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SPEAKERS

Faye Taxman, Jenn Tostlebe, Niloofar Ramezani, Jose Sanchez



Jose Sanchez 00:14

Hi everyone. Welcome back to The Criminology Academy, where we are criminally academic. I'm Jose Sanchez.



Jenn Tostlebe 00:19

And my name is Jenn Tostlebe.



Jose Sanchez 00:21

Today we have professors Niloofar Ramezani and Faye Taxman on the podcast to talk with us about community and carceral health service availability.



Jenn Tostlebe 00:31

Niloofar Ramezani is a professor in the Department of Statistics at George Mason University. She has served as a co-investigator for NIH grants focused on teaching science, motivation and addiction behavior. She is a two-time recipient of the Statistical Analysis System (SAS) Ambassador Award for her innovative use of statistical analysis software, and she has earned over two dozen prestigious competitive academic awards through SAS, American Public Health Association, American Statistical Association, and others, for her cutting-edge research in statistical modeling including developing two new power estimation techniques for longitudinal data using generalized method of moments. Niloofar received her PhD in Applied Statistics from the University of Northern Colorado.



Jose Sanchez 01:20

Faye Taxman is a university professor at George Mason University in the School of Policy and Government and the director of the Center for Advancing Correctional Excellence (ACE!). She is recognized for her work in the development of the seamless systems of care models that link the criminal justice system with other service delivery systems, as well as reengineering probation and parole supervision services, and organizational change models. Faye has been recognized twice as a Distinguished Scholar by the American Society of Criminology's Division of Sentencing and Corrections and has also been awarded the Rita Warren and Ted Palmer Differential Intervention Treatment Award. In 2017, she was awarded the Joan McCord Award from the Division of Experimental Criminology. In 2019, she received the lifetime achievement award from the American Society of Criminology's Division of Sentencing and Corrections. Faye received her PhD in Criminology and Criminal Justice from Rutgers University.



Jenn Tostlebe 02:18

Thank you so much to both of you for joining us.



Jose Sanchez 02:22

Okay, so for today's episode, we're going to start off by talking about some questions on jails and adverse outcomes, then we're gonna move into a paper that was authored by our guests, and then we're gonna wrap up talking about some of the research projects that they have going on. And so with that being said, Jenn, why don't you go ahead and get us started?



Jenn Tostlebe 02:47

Thanks, Jose. Okay, so at this point, we've had a few episodes related to incarceration on the podcast, but all of them, I believe, so far have been focused on prisons. So this episode is a little bit different in that we're bringing the focus to another form of incarceration, which is jails. One thing that we want to point out before we start asking you both questions is that oftentimes, we tend to see the terms jail and prison used interchangeably, which just bothers me to a core I'm sure, both of you, I know it does, Jose. But generally speaking, jails are where people are held after they're arrested during pretrial and trial proceedings, and if they're sentenced to an incarceration term of less than a year. Prisons, on the other hand, are where people are incarcerated for sentences of a year or more. So with that being said, can both of you tell us about some other important distinctions between jails and prisons?



Faye Taxman 03:43

Well, this is an important area, actually, because most people think of incarceration as being in a state prison system without really focusing attention at the local level. So, Jenn, as you've indicated, jails house people that are not yet convicted of a crime. And in fact, most people in jails, about 70 so percent of the people in jail on any given day, are in that pre trial status. Now, what that means is that that is a very recycling chaotic environment, because there are a lot of criminal legal system processes--bail, arraignment, first appearances--that occur, that basically are opportunities for people to be released or not to be released. And so where we are today, in the American justice system, is to quote Malcolm Fraley, the process is the punishment.

Meaning that the way that we use jails the way that we use our criminal legal procedures, we are actually punishing people and in many ways, we are making it more difficult for people to resume a normal life, family relationships, and employment/continuing school, because people come in and out of the system. So jails, you know, are much more chaotic environments because of this high turnover and a lot of processing. Also, if you can imagine, when people get arrested and then they're sent to jail, it's also a rather traumatic time period. So there are a lot of psychological issues that occur as a result of someone being swooped off the streets, now they're in jail. There's enormous issues related to mental health and suicide, that actually occur in those environments. Prisons are much more, I hate to use this term, and the incarceration, to a large extent, is negative, but prisons are much more secure, because you have much more of a steady pace of life there and there's less constant movement in and out of the facility.

