

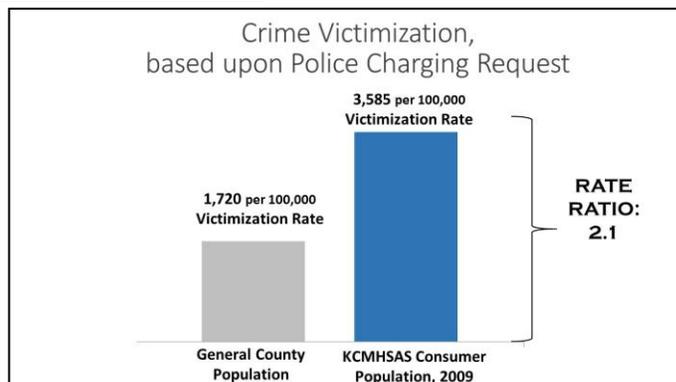
JUSTICE-INVOLVED CONSUMERS STUDIES- EXECUTIVE SUMMARY

Catherine Kothari, PhD, 2-5-15

VICTIMIZATION OF CONSUMERS

Crime-reported victimization is more than twice as high among adult KCMHSAS consumers compared to the general population in Kalamazoo County.

- Just as in the general population, consumer victims are disproportionately female and of Black race

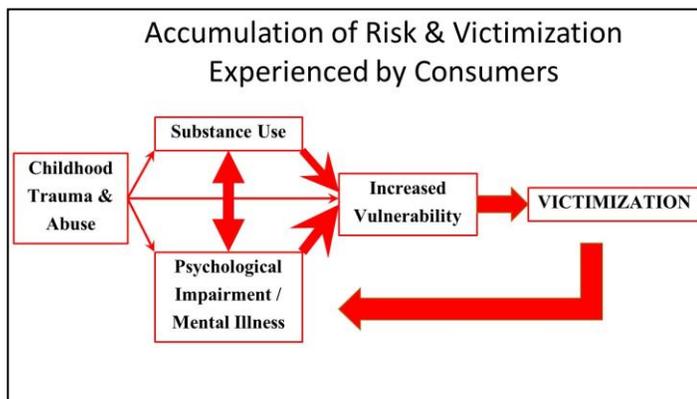


Consumers' victimization is more violent and more likely to be by multiple perpetrators, compared to the general population.

- 83.5% of consumers' victimization are assaults compared to 78.2% of non-consumers'
- Consumers are more likely to experience multiple victimizations compared to other county residents
 - 39.4% of consumer victims had additional victimizations over the period 2000-2010 compared to 28.7% of non-consumer victims
 - These were more likely to be by different individuals: 15.2% of consumer-victims were victimized by both an intimate partner and a non-intimate partner (family, acquaintances mostly), compared to 9.6% non-consumer victims
- Consumers more likely to be victimized by their intimate partner (64.1% of consumer victims compared to 56.6% of non-consumer victims)

Crimes with a consumer victim are less likely to lead to conviction (they are difficult to prosecute for multiple reasons including their own criminal histories)

Other research had shown that consumers have multiple, overlapping vulnerabilities to victimization. Each victimization serves to further exacerbate those vulnerabilities.



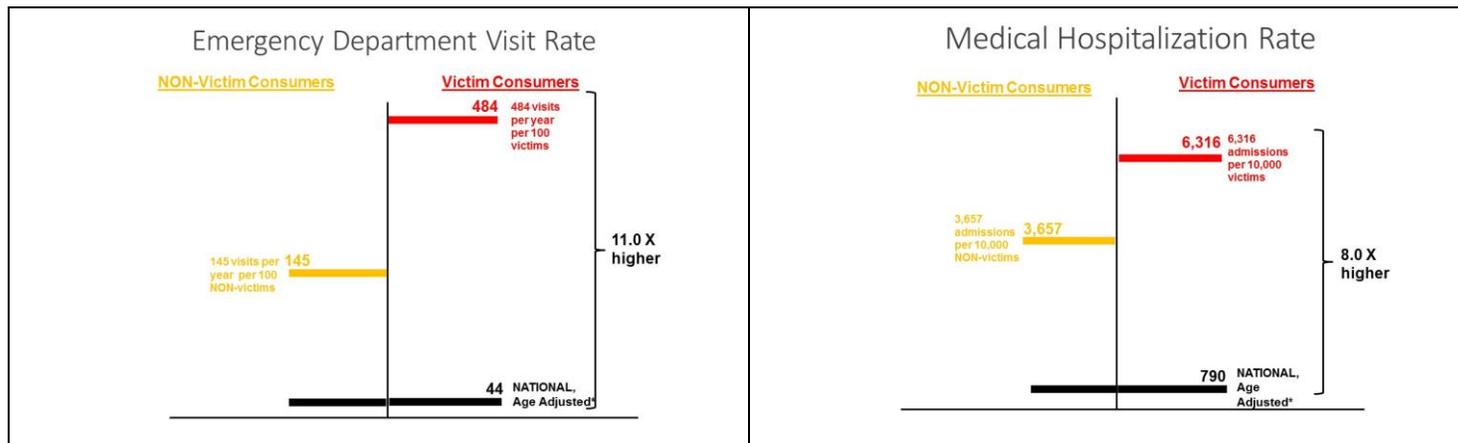
The following can prevent consumer victimization and mitigate the effects of victimization:

