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WOMEN IN MICHIGAN JAILS:

Using Pilot Data to Examine Demographics, Behavioral Health Outcomes, and
Diversion Program Experiences of Women During and After Jail Stays

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Executive Summary

This report uses pilot data from ten Michigan counties to examine demographics, behavioral health outcomes, and diversion program experiences of women during and after jail stays. Analyses compare women and men, and women of color and white women, to assess differences by sex and race. While the State of Michigan currently lacks the data infrastructure to comprehensively assess jails across all 83 counties, this report provides robust estimates about the jail system statewide.

Demographic and Behavioral Health Profile of Women Jailed in Michigan

- Women have higher proportions of jail-identified serious mental illness (SMI) than men (29% vs. 19%) but are less likely than men to receive jail-based mental health services (58% vs. 66%), even when controlling for length of stay.
- Women are less likely to self-report alcohol misuse (34% vs. 41%) but are more likely to self-report drug misuse in general (32% vs. 27%) and opioid misuse in particular (13% vs. 8%).
- A greater proportion of women than men are white (72% vs. 57%). Fewer women than men were jailed in metropolitan counties (35% vs. 45%).

Behavioral Health Outcomes During and After Jail

- Women average shorter jail stays than men (23 vs. 39 days), but the majority of both women and men (65% and 61%) remain in jail long enough to receive a physical and mental health screening (i.e., 14 days¹).
- Women are more likely than men to receive mental health (55% vs. 40%) and substance abuse (52% vs. 35%) treatment services in the year following jail release.
- White women are more likely than women of color to have jail-identified SMI (31% vs. 24%) but less likely to receive jail-based mental health services (55% vs. 71%), a function of greater service availability in metropolitan counties where women of color disproportionately are jailed.

Diversion Program Experiences During and After Jail

- Less than half as many women as men (4% vs. 9%) in jail diversion programs receive advocacy for early release.
- Fewer women than men (28% vs. 33%) receive high-dose jail diversion services.
- Women in jail diversion programs are more likely than men (76% vs. 68%) to receive mental health treatment services in the year following jail release.
- White women are more likely than women of color to receive jail diversion programming (8% vs. 3%) and to receive services that include advocacy for early release (6% vs. 2%).

Recommendations:

- To better track the jailed population of women and men alike, we urge creation of a standardized data collection process that can receive data from all county jails and aggregate that information at the state level. Such a tool would enable the state to easily identify how many women (and men) are jailed in Michigan in a given year and track the risks and needs of this population.
- In light of women's increased levels of SMI and drug misuse compared to men, we encourage adoption by all Michigan jails of an objective behavioral health screening instrument (i.e., Brief Jail Mental Health Screen², Kessler-6 [K6]³, TCUDS⁴, RODS⁵) to be used at booking for detecting treatment needs of incoming individuals—particularly for identifying opioid treatment needs among women.
- Given the prominence of SMI and drug misuse among jailed women in our pilot counties, we recommend inclusion of appropriate mental health and substance abuse treatment programming, both in the jails for individuals who are incarcerated and in the community for individuals upon re-entry.
- To ensure equal access to mental health treatment and jail diversion program services, including advocacy for early release, we encourage counties to examine rates of referral to and receipt of these services and remedy any sex- or race-based disparities that exist.
- Given variation in service availability by county size, we recommend a systematic evaluation of jail needs by county.

¹ MDOC rule: R 791.732 Health Appraisals

² Steadman, Scott, Osher, Agnese, & Robbins (2005)

³ Kessler et al. (2002); Kessler et al. (2003)

⁴ Texas Christian University Drug Screen (TCUDS) (2007)

⁵ Wickersham, Azar, Cannon, Altice, & Springer (2015)

Introduction

Although jail incarceration rates in the United States are trending downward, the population of jailed women has been growing since the mid-2000s and continues to rise. Between 2005 and 2017, the population of jailed men nationwide decreased by 3% while the population of jailed women increased by 20%, yielding an increase in the percentage of the jail population that is female⁶. In Michigan, between 1975 and 2016 the population of jailed women grew three times as fast as the population of jailed men⁷. Women – especially poor women, women of color, and women from other disadvantaged groups – make up a disproportionate portion of the jail population, both across the United States and in Michigan specifically.

