



February 1, 2005

Dear Senator Betzold and Members of the Judiciary Committee:

The National Alliance for the Mentally Ill of Minnesota (NAMI-MN) is pleased to support the efforts of the Hennepin County Mental Health Court. Mental Health Courts are springing up around the country as a way to more effectively provide needed treatment to people with mental illness, use criminal justice resources more efficiently, reduce taxpayer expenditures, and enhance public safety.

The Mental Health Court of the Fourth Judicial District of the State of Minnesota is doing an excellent job in arranging for treatment instead of incarceration. When Judge Hopper was interviewed on radio about the court he stated that the purpose was to redirect the person in a constructive manner to improve the life of the individual and to help society. We believe that it is more effective – in both human and monetary terms – to provide mental health courts. Diverting people with mental illness from our jails and prisons also saves money because they can continue to receive their Medicaid and Social Security benefits.

NAMI believes that more mental health courts should be established across the state. With it being projected that Minnesota needs to build a new prison every two years, perhaps its time to look at more effective alternatives. NAMI would support the state establishing guidelines for mental health courts so that family members would be able to advocate for their loved one without regard to where they live or which mental health court they end up in.

If you have not seen the Criminal Justice/Mental Health Consensus Project Report issued by the Council of State Governments, I would urge you to read it and to visit their website at <http://www.consensusproject.org/>.

Thank you for taking the time to learn more about this important project today.

Sincerely,

Sue Abderholden
Executive Director

Member



Community
Solutions Fund

NAMI-MN National Alliance for the Mentally Ill of Minnesota

800 Transfer Road, Suite 7A, St. Paul, MN 55114 Tel: 651-645-2948 or 1-888-473-0237 Fax 651-645-7379

Fact Sheet: Mental Illness and Jails

People with mental illness are significantly overrepresented in jail.

At mid-year 2002, U.S. jails held 737,912 people.ⁱ

Approximately five percent of the US population has a serious mental illness.ⁱⁱ The US Department of Justice reports, however, that about 16 percent of the population in prison or jail has a mental illness.ⁱⁱⁱ

In a study of 25 counties in New York State, female recipients of mental health services were 4 to 8.6 times more likely than females in the general population to be incarcerated.^{iv}

The Los Angeles County Jail, the Cook County Jail (Chicago) and Riker's Island (New York City) each hold more people with mental illness on any given day than any psychiatric facility in the United States.^v

They stay in jail longer than other people do...

In Orange County, Florida, the average inmate identified as having a mental illness stays 51 days, compared with an average stay of 26 days for all inmates.^{vi}

According to the New York City Health and Hospitals Corporation, the average length of stay in the New York City jail system for inmates with mental illness is 215 days, compared with a 42 day average stay for all inmates.^{vii}

...it is extremely expensive to keep them there...

Pharmacy staff in the Multnomah County, Oregon, jail estimate that slightly over 45 percent of the pharmacy budget is spent on psychotropic medications.^{viii}

The Monroe County, New York, jail spends approximately \$315,000 per year on overtime for deputies who are conducting twenty-four hour suicide watch.^{ix}

...detention puts them at a high risk for suicide...

In 2002, the rate of suicide among jail inmates in Ohio was 77 out of every 100,000, seven times the rate in the general population.^x

In California, the rate of jail suicides in 2001 was 4.5 times greater than the rate in the general population.^{xi}

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Tel: (212) 912-0128

Fax: (212) 912-0549

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...and after release they are likely to return to incarceration.

72 percent of people with mental illness were re-arrested within 36 months of release from the Lucas County, Ohio jail.^{xii}

90 percent of Los Angeles County jail inmates with mental illness are repeat offenders; an estimated 31 percent have been incarcerated 10 or more times.^{xiii}

According to a 1994 study, jail releasees who received fewer of the services that they reported to need were more likely to return to jail.^{xiv}

Providing appropriate community services has proven significantly more cost-effective.

