

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*.