)
- Serious Mental Illness (SMI)
- Illicit Drug Use
- Prescription Pain Reliever Misuse
- Co-Occurring Disorders
- Major Depressive Episode
- Serious Psychological Distress (SPD)
- History of a Mental Health Problem
- Drug Abuse
- Drug Dependency

**National
Behavioral
Health
Trends**

Substance Use

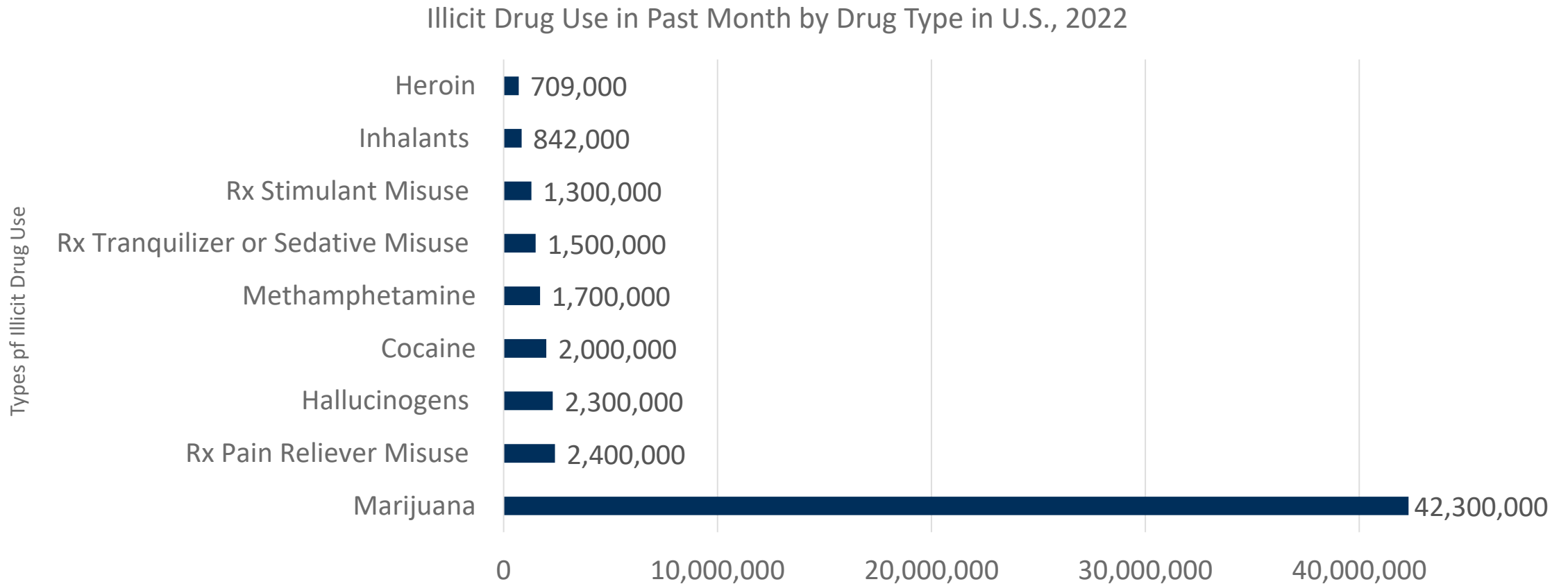
Illicit Drug Use in Past Month Consistently Grows; Increased 73% Since 2014

Illicit Drug Use in Past Month in U.S., 2014-2022



Source: SAMHSA, National Survey on Drug Use and Health

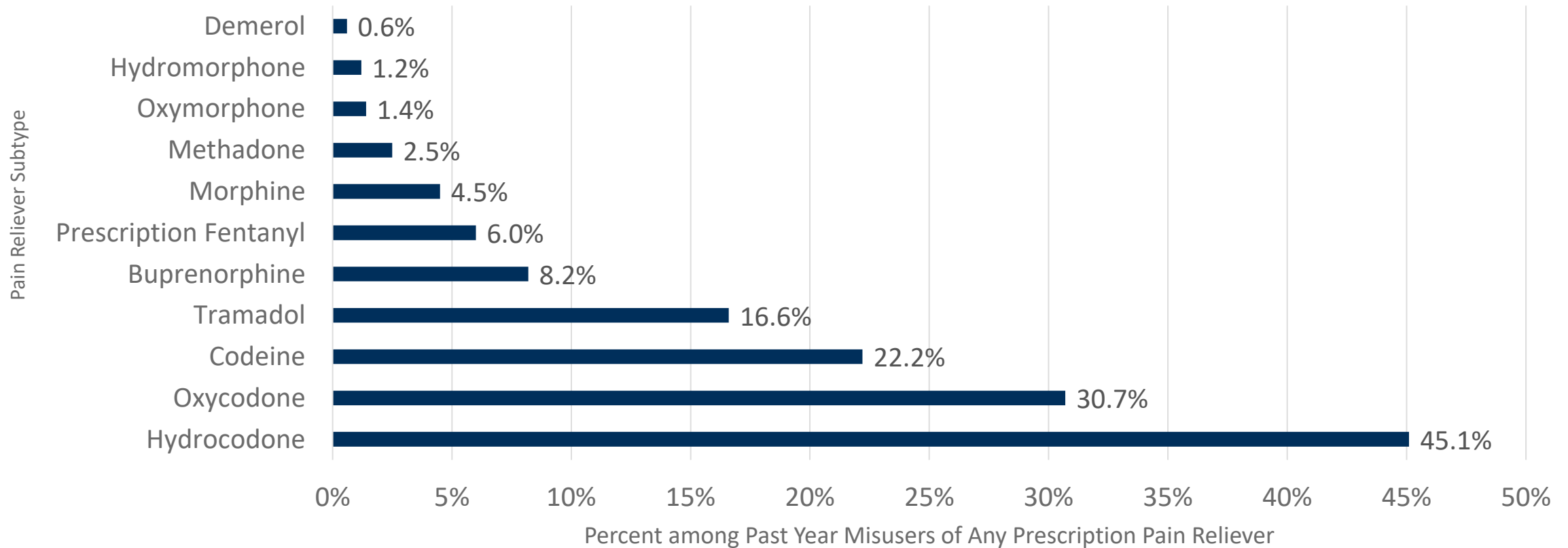
Marijuana Most Common Illicit Drug Used in Past Month, Followed by Rx Pain Reliever Misuse, and Hallucinogens



Source: SAMHSA, National Survey on Drug Use and Health

Hydrocodone Most Common Misused Prescription Pain Reliever in 2022

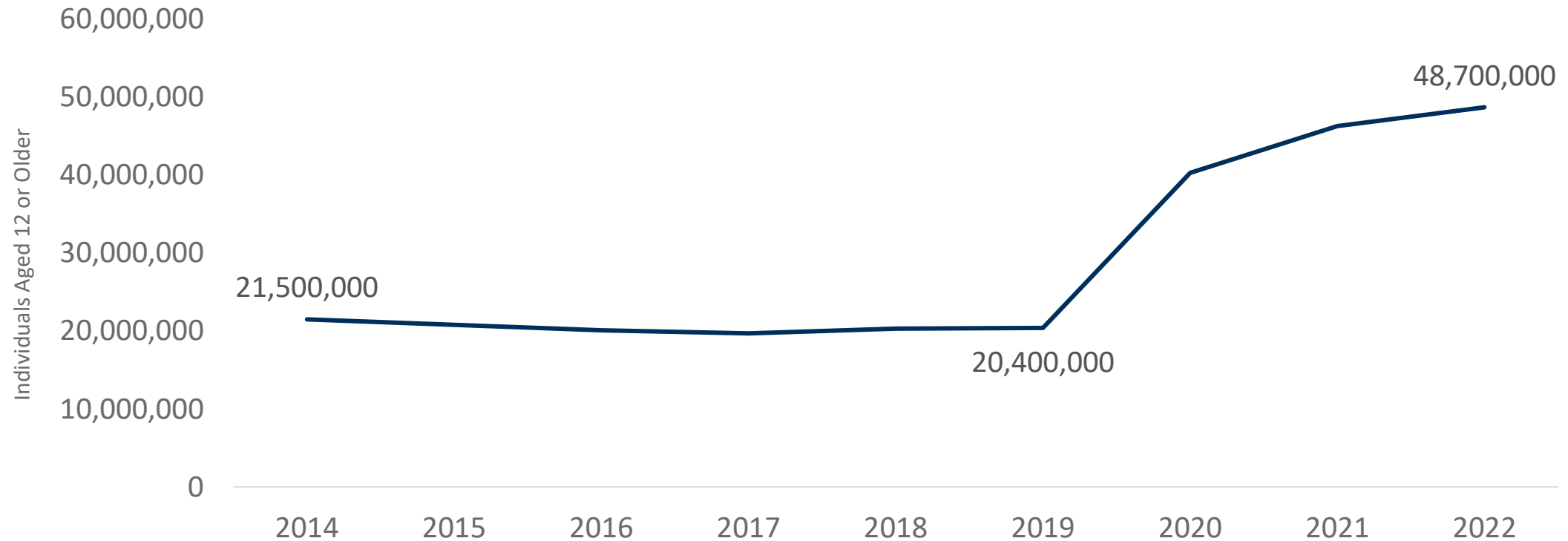
Past Year Prescription Pain Reliever Subtype Misuse, 2022



Source: SAMHSA, National Survey on Drug Use and Health

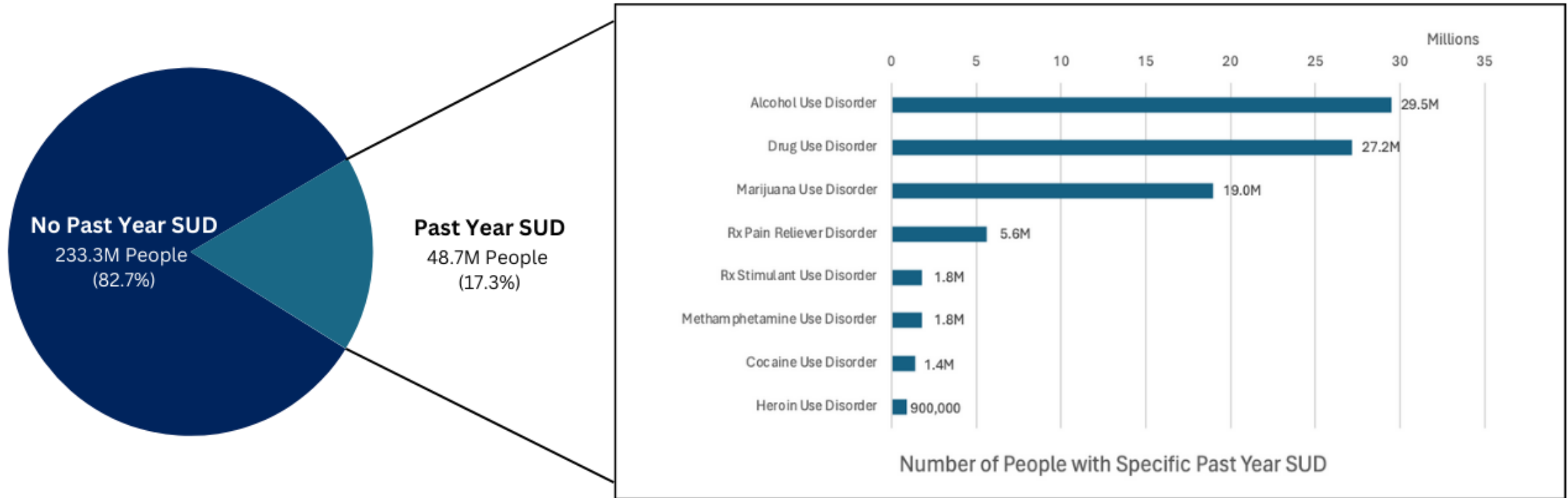
Individuals With a SUD in Past Year Increased 127% Since 2014; Significant Growth Post Pandemic

Substance Use Disorder in Past Year in U.S., 2014-2022



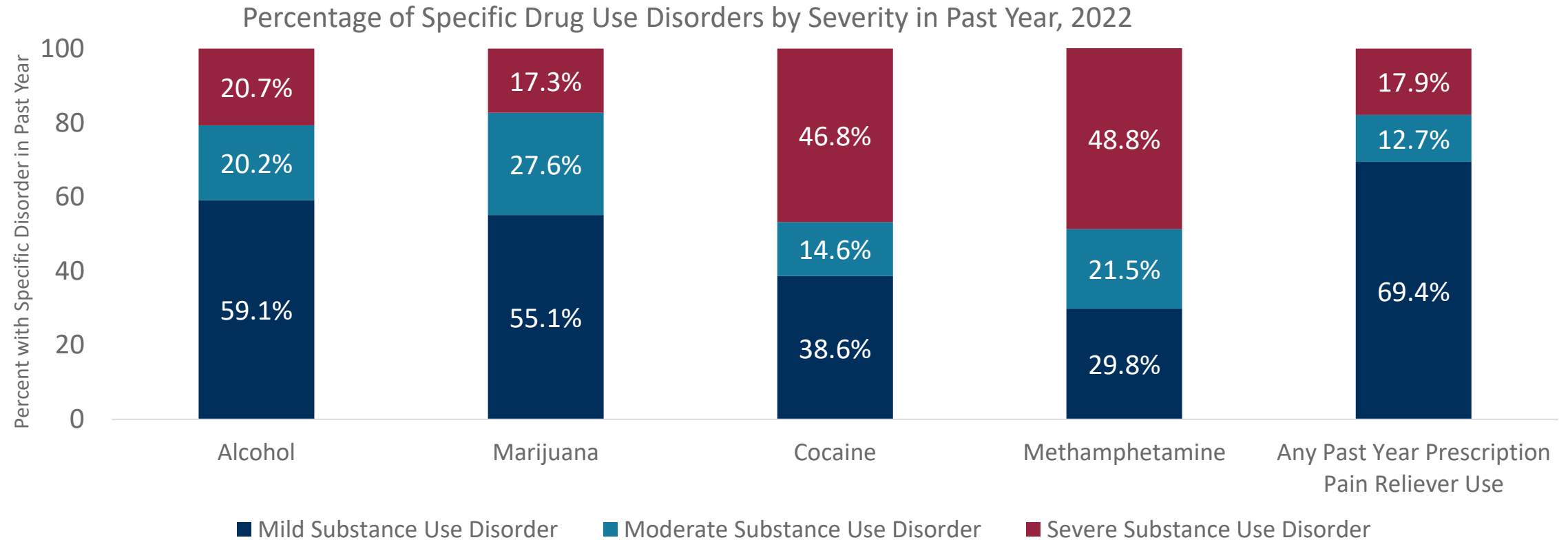
Source: SAMHSA, National Survey on Drug Use and Health