In the year previous to involvement in the Cook County (IL) Thresholds Jail Program, which provides intensive community-based services to individuals with mental illness who have been involved in the criminal justice system, thirty participants with mental illness spent 2,741 days in jail. In the year after becoming involved, the same thirty participants spent only 489 days in jail. Calculated at \$70 per day, this represents a savings of \$157,640.^{xv}

A similar program in Monroe County (NY), Project Link, showed a reduction in jail costs for the project's 46 participants with mental illness of \$30,908 to \$7,235 per person over one year.^{xvi}

ⁱ Paige M. Harrison and Jennifer C. Karberg. Prison and Jail Inmates at Midyear 2002. Washington DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, April 2003.

ⁱⁱ R. C. Kessler et al., "A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness," In Mental Health United States 1999, edited by R.W. Manderscheid and M.J. Henderson, Rockville, MD, Center for Mental Health Services.

ⁱⁱⁱ Paula M. Ditton, Mental Health Treatment of Inmates and Probationers, Washington DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, July 1999.

^{iv} Judith F. Cox, Pamela C. Morschauer, Steven Banks, and James L. Stone. A Five-Year Population Study of Persons Involved in the Mental Health and Local Correctional Systems: Implications for Service Planning. *Journal of Behavioral Health Services and Research* 28:2, May 2001.

^v E. Fuller Torrey, "Reinventing Mental Health Care," *City Journal* 9:4, Autumn 1999.

^{vi} Unpublished statistic courtesy of Dr. Patrick Jablonski, Research Statistician, Orange County Jail.

^{vii} Fox Butterfield, "Prisons Replace Hospitals for the Nation's Mentally Ill," *New York Times*, March 5, 1998, at A1.

^{viii} Jim Carlson, Robert Buckler, Bill Midkiff, and Jack Pladel. Psychiatric Alerts in Multnomah County Jails 1995-1999: Reducing Crime Benchmark Analysis. March 2000.

^{ix} Unpublished statistic courtesy of Captain John Caceci, Monroe County Sheriff's Office, Monroe County, New York.

^x Unpublished statistic courtesy of the Ohio Department of Corrections, Bureau of Adult Detention, 2002.

^{xi} "In California's county jails, suicides are up sharply." Associated Press, June 16, 2002.

^{xii} Lois A. Ventura, Charlene A. Cassel, Joseph E. Jacoby, and Bu Huang, "Case Management and Recidivism of Mentally Ill Persons Released from Jail," *Psychiatric Services* 49:10, October 1998.

^{xiii} Unpublished statistic courtesy of the Los Angeles County Board of Supervisors' Task Force on Incarcerated Mentally Ill, 1991.

^{xiv} Phyllis Solomon, Jeffrey Draine, and Arthur Meyerson. "Jail Recidivism and Receipt of Community Mental Health Services." *Hospital and Community Psychiatry* 45:8, August 1994.

^{xv} Statistics available at www.thresholds.org.

^{xvi} Statistics available in Project Link profile at http://consensusproject.org/programs/one?program_id=148.

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People with Mental Illness in the Criminal Justice System: Fiscal Implications

Criminal justice, mental health, and substance abuse systems that do not provide a coordinated response to individuals with serious mental illness end up using expensive public safety and emergency services to respond to some of those individuals.

People with mental illness are significantly overrepresented in the criminal justice system.

The rate of mental illness in state prisons and jails in the United States (16%) is at least three times the rate in the general population (5%). The rates of mental illness in Oregon state prisons and county jails are at least this high. [1]

At least three-quarters of people with mental illness who are incarcerated have a co-occurring substance abuse disorder. [2]

Men who have been involved in the New York State public mental health system are four times more likely to be incarcerated than men in the general population. For women, the ratio is six to one. [3]

Many of them have committed minor crimes.

Nearly half the inmates with a mental illness in state or federal prison in the United States are incarcerated for committing a nonviolent crime. [4]

They stay longer in prison and jail.

On Riker's Island, New York City's largest jail, the average length of stay for all offenders is 42 days; it is 215 days for inmates with a serious mental illness. [5]

In Pennsylvania state prisons, during the year 2000, inmates with serious mental illness were three times as likely to serve their maximum sentence as other inmates. [6]

They are extremely expensive to incarcerate.