J Jose Sanchez 06:19

Really interesting, I've spoken with people that have been in jail and served time in prison, at least from like, the people I've talked to that was it, they preferred prison over jail. And it never really made sense to me why that was like, we're talking about prison. But then that always mentioned things like, at least in prison, I could get into a bit of a routine, you know, things like were a little more stable. The day to day in jail, like I never knew who I was going to be sharing a cell with because like, I'd be with one person one day, it'd be someone completely different in less than 24 hours. It was just like this constant churning of people, I just don't even really know what's happening. It's like really uncomfortable. Jail like super sucks. And so I guess it makes sense. And it's like, interesting to see that research kind of backs that up, as well. Like you do get like this real chaotic environment, within jails that I think maybe a lot of people don't realize that that's kind of how it is in a jail, you kind of just maybe picture people just sitting there, just like minding their own business without really thinking, well people are really coming in and out all the time.

F Faye Taxman 07:26

Yeah. And psychologically, also, when you think about it, there's a lot of uncertainty when you're in jail. And so you know, human beings, we don't respond well to a lot of uncertainty. So not knowing who you're going to be sharing a cell with, not knowing what the next day's activities are going to look like. Most jails aren't set up to have long term programming at all. And so you know, there's a lot of idle time and, you know, in prison lingo, idle time is negative, because it gives people too much time on their hands without something constructive to do. And the other big piece about jails over prisons is that, you know, jails, they tend to be much smaller facilities, so there's more crowding and less individual space. And, you know, in the US, there's something like 3,200 jails, some hold as few as 10 people, others hold 10,000 people. So you know, that's also another big factor.

J Jose Sanchez 08:44

Right. So the other big focus for this episode is mental health. And Faye, you kind of started to touch on this a little bit like the high risk for suicide. Can you give us a better idea of what the mental health of the jail population looks like? What proportion of those that are, of the people that end up in jail, have a history of things like mental illness or substance abuse?

F

Faye Taxman 09:08

To be honest, you know, our ability to answer that question well, has to do with the fact that most jails do not screen for mental illness and/or substance use disorders. So our best source of data is from the Bureau of Justice Statistics, which does some of these annual surveys of jails. And every now and then, they actually talk to people who are incarcerated to find out. The best guess that we have is that over 50% of the people in local jails have some sort of substance use disorder. Between 40 and 50% have some type of mental illness that varies considerably depending on, you know whether you're talking about serious mental illnesses like schizophrenia, bipolar disorders, or you're talking about more generalized mental illness like anxiety disorders and depression. But what we know is the local jail now is the de facto mental health facility in the United States as we depopulated our state mental institutions in the 1980s and 1990s. And we also know that if you want to find the largest concentration of people in the US with substance use disorders, go to your local jail. They're sitting there. Because to be honest, the offenses that people with mental illness and substance use disorders primarily commit are those that are easy to arrest, right, they're public disorder offenses, there's drug offenses, shoplifting, and minor property offenses. And so you know, those are the easier to arrest. So our best guess is about half. And then of course, we have the co-occurring disorder populations too, which basically are those people that have both substance use and mental health issues,

N

Niloofer Ramezani 11:23

Just to add a few statistics to that, it's just really sad when you look at it. But the percentage of individuals that are held in jail who are actually meeting the threshold criteria for serious psychological distress: 26%, which is like over five times greater than the general population of non incarcerated adults, which is 5%. And that's the number as of 2019. I guess that it probably has been just growing. 63% of them being in prisons, 45% of them in jails, they are receiving some sort of treatment, but most of time, it's not really enough to address their needs.



Jenn Tostlebe 12:05

Yeah. And that kind of gets at our next question, you know, given these high thresholds or high percentages of the jail population with mental health disorders and substance use disorders, do you think and I'm gonna guess no, but do you think that jails are adequately equipped to respond effectively and provide treatment to these individuals?

F

Faye Taxman 12:08

I mean, you have to realize that the majority of staffing of local jails are correctional officers. So jails beg and borrow from their local public health agency, folks with social worker's behavioral health credentials. And so that's why screening for mental health and substance use and suicide at on take to jail makes a lot of sense, but it's almost practically impossible. And that has to really do with the fact that there's no staff to do it and the technology for doing like kiosk driven assessments just aren't there. Jails also tend to be poor. You know, like, in terms of

resource allocation, you know, your local jail doesn't have as much resources as a typical prison. And so the conditions of confinement are, and our ability to really help people with certain needs is very constricted.



Jenn Tostlebe 13:40

Do because I know more about like health within a prison environment. And obviously, there are concerns there as far as what treatment can be provided and what is provided. But within jails, are there still medical professionals that are in the jail or come to the jail? Or is that kind of few and far between? Do we know?