Most Common SUD in 2022 Was Alcohol Use Disorder



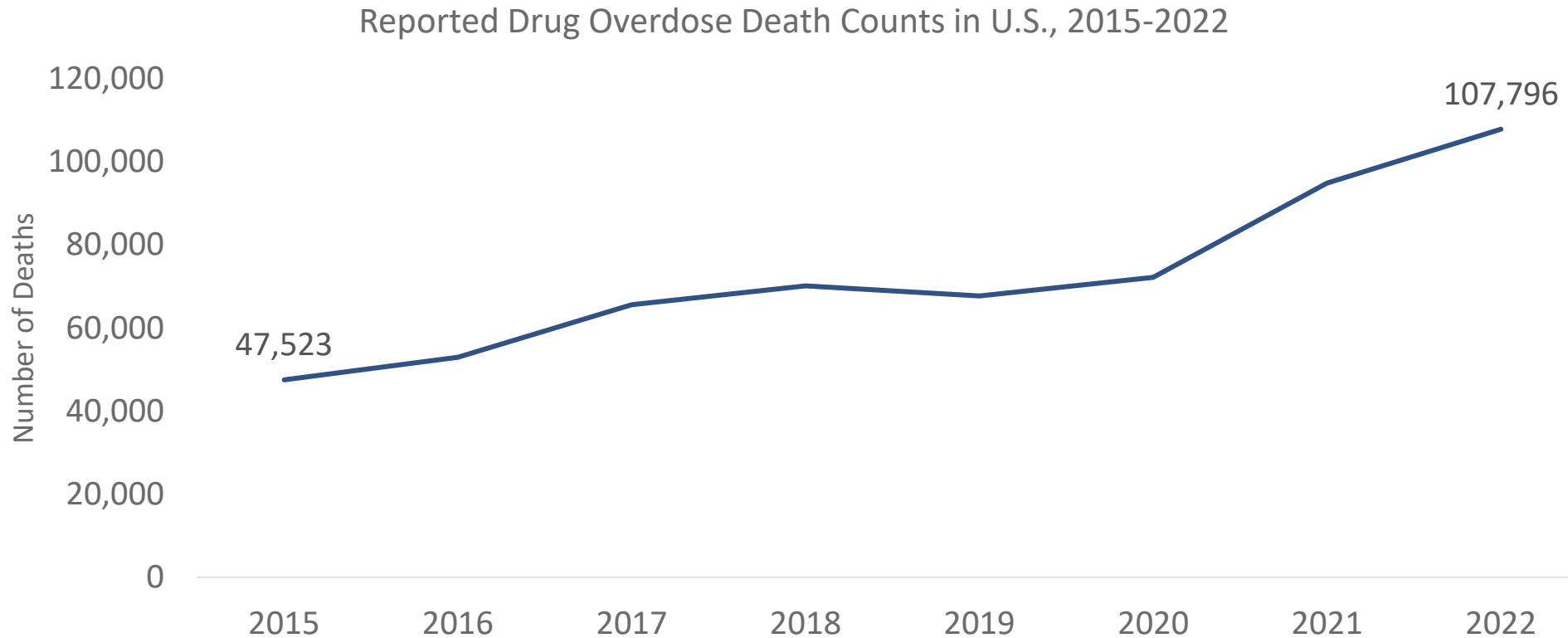
Source: SAMHSA, National Survey on Drug Use and Health

1 in 5 of All Substance Use Disorders Were Severe in 2022



Source: SAMHSA, National Survey on Drug Use and Health

Drug Overdose Deaths Increased 127% From 2015



Source: Centers for Disease Control & Prevention

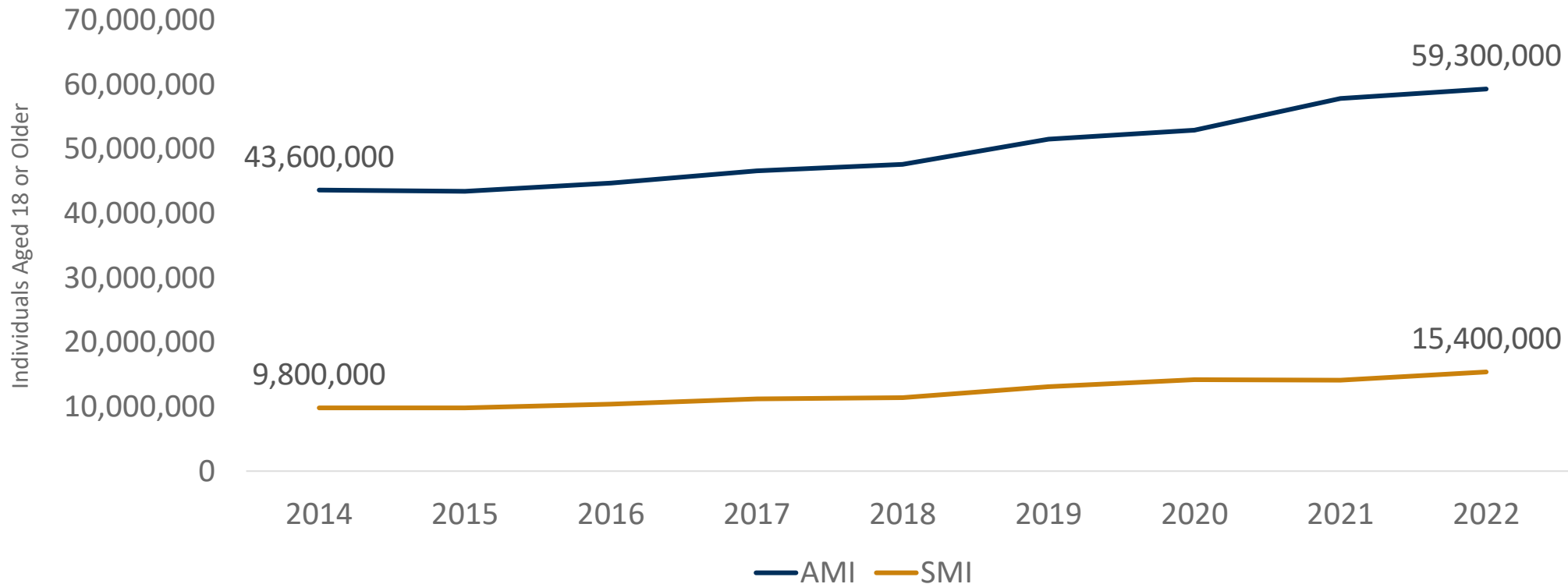
Note: *Provisional counts for 2022

**National
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Trends**

Mental Health

Individuals with AMI and SMI Consistently Increased Since 2014, Up 57% for SMI and 36% for AMI

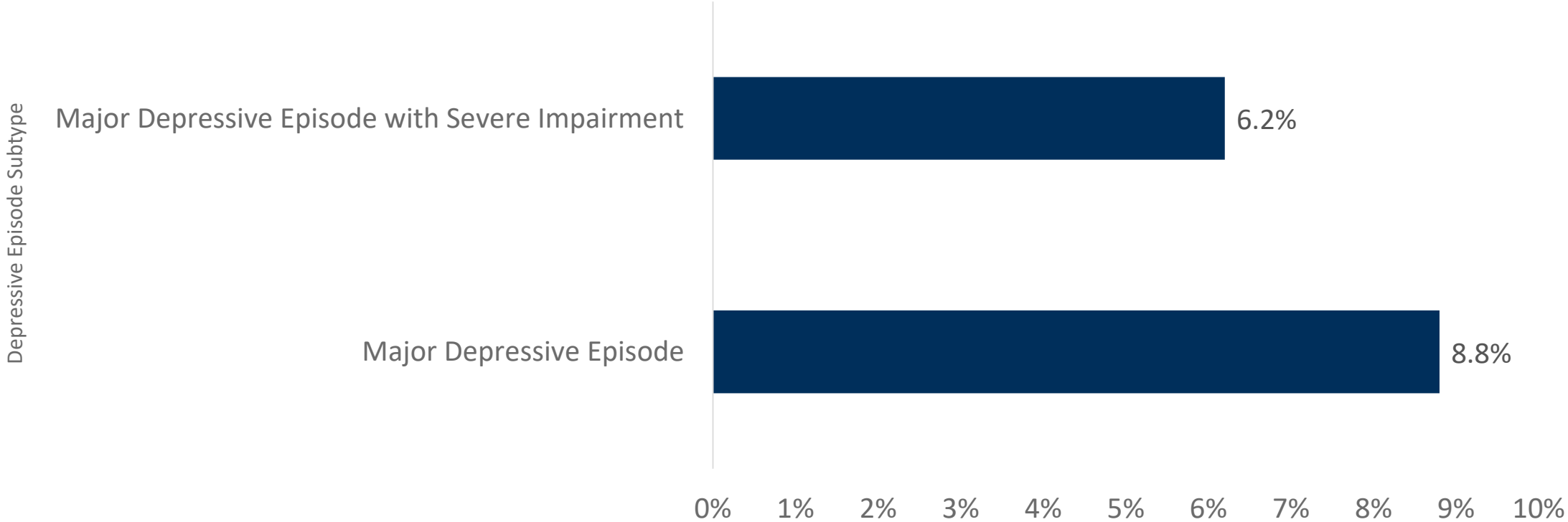
Any Mental Illness and Serious Mental Illness in U.S., 2014-2022



Source: SAMHSA, National Survey on Drug Use and Health

38.4 Million Adults Had a Major Depressive Episode in 2022

Percentage of Adults with Major Depressive Episodes in Past Year in U.S., 2022



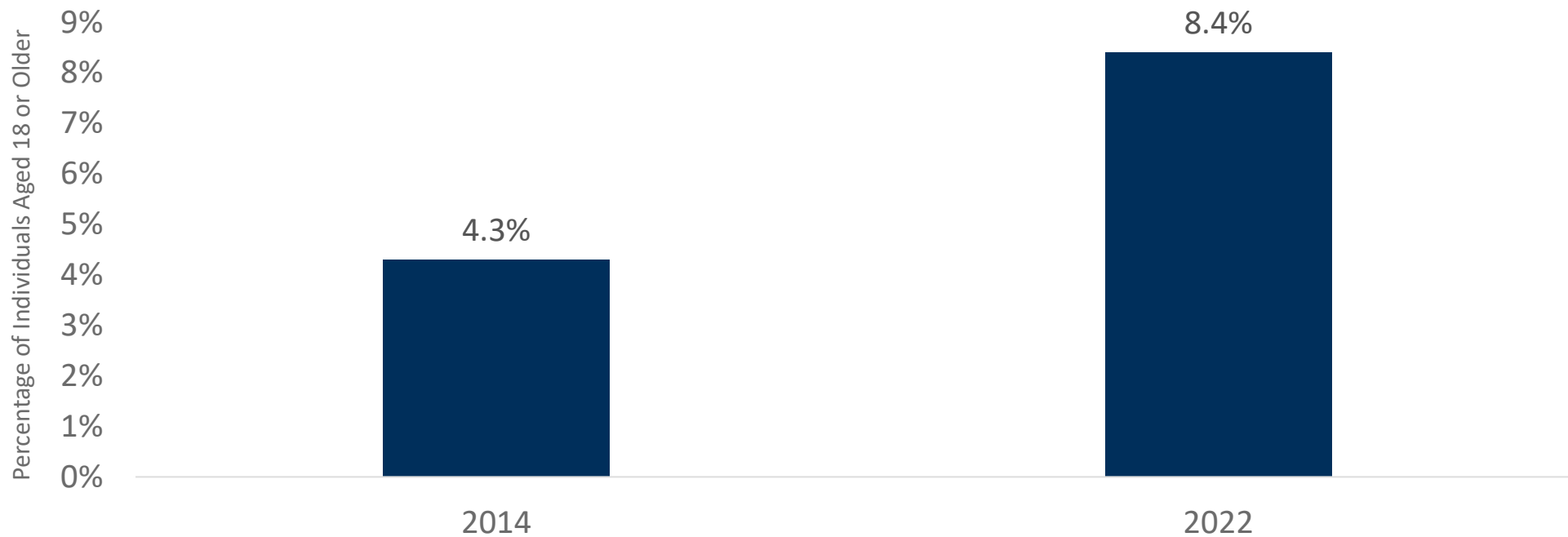
Source: SAMHSA, National Survey on Drug Use and Health;