This report highlights data from ten Michigan counties that served as mental health jail diversion pilot sites. The purpose of this report is to use pilot county data to provide policymakers, criminal/legal systems personnel, and legislators with robust current estimates about the population of women jailed in Michigan. We begin by offering an overview of national trends in women’s jail incarceration, with a particular focus on serious mental illness (SMI) and substance use disorders (SUD) among jailed women. We then narrow our focus to Michigan specifically and examine these two domains using data from our pilot counties. We conclude by offering recommendations based on our analyses.

Nationwide Trends in Women’s Jail Incarceration

“Since 1970, the number of women in jail nationwide has increased 14-fold—from under 8,000 to nearly 110,000— and now accounts for approximately half of all women behind bars in the United States”⁸. Today, the population of incarcerated women in the United States is split almost evenly between jails and prisons⁹. Somewhat surprisingly, this growth has predominately occurred in rural jurisdictions. Between 1970 and 2014, the number of jailed women increased more than thirty-fold in small counties – that is, counties with a population below 250,000⁸. Recent evidence suggests that a considerable portion of women are jailed on technical violations (of probation, parole, or other community supervision), as opposed to newly-committed offenses⁸. Women make up a disproportionate amount of the overall jail population, and women from disadvantaged groups make up a disproportionate amount of the female jail population. Recent estimates suggest that two-thirds of jailed women nationwide are women of color, with Black women making up the largest subset of jailed women (44%) compared to white women (36%), Latina women (15%), and women from other racial/ethnic minority groups (5%)⁸. Nearly eighty percent of jailed women are mothers, and five percent of women enter jail while they are pregnant⁸. Mirroring trends among incarcerated and justice-involved women more generally, the majority of jailed women experienced violent victimization prior to incarceration, including sexual violence (86%), intimate partner violence (77%), and caregiver violence (60%)⁸.

Jailed women have disproportionately high rates of negative behavioral health outcomes, including SMI and SUD. Studies^{10,11} have estimated 31-32% of jailed women nationwide experience SMI compared to 15-26% of jailed men. Similarly, incarcerated women – including jailed women – are disproportionately likely to experience SUD^{8,12} and have high levels of health service utilization, including psychiatric care and substance abuse treatment¹³. As the number of women in jail continues to steadily grow, so must attention to the treatment of women during their jail stays. Nationwide, there exists a lack of effective mental health screening tools and resources, leaving jail staff to attempt to identify trauma symptoms and complex treatment needs⁸. One particular challenge may be the application to women of screening tools developed for and tested on men^{8,14}. Ensuring adequate treatment during women’s jail stays may be especially important for reducing their risk of returning to jail following release. In one study, women’s substance use frequency and number of substance problems were strongly and positively correlated with risk of committing new offenses in the three years following release from jail¹⁵.

⁶ Zeng (2019)

⁷ Michigan Joint Task Force on Jail and Pretrial Incarceration (2019)

⁸ Swavola, Riley, & Subramanian (2016, p. 6)

⁹ *Fact Sheet: Incarcerated Women and Girls* (2019)

¹⁰ Bronson & Berzofsky (2017)

¹¹ Steadman et al. (2009)

¹² Lynch et al. (2014)

¹³ Timko et al. (2019)

¹⁴ Kubiak, Beeble & Bybee (2012)

¹⁵ Scott et al. (2014)

Women Jailed in Michigan

A major limitation of gathering information about jail populations in Michigan – for women, men, or overall – is the lack of a statewide data system to track jail populations across each of the state’s 83 counties. While state prison data are available through the Michigan Department of Corrections, there is no corresponding data aggregator for county-level jail data. That said, it is possible to use data from the Bureau of Justice Statistics Annual Census of Jails to generate some state-level estimates.