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Faye Taxman 14:03

So there is a constitutional requirement to provide minimal health care while someone is incarcerated. And because of resource restrictions, most jails wait like 72 hours in order to basically do a medical assessment of a person. Unless someone is coming in, you know, overdosing or they're chronically ill. They wouldn't know that because they wait and that 72 hour window is really a turnover window for a lot of the jails themselves. Prisons are bad enough with medical care. I don't want to leave anyone with the impression that people get great medical care. They're also rather constrained. But jails are truly under resourced in that area. And they do a lot of triage and a lot of emergency sort of care, more so than preventative.

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Niloofar Ramezani 15:06

Still for prison is about 20% higher for people with mental health needs that are in there to receive some sort of treatment since admission. So it's about 50 something percent for prison, it's for jail is like 30 something percent. It's about 20% higher for prison, as you guessed, there's just things are a little bit more stable there.

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Faye Taxman 15:28

And the services that are provided under the umbrella of being care services, you know, are typically self support groups like Narcotics Anonymous, or, you know, Alcoholics Anonymous, some mental health support groups. But, you know, in terms of true treatment, it's very difficult in a jail environment because of that churning through. And so the best we can do in a jail environment, is to identify people and link them to care on the outside. But even that is far and few between.

J

Jose Sanchez 16:10

So one of the things that we've touched on this, we seem to be asking the system or the criminal justice system to maybe handle jobs that it's not necessarily equipped to handle. So a big discussion that comes up is that we ask law enforcement officers to handle situations that they're ill equipped to handle such like responding to incidents that involve someone that's

displaying signs of serious mental health or behavioral health issues. Faye, you mentioned that if you want to find like your mental health institution, like go to your local jail, and I know of at least in Los Angeles, that's basically how it is. Like LAPD and LASD, the sheriff's department, handle all of that. I don't know if I've told the story on the podcast, I really need to start writing down what stories I share so that I'm not shooting them over and over, but

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Faye Taxman 17:02

Just assume you have a different audience.

J

Jose Sanchez 17:05

But when I was a master's student, we took a trip over to the jail, the LA County Jail, the Twin Towers is what we call it. And they basically had like a floor that was just dedicated to people that were there mainly for mental health issues. And this nurse or I think, was a nurse came in and like slapped this paper on the plexiglass window and said, If your name is on this list, come get your medication. And that was basically it like, that's all they're getting. But you mentioned that a big part of this is because we've defunded mental health institutions. Do you have any idea when it is that we started to see this movement away from like these mental health institutions and kind of start laying this on like law enforcement and the criminal justice system instead?

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Faye Taxman 17:53

Yeah, so the defunding actually occurred as part of the Reagan administration in the early 1980s. So up until that time, the federal government actually had a respectable, I'll use that term, not decent, respectable number of mental health facilities around the country, substance abuse clinics. And so one of the things that Reagan did, as part of one of his initiatives, was to basically dismantle the federally funded clinics, and essentially give the states money to be able to operate their own type of mental health and substance use treatment systems. So you know, he was a Federalist at heart, he really believed in state powers, and state decision making. And so he didn't feel that that was the responsibility of the federal government, because those were local issues. But one of the things he did was actually cut the amount of funding by 25%. So even in 1980, when all of this got dismantled, we you know, we lost a quarter of the funding, the money that was allocated, and then when it got placed to the states, the states basically were able to allocate it how they desired. Now, there are some requirements and regulations, but there wasn't a requirement to replace these clinics. And so, one of our big challenges is really the fact that we have a very fractured system for providing mental health and substance use services. For example, in the substance use services area, you know, substance use was considered a specialty system separate and apart from medical care. And that actually goes back to 1914, with the Harrison Tax Act, when, you know, the federal government at that time decided that they wanted doctors to be out of the business of helping people with addiction disorders, giving them medications, and so they taxed doctors for every medication that they prescribe to someone with an addiction issue. Well, you could see that many doctors did not want to be on a federal list any place. So they got out of that business.

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Faye Taxman 20:35

You know, so we have this current struggle where we have a separate system for substance use, that's different from the mental health system. Hence, when you have someone who has both disorders, sometimes they have to go to two different treatment programs, and it becomes very much a barrier to good care. We don't have the addiction, the doctors, your typical doctors, you know, LPNs, social workers are not trained in an addiction or mental illness. And therefore, we don't really have the workforce to begin to work with these clients in the community. And then, of course, we have very fractured funding, depending upon the priorities of the state. As part of Obamacare, we actually had the opportunity to expand Medicaid, but not all states, I think there's 13 states who still have not subscribed to expanded Medicaid. And that would have been a funding source in the community for mental health and substance use treatment services. Right now, it's all local. It's all state driven. It all depends on the county that you live in. You know, I happen to live in Montgomery County, Maryland, and Montgomery County, Maryland, always had a commitment to providing services in their local jails. So they have a decent, you know, substance use treatment program in their jail. They've always had a really good mental health program in their jail. But you got a sister county like Prince George's County, those things don't exist. And so it's this question about, you know, who's responsible and who provides the funding?



