From Mass Incarceration to Effective and Sustainable Decarceration
Foundations and Government Panel

Patrick Griffin
MacArthur Foundation

Marie Garcia
National Institute of Justice

Melinda McAliney
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Smart Decarceration and the National Institute of Justice: Moving the conversation forward

Marie Garcia, Ph.D.  
Justice Systems Research Division  
National Institute of Justice
Presentation Summary

• Agency overview
  • National Institute of Justice

• Institutional corrections research portfolio
  • Historical review
  • Future directions

• Funding priorities and opportunities

• Q & A
Office of Justice Programs

Bureaus and Offices

Equal Employment Opportunity Office

Office of the Assistant Attorney General

Office of Audit, Assessment, and Management

Bureau of Justice Assistance

Bureau of Justice Statistics

National Institute of Justice

Office of Juvenile Justice and Delinquency Prevention

Office for Victims of Crime

Office of Administration

Office of the Chief Financial Officer

Office of the Chief Information Officer

Office for Civil Rights

Office of General Counsel

Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking

Office of Communications
NIJ Mission Statement

“The National Institute of Justice — the research, development and evaluation agency of the U.S. Department of Justice — is dedicated to improving knowledge and understanding of crime and justice issues through science. NIJ provides objective and independent knowledge and tools to reduce crime and promote justice, particularly at the state and local levels.”
Science Offices at NIJ

- Office of Investigative and Forensic Sciences
- Office of Science and Technology
- Office of Research and Evaluation
Office of Research & Evaluation

- Develops, conducts, directs and supervises research and evaluation activities through extramural and intramural research — that involves outside researchers who often collaborate with criminal justice practitioners.

- Three research divisions:
  - Violence, and Victimization Research Division (VVRD)
  - Justice Systems Research Division (JSRD)
  - Crime and Crime Prevention Research Division (CCPRD)
Justice Systems Research Division

• Addresses issues related to criminal justice systems, specifically policing, institutional and community corrections, courts, and sentencing.

• Vision:
  • Pursue justice systems knowledge that works — knowledge that improves the function and purposes of criminal justice systems — and is available, accessible, and applicable to the field.
Examples of JSRD Research

- Multisite adult drug court evaluation
- Impact of incarceration on families
- Use of GPS to supervise high-risk offenders
- Police officer safety and wellness
Institutional Corrections Overview

Goal:

• Build local research capacity; encourage data-driven decision making and policy; and develop effective collaborative partnerships between researchers and state and local correctional systems.
Institutional Corrections Overview (con’t)

NIJ projects:

- Parental incarceration
- Institutional programming
- Impact of policies, i.e., early release decisions, California Realignment
- Use of technology in the institutional environment
Federal decarceration efforts

- Justice Reinvestment Initiative
- Evaluation of the Second Chance Act
- Hawaii HOPE project
- National Study of Prison Closings and Safe Alternatives
NIJ Budget

Base research:

• $40 million

Forensics Science:

• $25 million (FY15)

Transfers from OJP partner agencies

Congressional mandates

• FY15 School Safety = $75 million
NIJ Funding Priorities

Who decides?

• Directors discretion
• Congressional mandates
• Field-initiated research
• Input from practitioners, policymakers through scientific working groups, topical working groups, and communities of practice
Funding Opportunities

Solicitations:
• Directed and collaborative opportunities across NIJ’s science offices

Fellowships
• Examples, Young scholars and Visiting Fellows

National Science Foundation:
• Collaborative funding agreement between NIJ and NSF
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Foundations and Government Panel

Melinda McAliney
Lutheran Foundation of St. Louis
NIMH Research Priorities in Justice and Decarceration

Denise Juliano-Bult, M.S.W.

Chief, Systems Research and Disparities in Mental Health Services Research Programs
Services Research & Clinical Epidemiology Branch
National Institute of Mental Health

From Mass Incarceration to Effective and Sustainable Decarceration
September 24-26, 2015 – Washington University in St. Louis
Understanding the NIMH Mission

• Lead Federal agency for research on mental illnesses

• Mission: “to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.”
A national study from 2002 through 2004 estimated that 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates suffer from a mental illness. (James & Glaze, 2006. Mental Health Problems of Prison and Jail Inmates. US Department of Justice’s Bureau of Justice Statistics Special Report)

The 2004 national study showed that only 1 in 3 state prisoners, 1 in 4 federal prisoners, and 1 in 6 jail inmates who had a mental health problem had received treatment since admission. (Ibid)

