



Keeping Mentally Ill Offenders Out of Jail

Posted in: [Articles](#), [Magazine](#) | Apr 19 at 9:26 am



Keeping Mentally Ill Offenders **Out of Jail:** EVALUATION RESULTS

During the second half of the 20th century, the United States embarked on a movement to deinstitutionalize individuals with mental illness, and this initiative resulted in the rapid decline of available psychiatric beds. In 1955, there was one psychiatric bed in public hospitals for every 300 people. By 2004, there was one bed per 3,000 people and correctional facilities were housing three times more people with serious mental illness than hospitals (Torrey et al, 2010). Ironically, New York actually closed a State psychiatric hospital only to re-open the same set of buildings as a correctional facility to serve inmates with several mental illnesses (Torrey et al, 2010).

While advocates for deinstitutionalization believed that community-based agencies could provide counseling and medication monitoring for those in need, funding for such agencies did not materialize (Slate & Johnson, 2008). The lack of available community assistance has left many individuals with mental illness and their families with no place to turn to for assistance. As symptoms worsen, individuals may become too difficult to manage at home, and they may also become problematic to community residents and business owners. The tendency of mentally ill individuals to “self-medicate” with illicit drugs and alcohol only exacerbates the situation. The result is that the police are forced to become involved, and when an arrest is warranted, persons with mental illness are brought to jail.

Jewish Family Services

Jewish Family Services (JFS) began providing reentry planning services to mentally ill inmates housed in the Atlantic County jail [New Jersey] in 2005. A nonprofit agency, they assist mentally ill individuals of all faiths by using a case management approach. Classification staff members identify inmates who received mental health treatment or whose jail records reveal a history of mental health problems and treatment attempts. Representatives then meet with these potential clients prior to their release. In addition, inmates who are serving county sentences and have a history of mental illness (or currently exhibiting signs of mentally illness) are introduced to JFS caseworkers during reentry meetings.

In 2009, JFS expanded its services to pre- and post-booking diversion, and established relationships with three municipal police forces. They encourage police to call case workers when they encounter an individual who appears to be committing a minor offense as a result of a mental illness. (Such referrals are permitted by the Health Insurance Portability and Accountability Act [HIPAA], as the police do not reveal any specific information about diagnoses or treatment.) The offender is then contacted by JFS staff immediately or shortly after the police referral. In the municipalities where police collaborate with JFS, suspects who appear to be eligible for JFS services are generally not formally charged with an offense provided that the problematic behavior was not serious.

Post-booking diversion throughout Atlantic County is handled by JFS. Defendants from municipalities who have not developed a working relationship with JFS and those who were arrested by police in the participating municipalities may still be eligible for post-booking diversion. Mentally-ill defendants who are charged with non-violent, victimless offenses—and are referred to JFS by judges, psychologists, defense attorneys, or the inmate services office at the jail—may be eligible for participation. Family and friends of mentally ill defendants may also contact JFS to request an evaluation for a person who has recently come into contact with the law. Probation officers with mentally ill clients who are struggling to comply with the rules of probation may also make referrals.

The referrals are screened by JFS staff members to determine whether they meet the agency's eligibility criteria. Potential clients must be previously diagnosed or have evidence of an Axis I disorder (acute symptoms that need treatment, including major depressive disorder, schizophrenia, bipolar disorder, and anxiety disorders). JFS does not accept diversion or reentry planning clients who have pending child support issues in court or whose primary diagnosis is drug or alcohol addiction.

After the screening, staff members talk to potential clients about their medication and psychiatric history. They work with the local jail, the State in-patient psychiatric facility, and local mental healthcare providers to obtain information about the potential client's history. Family members, probation officers, and others who are knowledgeable about the potential client and his or her history may also provide information about psychiatric history.

Once paired with a caseworker, clients immediately establish goals—the two primary goals being mental health and legal issues. To help clients with their mental health goal, JFS established a relationship with the county's largest mental healthcare provider, which allows them to schedule treatment slots for clients almost immediately. (Usually, such treatment slots take approximately three months to obtain.)

Mentally-ill people who are released from the county jail are entitled to three days of medication. When that does not happen, JFS staff obtain the medication from the jail. They also meet the client's medication needs until their Medicaid and public assistance are reactivated. Although participation in mental health treatment is not a mandatory component of JFS services, clients are educated about the impact of mental health issues on their lives and encouraged to take advantage of all treatment options.

In regards to legal issues, JFS helps their clients to resolve any fines or other outstanding legal issues. They also appear in court and consult with judges if they deem that level of intervention appropriate. If a client receives Social Security income that has not yet been reactivated after incarceration, JFS can provide housing until funding is re-established. This housing is in areas less known for drug abuse compared to the boarding houses where clients would otherwise rent. If a client has a work history and can return to work, JFS helps the client to establish employment contacts. They also link clients with addiction problems to the appropriate treatment.

In order to determine how the JFS treatment lowers recidivism, an evaluation was performed to compare two groups of justice-involved individuals: those who received treatment from JFS and those who were

referred to JFS, but did not receive treatment due to living outside of JFS's treatment area or JFS's inability to make contact with the individuals after several attempts.

The Evaluation

For this evaluation, 127 justice-involved individuals at JFS met the criteria for either diversion or reentry planning after receiving treatment from July 1, 2009 through January 31, 2011. After the researcher eliminated participants who were sent to prison or a long-term rehabilitation unit for an offense committed before the intervention, had less than two weeks of contact with JFS, or died during the treatment or follow-up period, 104 clients were eligible for the evaluation.