The Monroe County, New York Jail spends approximately \$315,000 per year on overtime for deputies who are conducting twenty-four hour suicide watch. [7]

The Pennsylvania Department of Corrections estimates that it costs approximately \$80 per day to incarcerate an average inmate and \$140 per day to incarcerate a person with serious mental illness. [8]

And, without a coordinated response, many will be treated through expensive public safety and crisis services.

During the year 2000, taxpayers of King County, Washington spent over \$1.1 million on drug and alcohol acute services and criminal justice resources for just 20 individuals. [9]

In Summit County, Ohio, during the year 2001, the cost to taxpayers for a similar group of 20 individuals was \$1.3 million. [10]

Programs that provide intensive community-based services to individuals with mental illness who have been involved in the criminal justice system have proven extremely cost-effective.

Program	Number of participants	Jail / Hospital costs per person		Cost savings per person
		PRIOR to involvement	DURING involvement (plus program cost)	
Thresholds Jail Program (Cook County, IL) [11]	30 (two years)	\$53,897	\$35,024	\$18,873
Project Link (Monroe County, NY) [12]	44 (one year)	\$73,878	\$34,360	\$39,518

Preliminary findings from a federally sponsored multi-site diversion project indicate that diverting people with mental illness from the criminal justice system generates statistically significant savings equal to the cost of the added services that individuals receive in the community.

Program	Average cost per person		Cost differential
	Nondiverted group	Diverted group	
Tucson Jail Diversion Program (Pima County, AZ) [13]	\$11,119 (n=25)	\$11,976 (n=65)	\$857
Eugene Jail Diversion Program (Lane County, OR)	\$15,743 (n=36)	\$16,164 (n=93)	\$421

1. Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, Bureau of Justice Statistics, U.S. Department of Justice. Unpublished statistics regarding Oregon courtesy of Gary Field, Oregon Department of Corrections and Richard Sherman, Lane County Sheriff's Office.
2. National GAINS Center, *The Courage to Change*.
3. Judith F. Cox, Pamela C. Morschauer, Steven Banks, James L. Stone, "A Five-Year Population Study of Persons Involved in the Mental Health and Local Correctional Systems," *Journal of Behavioral Health Services & Research* 28:2 May 2001, 177-87.
4. Ditton, *Mental Health Treatment*, p. 1.
5. Fox Butterfield, "Prisons Replace Hospitals for the Nation's Mentally Ill," *New York Times*, March 5, 1998, A1.
6. From unpublished description of Forensic Community Re-Entry and Rehabilitation for Female Prison Inmates with Mental Illness, Mental Retardation, and Co-occurring Disorders program, courtesy of Angela Sager, Grants Manager.
7. Unpublished statistic courtesy of Captain John Caceci, Monroe County Sheriff's Office, Monroe County, New York.

8. Unpublished statistic courtesy of John Shaffer, Ph.D., Pennsylvania Department of Corrections.
9. Unpublished statistic courtesy of Patrick Vanzo, Administrator, Cross Systems Integration Efforts, Department of Community and Human Services, King County, WA. This figure does not include the costs for police time, ambulance services, sobering van services, county designate mental health professional services, or administrative costs associated with these services.
10. Unpublished statistic courtesy of Dr. Mark Munetz, Chief Clinical Officer, Summit County, Ohio, ADM Board.
11. Statistics available at www.thresholds.org.
12. Unpublished data courtesy of J. Steven Lamberti, MD, Associate Chair for Clinical Programs, University of Rochester Medical Center.
13. Alexander J. Cowell, Andrew M. Stewart, and Sho Wen Ng, *Assessment of the Cost-Effectiveness of Tucson's Jail Diversion Program*, unpublished report, Research Triangle Institute, Research Triangle Park, North Carolina, April 2002. (Supported by the Substance Abuse Mental Health Services Administration.) Also, Cowell et. al., *Assessment of the Cost-Effectiveness of Eugene's Jail Diversion Program*.