### Symptoms in past 12 months or since admission

<table>
<thead>
<tr>
<th>Symptoms in past 12 months or since admission</th>
<th>Percent of inmates in —</th>
<th>Percent of inmates in —</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State prison</td>
<td>Federal prison</td>
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<tr>
<td>Major depressive or Mania symptoms</td>
<td></td>
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<tr>
<td>Persistent sad, numb or empty mood</td>
<td>32.9%</td>
<td>23.7%</td>
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<tr>
<td>Loss of interest or pleasure in activities</td>
<td>35.4%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Increased or decreased appetite</td>
<td>32.4%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Insomnia or hypersomnia</td>
<td>39.8%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Psychomotor agitation or retardation</td>
<td>35.6%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Feelings of worthlessness or excessive guilt</td>
<td>34.3%</td>
<td>25.3%</td>
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<tr>
<td>Diminished ability to concentrate or think</td>
<td>28.4%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Ever attempted suicide</td>
<td>13.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Persistent anger or irritability</td>
<td>37.8%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Increased/Decreased interest in sexual activities</td>
<td>34.4%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Psychotic disorder symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delusions</td>
<td>11.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>7.9%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Services Research Priority Areas

• Develop, refine & promote delivery of evidence-based mental health treatments & services with potential for broad impact

• Develop knowledge that can translate into practice at the clinical, organizational or system level

• Address the NIMH Strategic Plan for Research; Strategic Objective 4, and parts of Objective 3
Strategic Objective 4: Strengthen the Public Health Impact of NIMH-Supported Research

4.1: Improve efficiency & effectiveness of existing mental health services

4.2: Improve dissemination, implementation, & continuous improvement of effective MH services & interventions (research-practice partnerships)

4.3: Develop new innovative service delivery models to improve MH outcomes in diverse communities and populations (course of illness)

4.4: Develop research that evaluates impact of mh services innovations
Strategic Objective 3: Strive for Prevention and Cures

3.2 Tailor existing/new interventions to optimize outcomes
  • Alternative study designs & analyses to test precise interventions

3.3 Test interventions for effectiveness in community practice
  • Develop & test interventions with bundled components (previously validated) for impact on patients’ lives & functioning.
  • Pragmatic trials that identify, engage, assess & follow participants during routine care (stakeholders: patient, provider, payer, other funders),
  • Understand how patient-, provider-, and organizational-level factors impact the outcomes of interventions in practice settings.
Points of Intervention

- Release
- Police Contact
- Jail
- Early Precursors
- Community Re-entry
- Treatment and Services?
- Community Corrections
- Jail
- Prison
- Court
Current or Recently Funded Research Grants

• A Novel Police-Mental Health Linkage System to Promote Pre-Booking Jail Diversion (R01) Michael Compton, Feinstein Institute

• Improving the Impact of Mental Health Courts (R34), Gary Cuddeback, UNC Chapel Hill

• CIT & MH Service Access in Police Contacts: Impact on Outcomes of Persons w/SMI, (R01), Amy Watson, University of Illinois at Chicago

• Access to Mental Health Services among Released State Prisoners (R21) David Rosen, UNC Chapel Hill

• Critical Time Intervention (CTI) for Men with Mental Illness Leaving Prison (R01), Jeffrey Draine, Temple University

• Mental Illness and Community Reentry in a Multi-Ethnic Population of Female Inmates (R34), Cathleen Willging, Pacific Institute for Research & Evaluation
Currently Funded Career Development Awards

• Implementing PTSD Treatment in the **Juvenile Justice** System (K23), Christopher Branson, New York University

• **Advancing Intervention Science for Probationers** with Serious Mental Illnesses (K01), Matthew Epperson, University of Chicago

• **Policy** and Interventions for Adults with SMI and Criminal Justice Involvement (K01), Allison Gilbert, Duke University
Suicide Prevention for at-Risk Individuals in Transition (SPIRIT) Study (4-years, $6.8 million, funded 9-21-15)

• NIMH, NIJ, OBSSR (NIH)

• Prevent suicide in transition from jail to community.
  Largest NIMH investment in suicide prevention in the justice system.

• Jennifer E. Johnson, Ph.D., Michigan State University College of Human Medicine
  Lauren M. Weinstock, Ph.D., Brown University and Butler Hospital

• Test whether Safety Planning Intervention (SPI) with telephone follow-up is more effective than TAU in reducing suicide

• 800 detainees leaving 2 jails: Genesee County Jail in Flint, MI and Rhode Island Department of Corrections in Cranston, RI

• Outcomes: suicidal behavior, psychiatric and substance abuse symptoms, service use and re-arrest rates for both types of care.

• Identify most effective strategy for suicide prevention.

• Grant number: U01 MH106660-01A1
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