

## 4: CORRECTIONS IN THE CONTEXT OF THE JUSTICE SYSTEM

<b>Time:</b>	60 minutes
<b>Format:</b>	Lecture, activity, discussion
<b>Materials:</b>	PowerPoint, Handout: "Sequential Intercept Model," Handout: "This is Richard," Key: "Intercepts and Consequences," flip chart and markers
<b>Competencies:</b>	<ul style="list-style-type: none"><li>• Identify the role of corrections within the broader justice system.</li><li>• Compare criteria for incarceration in a prison versus a jail.</li><li>• Describe corrections' functions of retribution, deterrence, containment, and rehabilitation.</li><li>• Understand the Sequential Intercept Model and how it could improve response to mental health of incarcerated people.</li></ul>

### Description

This module reviews the process flow of the justice system and, by teaching the Sequential Intercept Model, shows participants how attention to mental health in the justice system can improve outcomes.

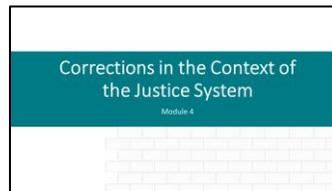
### Before Training

Print out enough copies of the handouts "The Sequential Intercept Model" and "This is Richard" for each participant to have one.

Print out copies of the key "Intercepts and Consequences" **for all trainers active this day**. This is an answer key for the activity "Intercept!" and will only be used by trainers, not

participants. The Key can be found in the Manual below, at the end of the Activity section.

## During Training



## Why Are We Doing What We're Doing?

### Lecture

Present lecture:

What are the goals of our correctional system? We may not talk about this much, but it's important to ground ourselves in why we do what we do.



Correctional systems were developed to serve four purposes: incapacitation, retribution, rehabilitation, and deterrence (Kifer, Hemmens, & Stohr, 2003, p.54).

- **Retribution** (or punishment): to pay offenders back for the harm they have caused society.
- **Incapacitation** (or containment): to protect society by putting offenders in jail or prison so they can't victimize anyone else in society.
- **Rehabilitation**: to reform offenders so that they will return to society in a constructive rather than destructive way.
- **Deterrence**: to teach offenders as well as other people contemplating the commission of a crime that crime does not pay.



In the United States, jails were developed in colonial times to hold those awaiting trial who could not pay their fines; thus, their original purpose was mostly incapacitation. It wasn't

until later that retribution and deterrence from future crime became goals of incarceration.

At several points in history, it was thought that prisons may rehabilitate people—either by making them reflect on their crimes, with sorrow and regret leading to individual reform, or through delivery of services.

Our prisons and jails, however, have never adequately achieved the goal of rehabilitation (Kifer, Hemmens, & Stohr, 2003; Sullivan, 2009), which contributes to social consensus that criminal justice reform is needed to promote rehabilitation and reduce recidivism.

## The Flow of the Justice System

### Lecture

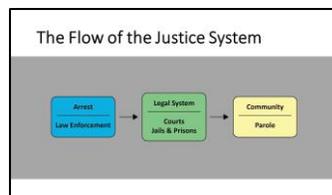
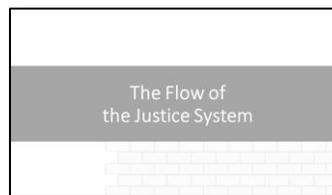
Present lecture:

It's important to know the ideal flow of our justice system. Legally, this process must be followed carefully: breach of process can compromise a person's legal rights or the appropriate response by the justice system.

Refer to the PowerPoint slide showing the flow chart of the justice system for the rest of the lecture. Adjust time spent based on audience familiarity with the process; you can acknowledge that some audiences may know this well and this is just a review. Use the following talking points to present the chart to the learners:

**Arrest:** a report comes into the police. Local law enforcement makes a determination and arrests an individual. Law enforcement brings the individual in for detention.

**Legal system:** there is an initial hearing before a judge. Then the individual either awaits a court case or continues on to jail or prison to serve a sentence.





arrest of people with mental disorders and instead diverts them to treatment. It may also be possible to take those who are addicted to substance abuse detox centers instead of to detention. Special training for law enforcement officers and 911 operators can help first responders be aware of potential mental health issues or special populations/situations.

