Mentally Ill Inmates: Financial Impacts and Opportunities for the Future

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Abstract

For the last 30 years jails have become depositories for the nations mentally ill. This is no different in the State of Florida. Florida's counties (mostly the jails) have learned that dealing with this growing population through incarceration is not only expensive but does nothing to keep the offender from re-entering an already overburdened system. Through this research, we ascertained that some counties are instituting alternatives to incarceration to provide appropriate care to this segment of the population. The larger the counties jail population, the more the county was involved in using alternatives. We determined jails are struggling with the increased costs of jail construction and population management due to lodging mentally ill inmates. We established it is difficult to determine if this population contributes to overcrowding among jails of all sizes. We were able to establish that not all of the aforementioned issues affect large and small jails to the same extent.

Introduction

Jails have become depositories of mentally ill inmates due to the limited resources available to manage these inmates and the limited number of state mental facilities currently available. This is predominantly a result of poor funding for services for this segment of the population (prior to and after incarceration); the closing of state mental hospitals in the last 3 decades and legislation originally designed to protect the rights of the mentally ill. A lack of incarceration alternatives and aftercare resources also contributes to this problem. The dilemma began in the late 1950's early 1960's with the invention of a new drug called "Thorazine". It was seen as a break through drug. People, who in the past had to be restrained, were now capable of holding conversations. Based on the concept that we could now deinstitutionalize this population, the Kennedy administration authorized congress to spend billions to create community mental health centers that would take the place of mental hospitals and be able to cater to the newly released patients. But by the early seventies, it was discovered that "Thorazine" didn't work on everyone and produced bad side effects. The community mental health centers never materialized as congress turned its attention to other issues like the war in Vietnam (Earley, 2006). This left the newly released mental health patients without the support system they so desperately needed to remain stable.

Out on the streets with no medication, the jails became their homes. In many cases this scenario remains the same today. Florida ranks 48th in the nation in funding for mental health treatment. Only Arkansas and New Mexico spend less. (Florida Partners in Crisis Legislative Agenda 2007).

Literature review

In the 1960's there were nearly 600,000 beds available across the United States for mentally ill individuals. Today only around 40,000 exist. (Stephey, 2007). While the number of beds has decreased, the total population of the U.S. has clearly increased. It is not a far stretch to imagine that those 40,000 beds are woefully inadequate to deal with the number of mentally ill in America today. It is estimated that 10 to 20 percent of the nation's jail and prison inmates are either mentally ill, emotionally disturbed or mentally retarded. (Bureau of Justice Assistance, 2000) According to a *Bureau of Justice Statistics* report, in midyear 2005 almost **half** of the nation's prison and jail inmates had a "mental health problem" at some level. (Bureau of Justice Statistics 2006) The problem in Florida, while on a smaller scale, mirrors the problem the rest of the country is facing. It began when this state began closing institutions. Today, the state of Florida has only about 1,439 beds available (Hunt, 2006). In June of 2007, Florida has over 155,000 people incarcerated in the state and county system. Do the math for yourself.

As a whole, literature on the subject, tells us that study after study on this topic all yield similar results; all suggest that serious changes need to be made and that the changes will cost a lot of money.

The theme of articles on this subject report that statewide funding is lacking which continues to result in a limited number of beds available in state hospitals to care for the acute mentally ill. The studies point out that aftercare, although desperately needed, in many cases is almost non-existent. Alternatives to incarceration at the front end of the arrest process are the exception rather than the rule. They point out how it is almost twice as expensive to care for a mentally ill person as it is a "regular" inmate. This is based predominantly on medications and other health care costs. Practitioners will tell you that to build facilities that allow for the proper supervision of this segment of the population is extremely expensive and the liability is incredibly increased.

Some of the issue is caused by the system itself. Florida statute (F.S.S. 916.107) requires an individual that is declared incompetent be accepted into a state facility within 15-days of the facility being notified of the need for its services in this matter. Inmates are not being returned to competency in a timely fashion since bed space is not available for the institutions to accept them. Even if space were available, and the inmate was able to have their competency restored, the pace of the court system itself jeopardizes the process. The inmate is returned to the county they are from to face criminal charges after being declared competent. Due to the sometimes snail-like pace of the court system, the inmate's condition deteriorates again before the judicial process is complete. He or she is then again declared incompetent and the whole procedure starts anew.

Based on all this information, this paper will attempt to determine if the number of mentally ill inmates heavily impacts jail overcrowding or is it only a minor contributor? Does the rate of recidivism of the mentally ill impact over crowding or are we really able to tell? Are jails being impacted operationally due to different construction requirements, hiring of more medical, mental health and

security staff, etc. that are associated with this segment of the population. Do jails utilize alternatives to incarceration to divert the mentally ill from their facilities?   And finally, do these issues have the same impact on small jails as they do on large jails?