**National
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Co-Occurring Disorder

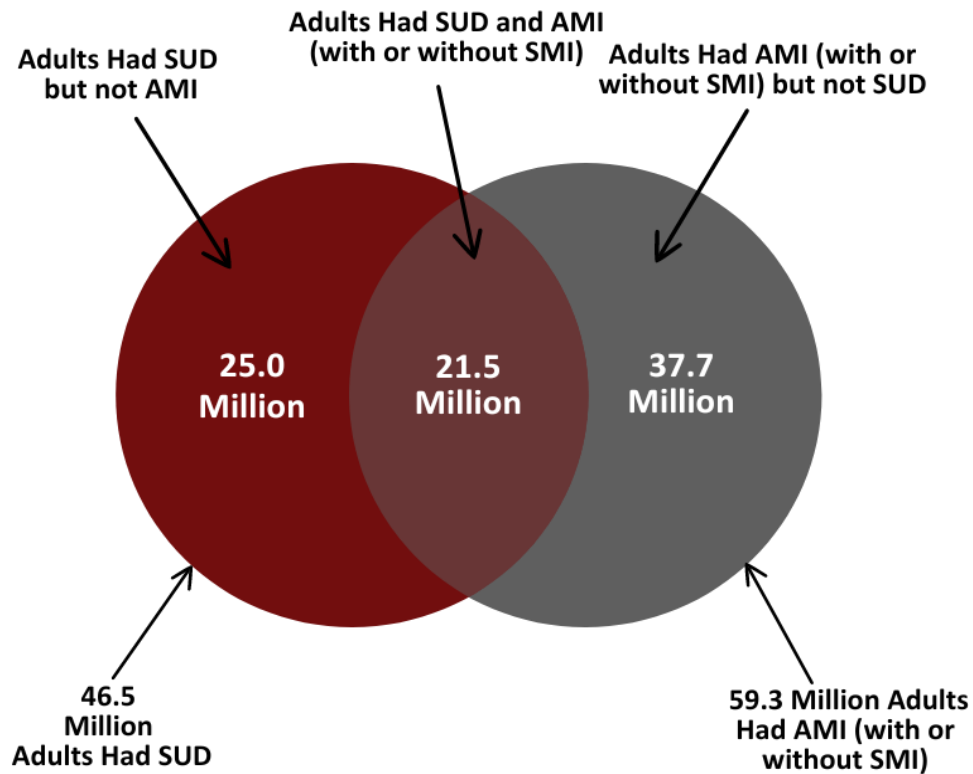
Percentage of Population with a Co-Occurring Disorder Doubled Between 2014 and 2022

Percentage of Population Experiencing a Co-Occurring Disorder in the Past Year in U.S., 2014 vs. 2022

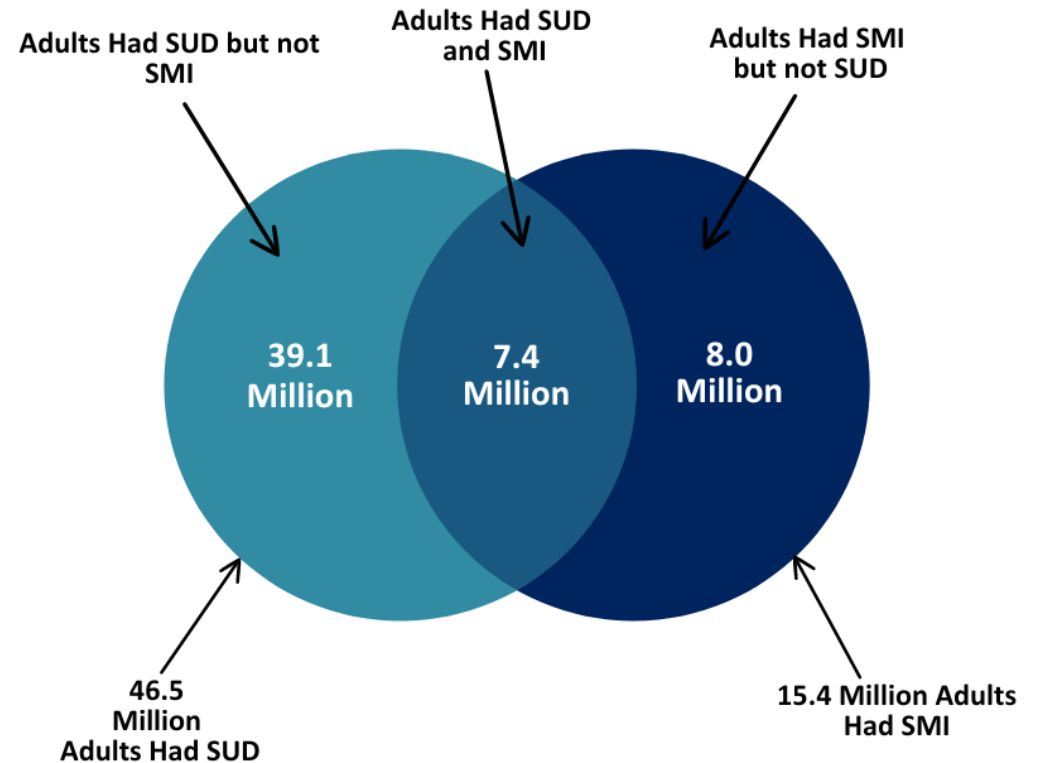


Source: SAMHSA, National Survey on Drug Use and Health

28.9 Million U.S. Adults Had a Co-Occurring Disorder in 2022



84.2 Million Adults Had Either SUD or AMI (with or without SMI)

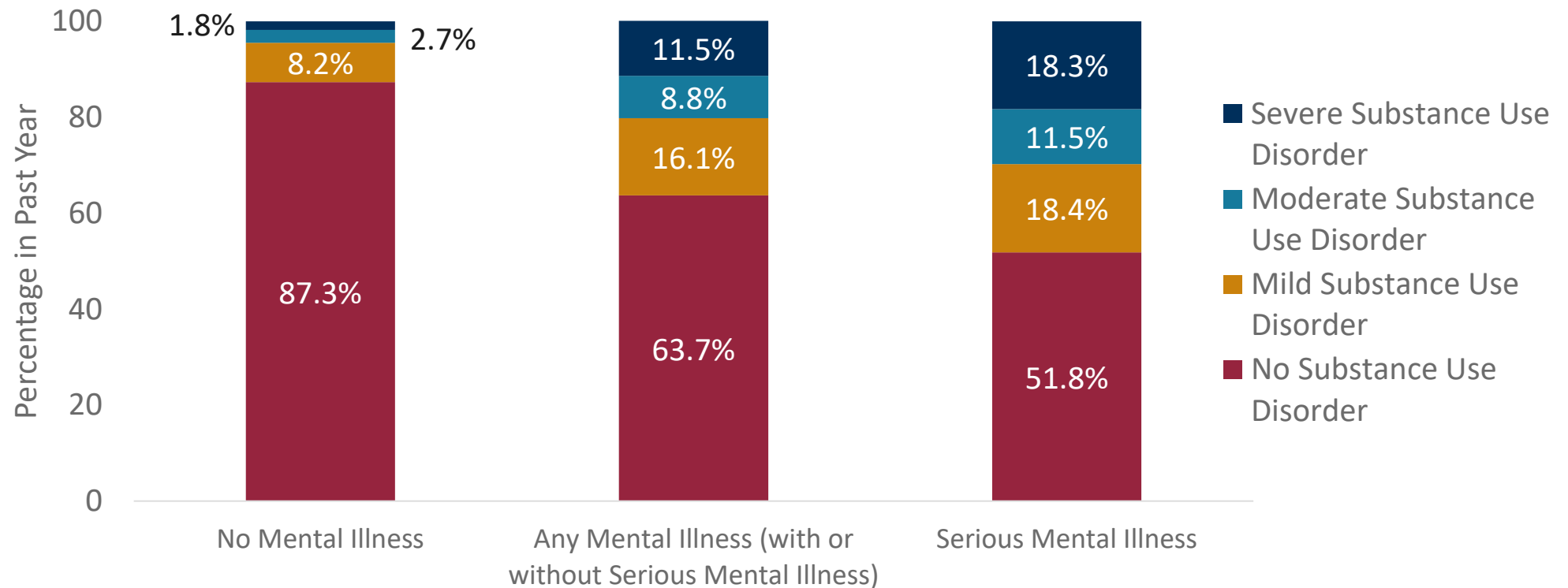


54.4 Million Adults Had Either SUD or SMI

Source: SAMHSA, National Survey on Drug Use and Health

Individuals with AMI or SMI More Likely to Have a Substance Use Disorder of Varying Severity in 2022

Substance Use Disorder Severity Level in Past Year by Mental Health Status, 2022



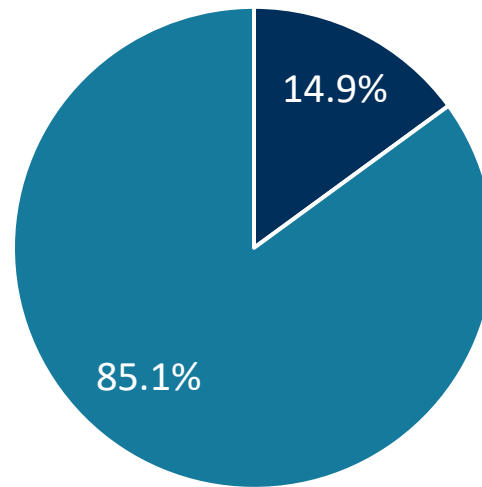
Source: SAMHSA, National Survey on Drug Use and Health

**National
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Treatment

Just 15% of Individuals Classified as Needing SUD Treatment Received it in 2022

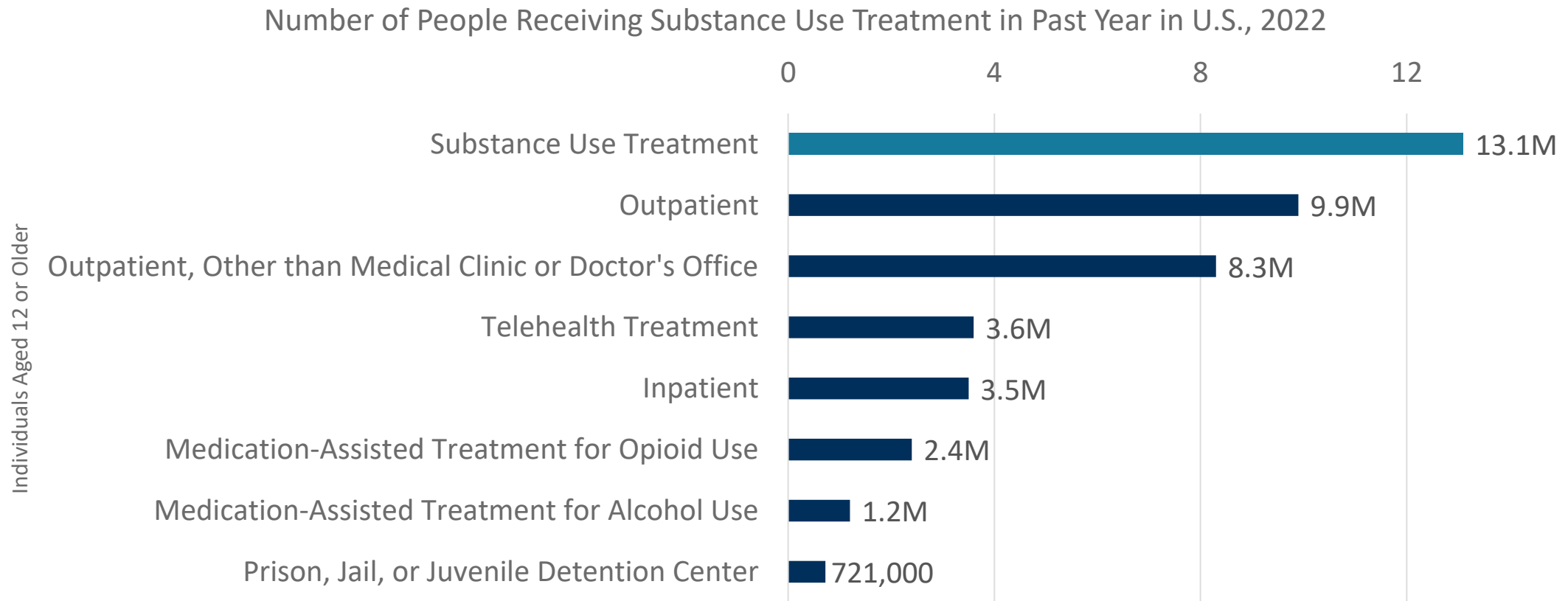
Individuals Classified as Needing SUD Treatment Who Received It in Past Year in U.S.,
2022



- Classified as Needing SUD Treatment and Received It
- Classified as Needing SUD Treatment and Didn't Receive It