People with Mental Illness in the Criminal Justice System: About the Problem

Overrepresentation of People with Mental Illness in the Criminal Justice System

Today, there are approximately 2 million people incarcerated in US prisons or jails;¹ approximately 10 million people are booked into US jails over the course of the year.²

Approximately five percent of the US population has a serious mental illness.³ The US Department of Justice reports, however, that about 16 percent of the population in prison or jail has a mental illness.⁴

A study in New York State found that men involved in the public mental health system over a five-year period were four times as likely to be incarcerated as men in the general population; women were six times as likely.⁵

The Los Angeles County Jail, the Cook County Jail (Chicago) and Riker's Island (New York City) each hold more people with mental illness on any given day than any psychiatric facility in the United States.⁶

Nearly three-quarters of inmates with mental illness have a co-occurring substance abuse problem.⁷

Inmates with mental illness in state prison were 2.5 times as likely to have been homeless in the year preceding their arrest than inmates without a mental illness.⁸

Nearly half the inmates in prison with a mental illness were incarcerated for committing a nonviolent crime.⁹

Cost of The Problem

The Pennsylvania Department of Corrections estimates that a person with serious mental illness costs \$140 per day to incarcerate, as opposed to \$80 per day for an average inmate.¹⁰

The Miami-Dade Department of Corrections spends almost \$4 million annually on overtime to manage inmates with mental illness.¹¹

Officials in King County, Washington, identified 20 people who had been repeatedly hospitalized, jailed or admitted to detoxification centers; in the course of one year, providing these emergency services to these 20 individuals cost the county at least \$1.1 million.¹²

**Length of
Incarceration for
Individuals with
Mental Illness**

A study of the Fairfax County, Virginia, Jail found that pretrial male detainees charged with misdemeanors and identified as psychotic stayed in jail 6.5 times as long as average jail inmates.¹³

In 2000 in Pennsylvania, 16 percent of all releasees served their maximum sentence. Inmates with mental illness were twice as likely as other inmates to serve their maximum sentence; inmates with a serious mental illness were three times as likely to "max out."¹⁴

**Innovative
Programs' Impact
on Costs and
Public Safety**

Staff from the Thresholds Jail Program, which provides case management for people with mental illness released from jail in Cook County Illinois, calculated the number of days that 30 people who had been through the program were incarcerated and/or hospitalized in the year after their participation in the program. In total, the 30 individuals spent approximately 2,200 days less in jail (at \$70/day) than they had during the year preceding their participation in Thresholds. These same 30 people also spent about 2,100 fewer days (at \$500/day) in hospitals.¹⁵

**Using Law
Enforcement
Resources More
Efficiently**

Shortly after the Memphis Crisis Intervention Team (CIT) was implemented, injuries suffered by individuals with mental illnesses caused by police decreased by nearly 40 percent.¹⁶

In 1999, the Albuquerque Police Department, which also employs a CIT model, reported that officers arrested, transported to jail, or otherwise took into protective custody fewer than 10 percent of those people with mental illnesses they contacted. Injuries were also reduced to just more than 1 percent of calls after their CIT model was implemented. The decrease in use of SWAT was reported at 58 percent.¹⁷

**Violence, Mental
Illness, and
Victimization**

The results of several, large-scale research projects conclude that only a weak statistical association between mental disorder and violence exists. Serious violence by people with major mental disorders appears concentrated in a small fraction of the total number, and especially among those who use alcohol and other drugs.¹⁸

When a person with mental illness commits a violent crime, more than half the time, the victim is a family member, a friend, or an acquaintance.¹⁹

One study in North Carolina found that people with mental illness are almost three times as likely to be victims of violent crime than people without mental illness.²⁰

Not-Guilty-by-Reason-of-Insanity

The public and the media often associate mental illness and the criminal justice system with pleas of not guilty by reason of insanity (or under new state laws, a conviction of guilty but insane). A small fraction of defendants with mental illness make such pleas. A 1996 study of the Baltimore Circuit Court estimated that of 60,342 indictments filed during one year, only 8 defendants (.013 percent) ultimately pleaded not criminally responsible. All 8 pleas were uncontested by the state.²¹