- Crime prevention programs for consumers to develop safety skills and reduce interpersonal conflict
- Target at-risk consumers for resources and programming that reduces homelessness and substance use
- Screen consumers regularly and sensitively for victimization, but also for the trauma symptoms that often accompany past victimization
 - Connect victims to community advocacy resources, such as the YWCA Domestic Assault program

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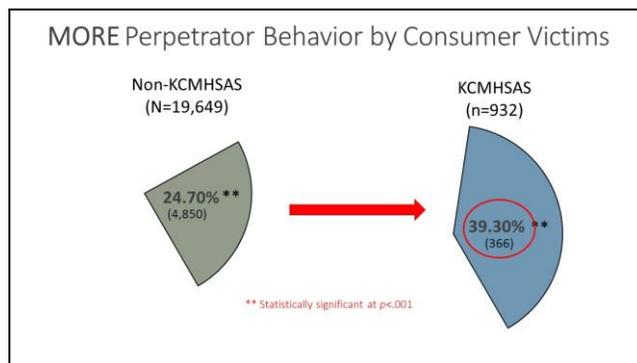
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Crime victimization brings substantial health burden to consumers; with higher emergency department visits, greater psychiatric hospitalizations and more medical hospitalizations.



- Compared to their consumer peers who have not been victimized, more victims are going to the emergency department, and they are going more often.
 - 81.3% of consumer-victims with an emergency department visit compared to 41.4% of consumers without victimization
 - 84.2% of consumer-victim emergency department patients with multiple visits compared to 63.1% of consumer-non-victim emergency department patients
- Consumer-victims 1.7 times as likely to have a medical hospitalization compared to their non-victimized peers, and these hospitalizations were more likely to be for poisoning, substance abuse or injury.
 - 21.6% of consumer victims hospitalized compared to 11.3% of consumer-non-victims
- Consumer-victims twice as likely to have a psychiatric hospitalization compared to their non-victimized peers during the year they experience the crime.
 - 20.5% of consumer victims hospitalized compared to 9.9% of consumer-non-victims

Consumer-victims more likely to have complicated criminal justice history, as more of them have also committed crimes. This is one of the reasons their cases are less likely to be adjudicated.



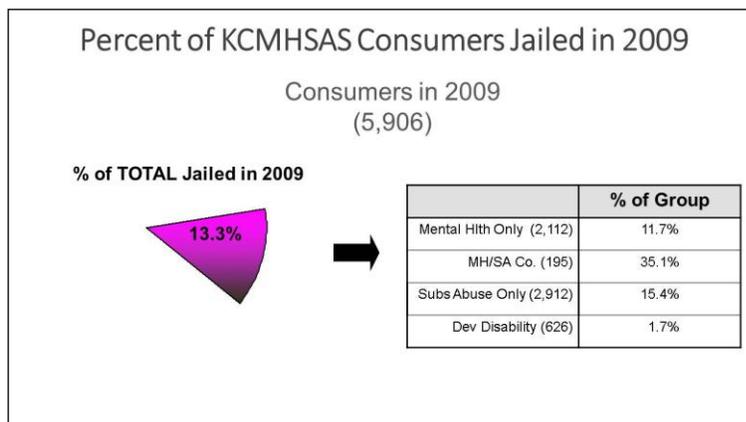
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CRIME BY CONSUMERS

Criminal justice involvement leading to jail is the exception rather than the rule among KCMHSAS consumers.

- Crime varies by consumer-service group, with those receiving both mental health and substance abuse services having the highest prevalence.



Although a small group, in total KCMHSAS consumers spend tens-of-thousands of days in jail every year in Kalamazoo

- The vast majority of the jail days (76%) are for non-violent crimes such as disorderly person, possession of controlled substance, property crimes
- Domestic violence is the most common type of violent crime, accounting for 11.5% of jail stays compared to 6.0% of stays for non-DV violent crimes.