Source: SAMHSA, National Survey on Drug Use and Health

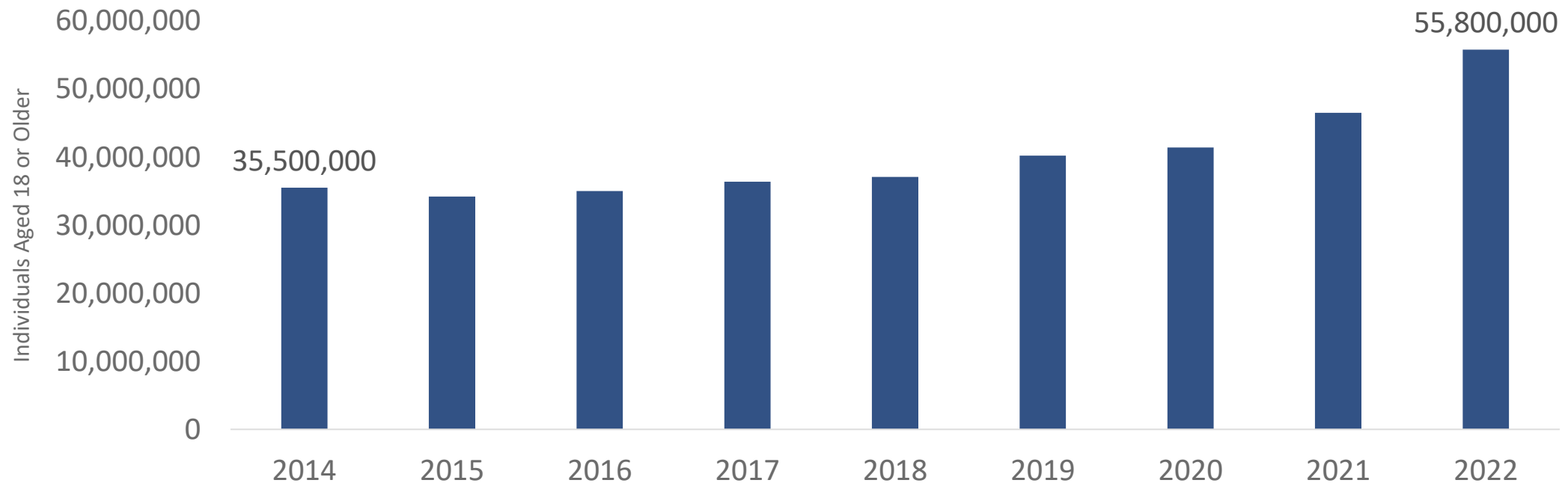
Most Common SUD Treatment Setting in 2022 Was Outpatient



Source: SAMHSA, National Survey on Drug Use and Health

Individuals Receiving Mental Health Treatment Increased 57% Since 2014

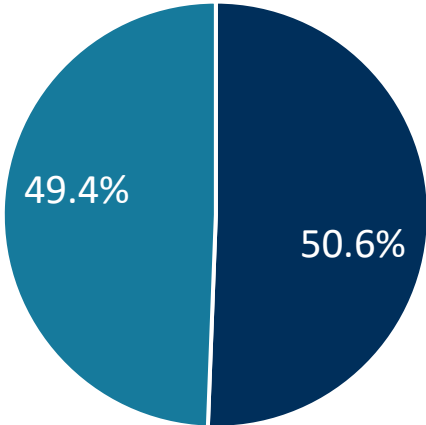
Individuals Receiving Any Mental Health Treatment in the Past Year in U.S.,
2014 - 2022



Source: SAMHSA, National Survey on Drug Use and Health

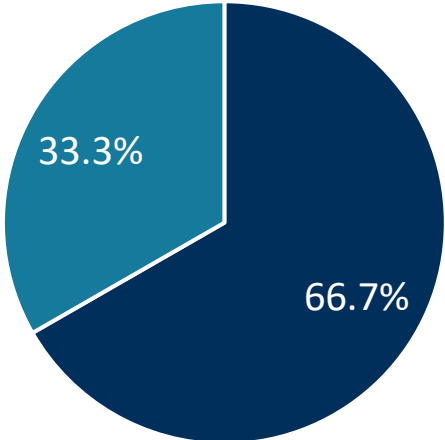
More than Half of the Individuals With AMI and SMI Received Treatment in 2022

Percent of Individuals with AMI Who Received Treatment in Past Year in U.S., 2022



- Adults with AMI Who Received Treatment in Past Year
- Adults with AMI Who Didn't Receive Treatment in Past Year

Percent of Individuals with SMI Who Received Treatment in Past Year in U.S., 2022

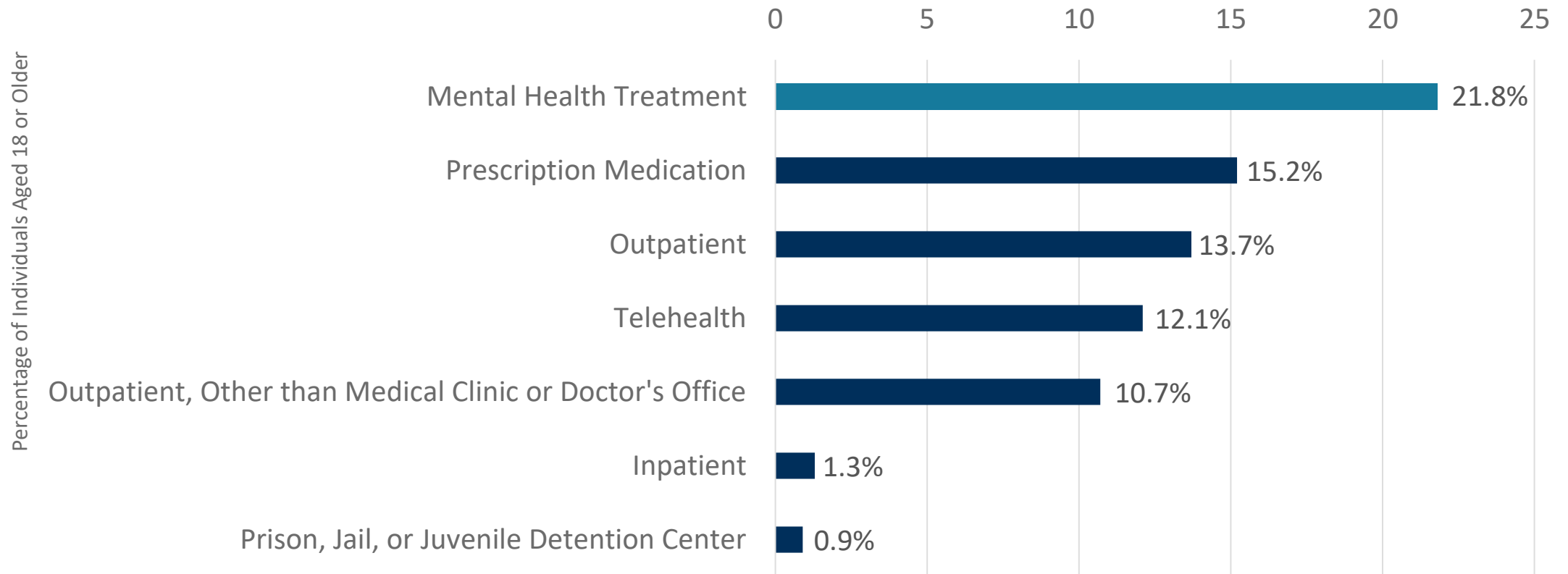


- Adults with SMI Who Received Treatment in Past Year
- Adults with SMI Who Didn't Receive Treatment in Past Year

Source: SAMHSA, National Survey on Drug Use and Health

Most Common Form of Mental Health Treatment in 2022 Was Prescription Medication

Percentage of Individuals Receiving Any Mental Health Treatment in Past Year in U.S., 2022



Source: SAMHSA, National Survey on Drug Use and Health

National Trends: Key Findings

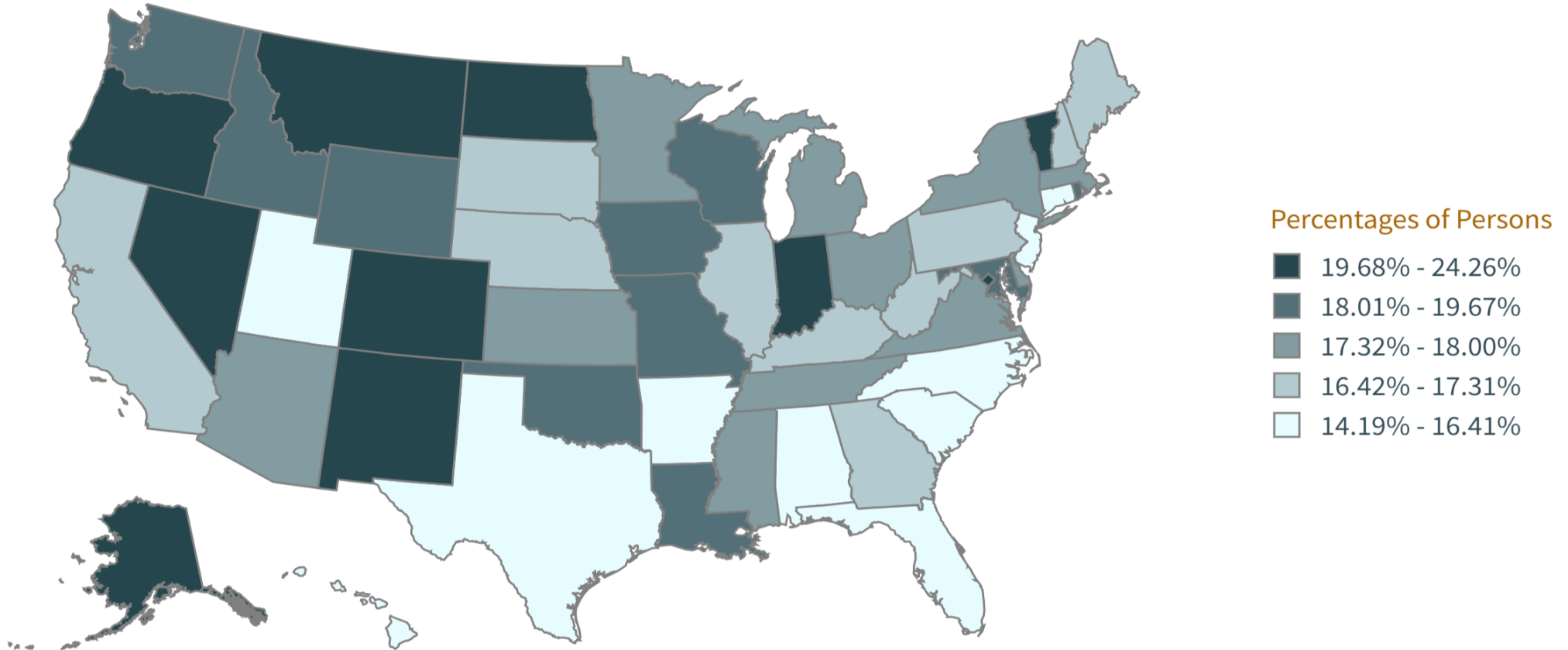
- Behavioral health needs across the country have increased significantly since 2014.
- In 2022, a high percentage of the population had a substance use disorder, mental illness, or both.
 - More than 1 in 6 people had a substance use disorder and nearly 1 in 4 had a mental illness.
- Despite the most common SUD being alcohol use disorder in 2022, drug overdose deaths are at a record high, having increased 157% between 2015 and 2022.
- While the number of individuals accessing treatment for behavioral health needs has increased between 2014 and 2022, just 15% of individuals who needed care received treatment for a SUD in 2022.