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- ¹ Allen J. Beck, Jennifer C. Karberg, *Prison and Jail Inmates at Midyear 2000*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2000.
- ² Bureau of Justice Statistics, *Correctional Populations in the United States 1997*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1997.
- ³ R. C. Kessler et al., "A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness," In *Mental Health United States 1999*, edited by R.W. Manderscheid and M.J. Henderson, Rockville, MD, Center for Mental Health Services.
- ⁴ Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, Washington DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, July 1999.
- ⁵ Judith F. Cox, Pamela C. Morschauer, Steven Banks, James L. Stone, "A Five-Year Population Study of Persons Involved in the Mental Health and Local Correctional Systems," *Journal of Behavioral Health Services & Research* 28:2, May 2001, pp. 177-87.
- ⁶ E. Fuller Torrey, "Reinventing Mental Health Care," *City Journal* 9:4, Autumn 1999.
- ⁷ Linda Teplin and Karen Abram, "Co-Occurring Disorders among Mentally Ill Jail Detainees: Implications for Public Policy," *American Psychologist* 46:10, pp. 1036-45.
- ⁸ Ditton, *Mental Health and Treatment*.
- ⁹ Ibid.
- ¹⁰ Unpublished statistic courtesy Pennsylvania Department of Corrections.
- ¹¹ Perez, et. al, "Reversing the Criminalization."
- ¹² Unpublished data courtesy of Patrick Vanzo, Section Chief, Crisis and Engagement Services, Mental Health, Chemical Abuse and Dependency Services Division, King County Dept. of Community and Human Services.
- ¹³ Axelson, G.L. and O.F. Wahl. "Psychotic Versus Nonpsychotic Misdemeanors in a Large County Jail: AN Analysis of Pretrial Treatment by the Legal System." *International Journal of Law and Psychiatry* 15: 379-386, 1992.
- ¹⁴ From unpublished description of Forensic Community Re-Entry and Rehabilitation for Female Prison Inmates with Mental Illness, Mental Retardation, and Co-occurring Disorders program, courtesy of Angela Sager, grants manager, May 12, 2002.
- ¹⁵ Information available at: www.thresholds.org.
- ¹⁶ B. Vickers, "Memphis, Tennessee Police Department's Crisis Intervention Team," *Bulletin from the Field, Practitioner Perspectives*, U.S. Department of Justice, Bureau of Justice Assistance, Available at: www.ncjrs.org/pdffiles1/bja/182501.pdf.
- ¹⁷ D.L. Bower W. G. and Pettit, "The Albuquerque Police Department's Crisis Intervention Team," *FBI Law Enforcement Bulletin*, February 2001, available at: www.fbi.gov/publications/leb/2001/feb01leb.pdf.
- ¹⁸ H. Steadman, E. Mulvey, J. Monahan, P. Robbins, P. Applebaum,, T. Grisso, L. Roth, and E. Silver, "Violence by People Discharged From Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods. *Archives of General Psychiatry* 55, 1998, pp. 393-401. See also K.T. Meuser, et. al., "Trauma and Post-Traumatic

Stress Disorder in Severe Mental Illness," *Journal of Consulting and Clinical Psychology* 66:3, 1998, 493-99.

¹⁹ Ditton, *Mental Health and Treatment*, 4.

²⁰ Virginia Hiday, Marvin S. Swartz, Jeffery W. Swanson, Randy Borum, and H. Ryan Wagner, "Criminal Victimization of Persons with Severe Mental Illness," *Psychiatric Services* 50, 1998, pp. 62-68. This study tracked 331 involuntary mental health outpatients. The rate of nonviolent victimization for the study cohort (22.4 percent) was similar to that in the general population (22.1 percent). The rate of violent criminal victimization, however, was two and a half times greater than in the general population - 8.1 percent compared to 3.1 percent.

²¹ Jeffrey S. Janofsky, Mitchell H. Dunn, Erik J. Roskes, Jonathan K. Briskin, Maj-Stina Rudolph Lunstrum, "Insanity Defense Pleas in Baltimore City: An Analysis of Outcome," *American Journal of Psychiatry* 153:11, November, 1996, pp.1464-68.