Between 1975 and 2016 the number of men jailed in Michigan grew 167% from 5,280 to 14,100; during the same period the number of women jailed in Michigan grew 503% from 420 to 2,500⁷. Both pre-trial detention and misdemeanor sentences contributed equally to the growth in the state jail population⁷. As in the U.S. generally, growth in the Michigan jail population between 1978 and 2013 has occurred primarily in rural counties; today in Michigan, rural counties represent a larger share of the state jail population than urban counties⁷.

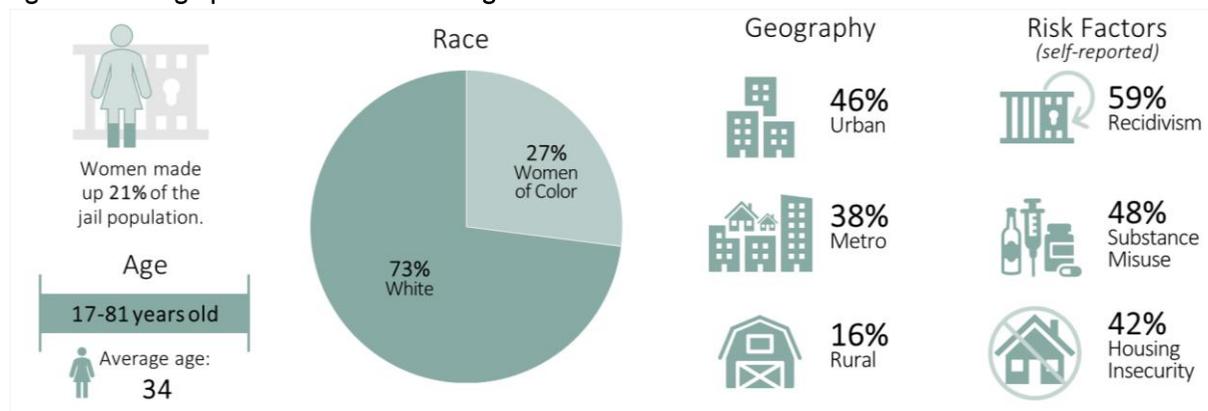
Overview of Pilot Data

Ten counties served as mental health jail diversion pilot sites. Useable data from eight of the ten pilot counties¹⁶ were compiled into two datasets that form the basis for this report: a *jail systems* dataset of individuals who experienced behavioral health screening at booking (2017 & 2019), and a *jail diversion* dataset of individuals who participated in jail diversion programming (2015-2017). Taken together, the *jail systems* data and the *jail diversion* data can be used to generate estimates about the total population of women jailed in Michigan.

Characteristics of Women in Michigan’s Jails

During the 2017 jail systems data collection period, there were 632 (21%) women booked into jail in the eight pilot counties, compared to 2,324 (79%) men. Women in the jail systems sample ranged in age from 17 to 81 years old with an average age of 34. Most of the women (73%) were white, with just over one-quarter (27%) identifying as women of color. The women were jailed in urban (46%), metropolitan (38%), and rural (16%) counties, with less than half (42%) reporting having insecure housing. Just under half (48%) of the women reported past-year substance misuse, and more than half (59%) reported past-year recidivism. The profile of jailed women differs significantly¹⁷ from the profile of jailed men in two ways: compared to jailed men, (1) a greater proportion of jailed women are white (72% vs. 57%), and (2) fewer women were jailed in metropolitan counties (38% vs. 45%) while more women were jailed in urban counties (45% vs. 38%).

Figure 1: Demographics of Women in Michigan’s Jails



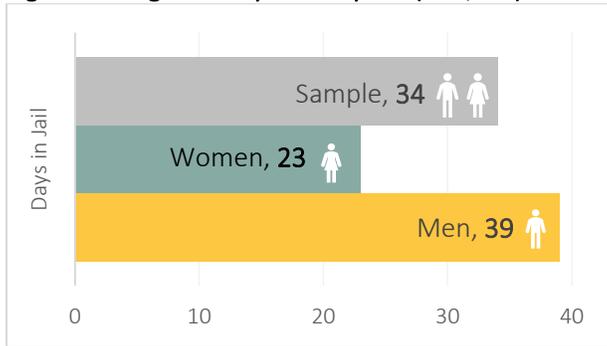
Data Source: 2017 Jail Systems Data

In 2017, women had shorter jail stays than men (23 vs. 39 days). However, nearly the same proportion of women as men (65% and 61%) had jail stays longer than 14 days, which is the standard length of time jails have to assess inmates’ physical and behavioral health characteristics. Although all individuals are given a brief mental health screening at booking, state correctional policy requires jails to complete more extensive assessments to inform diagnosis and treatment within 14 days¹. Thus, individuals who are jailed for 14 days or longer are presumed to have had the opportunity to receive a more extensive mental health assessment.