New Mexico Behavioral Health Trends

National Data Sources

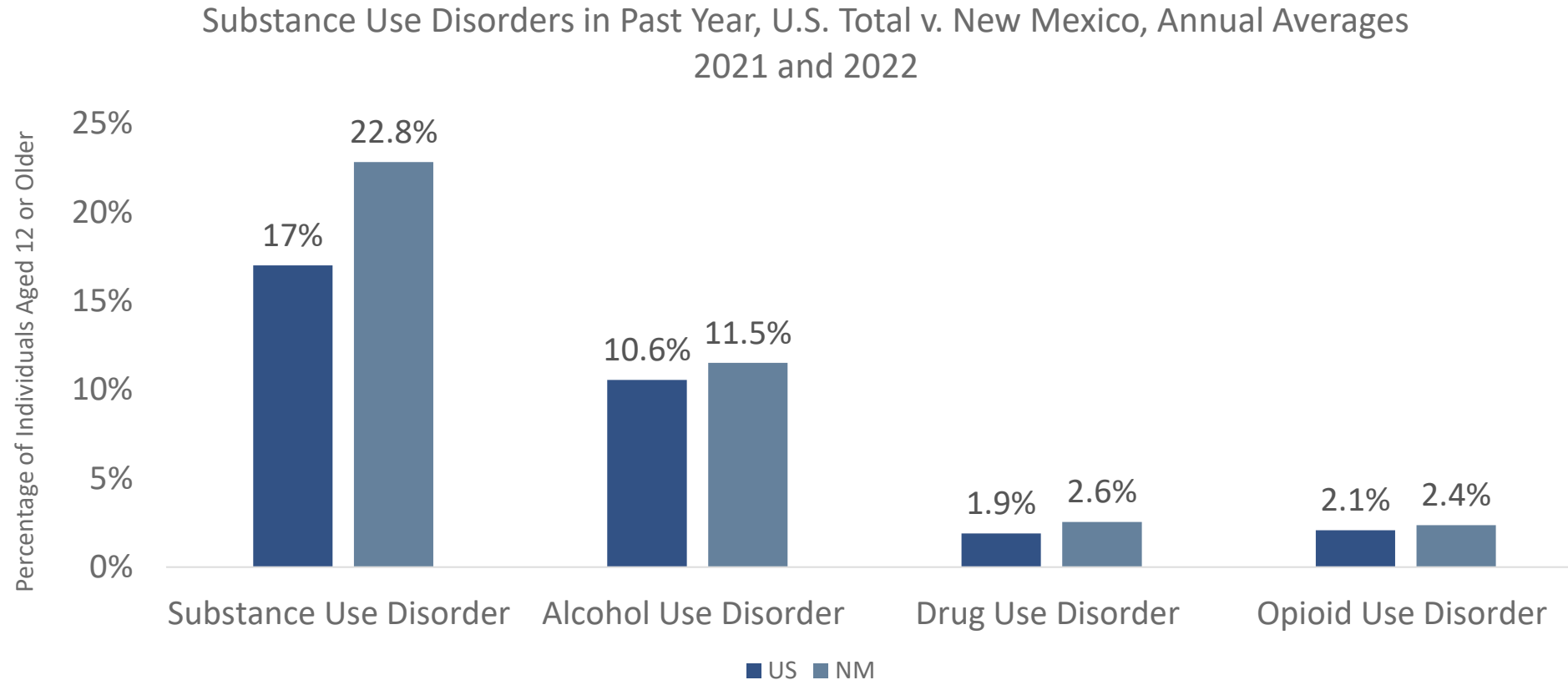
New Mexico Ranked 3rd in the Nation in Percentages of Persons With a Substance Use Disorder

Percentages of Persons with a Substance Use Disorder by State, 2022



Source: SAMHSA, State Estimates

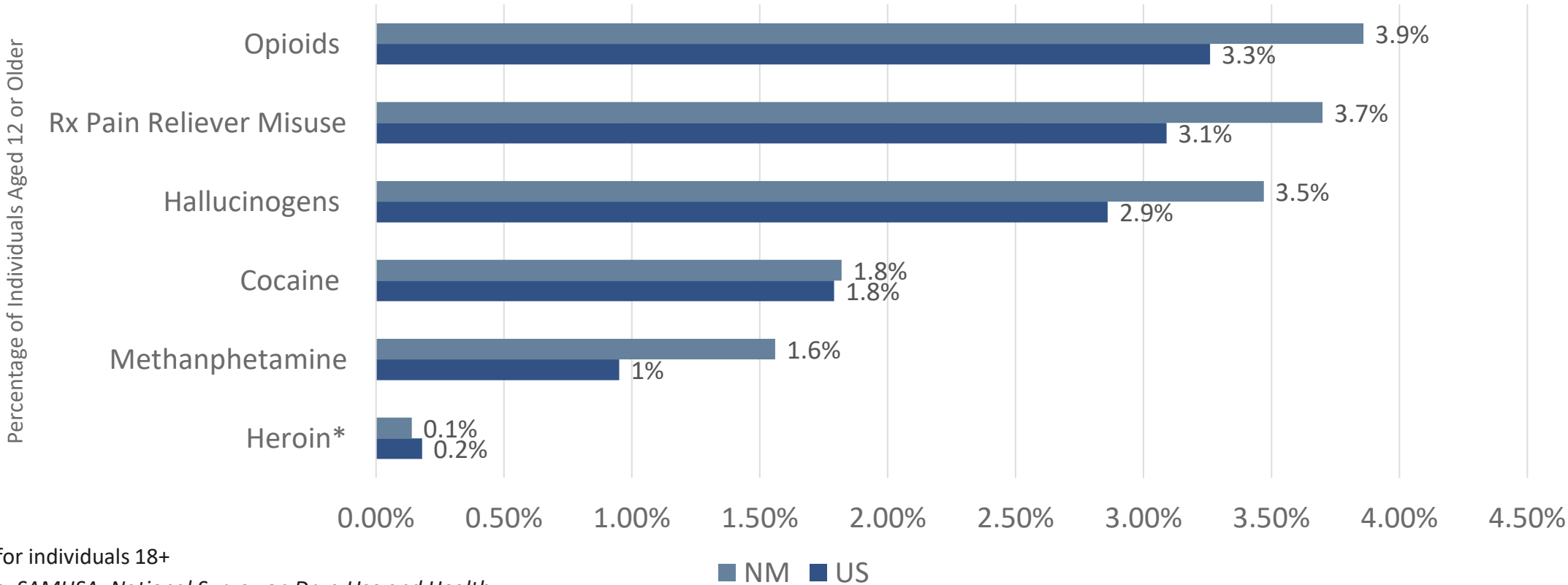
Percent of New Mexico's Population With a Substance Use Disorder was 29% Higher than National Average



Source: SAMHSA, State Estimates

Percentage of New Mexicans Using Illicit Drugs in Past Year Exceeds National Average in Nearly Every Drug Type

Illicit Drug Use in the Past Year, New U.S. Totals vs. New Mexico, 2022

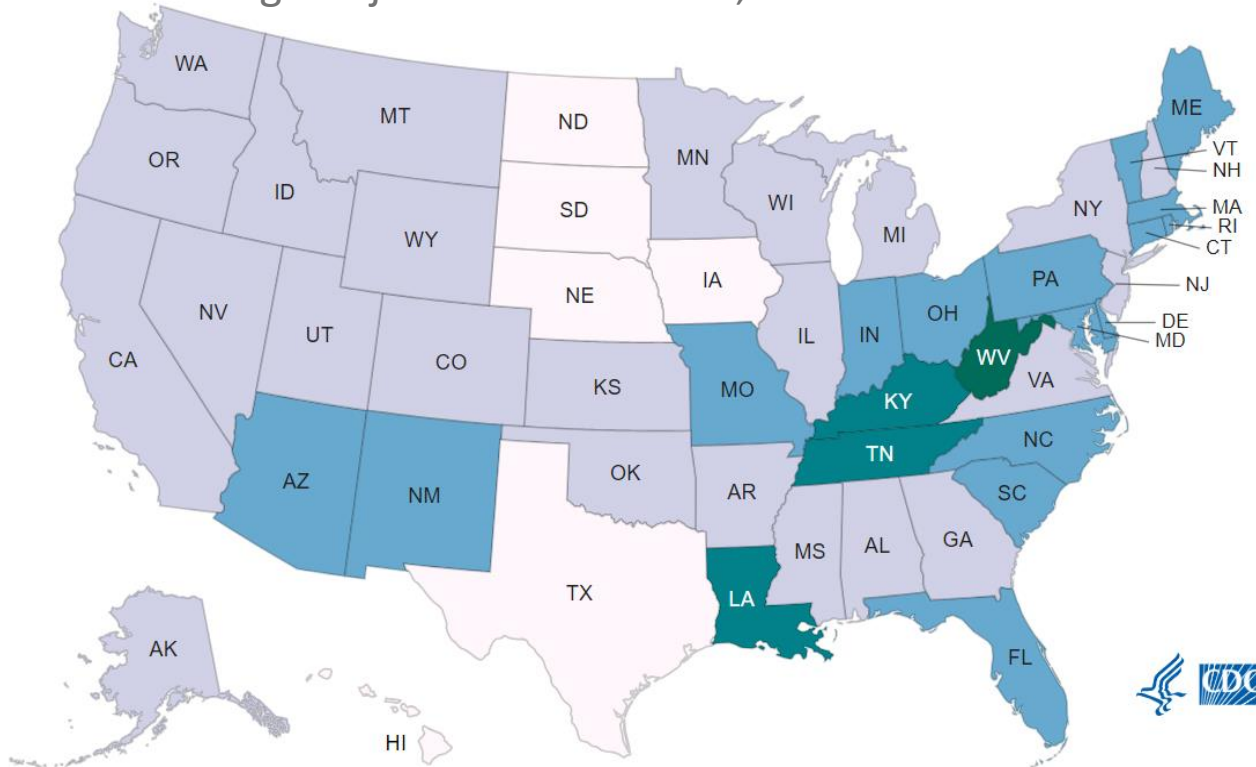


* Data for individuals 18+

Source: SAMHSA, National Survey on Drug Use and Health

New Mexico Ranked 6th in the Nation in Drug Overdose Death Rates in 2021

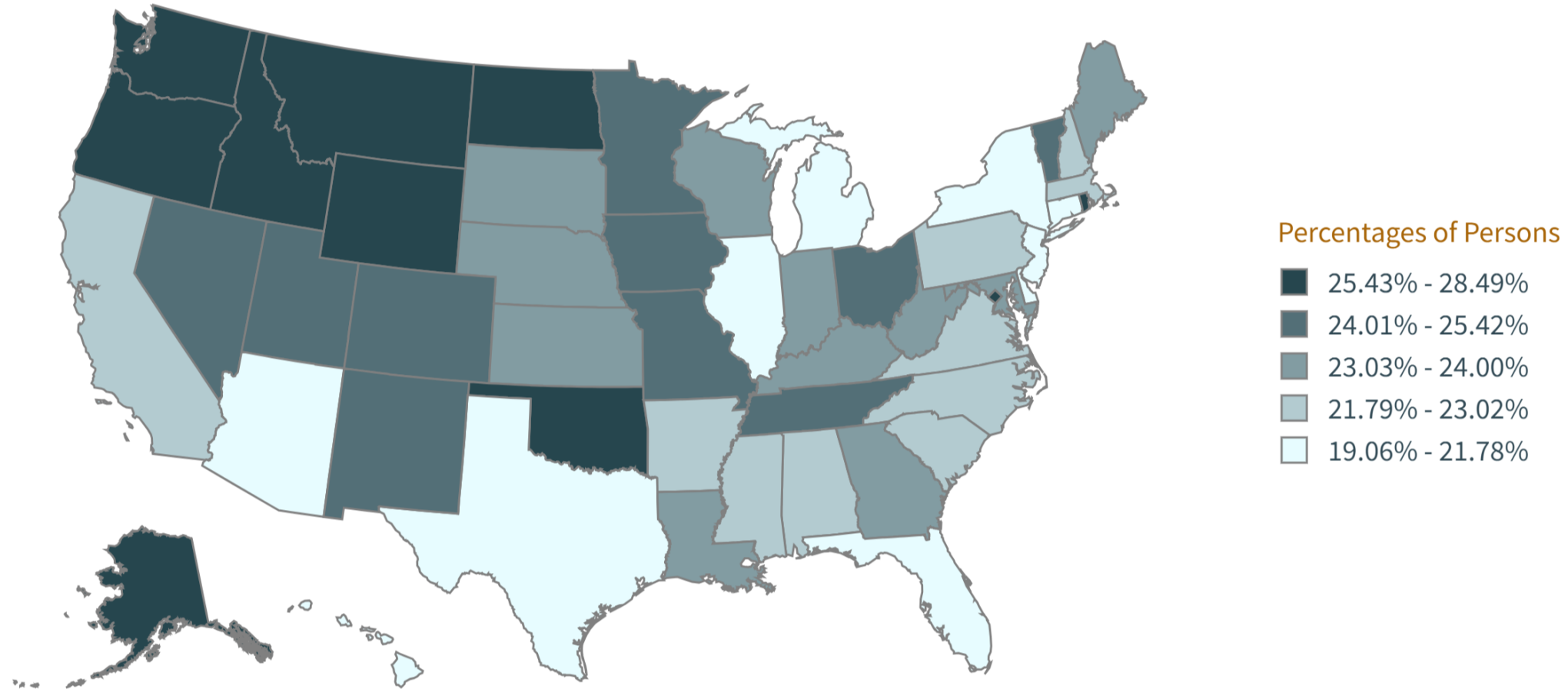
Drug Overdose Mortality by State,
Age Adjusted Death Rates, 2021



State	Drug Overdose Death Rate
West Virginia	90.9
Tennessee	56.6
Louisiana	55.9
Kentucky	55.6
Delaware	54
New Mexico	51.6

Source: CDC, Drug Overdose Mortality by State

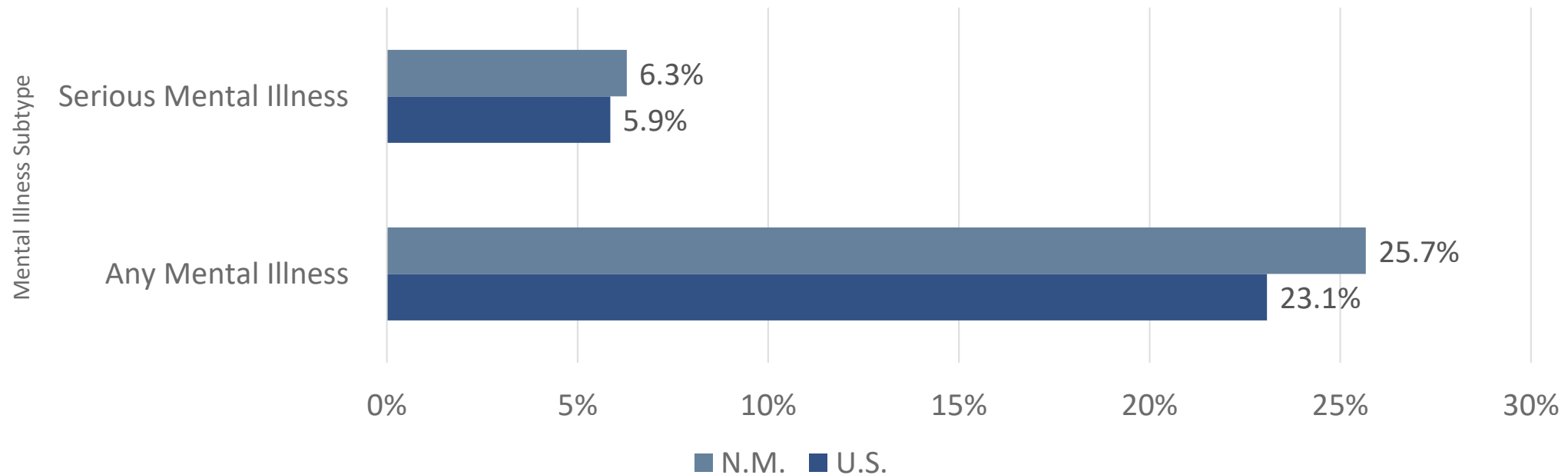
New Mexico Ranked 16th in the Nation in Percentages of Persons with AMI in 2022