Jenn Tostlebe 22:27

Complicated, varied, of course, everywhere. So we've kind of talked about, like screening for mental health and substance use disorders when entering a jail. But we know the prison environment has a pretty profound impact on health. So thinking about jail, what do we know about the impacts of jail incarceration and the environment on behavioral and mental health? Seems like a trickier thing to get at with the turning. But,

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Faye Taxman 22:56

You know, to summarize Ben Mackey, who works with me and Niloofar, on the stepping up study, and I just recently finished another paper. And we basically said, you know, jails are disorderly, they're chaotic, uncertain, people who are detained are removed, then they go back in jail, then they come out. During this period of time, they can suffer from withdrawal, they can suffer from mental health conditions, if they're on medications they may not have access to the medications. This is very true with HIV and AIDS medications. And then you have these very severely under resourced environments with their jails, which all depend on the local government as to what they provide. You know, in many ways jails are the armpit of our correctional system, which, you know, to large extent, we are letting people know that as an individual and a human being, they're not valued as much. So I think those impacts are huge in many ways. There are some good ethnographic work that looks at people's experiences of going in and out of jail. And, you know, it becomes very profound that this coerced mobility is destabilizing. It affects housing and it affects relationships with people. It affects parenting. It affects whether or not someone can hold a job. So the impact is huge in many domains.



Jenn Tostlebe 24:41

It seems like you have a pretty good idea on a decent idea about how jail incarceration is

It seems like we have a pretty good idea or a decent idea about how jail incarceration is associated with a variety of health and health related type outcomes. But less is known about a relationship or the relationship prior to incarceration in a jail facility. So how behavioral health is associated with health care access in communities, how that's related to the size of jail populations. And so with that, Jose, I'll let you introduce the article we're talking about today.

J Jose Sanchez 25:14

Okay, so this article was authored by our guest Niloofar Ramezani and Faye Taxman, along with their colleagues, Alex Breno, Benjamin Mackey, Jill Viglione, Alison Evans Cuellar, and Jennifer Johnson, and it's titled, "The relationship between community public health, behavioral health service accessibility, and mass incarceration." It was published this year (2022) in BMC health services research. This study draws on data from several sources, including the US Census, Vera Institute's incarceration database, Robert Wood Johnson Foundation's county health rankings and roadmaps, and the FBI Uniform Crime Report, to examine whether the supply of community-based behavioral health services and public health and socioeconomic factors are associated with the size of the jail population among 3,141 counties in the United States. So our very first question for this section is, what was the motivation behind this paper? And what was the gap that you were trying to address with this paper?

N Niloofar Ramezani 26:20

Well, I would say that this study is pretty unique because we were first number one, we were looking at the entire population of United States counties, which is over 3000 counties. So it was not a sample basis study, we had the entire population to look at. Therefore the conclusions that we were making was something that could be reliable, not something that could be potentially biased. And the other thing was that we were like looking at county level factors, for example, mental health services, their availability, affordability, accessibility, some of the criminal legal factors, some socio demographic factors in the county. That did predict the jail population size or usage. And, as we know, to the best of our knowledge, actually, this is actually the only national level of study that examines whether the supply of community based health services and mental health services influence the size of the jail population in the United States while we're accounting for other criminal legal public health and social economic factors. A lot of people think that, let's say, just looking at the crime rate in the county, that is going to be the main predictor of the jail size in a society. Once we were looking at that, we kind of noticed that once we have like services in place in those communities like such as behavioral health services, it can have an impact on the jail use, and there would be less jail use. So that's something that we wanted to look into. And the most important finding, actually, we found was that to reduce the use of jail, a community should focus on building up the community's capacities to provide mental health services, of course, easier said than done. But that's something that we noticed. And we found out that, yes, violent crime rate and all of those factors that are important, but once we account for the availability of mental health care services, then the size of the violent crime problem no longer has a significant effect on how the jail is used. And there could be potentially good news that, yes, maybe I cannot control the crime rate of a society, but I can control you know, the resources for mental health services, and that could actually have a big influence in reducing the jail size.