Method

A questionnaire (see appendix A) was sent to 18 county jails in Florida asking for any statistical information they may have and asking them to answer a short survey. The completed surveys were divided into three groups based on the size of the county facility. This was done in an attempt to determine if the similar issues exist for both large and small jails or jail systems.   The American Jail Association defines jails with over 1000 beds as 'large' or 'Mega' jails. Based on this, the survey broke the jails into three groups:

- Small jails, (less than 500 beds),
- Medium jails, (500 to 1000 beds), and
- Large Jails (over 1000 beds).

The questions on the survey deal with facility size, number of mentally ill inmates, construction issues, costs associated with housing the mentally ill, and plans to develop alternatives to incarceration with outside agencies. Also included was an open-ended question that would allow the survey taker to include any information they felt pertinent to this issue.

The survey was sent to a small sampling (five, six and seven respectively in each group) instead of all 67 counties in Florida. To survey all 67 counties would not been able to be accomplished given the time frame to complete this project. An attempt was made to include jails of each size from all areas of the state. This was somewhat difficult as some areas in the state are less populated than others; hence the larger jails do not exist in those regions i.e. North Florida has a large amount of the smaller jails, Central and South Florida has larger jails. A letter was attached introducing the survey with a request for a specified return date. The letter also offered the agency the opportunity to receive a copy of the finished research paper.

Results

Of the 18 counties selected to receive surveys:
- All five from the **Small** jail group were returned
- All six from the **Medium** jail group were returned
- All seven of the **Large** Jail group were returned

The responding agencies were, in order of size of inmate population:

    Washington County   (Small jail)
    Sumter County   (Small jail)

Hendry County	(Small jail)
Walton County	(Small jail)
Wakulla County	(Small jail)
Highlands County	(Medium jail)
St. Johns County	(Medium jail)
Indian River County	(Medium jail)
Martin County	(Medium jail)
Osceola County	(Medium jail)
Alachua County	(Medium jail)
Seminole County	(Large jail)
Collier County	(Large jail)
Leon County	(Large jail)
Manatee County	(Large jail)
St. Lucie County	(Large jail)
Brevard County	(Large jail)
Orange County	(Large jail)

The size of the jails surveyed that responded ranged in population from the smallest of 185 inmates (Washington County), to largest with 4153 inmates (Orange County). To view the location of the selected jails, see appendix B. The surveys were divided into groups based on the size of the jail and the answers were compared between groups.

Alternatives to Incarceration

Only one (1) of the small jails had alternatives to incarceration for the mentally ill arrestee and less than half were working with outside agencies to develop some. In the medium size jail category, half of the jails had alternatives, but all of them were working to either increase what they had, or create alternatives where none currently exist.

For the large jails, all but one (1) already had alternatives in place. All of the large jails were reaching out to other agencies and the community to further develop partnerships in this area.

Separating Levels of Illness and Providing Competency

"Acute" mental illness can be defined as those with serious or severe illness that prevents them from being housed with other inmates for fear they may injure someone, be injured, or demonstrate behavior that prevents them from being housed with others.

When asked if acute and sub acute inmates were separated into different housing units, all but three of the jails in all groups advised this was their practice. The number of inmates identified with "acute" mental illness however, varied greatly among all three jail size groups. To demonstrate this, Orange

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County, with an inmate population of over 4000 has 37 acute mentally ill inmates. This represents less than one percent of the jail population. A medium size county, St. Lucie with a population of 1424, reports having 132 acute mentally ill inmates or 9.5 percent of its population. Staff from St. Lucie, attribute this high number to being the location of the "Baker Act" facility for four counties, low income and high unemployment. A "Baker Act" is an involuntary commitment procedure used in Florida to provide short-term treatment to individuals with serious mental disorders and then return them to the community. Further discussion revealed that six mentally ill inmates were in their medical ward; perhaps these were the truly acute inmates. St. Johns County with a population of 540 reports they have 40; or 7 percent. Other counties reported having from one (1) to 15 or 20 acute inmates.

Only four of the 18 jails surveyed indicated that their facility was in compliance with Florida State Statute 916.107 (1) (a). This statute requires those who are criminally charged and declared incompetent, to begin the competency process within 15 days of receipt of the complete commitment order and that they be committed to a forensic facility.

However, it should be noted that there was a typographical error in the questionnaire sent (stating 5 days, not 15) which MAY have impacted the responses. The correct statute number was included in the question. It is important to point out that this topic received statewide media attention during mid 2006 and early 2007 because the state was NOT able to comply with the statute, so I believe staff filling out the questionnaire had knowledge of the correct requirement and more likely than not, answered the question correctly.