¹⁶ Each dataset includes data from eight of the ten pilot counties, though the eight counties included differ for each dataset.

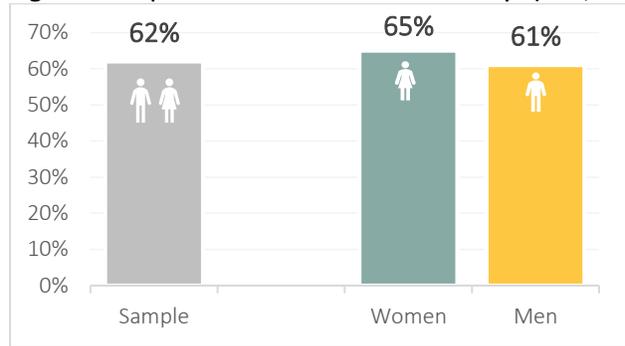
¹⁷ For this report, p-values less than .075 are considered statistically significant. Unless otherwise specified, all results presented in this report are statistically significant at the .075 level.

Figure 2: Length of Stay in Jail by Sex (N=2,956)



Data Source: 2017 Jail Systems Data

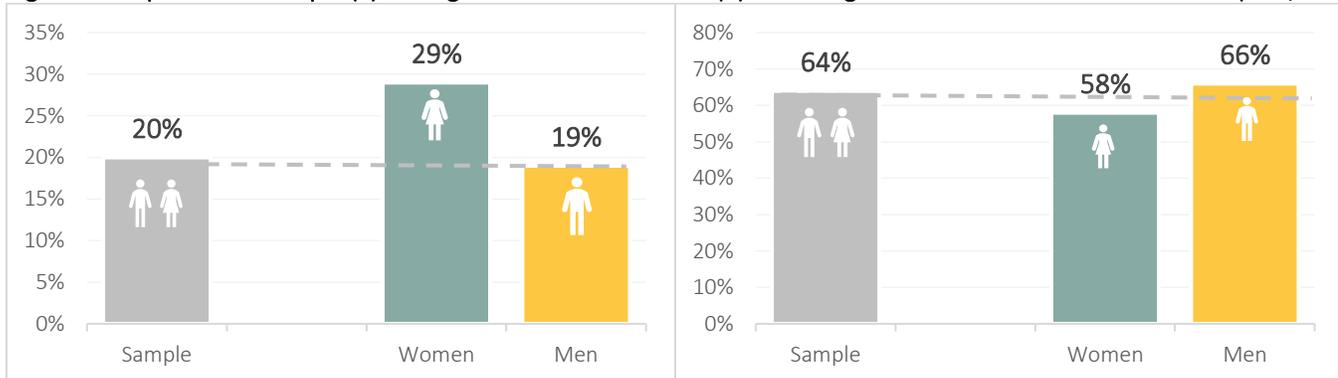
Figure 3: Proportion in Jail for 14 or fewer days (N=2,956)



Behavioral Health Outcomes Among Women in Michigan’s Jails

During the 2017 jail systems data collection period, jails conducted behavioral health screenings in two ways: via identification practices specific to their facilities, or by the Kessler-6 (K6) objective screening tool³. By either measure, women had higher proportions of jail-identified SMI than men, yet were less likely to receive jail-based mental health services. In 2017, more women (29%) than men (19%) were identified by jail staff as having an SMI. Importantly, the higher proportion of SMI among women than men in Michigan mirrors national estimates. However, of the individuals with a jail-identified SMI, fewer women (58%) than men (66%) received mental health services during their jail stays. **Even after controlling for length of stay (that is, whether individuals met the 14-day criterion), men still were one and a half times more likely than women to receive mental health treatment services in jail.**