During the study period, an additional 101 individuals were referred to JFS, but did not receive services because they lived outside of the JFS treatment area or refused services. This second group served as a no-treatment comparison group for the evaluation.

The researcher collected data on all arrests for an indictable offense (called felonies in most States) prior to and after clients were referred to JFS from July 1, 2009 until July 1, 2013. Information on offense history and recidivism for both groups was obtained using two statewide databases that contained information on jail incarcerations, arrests, and prosecutions in New Jersey. The researcher tracked the following data:

- History of jail incarcerations in New Jersey.
- Number of incarcerations within the 12 months preceding and following JFS attempts to contact the no-treatment group and following JFS's casework with the treatment group.
- Days spent incarcerated in the 12 months before and after the intervention.
- Days spent in the community before incarceration following intervention.

Both treatment and no-treatment groups were similar in terms of race, gender, and age. Prior records for both groups were similar: Both the JFS participants and the no-treatment group had no differences in whether they were arrested in the year prior to JFS referral and whether they were incarcerated at any time during that year. Both groups also had a similar history of incarcerations and similar numbers of arrests and incarcerations in the year leading up to contact with JFS.

The only significant legal difference between the two groups was the amount of time spent incarcerated in the year leading up to their contact with JFS: Treatment group members spent more time incarcerated in the year before treatment than members of the comparison group. Specifically, the JFS clients were incarcerated an average of 55 days in the year prior to intervention compared to an average of 30 days for the comparison group.

As the table shows, there is very little difference between the two groups for being re-arrested and sent to superior court in the 12 months after treatment. Twenty percent of the treatment group was re-arrested, compared to 17 percent of the no-treatment group. There was also no difference in the likelihood of individuals being incarcerated in the 12-month follow-up period: 52 percent of the no-treatment group was incarcerated, as was 48 percent of the treatment group. Also, there was no difference in the number of days that they spent incarcerated during the first 12 months after contact with JFS. The group that received treatment from JFS served an average of 23.6 days incarcerated in a New Jersey jail compared to 26.9 days for those who did not receive treatment.

Although the difference between the two groups is small, it is important to compare these statistics to the actual days spent incarcerated in the 12 months prior to the intervention. The no-treatment group members spent an average of 30 days in jail prior to their intervention, so the decrease to 26.9 days represents a small change. Treatment group members, however, spent an average of 55 days incarcerated before treatment compared to 24 days after treatment. Treatment group members who were incarcerated following the end of treatment stayed in the community an average of 495 days before being re-incarcerated compared to 278 days for the no-treatment group.

Comparison of Those Who Received Treatment to Those Who Did Not

	Before intervention		After intervention	
	No-treatment group	Treatment group	No-treatment group	Treatment group
	Number (percent)	Number (percent)	Number (percent)	Number (percent)
At least one arrest in 12-month period				
No arrest	64 (63.4%)	54 (54.5%)	84 (83.2%)	80 (80.0%)
At least one arrest	37 (36.6%)	46 (46.0%)	17 (16.8%)	20 (20.0%)
At least one incarceration in 12-month period				
No incarcerations	38 (37.6%)	37 (37.0%)	67 (49.3%)	69 (50.7%)
At least one incarceration	63 (62.4%)	63 (63.0%)	34 (52.3%)	31 (47.7%)
	Average	Average	Average	Average
Number of arrests in 12-month period	0.50	0.62	0.33	0.24
Number of incarcerations in 12-month period	1.21	0.97	0.34	0.31
Days spent incarcerated in 12-month period	30.07	55.43	26.9	23.6
Days spent in the community before re-incarceration	—	—	277.65	495.55

Conclusion
Prisons and jails have been forced into the role of de-facto mental health facilities in the United States. Correctional facilities, however, were never intended to fulfill this

role. Jails are primarily expected to hold defendants as they await trial and provide custody for inmates serving short sentences. They are not settings conducive to treatment of people suffering from mental illness. If individuals' minor crimes are clearly related to the symptoms of the mental illness, it is worthwhile to consider diversion programs that will allow people to receive individualized treatment in a non-custodial setting. If the nature of the offense does not allow for diversion, then special care must be given to this population when planning for reentry. Some States, such as New York, are required by law to put a special focus on mentally ill offenders during their transition from correctional facilities to the community (*Brad v. City of New York*).

Since the early 2000s, States and counties have been searching for ways to address the substantial strain that correctional expenses are placing on their budgets. The United States embarked on an unprecedented, record-setting use of incarceration for the past 30 years. Most States and counties are now at a point where they must find a way to lower costs. Diversion programs, if well-implemented, have the potential do just that. Incarceration is expensive but even more so for inmates who are mentally ill. In this study, JFS clients reduced the amount of time they spent incarcerated by an average of 32 days in the year after treatment compared to the year before treatment.

JFS clients also spent more time in the community after discharge from treatment without being re-incarcerated than those who did not receive treatment from JFS. On average, the treatment group spent 495.55 days in the community prior to being re-incarcerated compared to an average of 277.7 for the comparison group, for an average difference of 218 days. Incarceration in the county that served as the site of this evaluation costs \$80 per day, amounting to an average savings of \$17,360 per treatment group participant.

The county is currently looking to expand this program. JFS is working to establish relationships with additional municipal police departments, so pre-booking diversion should be available to more county residents in the future. JFS was recently awarded a contract to run the Inmate Services Department at the county jail. The county hopes that their enhanced presence in the jail will allow service providers to reach more inmates and provide services that will help to reduce recidivism.

References

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 The author would like to thank the staff of Jewish Family Services for their assistance in collecting the data.
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