F Faye Taxman 28:40



Faye Taxman 20:49

I want to add to Niloofar's description of the paper, and I want to answer, Jose, your question, which was what was the motivation behind this paper? Because I think it's actually useful for other people to understand. So we are involved in a very large funded study by the National Institute of Mental Health. And as part of this study, we had 475 counties, that self selected to become part of an initiative that we'll talk about later called Stepping up. And we needed to find some control counties because we wanted to contrast what happens in counties that partake in stepping up versus counties that don't. So Niloofar with all of her statistical wizards joined together these four different databases existing databases, and we started to analyze the factors that were characteristic of the stepping up counties so that we could find case control of matched County. And in doing that, she was able to develop some models. And it was like, Oh my gosh, this is a story in and of itself, right. And the story is, you know what factors contribute to a size of a jail population. So Niloofar can discuss the machine learning techniques that she used. But essentially, through that, we were able to distill from these four databases and over 1000 variables, you know, 10/11 variables that become very important in documenting what contributes to the size. And the reason I wanted to point that out. Because sometimes when we're doing our research, we think about, okay, you know, we've got a goal here. And we don't think about what are we learning as we're doing our work. And, to me, that's the more interesting sometimes is all the little gems you picked up along the way. When Niloofar did the models, it was like eye opening to me, because it was like, Oh, my gosh, this is the gap that exists because people want to treat public health policy, separate from public safety policy. But yet, we're able to actually illustrate here that the two are intertwined. So the motivation was really to do some sampling issues. The yield here was that we learned a lot about our dependent variable in this case was factors that contribute to the size of the jail population. I wanted to tell you guys, because you know, on the way of doing your project, sometimes you should take a step back and say, What am I learning? And that then becomes a paper.



Jenn Tostlebe 31:57

It's good to remember. I'll keep that the back of my mind. Alright, so we're talking about like, community health care, more or less. And so we want to start there. What does access in the community look like for mental health care and substance use services? Now that we know that the mental health hospitals are primarily defunded? And so what does the landscape actually look like for these services?



Faye Taxman 32:24

Well, it's a hodgepodge. Right, so you have independent folks who hang their shingle out, you have clinics that are funded by local county governments or state county governance or regional, you have private nonprofit organizations that get contracts with different government agencies, you have set services that are delivered by local jails, you know, schools, I mean, it's really a hodgepodge. And so the concept of access actually means the question is, if you have a need, can you get help for that need? You know, we don't tend to have a lot of urgent care sort of facilities that deal with behavioral health issues or substance use issues, unless, of course, someone is overdosing, in which case, then people can go to the emergency room or go to an urgent care type of facility. So you know, we have this hodgepodge Patchwork, and that

hodgepodge patchwork is part of the problem, you know, because if you need help, it's very difficult to find help, and if you're indigent, and you don't have insurance, it's even harder to find help.

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Faye Taxman 33:51

You know, that question about what factors are attributed to limited access runs the gamut from our funding policies and medical insurance policies, to who runs the clinics? And how much control do they have over the types of populations that are served. All the way to, you know, the fact that we have a workforce, a medical workforce, doctors, nurses, nurse practitioners, social workers, who aren't trained, and so they don't know how to deal with mental health and substance use issues very well. The consequences for us is that we have a national emergency right now about having insufficient workforce to be able to provide care, not just the people involved in the criminal legal system. Overall. We have a national emergency that when people are incarcerated in jail or in prison, they are not allowed to use their personal health insurance or Medicaid insurance. And so the only funding then comes from the state or local government to be able to pay for that. And then we also have a national emergency because we don't value the integration of these services into typical medical care. And, you know, it sort of reminds me. Many years ago, I guess, probably this is 20 years ago, you know, I went to my primary care doctor for a physical and he says, you know, he asked this question, I'm required to ask this question, he's looking down, right, he's not looking at me, I'm required to ask this question. Is there any violence in your household? You know, and it was because there was a new AMA requirement that doctors check in particularly with women for domestic violence. And you know, I said, No, and then I turned to him and I said, But doctor, so and so, you know, if you want people to be honest about these things, you got to have eye contact, you have to feel comfortable to ask these types of questions. And this is what happens with people with mental health and substance use. They're stigmatized people who, they happen to be involved in different types of services, they have barriers put up that make it difficult for them. So it's kind of a hodgepodge system with all these other sort of embedded problems that we've created for ourselves.



Jenn Tostlebe 36:36

With large scale consequences, as you all found out.

J

Jose Sanchez 36:40

We set up this podcast to be accessible to like a real wide audience. At least that's the goal. We usually skip over the nitty gritty statistical analysis stuff. That being said, you went through a number of analytic steps to reach the final variables that you wanted to include in your analysis examining the supply of community based behavioral health services, and public health and socio economic factors that can predict the size of the jail population. And in your paper, you ended up with 12 variables to use as predictors of per capita jail population. Can you tell us about these variables and why they ended up being the ones used as predictors for this paper?