(Note: Because of briefer lengths of stay for DV crimes, they have fewer accumulated days as shown in the chart above)

Consumers incurred jail stays for diverse reasons; reasons that varied by service group.

- Almost half of jail stays by SA Only consumers, the group with the largest number of jail stays (799), were for substance-use-related reasons (45.9% of stays).
- While not quite as high, jail stays by MH/SA consumers for substance-use-related reasons was also substantial (31.9% of stays).
- Jail stays by Developmentally Disabled consumers, though rare, were never related to substance use or non-domestic-violence, but were more likely than other groups to be related to domestic violence.

As documented in other research, violence is related more to personality and social characteristics (such as antisocial family or peers, substance abuse, poverty, impulsivity) than to mental illness itself.

- When mental illness does contribute to violent behavior, it is the result of delusions, impaired insight and comorbid personality disorder)

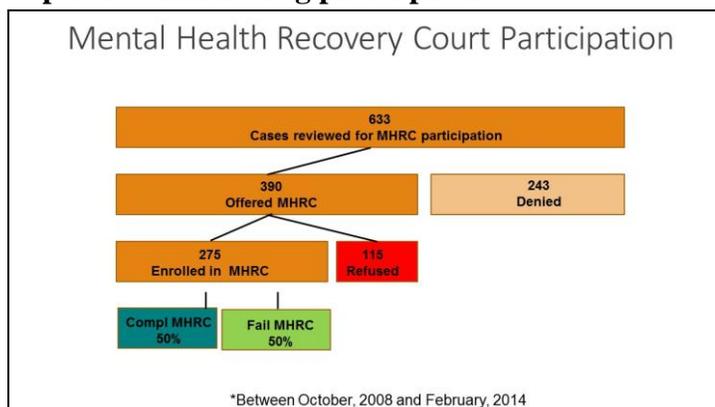
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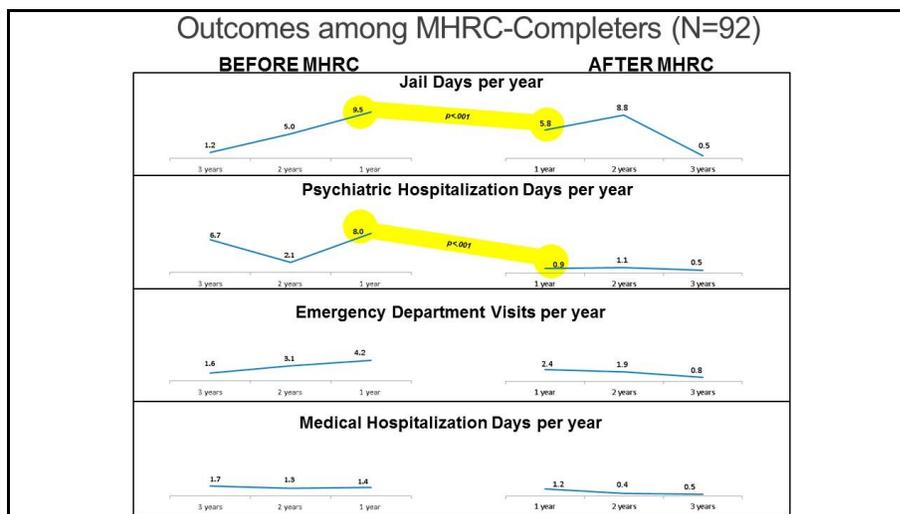
MENTAL HEALTH RECOVERY COURT & OUTCOMES

Mental Health court diverts adult offenders with offenders with serious mental illness and co-occurring (mental health, development disorder, substance abuse) disorders out of the traditional criminal justice track and into treatment. Kalamazoo Mental Health Recovery Court (MHRC), established in 2008, has served 275 consumers up through the study date (February, 2014). MHRC is unique in its recovery focus, which includes WRAP (Wellness Recovery Action Plan) and the proactive involvement of KCMHSAS agency and mental health program case managers.

Compared to other mental health courts around the nation, Kalamazoo MHRC has higher enrollment, but similar completion rates among participants



MHRC Completers show significant reductions in days spent in jail and days spent in psychiatric hospitals after MHRC completion compared to before. The mental health gains are still in effect after three years.



- Although the total number of emergency department visits for completers remains the same, significantly fewer MHRC participants, both those who fail and those who complete, visited the emergency department after MHRC compared to before.