Construction

Three (3) of the seven (7) large jails were either in the process of building a new jail facility or planning to begin construction in the next 12 months. The same was true for both the medium and small jail groups (three in each reported current or future construction plans). In other words of the 18 jails, nine (9) are in the construction process at some level. Only two of the agencies indicated that the special housing needs of the mentally ill was given consideration when planning the new jail.

Increased Costs Linked to Incarceration

Lastly, the response to two questions was similar in all three groups. The first was that almost every jail, sixteen (16) indicated that the cost of medications was a contributing factor to the higher cost of incarcerating mentally ill inmates. With all group surveys combined, the cost of mental health staff ran a close second with 13 agencies listing it as an issue. Increased security (12) and medical staff (8) ranked third and fourth as increasing jail operation costs. Only one of the small jails and two of the medium jails indicated that "behavior based physical plant damages" impacted their agencies as far as cost of incarceration

was concerned. However, four (4) of the large jails acknowledged this was an issue.

Recidivism as a Contributing Factor

The second of the two items found to be consistent between all groups was that **none** of jails surveyed keeps statistics on recidivism of the mentally ill population.

Additional Comments

Five counties took the opportunity to provide comments for the question asking about any additional issues they felt were important to this issue (Question 15).

Discussion

We have learned through this research that the larger the jail population grows, the more interested the counties seem to be in alternatives to incarceration. Alternatives to incarceration are clearly on the radar of the large jails where there are larger numbers of inmates with mental issues. All but one of the large jails already had alternatives in place. The medium size jails seem to be catching on to the necessity of alternatives as populations increase. The fact that half of the jails surveyed are constructing new facilities can be seen as proof of this increase.

While only one of the small jails had alternatives in place, half of the medium jails did. Less than half of the small jails were attempting to create partnerships to develop such programs, while all of the medium size was exploring possibilities. It was difficult to determine if the number of mentally ill inmates contribute in a significant way to jail overcrowding. It depends on what the definition of "mentally ill" is determined to be and would be a good topic for future research. If mentally ill means any inmate on psychotropic or anti-anxiety medications, (which includes those with depression for example) then yes there is an impact. In Orange County for example, inmates taking these types of medications number in the hundreds. If you limit the definition to the acute psychotic mentally ill, the numbers are greatly reduced and may not impact overcrowding to any great extent particularly in jails that have less than 5 or 10 of these inmates. Being a novice researcher, assumptions were made about the participants having the similar definitions of terminology, (for example what "acute" is defined as) that may have altered some responses. The variation in the numbers of acute mentally ill inmates reported by some counties seem to indicate some of the staff that filled out the survey may not have differentiated between mild or chronic mental illness and "acutely" mentally ill. A longer time frame for this research project would have allowed for verification that the numbers of acute inmates reported, based on a like definition.

What we know as practitioners is that we see a lot of the same mentally ill inmates come through our doors time after time. However, this study indicates that **no** agency has been keeping recidivism statistics on this subject. It would seem that this would be incredibly invaluable information when reaching out to the Judges, Public Defenders and State attorneys for the development of alternatives to incarceration. Statistics would also seem to be important to have if a community is trying to convince the local court system to develop a way to "fast track" these inmates through the system   A "fast track" would be particularly advantageous for the acutely mentally ill who must go through competency procedures, prior to completing their criminal case. To get the inmate through the system before they decompensate and have to repeat the entire process again would result in a shorter length of stay for the inmate and lessen the cost of confinement.

We can surmise from the results of this research that in some cases (but not all) there are noticeable differences between the size (population) of a facility and how the incarceration of mentally ill inmates impacts that jail's operation. Assumptions can be made that the larger the inmate population, the more mentally ill inmates are in jail. The more mentally ill inmates incarcerated results in an increase in the number of acute mental health inmates in a facility. The more mentally ill inmates means higher costs of incarceration due to an increase in the security staff, mental health staff and medications needed to safely operate and care for the needs of this population. These figures can run in the hundreds of thousands depending on the number of inmates involved. As stated previously, most of the jails in this study recognize that the cost of medications are already a budget concern followed by staff related costs (hiring, training, overtime). While all facilities suffer damage from inmates in some form or fashion, damage to physical plants specifically made by mental health inmates was not a highly rated issue, as it is probably paid no specific attention. It would be interesting to see if *percentage wise,* this population creates more destruction. Jails would be wise to monitor this.