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Niloofar Ramezani 37:24

Sure. And I promised that I'm not going to make it nerdy. I tend to explain things in a way that my students would like, rather than hating me for making it too technical. So I'm going to try to just give you a general idea of how we looked into hundreds of variables and we were able to eliminate our study to like a few of them. Here, for example, we ended up with per capita psychiatrist, that was one of many variables we actually considered among the mental health services. So what happens is that we were able to actually employ some machine learning techniques that are really great for looking at a very large dimension of data, many, many, many factors we have out there. And we know that yes, there are going to be a bunch of socio economic factors that are going to be important, some physical health factors, some mental health factors, some social like, you know, there are all these out there, but which ones? We cannot enter all of those hundreds of variables in our models. And things are a little bit more complicated than just using a regular regression model. So what can we do? So we actually put these factors through some of these methods. So these methods, what they do, they actually look and map out how all of these factors are interacting with each other. And that gives us a general idea that, Oh, you know, if you look at per capita psychiatrists, then you look at the percent of treatment being paid by Medicaid, and this and that, and that these are the most important variables that you can use in predicting the outcome, which here was jail population per capita, without really losing much information, right? If you can capture most of the reasons or variations that you've seen a jail population per capita using 10/15 variables, what's the point of using hundreds of variables, which is not really practical. So these methods really helped us actually narrow down, like what avenues we're going to look into. What factors we're going to kick into the model.

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Niloofar Ramezani 37:26

And we ended up having like, some of the very interesting results at the end once we built our predictive models, including these variables. We saw that like fewer per capita psychiatrists, it actually contributed or was related to a higher per capita jail population or concentration of jail. The more percent of drug treatment paid by Medicaid. So you're seeing that a lot of the counties that are actually not having many available accessible mental health/physical health resources, or financial means for supporting them. They're ending up having higher jail population. So what can we really do to help overcome this issue? Increasing access to services, including mental health providers, improving the affordability of drug treatments and health care, they all may help reducing the incarceration rate, again, easier said than done. But sometimes some of those solutions might really help, such as like adding options for pretrial release, some, you know, especially if they actually need mental health services, reducing the use of cash bail, adding options for more community programming including 24/7 therapy drop off centers that might be available to police. So when police is dealing with some of these issues, the only option wouldn't be for them to send them to jail, there would be some other resources. Long story short, we used some machine learning techniques to actually extract the most important the most influential variables among hundreds of variables, and then we use them in some statistical models to predict the outcome. This made it possible for us to actually look into different aspects of the data.

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Niloofar Ramezani 39:38

It sounds really cool. I don't know anything about machine learning. But now I kind of want to go out and learn more.

 N

Niloofer Ramezani 40:14

And I do want to add one thing, because one of the values of working interdisciplinary, is you get to learn from other techniques, you know, I'm schooled in regression models, we couldn't have done this with regression models, because there were too many variables. And it worked as well as with the machine learning techniques. So even though I can't do lasso, and some of these random forest models that Niloofer can, you know, they're really quite interesting. I also encourage young scholars to reach out to others in other disciplines, because you can learn so much.



Jenn Tostlebe 42:19

Niloofer I know you started to get into like the results and some of the implications of those. So we're just gonna kind of condense a couple of the questions we had there and see if there's anything else you want to add about the main findings and the implications of the paper and the results that you found?

 N

Niloofer Ramezani 42:36

Sure. So I can just like let you know which variables are the variables or factors that were actually making a difference. So as I said, fewer concentration of psychiatrists in the community and lower percent of drug treatments paid by Medicaid, higher per capita health care costs. So you see that for cost. We have two variables involved that shows how important it is to provide some of those financial resources to the counties. So the more expensive the cost is, and the less they are getting Medicaid support, we are seeing that they are contributing into a higher jailed population per capita. Also, higher number of physically unhealthy days in a month of the county. So the unhealthier the county are, it's like we're seeing all of those things. And then we go to social economix that like we have a few variables there, but the lower high school graduation rates, so like, in general, the less educated the county was, and something that was very important, the smaller county sizes. So the small counties were doing worse than medium sized counties, they were doing worse than larger counties, because probably, again, for resources, funding, you know, all of those variables that were involved. And finally, more police officers per capita. They were associated with the higher per capita jail population. So the police officers per capita was the only criminal legal variable that we saw was still significant. And that is explained, because it's directly related to the arrests that are being made in the county. But the great news, as I said was that violent crime rate in the presence of these variables was not significant anymore. And that was something that was pretty controversial. Also, for some of our reviewers. They didn't want to see it, some of them didn't like to hear it.