Figure 4: Proportion of Sample (a) Having Jail-Identified SMI and (b) Receiving Jail-Based Mental Health Services (N=2,956)

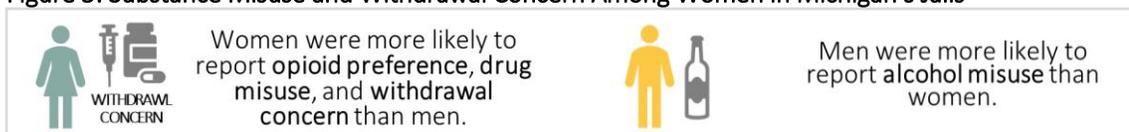


Data Source: 2017 Jail Systems Data

Comparing women by race, in 2017 more white women (31%) than women of color (24%) were identified by jail staff as having an SMI. However, of the women with a jail-identified SMI, more *women of color* (71%) than *white women* (55%) received jail-based mental health services. This seemingly counterintuitive finding is a function of county size. Women of color disproportionately were jailed in metropolitan counties, which are twice as likely as other counties to provide jail-based mental health services. Though white women were more frequently identified as having an SMI, they disproportionately were jailed in non-metropolitan counties that provided fewer services overall.

All individuals were asked at intake to self-report alcohol and drug misuse. Compared to men, fewer women in the jail systems sample self-reported alcohol misuse (34% vs. 41%), but more women self-reported drug misuse in general (32% vs. 27%) and opioid misuse in particular (13% vs. 8%) during the 2019 jail systems collection period. More women than men (13% vs. 8%) reported feeling concerned about experiencing withdrawal during their jail incarceration.

Figure 5: Substance Misuse and Withdrawal Concern Among Women in Michigan’s Jails



Data Source: 2017 Jail Systems Data

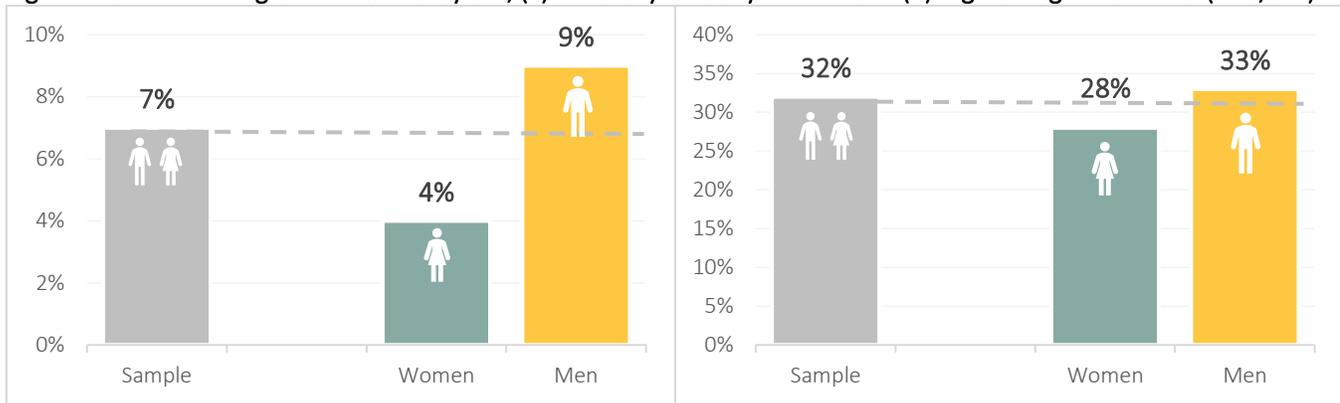
Characteristics of Women in Michigan’s Jail Diversion Programs

During the 2015-2017 jail diversion data collection period, 381 women (30%) participated in mental health jail diversion programming in eight pilot counties, compared to 886 (70%) men. The profile of women in diversion programs does not significantly differ from the profile of jailed men. Women in the jail diversion sample ranged in age from 18 to 66 with an average age of 36. Just over half of the women (52%) were white, slightly less than half (45%) were Black, and very small proportions were Latina (2%) or Native American (2%). The women were jailed in metropolitan (65%), urban (13%) and rural (17%) counties. Just under half (46%) recidivated as measured by a return to the same jail following an initial stay.

