

## The High Costs of Cutting Mental Health

### Criminal Justice

Without state and local mental health services, too many people living with mental illness end up in encounters with police or warehoused unnecessarily in jails and prisons.

In United States prisons alone, approximately 24 percent of inmates live with serious mental illness.<sup>1</sup> Seventy percent of youth in the juvenile justice system also experience mental health disorders, with 20 percent experiencing disorders so severe that their ability to function is significantly impaired.<sup>2</sup>

At the same time, state spending on correctional systems has increased 350% in the past 20 years (from \$10 billion to \$45 billion), contributing significantly to state budget crises.<sup>3</sup> What is needed, instead, is investment in mental health treatment and recovery services to minimize costly criminal justice involvement of persons living with serious mental illness.

#### By the Numbers

30% of female and 15% of male inmates in local jails live with a serious mental illness such as schizophrenia or bipolar disorder.<sup>4</sup>

70% of youth in the juvenile justice system also have mental health disorders.<sup>5</sup>

50% of previously incarcerated individuals living with serious mental illness are re-arrested and return to prisons not because they have completed new offenses, but because they have not been able to comply with conditions of probation or parole, often due to mental illness factors.<sup>6</sup>

Florida spends *one-quarter of a billion* dollars annually to treat 1,700 individuals charged with crimes who have been determined incompetent to stand trial or not guilty by reason of insanity.<sup>7</sup>

Pennsylvania estimates that it cost approximately \$60 *per day more* for the state to incarcerate inmates living with serious mental illness compared to other inmates.<sup>8</sup>

### Saving Money, Saving Lives

Investment in proven, cost-effective mental health services can help reduce burdens on the criminal justice system. It also is an investment in recovery and saving lives of persons who struggle with medical illnesses.

- Mental health courts have emerged throughout the country to divert individuals with serious mental illness from incarceration into treatment. Pittsburgh's county mental health court has shown that costs over time resulting from declines in incarceration more than offset increased costs of treatment.<sup>9</sup>
- Intensive community mental health services provided to high risk individuals diagnosed with serious mental illness in three California counties revealed significant reductions in days of incarceration, homelessness and hospitalization. Days incarcerated dropped 85 percent, hospital days dropped 78 percent and number of days spent homeless dropped 69 percent.<sup>10</sup>
- Forensic Assertive Community Treatment (FACT) combines intensive treatment, rehabilitation and support services in a coordinated team approach. Fact teams have proven effective in reducing jail days, arrests and hospitalization.<sup>11</sup> One FACT team in Rochester, N.Y., saved \$39,518 per year due to reduced hospitalization and incarceration.<sup>12</sup>
- Youth and adults living with serious mental illness in criminal justice systems have high rates of co-occurring substance abuse disorders. Integrated mental health and substance use treatment services have resulted in lower rates of involvement in the criminal justice system or reincarceration and reduced criminal justice involvement.<sup>13</sup>
- Multi-systemic therapy (MST) is an intensive, home-based approach to addressing the comprehensive needs of youth with mental illnesses and their families,

characterized by small caseloads and 24-seven service availability. MST has been successful in reducing costly out-of-home placements and criminal recidivism.<sup>14</sup>

- Studies consistently demonstrate a very high correlation between homelessness and criminal incarceration among people living with serious mental illness. Lack of stable housing significantly increases chances of recidivism. Supportive housing models with a “housing first” approach, in which individuals are first provided housing and are then offered services, has proven effective in enhancing residential stability and community reintegration.<sup>15</sup>

<b>Cost Savings</b>				
<b>Jail/Hospital costs per person</b>				
<b>Program</b>	<b># of Participants</b>	<b>PRIOR to involvement</b>	<b>DURING involvement (+ program cost)</b>	<b>Cost savings per person</b>
<b>Thresholds Jail Program (Cook County, IL)</b>	<b>30 (two years)</b>	<b>\$53,897</b>	<b>\$35,024</b>	<b>\$18,873</b>
<b>Project Link (Monroe County, NY)</b>	<b>44 (one year)</b>	<b>\$73,878</b>	<b>\$34,360</b>	<b>\$39,518</b>

Source: Criminal Justice Mental Health Consensus Project

## Endnotes

- <sup>1</sup> James, D. and Glaze, L., *Mental Health Problems of Prison and Jail Inmates*, U.S. Department of Justice, Bureau of Justice Statistics, (2006).
- <sup>2</sup> Shufelt, M.S. and Cacoza, J., *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. National Center for Mental Health and Juvenile Justice, (2007).
- <sup>3</sup> National Association of State Budget Officers, *State Expenditure Report*, (2006).
- <sup>4</sup> Shufelt, M.S. and Cacoza, J., *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-state Prevalence Study*, National Center for Mental Health and Juvenile Justice, (2006).
- <sup>5</sup> Steadman, H.J., Osher, F.C., et al., “Prevalence of Serious Mental Illness Among Jail Inmates,” *Psychiatric Services*, November 2007; 58: 1472-1478, (2009).
- <sup>6</sup> Council of State Governments, *Report of the Criminal Justice/Mental Health Consensus Project*, (2002).
- <sup>7</sup> Supreme Court of Florida, *Mental Health: Transforming Florida’s Mental Health System*, (Nov. 7, 2007).
- <sup>8</sup> Council of State Governments, Criminal Justice/Mental Health Consensus Project Web site, visited 12/5/2009, [http://consensusproject.org/downloads/fact\\_fiscal\\_implications.pdf](http://consensusproject.org/downloads/fact_fiscal_implications.pdf).
- <sup>9</sup> Rand Corp., *Mental Health Courts Have the Potential to Save Taxpayers Money*, (March 1, 2007).
- <sup>10</sup> Mayberg, S.W., *Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness: A Report to the Legislature*, California Department of Mental Health, (2003).
- <sup>11</sup> Weisman, R.L., et al., “Integrating Criminal Justice, Community Health Care and Support Services for Adults with Severe Mental Disorders,” *Psychiatric Quarterly*; 75(1), 71-85.
- <sup>12</sup> Lamberti, et al., “Forensic Assertive Community Treatment: Preventing Incarceration of Adults with Severe Mental Illness,” *Psychiatric Services*, 55(11); 1285-1293, (2004).
- <sup>13</sup> Sacks, S., et al., “Modified Therapeutic Communities for MICA Offenders,” *Behavioral Sciences and the Law*, 22:477-501, (May, 2006).
- <sup>14</sup> Henggeler, SW, et al., “Family Preservation Using Multisystemic Therapy: An Alternative to Incarcerating Serious Juvenile Offenders,” *Journal of Consulting and Clinical Psychology*, 60: 953-961, (1992).
- <sup>15</sup> Roman, C.G., *Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System*, CMHS National GAINS Center, (May 2006, updated May 2009).