Jenn Tostlebe 44:36

I mean, it's unexpected, I think.





Niloofar Ramezani 44:38

Yeah, I guess it's just explains it because a lot of the people end up for like especially misdemeanors and minor crimes there. Maybe because of the mental health issues they had or maybe because of, you know, they had a lot of medical expenses and they couldn't afford it and when you know, so all of them are the reasons that are contributing into the incarceration rate in the communities. And once those are address, then a lot can be controlled there.



Faye Taxman 45:12

I think an important finding here is just the strength of the relationship between non justice, right, and also the importance of counties size. So medium and large counties, you know, fare better. And we know they have more services available than smaller jurisdictions, and smaller jurisdictions are the majority of counties in the United States.



Jenn Tostlebe 45:43

Yeah, I feel like this paper is like a true reflection of the fact that we need to be focusing more on prevention than waiting, waiting, waiting, okay, something bad happened. Now let's address it. Which, I feel like that's the typical route that we take.



Niloofar Ramezani 46:00

And I like how a Faye connects those dots, he said that people look at a bucket of Public Health and Services separately from this bucket of criminal legal system and jail system. But once we start connecting them together, we see that like, how much they can actually help each other.



Jenn Tostlebe 46:20

Public safety is public health, in a way.



Faye Taxman 46:25

I think that's really an important factor, right, is we need to begin to think of our policies as they affect, you know, society at large.



Jose Sanchez 46:36

Okay, so we want to wrap up spend the last few minutes talking about some of the projects that are like big project that you're working on, that we've mentioned. Faye, you are the director of ACE, or the Center for Advancing Correctional Excellent. Can you tell us a little more about what it is and what it does?



F

Faye Taxman 46:57

Sure. Thank you. So the Center for Advancing Correctional excellence, we've been in existence for a little bit over 10 years. It's an interdisciplinary center that is focused on both giving students opportunities to participate in action research, real live research, you know, so that's one of our goals. Another goal is to really work on difficult sticky issues by using, you know, quality research methods to improve service delivery for people who are involved in the criminal legal system. A third area that we focus attention on, is really being sort of a think tank for new ideas to move the field ahead, and here the field is a combination of the criminal legal system and public health systems.

F

Faye Taxman 47:58

So the center right now is directed by myself. And my partner in crime here is actually Danielle Rudes, who's at Sam Houston State University. So Danielle used to be at Mason, and she recently shifted to go to Sam Houston, and we're still running the center together. And Danielle's work is on solitary confinement and qualitative methods. And so we mentor students, we mentor students who were at Mason across various disciplines, we mentor students at Sam Houston now, also across the United States we provide mentorship opportunities for students in various disciplines. And then we also try to include colleagues like Niloofar, right, who help us grow as scholars learning new strategies and techniques. I will also add her data visualization skills blow my mind. But you know, we provide a way to bring people into the fold. And for me, in my career, I've always used ACE! as a way of getting people interested in the criminal legal population. Because, you know, criminology as a discipline, most people think about police, and they think about punishment. You know, I like to really focus attention on what's the purpose of our criminal legal system, how do we better provide care for those who are impacted, and things of that nature.

F

Faye Taxman 49:36

So we have at any given time 20 to 30 projects going on. We have doctoral students, undergraduate students, graduate students, young scholars, who work with us, we believe in publications, so everyone gets a chance to really learn how to publish or perish as they say. And I always thought of like GRA positions as really apprenticeship. And to me the best way to learn is to do. And so that's the opportunity that we provide.

F

Faye Taxman 50:13

Right now we have one very large study, the one that generated this particular project from the National Institute on Mental Health. It's evaluating the national stepping up initiative, which has now over 550 counties affiliated with it. And we are basically looking at how policy teams reformed their practices, which is, you know, an area of study that we don't know much about at the local level. We're also the Center for the justice community opioid Innovation Network JCOIN that's funded by the National Institute on Drug Abuse. And we're the coordination and translation center. And we offer you should go to our website, it's jcoinctc.org. We have a library of resources on conducting research in the criminal legal system, better understandings,

humane care, how to work with correctional staff. So it's a real service, and I'm hoping you could let people know. And you're even on a podcast about it. You know, we fund students, and we fund faculty. So.



Jenn Tostlebe 51:31

Yeah, as kind of a quick little follow up to that. If so, you mentioned that you involve people from all over the country. I'm just curious, how can people get involved? Is it like invitation primarily or can people reach out to try and get involved with ACE!?