Source: SAMHSA, State Estimates

The Percentage of Persons with AMI Was 11% Higher than National Average in 2022

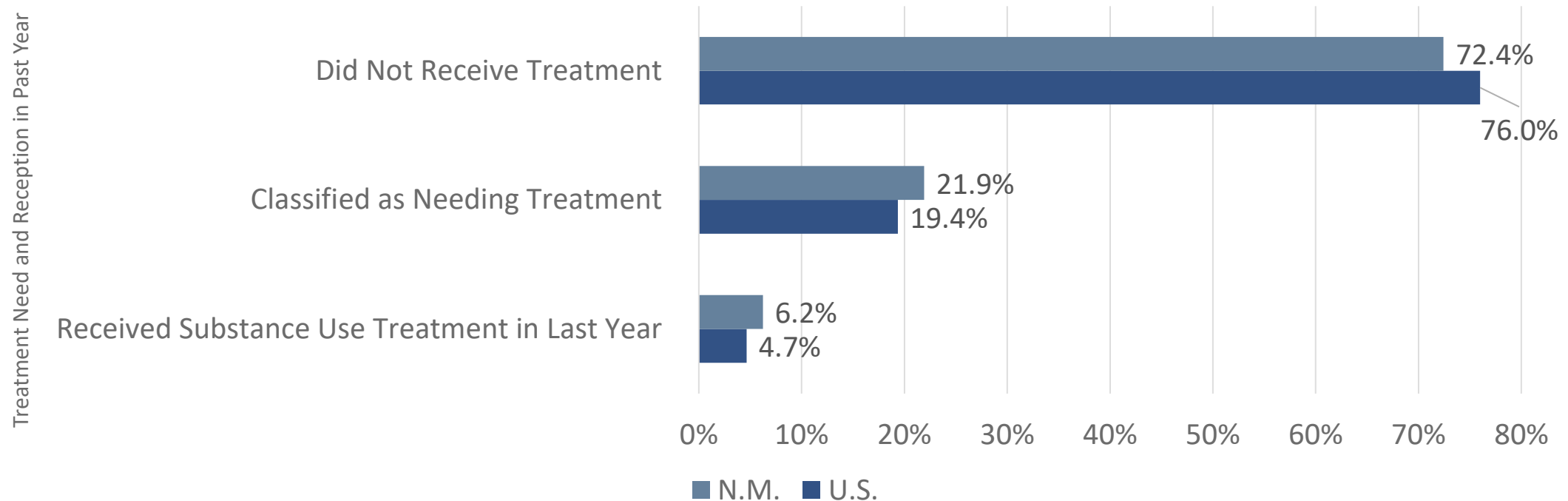
Percentage of Population with Any Mental Illness or Serious Mental Illness in the Past Year, U.S. Total vs. New Mexico, 2022



Source: SAMHSA, National Survey on Drug Use and Health

More Individuals in New Mexico Received SUD Treatment than National Average

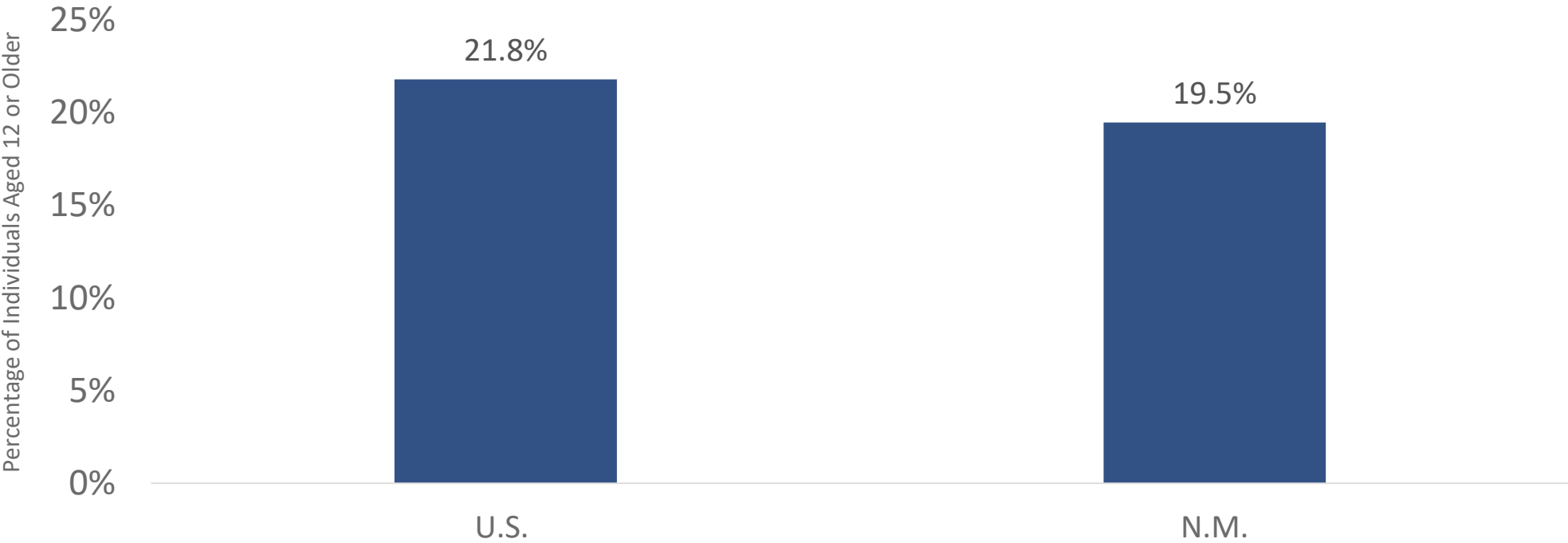
Percentage of Population Receiving Treatment, Needing Treatment, and Not Receiving Treatment in Past Year, U.S. Total v. New Mexico, 2022



Source: SAMHSA, National Survey on Drug Use and Health

11% Less Individuals in New Mexico Received Mental Health Treatment than National Average

Percentage of Persons Who Received Mental Health Treatment in Past Year, U.S. Total vs. New Mexico, 2022



Source: SAMHSA, National Survey on Drug Use and Health

New Mexico: Key Findings

- New Mexico had a higher prevalence of both any mental illness and substance use disorder than states across the country in 2022.
- New Mexico had higher rates of illicit drug use in the past year for nearly every drug type in 2022.
- New Mexico ranked 6th in the nation in drug overdose death rates in 2021.
- While more individuals accessed treatment for substance use disorder than the national average, less did for mental health treatment.

Behavioral Health & Criminal Justice

The Crossroads



- Justice-involved individuals collide with other service systems, including behavioral health, housing, medical, and the workforce.
- Unique systems in states across the country require unique strategies to manage a continuum of care.
- The complexities of an evolving societal structure require an understanding of health and health-related needs to develop programs which address the host of challenges a person faces both inside and outside detention facility walls.

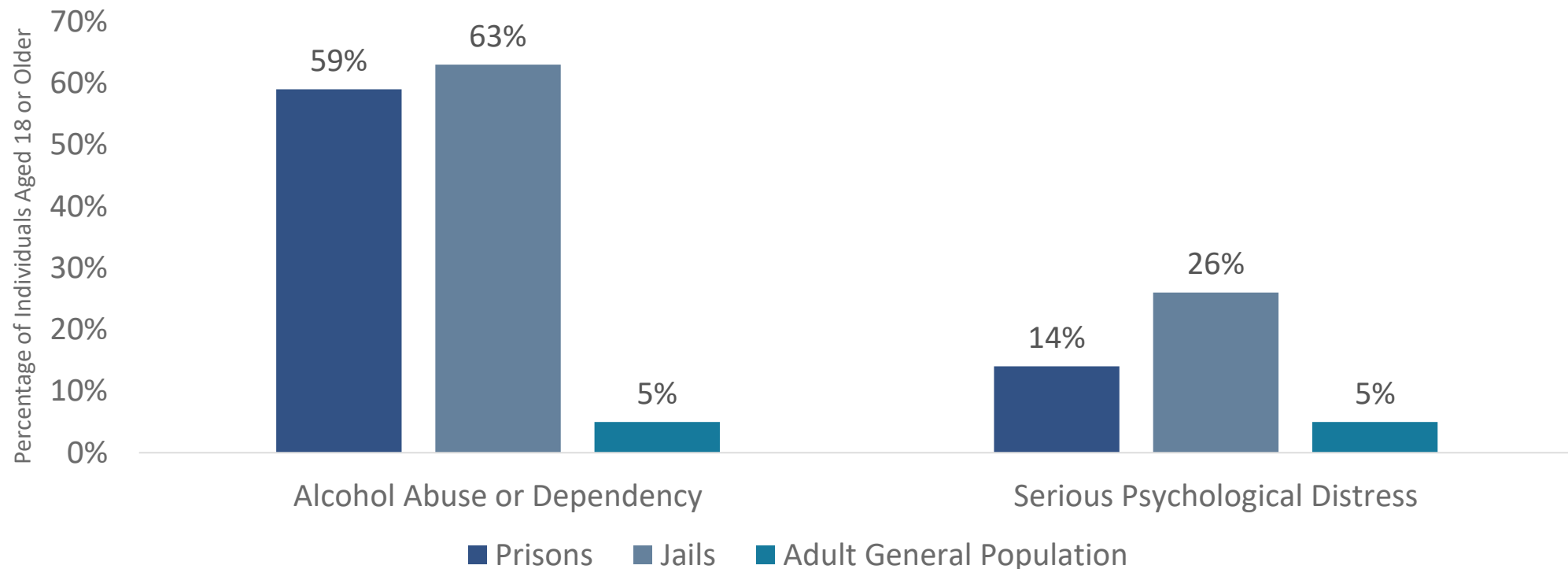
Social Determinants of Health

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built Environment
- Social and Community Context



Individuals with Behavioral Health Needs Overrepresented in the Criminal Justice System

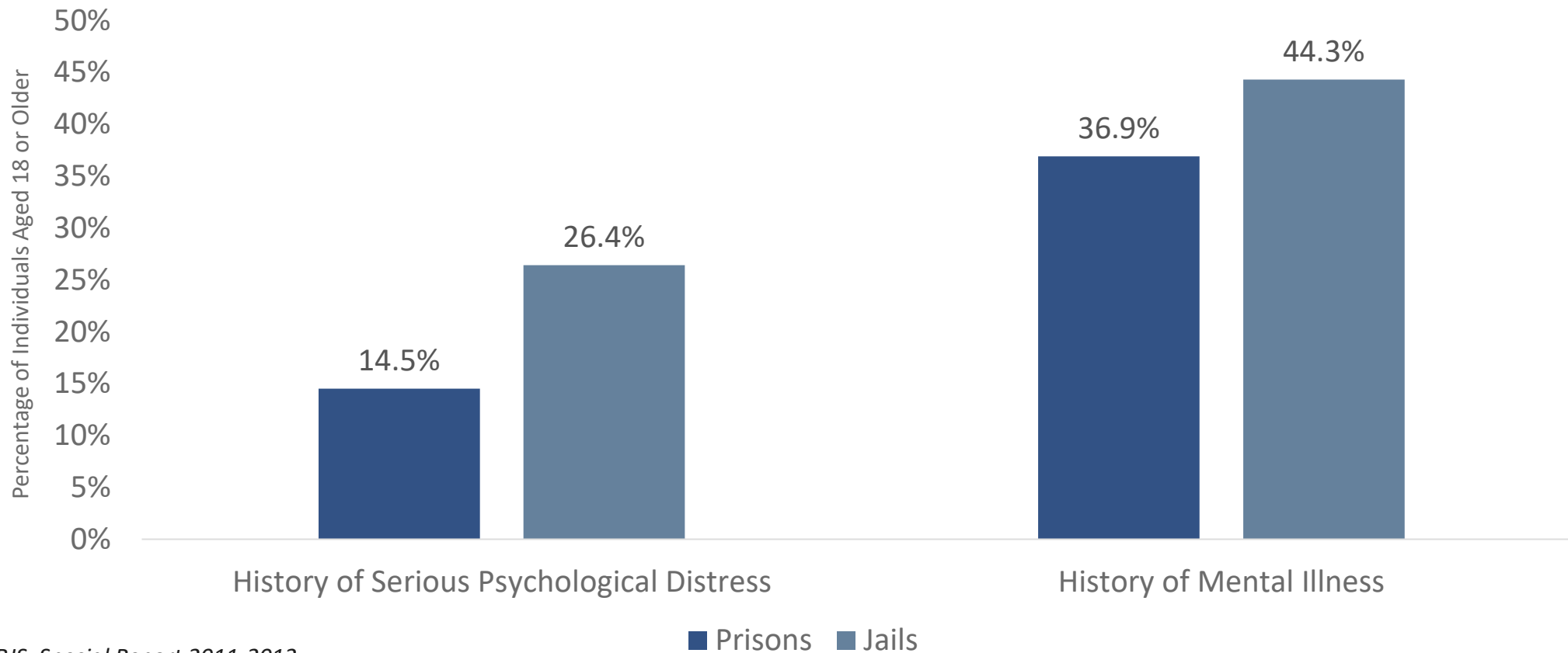
Behavioral Health Indicators in Prisons and Jails and Adult General Population, 2007-2009 & 2011-2012