**Intercept 2:** Initial Detention and Court Hearings. This may be another opportunity to identify people with mental disorders and/or substance abuse issues and divert them into community-based treatment and recovery programs, when appropriate. Court-based screening and assessment by substance abuse treatment or mental health professionals can be used as a tool to advise the court on possible options for diversion. The best candidates for diversion may be low-level, nonviolent offenders whose offenses stem from mental health issues.

**Intercept 3:** Jails/Specialty Courts. The creation of specialty courts—like drug courts or mental health courts—can help problem-solve and link people with mental health needs to treatment. Also, intercepts in jail or prison mean that an incarcerated person with mental disorders can be identified, assessed, and receive targeted care while incarcerated. That might mean treatment while incarcerated or transfer to a more appropriate facility. This would involve training on basics of mental health and trauma for all facility employees who have contact with incarcerated people. It also would involve in-house or coordination with care systems ready to respond to mental health treatment needs.

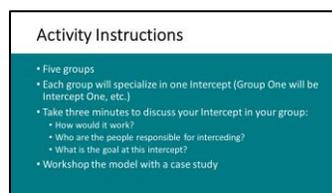
**Intercept 4:** Reentry from Jails and Prisons to the Community. At this intercept, reentry planning by social workers or mental health staff might involve assessment, developing a plan for care, identifying programs that may be available in the community for this care, and coordinating with those programs (Osher et al., 2002). Assistance may be provided in applying for benefits or finding safe housing, and some places have peer-support programs to assist. There might also be “in-reach” by community providers or connection to

transitional programs like halfway houses or community-based treatment. Ideally, there is some continuity and attention to assuring that the individual will have appropriate mental and physical health care for their needs, which may prevent reoffending or further justice-involvement.

**Intercept 5:** Community Corrections. At this intercept, it is important to assure that individuals receive care for their mental and physical health needs while on parole or probation. This can help prevent violations and avoid reincarceration. Strategies can include specialized caseloads for officers trained on mental health and trauma, and making sure that supervising officers are aware of any special release plans for treatment.

### Activity: Intercept!

1. Explain that participants will have a chance to see how intercepts could affect a person going through the justice system.
2. Give the following instructions (which are also on the PowerPoint slide):
  - a. Count off in fives to divide into five groups.
  - b. Each group will become the expert in one stage of the Sequential Intercept Model (i.e., Group One will specialize in Intercept 1, etc.)
  - c. Take about three minutes to discuss your point of intercept in your groups. How would it work? Who are the people involved? What is the goal?
3. After they are in groups, allow them three to five minutes to discuss their intercept, as they need. This will be a chance to discuss what they all may know



about what is available in their community and what gaps in service or coordination may exist.

4. When time is up, show Richard on the PowerPoint slide. Give out the handout "This is Richard." Read the following aloud:



Richard is 36 years old and has bipolar disorder. He also developed PTSD from witnessing his brother's murder by an uncle who is mentally ill years ago.

When he cycles into a depressive phase of his illness, he becomes overwhelmingly angry and sometimes suicidal. He carries a knife that his family is afraid he will use on himself—or maybe them. He's never actually violent to anyone, but his anger is frightening, and he's been known to destroy property.

Because of his behavior, he is no longer welcome at home. He can't hold a job, so he is often homeless. He carries his knife to protect himself, but his mother worries that he might threaten a police officer with it. Perhaps even deliberately, trying to commit "suicide by cop."

When found sleeping in the public park, he is regularly arrested, spends a few nights in jail, and then is released.

His behavior is uneven and unpredictable. It can be hard for him to focus to make decisions given his intense mood and difficulty meeting his own basic needs like eating and sleeping enough.

When he was diagnosed as a young man, he was prescribed medication but hasn't taken it in years.

5. Then ask each group one at a time to discuss how that character could be intercepted and what difference it would make. Use these questions (show them on the PowerPoint slide):

### Activity Questions for Each Intercept

- How could Richard be identified as someone with mental illness at your stage? What would likely identify them?
- What are the benefits for Richard of being identified at this stage?
- What are the drawbacks, if any, of being identified at this stage and not sooner?