Women’s Diversion Program Experiences During and After Jail in Michigan

Between 2015-2017, women in the jail diversion sample were less likely than men to receive jail diversion services that included advocacy for early release (4% vs 9%), and less likely to receive what counties deemed to be high-dosage diversion services (28% vs. 33%), as compared to services counties deemed to be medium- or low-dosage.

Figure 6: Diversion Program Outcomes by Sex, (a) Advocacy for Early Release and (b) High Dosage of Services (N=1,267)

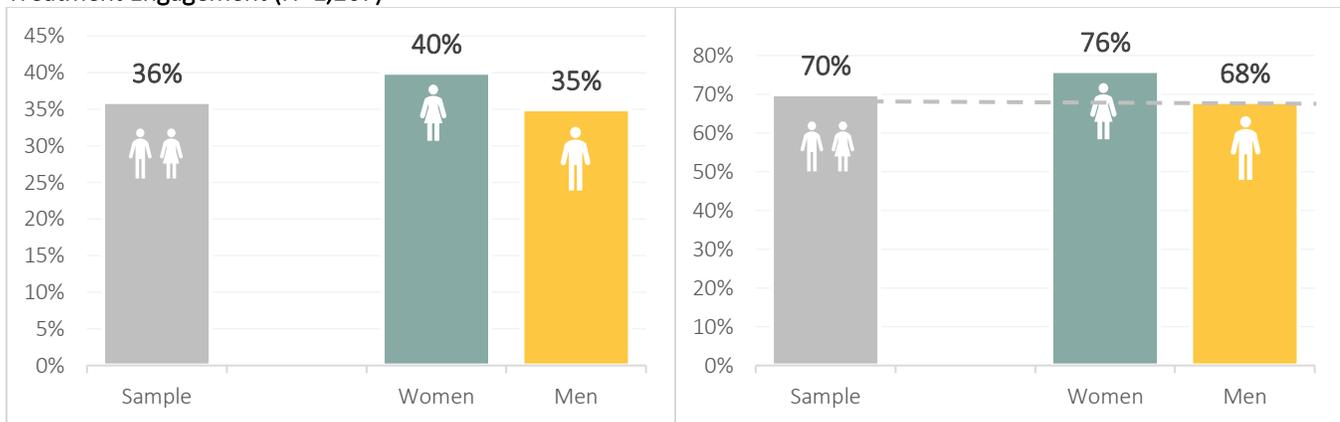


Data Source: 2017 Jail Diversion Program Data

In both datasets, women’s diversion program experiences differed by race. In the jail systems sample, white women were more likely than women of color to receive jail diversion programming (8% vs. 3%), while in the jail diversion sample, white women were more likely than women of color to receive jail diversion services including advocacy for early release (6% vs. 2%).

Following participation in diversion programming, women in the jail diversion sample were more likely to engage in mental health and substance abuse treatment upon release, and to engage more quickly, than men. In the long-term, a greater proportion of women (76%) than men (68%) achieved “treatment engagement” – that is, they received mental health services in the year-long period following jail release.