Source: Bureau of Justice Statistics, Special Reports 2011-2012 & 2007-2009

Mental Health Needs More Prevalent in Jails than Prisons

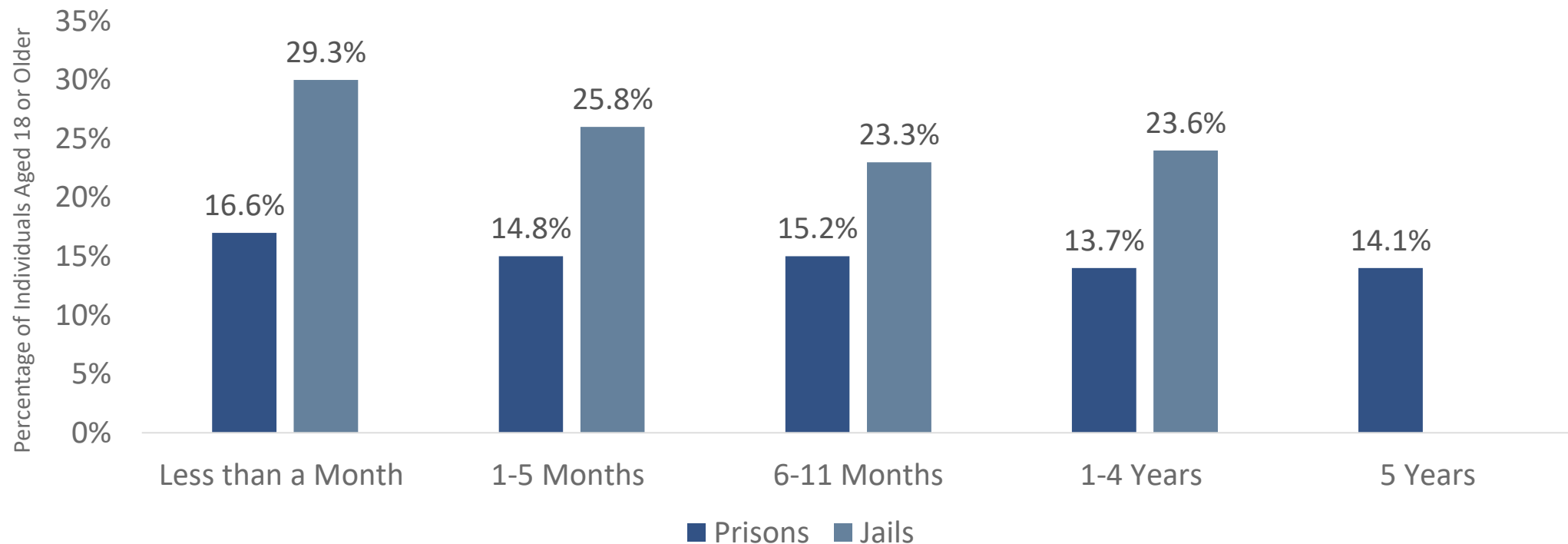
Mental Health Status by Indicator in Prisons a Jails, 2011-2012



Source: BJS, Special Report 2011-2012

Percentage of Individuals with SPD in Prison and Jail Did Not Differ Significantly by Amount of Time Served

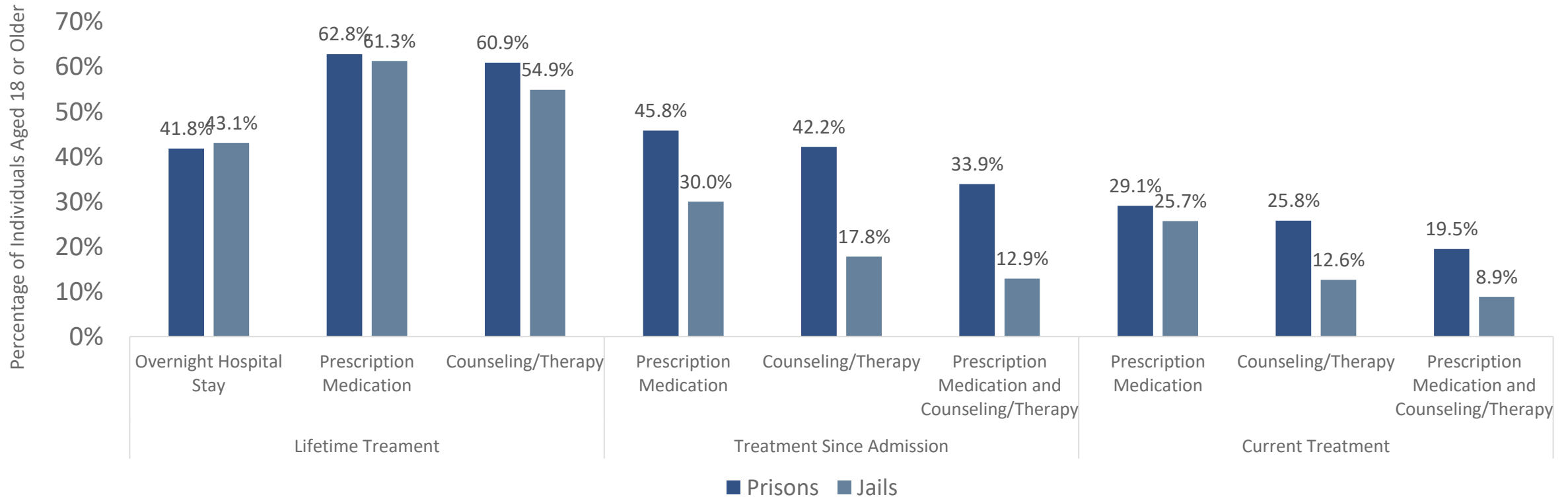
Indicators of SPD Among Prisoners and Jail Inmates by Time Served Since Admission to Current Facility, 2011-2012



Source: BJS, Special Report 2011-2012

Nearly 75% of Individuals in Prison and Jail Received Mental Health Treatment in Lifetime Prior to Admission

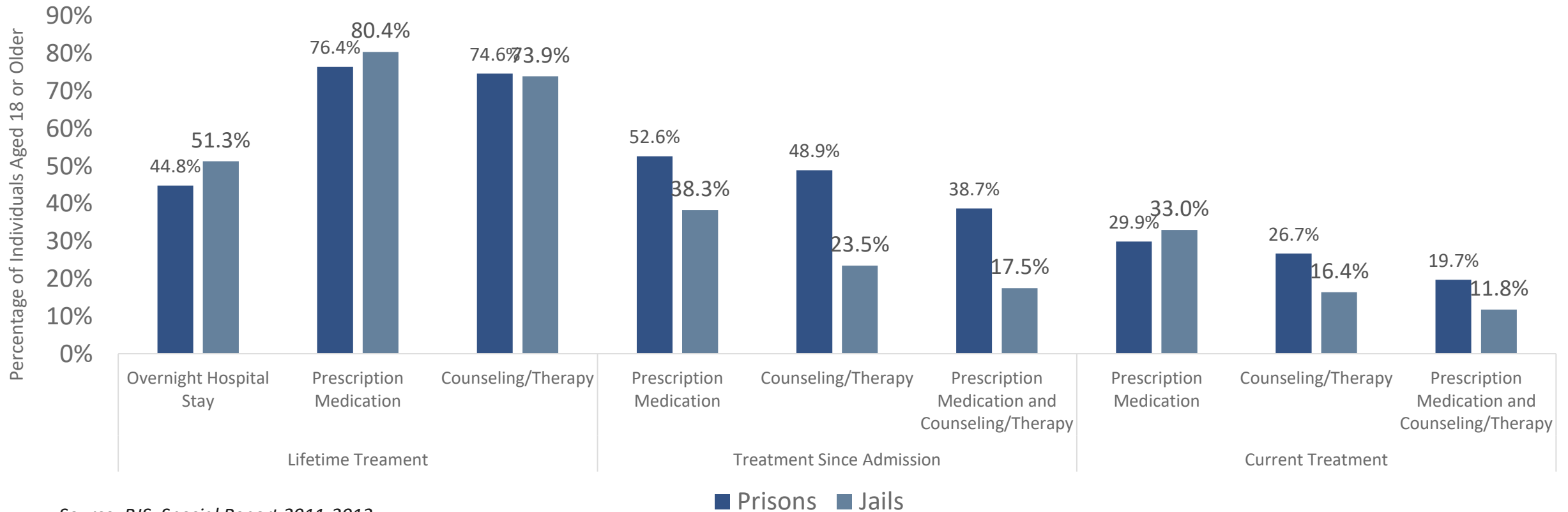
Mental Health Treatment Received by Individuals in Prison and Jail With an Indicator of Serious Psychological Distress by Time Period and Treatment Type, 2011-2012



Source: BJS, Special Report 2011-2012

Just 38% of Individuals in Prisons and Jails Received Any Mental Health Treatment While In Custody

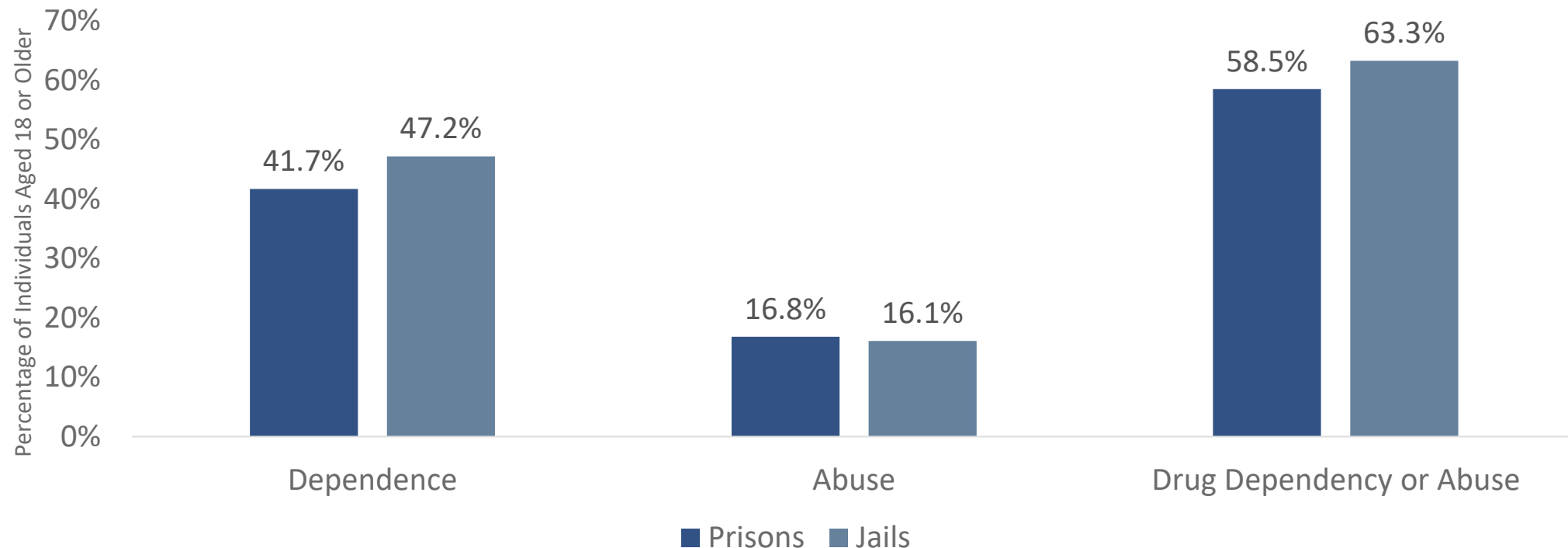
Mental Health Treatment Received by Individuals in Jail and Prison With a History of a Mental Health Problem, by Time Period and Treatment Type, 2011-2012



Source: BJS, Special Report 2011-2012

More than Half of Individuals in Prisons and Jails Met Drug Dependency or Abuse Criteria