- a. What might be some signs that Richard may be someone with mental illness at your stage? What types of professionals and procedures would need to be involved to identify potential mental health issues?
  - b. What are the benefits if they are identified at that stage?
  - c. What are the drawbacks, if any, to being identified at that stage?
6. Once the character has been discussed by all five groups, get all of the groups involved. Discuss the consequences for the character, fellow incarcerated people, criminal justice professionals and correctional officers, and communities if the person made it all the way through the model without being identified as someone with mental illness.

## Key: Intercepts and Consequences

### Intercept 1:

Identifying Richard as someone with potential mental health issues would inform police around use of force issues (e.g., if Richard fails to obey or seems agitated in his response). Other first responders (e.g., emergency personnel, mental health providers) may be able to help de-escalate a crisis. If Richard is intercepted at this stage, he may avoid being arrested and instead may get the treatment that he needs. If criminal justice action is needed, Richard may be better able to respond if he is stabilized first.

Downsides: There are no downsides to being identified at this stage.

### **Intercept 2:**

If first responders haven't identified Richard as having a mental health concern, court-based screening or court-ordered assessments may be coordinated by attorneys and judges working in conjunction with mental health providers. If Richard receives treatment at this stage, he may be able to have his charges dropped or reduced.

Downsides: If he wasn't identified at the previous intercept, he may have suffered confusion and the consequences of disobeying police officers even though he was not competent to follow directions.

### **Intercept 3:**

Here, Richard could either be sent to a specialty court prepared to problem-solve on the case and handle a judgment and any sentencing with appropriate consideration of his mental illness.

Or, if he's identified as having mental health issues while in jail, he could begin receiving needed mental health care. He might be transferred, if needed, to a facility that can address his illness or be treated well enough to stay in the general population without having or causing crisis.

Downsides: If he's gotten this far without being identified, he may have been judged without recognition of the role his mental illness may play in his criminal behaviors. Also, his mental illness may already have caused disturbance in his life and the lives of others, including family and community members, as well as other incarcerated men and COs.

### **Intercept 4:**

If Richard is intercepted here, he may have help planning for reentry. Having specific plans for his mental and physical health care, benefits, and housing can lessen the stress of reentry and promote stability during the transition

to the community. If Richard is prepared for reentry and is stable, there's less chance he will re-offend or be detained for erratic behavior.

Downsides: If Richard hasn't been intercepted until this point, his time in the prison system has likely been unnecessarily difficult for him and those around him. He may have new trauma from his experiences and may have difficulty coping because of his mental illness.

### **Intercept 5:**

If Richard is intercepted here, his probation officer may be aware of his needs and take those into account as Richard is monitored. The officer might monitor Richard closely during the first few weeks of transition to assure that he is following any plans for mental health treatment during reentry. Being stable in the community brings a much smoother transition than beginning a recurring cycle of erratic behavior, incarceration, and release.

Downsides: If Richard has avoided treatment this entire time, the chances of his re-offending are higher. Without coordinated efforts by the probation officer, mental health professionals, and possibly his family, Richard may likely come to the attention of law enforcement again soon.

## Activity Debrief

When the activity is complete, debrief with the following questions:

- a. Do you know of any programs designed to work at intercepts like these in our state or where you work?
- b. What advantages do you see to being able to identify persons with mental health needs at these intercepts, particularly those in your workplace?



Conclude:

## Correctional Mental Health

If people with serious mental illness are identified early and connected to treatment, their risk and that of others—including incarcerated people and correctional officers—is greatly reduced.

## SOURCES

### Module 4

GetLegal.com (2016). The criminal justice system. Retrieved 7/14/2016 at <http://public.getlegal.com/legal-info-center/criminal-justice-system/> .

Kifer, M., Hemmens, C., and Stohr, M. (2003). Goals of corrections: Perspectives from the line. *Criminal Justice Review*, 28(1), 47-69.

Osher F, Steadman HJ, Barr H: A (2002). *Best practice approach to community reentry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, NY, National GAINS Center,

Substance Abuse and Mental Health services Administration. "SAMHSA's Efforts on Criminal and Juvenile Justice Issues." Retrieved 9/20/2017 at <https://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts> .

Sullivan, L. (2009). *The SAGE Glossary of the Social and Behavioral Sciences*. Thousand Oaks, CA: SAGE.