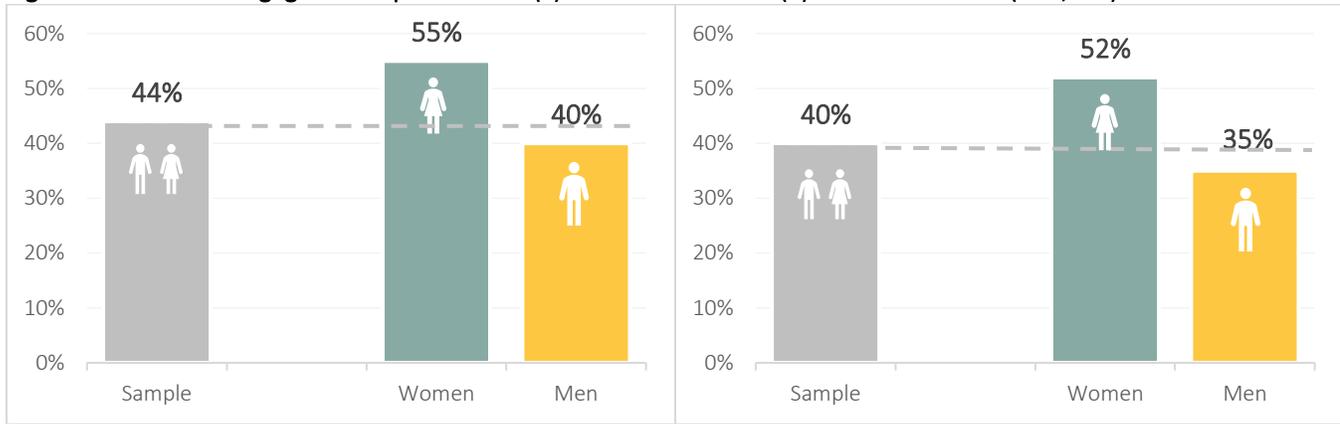
Figure 7: Community-based Treatment Outcomes after Diversion Program Received: (a) Continuity of Care and (b) Mental Health Treatment Engagement (N=1,267)



Data Source: 2017 Jail Diversion Program

Notably, women’s greater participation in long-term treatment services upon release is mirrored in the jail systems sample. A greater proportion of women (55%) than men (40%) achieved mental health treatment engagement by receiving services in the year following release, and a greater proportion of women (52%) than men (35%) achieved substance abuse treatment engagement. Thus, in both the jail diversion and the jail systems samples, women were more likely than men to be involved in long-term treatment engagement. Still, women in the jail diversion sample were no less likely to recidivate than men, suggesting that women’s higher levels of mental health treatment engagement does not necessarily translate into recidivism reduction.

Figure 8: Treatment Engagement Upon Release (a) Mental Health and (b) Substance Abuse (N=2,956)



Data Source: 2017 Jail Systems Data

Conclusion

Although women make up a small proportion of Michigan’s jail population, they significantly contribute to its upward trend. A few concluding observations help summarize the picture of women jailed in Michigan presented in this report. First, it is clear that mental health, substance misuse, and traumatic experiences are critical elements of women’s pathways to, experiences in, and opportunities following a period of jail incarceration^{18,19}. Michigan would benefit from focusing its jail reform efforts for women on addressing these concerns. Second, our analyses indicate that women’s jail experiences in Michigan vary by county size; specifically, metropolitan jails have greater service availability than jails in non-metropolitan counties. Indeed, it is rural jails that are the engine of jail growth both in Michigan and across the United States, thus the state is well-served by paying particular attention to the needs of women jailed in rural counties. Third, a growing number of states are implementing “dignity” initiatives prohibiting the shackling of incarcerated pregnant women and ensuring incarcerated women’s access to free and adequate menstrual hygiene products. It is prudent for Michigan to verify that county jail policies and practices are aligned with those initiatives. Fourth, given the proportion of jailed women who are mothers of minor children, and the negative consequences to children of having a parent incarcerated, Michigan is well-served by focusing on efforts to reduce the population of jailed women. Fifth, given nationwide and state trends in jail increases due to misdemeanor sentences, efforts such as cash bail reform can be expected to address only jail admissions related to pretrial detention. Though cash bail reform is an important and worthwhile initiative, in Michigan these efforts may have less significant impact given the proportion of jail admissions related to misdemeanor sentences. Thus, any reform efforts – including those aimed specifically at women – must account for both pretrial detention and new sentence admissions. Taken together, the steps outlined in this report lay out a path for Michigan to be a nationwide leader in improving outcomes for jailed and justice-involved women.

¹⁸ Fedock, Fries, & Kubiak (2013)

¹⁹ Fries, Fedock, & Kubiak (2014)

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