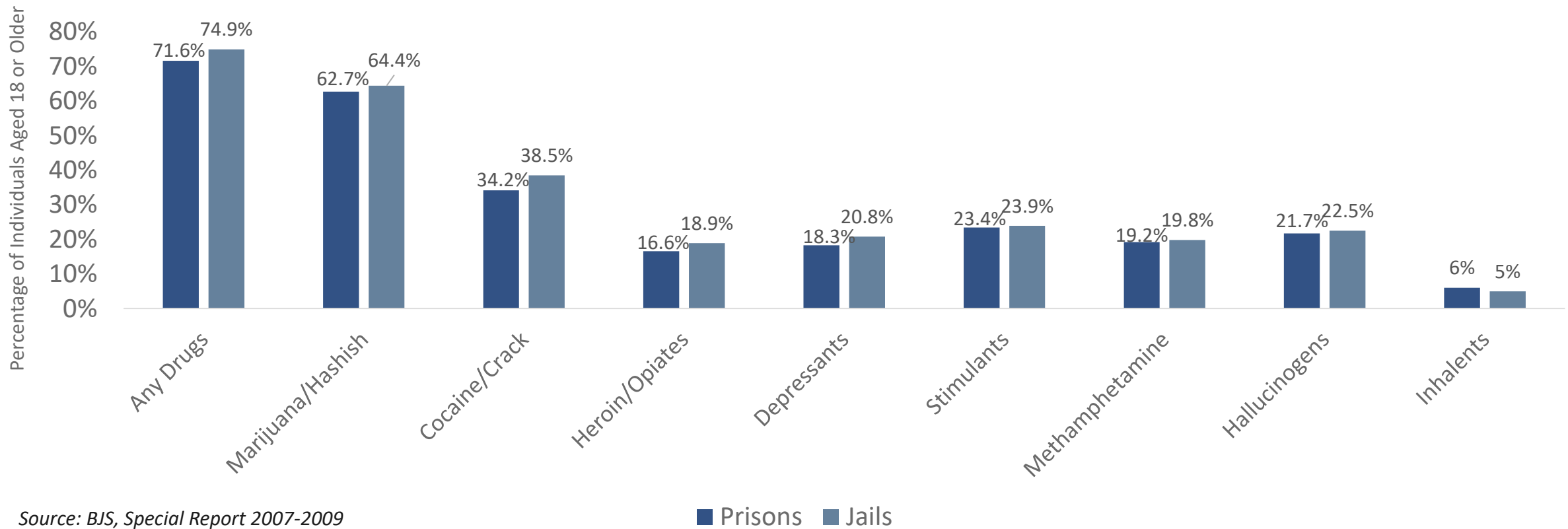
Individuals in Jail (Sentenced) and Prison Who Met Criteria For Drug Dependency or Abuse, 2007–2009



Source: BJS, Special Report 2007-2009

Marijuana Most Regularly Used Drug Reported by Individuals in Prison and Jail

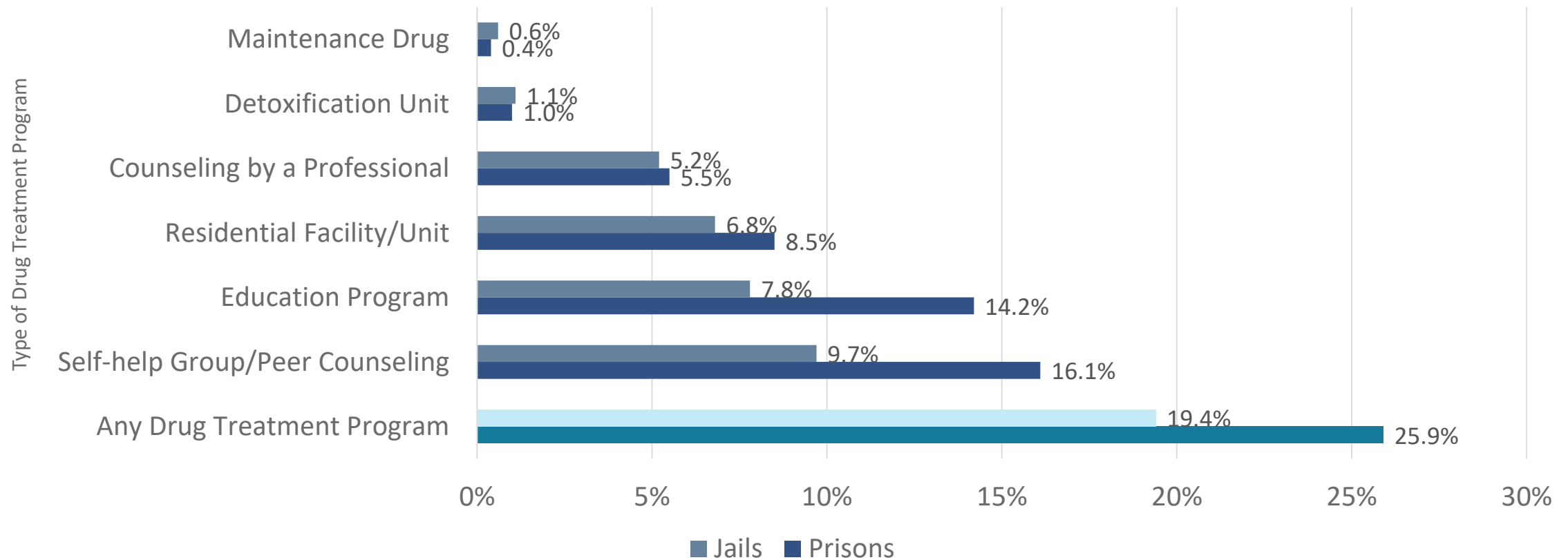
Percentage of State Prisoners or Sentenced Jail Inmates Who Regularly Used Drugs by Drug Type
2007-2009



Source: BJS, Special Report 2007-2009

The Most Commonly Participated Drug Treatment Program Was Self- Help Group

Participation in Drug Treatment Program Since Arrival to Current Facility for Individuals in Prisons and Jails Who Met Drug Dependency or Abuse Criteria, 2007-2009

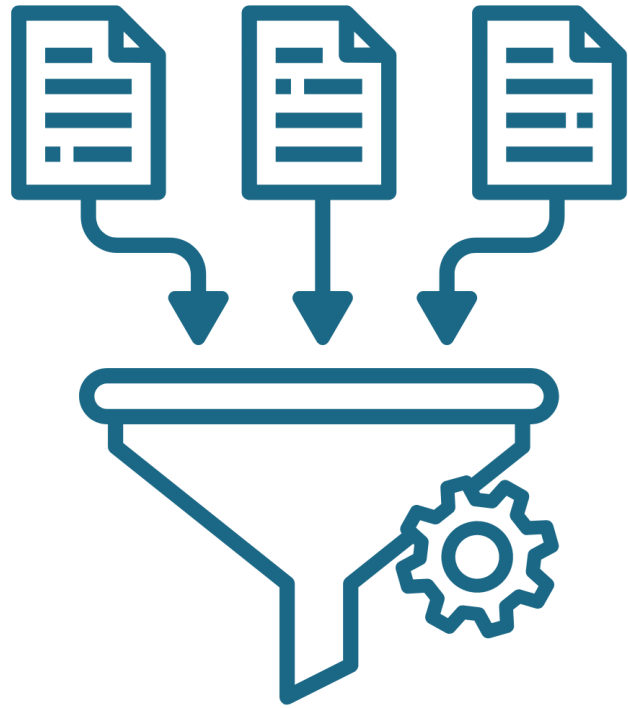


Criminal Justice: Key Findings

- According to most recent available data, individuals with behavioral health needs were overrepresented in the criminal justice system from 2009 through 2011.
- Mental health needs were more prevalent among individuals in jail, however, the amount of time an individual served did not impact the prevalence of meeting the threshold for a SPD.
- While 75% of individuals in jail and prison had ever received mental health treatment prior to admission, under 30% were currently receiving treatment in 2011 and 2012.
- Above 70% of individuals in prisons and jails reported regularly using drugs prior to admission in 2007-2009, the most common of which was marijuana, and the most common custodial treatment cited as peer support group.

A Path Forward

Data Collection First

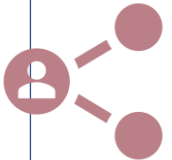


Disruptions in data collection throughout the justice system create a fractured body of knowledge on the needs of the justice system and the justice-involved population.


National Data Limitations of Behavioral Health in Criminal Justice System

- Studies on incarcerated population with behavioral health needs are lacking in number and frequency.
- Jail and prison data systems are outdated and do not collect behavioral health metrics.
- Criminal justice system has competing data collection priorities for public and institutional safety purposes.
- All behavioral health information collected from individuals in the criminal justice system is largely self-reported.
- Criminal justice stakeholders do not share data amongst one another.


New Mexico Criminal Justice System Behavioral Health Data Gaps



Limited data sharing among stakeholder groups



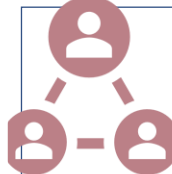
Behavioral Health Data Collected for Classification & Not Programming Needs



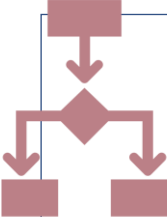
Inoperability between systems (state and county)



Data barriers due to private contractors



Lack of collaboration between providers and practitioners



No requirements for outcome data

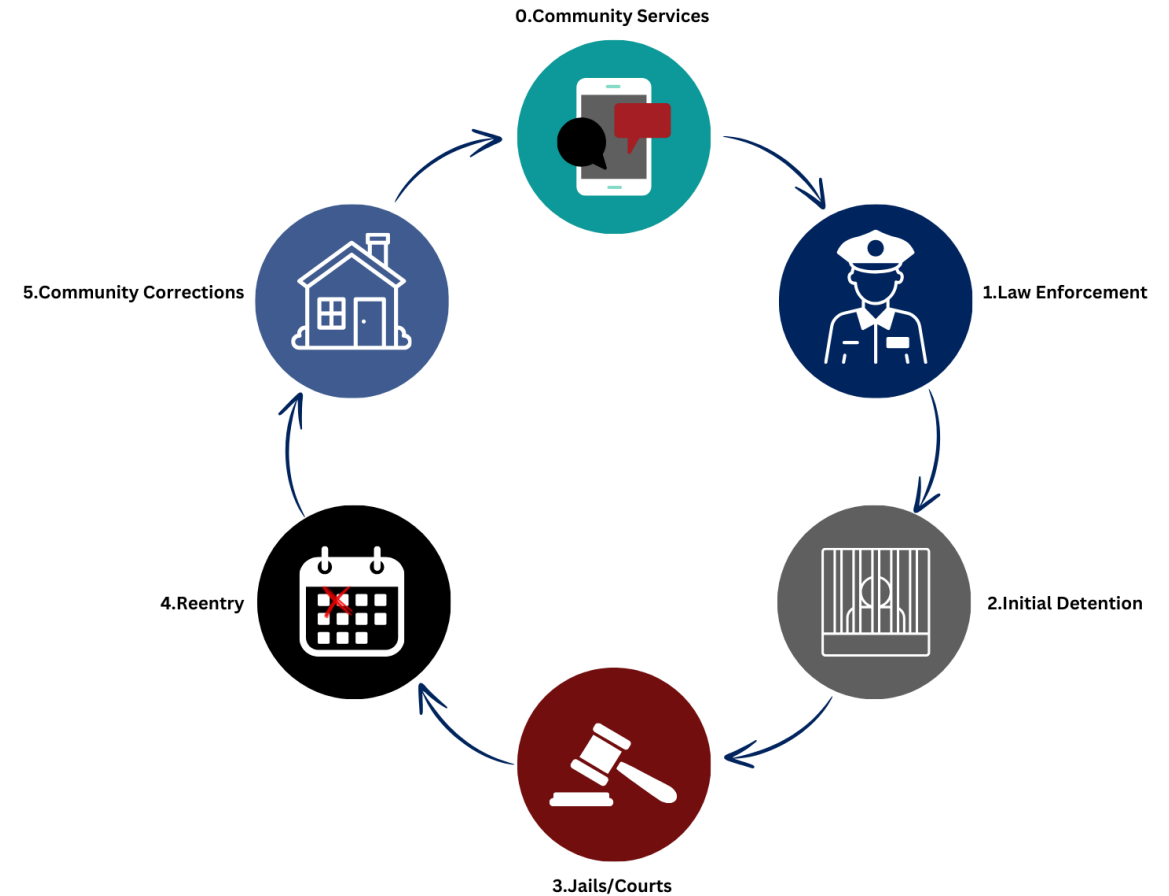
Goals for Behavioral Health Data Collection

- Ensure reliable and valid data collection and measurement
- Align measures with general population data collection and across regions and settings
- Advance evidence-based health practices
- Ensure transparency in collection methods
- Encourage patient-centered approaches

Behavioral Health Data Metrics

The Sequential Intercept Model

- Capture baseline data
- Analyze data in the aggregate
- Collect ongoing data
- Collect data on mental illness and SUD



State Example

Utah

- Requires regular reporting and tracking of behavioral health treatment and outcomes (*Utah Code 63M-7-204*)
- Links ongoing grant funding to behavioral health providers based on data outcomes (*Utah Code 26B-5-607*)
- Created a “criminal justice database” as a repository for all system stakeholders (*Utah Code 63A-16-1002*)
- Requires regular assessment of behavioral health needs at most intercept steps (*Utah Code 77-18-1; 77-18-104; 77-16A-103; 77-18-109; 78A-5-201*)
- Results from assessments are collected, documented, and tracked in regular case planning (*Utah Code 64-13-10.5*)



Wrap Up

Final Takeaways

- Limited information about individuals in the criminal justice system with behavioral health needs.
- System stakeholders need enhanced systems of data collection, and that requires:
 - Collaboration across all decision-making points in the criminal justice system;
 - Identifying common variables to track for common goals;
 - Regularly required reporting in statute;
 - Tying funding with the collection and reporting of data; and
 - Using outcome data for assessing practices on an ongoing basis



Thank You

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