Faye Taxman 51:49

You can reach out to me or Danielle Rudes. If you have an interest in an area, we talk about your availability for what you want to do, and what opportunities exist, there's always more work than people. It's not by invitation only. It's really like if we connect. So someone could contact us, or we could contact them, you know, at the American Society of Criminology meeting at the Division of Corrections and Sentencing, you know, we always support their initiatives. And that's a good way sort of following up with us or seeing us in person, feel free to email me ftaxman@gmu.edu. If anyone you know, is interested.



Jenn Tostlebe 52:37

And then we just have one other quick little question which Faye you already started to talk about a little bit. But we know as you've mentioned, too, that this paper we talked about in the podcast came out of an evaluation of the stepping up initiative, which we know about, from our good friend and colleague, Dr. Kendra Clark, who works with you. And this project, I believe, just won a big award, the Society for Implementation Research Collaboration Mission Award for Outstanding collaborative contributions to implementation research and practice. So we just want to say congrats on winning the award. And then if there are any little other things you want to talk about, as far as the stepping up initiative goes and what it is?



Faye Taxman 53:21

Well, as a resource, our partners, the partners who designed stepping up, because we can't take credit for this, right. It's the Council of State Governments Justice Policy Center, the National Association of Counties, and the American Psychiatric Association Foundation. They designed stepping up as a way of helping county jurisdictions reduce the use of their jails for people with some with a mental illness. And so they have a great website. It's very helpful, I think, to go to that website, they have lots of case studies, they have lots of testimonials. It's just a really good resource. And, you know, CSG, APF, and Neko, collectively designed stepping up to transform. Thinking about the criminal legal system, we're lucky we get to study what happens at the county level, which is fascinating. And their style is really a low touch technical assistance. So it's even more interesting to really see what people gravitate towards and what they invest their time and effort. And so this is one of three initiatives that are designed around

trying to reduce jail population. Another is the mark bar, thorough Safety and Justice Initiative. And then you have the Arnold ventures who, you know, have a pretrial initiative to enhance decision making.



Jenn Tostlebe 55:00

Sounds very exciting. You're busy!



Faye Taxman 55:03

Yeah. Yeah. You know, it's all I don't know, I feel so fortunate in my career that I've been able to do these sorts of projects. And I feel very fortunate to be able to really work on new ideas. And also one of the big issues that I'm interested in is how do we really transform the criminal legal system? So you know, these projects help us be able to do that?



Jenn Tostlebe 55:33

Definitely.



Jose Sanchez 55:34

Well, thank you so much. Those are all the questions we have for you today. Well, that's not true. We have one more, where can people find you? Is email the best way to contact you? Do either of you have Twitter? I know some of our guests like to use Twitter. What's the best way to get in touch?



Faye Taxman 55:50

Yeah, mine is @FayeTaxman. F and T are capitalized. We also have a Twitter account for our stepping up initiative. It's called IMjusticehealth. So that's also another Twitter account. I don't know Niloofar...



Niloofar Ramezani 56:08

I don't have a Twitter account. I'm one of those people that tries to stay away from social media for the peace of my mind. But people can reach out to me via email. So it's NRamezani@gmu.edu. And I'm pretty responsive so they can feel free to email me.



Jose Sanchez 56:27

Well, thank you both again. We really appreciate it. This was a wonderful discussion. Yeah. Thank you for joining us.



Jenn Tostlebe 56:34

Thank you so much. It was great having you.



Niloofar Ramezani 56:36

Thanks for having us.



Faye Taxman 56:37

Great to meet you guys. Are you guys going to ASC?



Jenn Tostlebe 56:40

Yep! We'll be there. Will you be there?



Faye Taxman 56:43

I will. Come to the DCS breakfast.



Jose Sanchez 56:46

We are!



Jenn Tostlebe 56:47

I think we both are. Yeah.



Faye Taxman 56:48

Oh, let's connect there!



Jenn Tostlebe 56:51

Sounds good.



Jose Sanchez 56:52

Absolutely.



Faye Taxman 56:53

All right. See you everyone. Niloofar, I'll see you in an hour.



Niloofar Ramezani 56:56

I'll see you in DC.



Jenn Tostlebe 56:58

Hey, thanks for listening.



Jose Sanchez 57:00

Don't forget to leave us a review on Apple podcasts or iTunes. Or let us know what you think of the episode by leaving us a comment on our website, thecriminologyacademy.com



Jenn Tostlebe 57:10

You can also follow us on Twitter, Instagram and Facebook @thecrimacademy. That's the CRIMACADEMY.



Jose Sanchez 57:21

or email us at thecrimacademy@gmail.com



Jenn Tostlebe 57:26

See you next time!