In a county near or where a state hospital exists; it would be reasonable to assume that county would have a larger percentage of mentally ill inmates in their jail (as St. Lucie County reported). But what other factors affect this number? Do the number of illegal immigrants in a community play a role?   It may be interesting for a researcher in the future to determine what, other than simple population, increases the number and level of mentally ill inmates in a location. This information may help a community plan for future jail construction and develop alternatives to incarceration in advance.

We also have seen that it appears that housing the mentally ill is given limited consideration when building a new facility. The more mental health inmates there are the more physical plant damages **may** occur. It is possible to lessen costs if counties would give more consideration to construction in the planning phase and *PREPARE* to house the mentally ill. Not only will it combat the possibility of damages, but also by ensuring facilities are constructed so security staff has optimum visibility of the inmates in their care, liability can be reduced. The ability to properly observe the inmate population results in reducing

costs associated with the number of staff needed to safely control this population. In custody suicides, for example which was not addressed in this research, can be costly for an agency. Suicides may be influenced by the visibility of the offenders by staff. Visibility can be maximized by how the facility is, or will be, constructed. An interesting topic for future research should be, what kinds of construction issues should agencies look at when they know they will be holding the mentally ill in their jail? We do not know why agencies fail to track recidivism rates-we just know they don't. It could be as simple as a lack of interest or it could be technologically too difficult to do. In either case it is strongly encouraged that jails begin tracking these statistics as I believe the information will be beneficial.

Finally we know that jails are acknowledging that there is an increased cost to supervising these inmates. The top six contributors in order seem to be:

- Cost of medication
- Cost of added Mental health staff
- Cost of added security staff
- Cost of added medical staff
- Behavior based damages to the facility
- Needed construction modifications

Perhaps partnering with area agencies and purchasing medications in bulk can reduce the cost of medications. Focusing on the specific issues presented by mental health inmates **prior** to constructing new facilities may help reduce the damage inmates can cause. It is beyond the scope of this research to be able to suggest how to reduce the cost of additional medical, mental health and security staff.

When asked the question (number 15 on the survey), "Are there any additional comments or issues you feel may be important to addressing the issue of the mentally ill incarcerated in our county correctional facilities," one of small jails wrote, "We definitely need a place set aside for mentally ill inmates just like we do with juveniles." One of the medium jails noted that on October 30, 2007 they had just begun "mental health court". Another medium size facility wrote, "More initiatives need to be developed and implemented to divert the mentally ill from jails." Leon County (a large jail) staff wrote, "Transferring acutely mentally ill inmates to an appropriate facility in a timely manner" was important. Finally, staff from the largest jail surveyed, Orange County, wrote, "Issues of the homeless, mentally ill, and substance abuse population as it confronts law enforcement is an on-going issue that requires additional strategies and problem solving for the criminal justice system and communities. The rates of recidivism are often linked to the lack of housing placement and vocational opportunities for the mentally ill." Based on the comments, it appears that all facilities share similar concerns.

Finally it can be argued that the overall impact of the mentally ill on smaller jails is NOT to the same degree it is in larger facilities. But a warning to the smaller facilities: Jail populations, over the long haul, will always increase.

Use the time you have now to prepare for your future and take advantage of the knowledge the other jails have had to learn through trial and error.

Nancy DeFerrari began her law enforcement career in 1986 with the Manatee County Sheriff's Office. She has been with the Orange County Corrections Department since 1991. Nancy is currently a Captain in charge of Orange County's largest housing facility with 301 staff and over 1,400 inmates. Nancy has a bachelor's degree in Government with a minor in Psychology from Florida State University.

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Appendix A

Questionnaire on Issues dealing with the Mentally ill
(Please return by November 1, 2007)

1. What is the design capacity of your facility(s)?   ⸺⸺⸺⸺

2. What is your Average Daily Population?   ⸺⸺⸺⸺

3. Are you currently constructing a new facility?   Yes   No

4. Do you have plans to begin construction of a housing facility in the next 12 months? If **no,** skip to Question 7   Yes   No

5. Will the facility hold acute or sub acute mentally ill inmates?
   <u>Acute</u> Yes   No   <u>Sub Acute</u> Yes   No

6. Was consideration given to special design of the housing units to lodge this category of inmate? For example glass front cells, single occupancy,
          Yes   No

7. Does your county have any alternatives to incarceration in place for mentally ill arrestees to allow Law Enforcement to divert the arrestee from jail?   Yes   No

8. Is your agency working with any of the following to develop alternatives to incarceration for mentally ill inmates?

   State Attorney   Yes   No

   Public Defender   Yes   No

   Judges   Yes   No

   Community agencies   Yes   No

   Other   (Please list)   Yes   No

9. Does your agency separate mentally ill inmates into acute and sub-acute housing?   Yes   No

10. On average, how many acutely mentally ill inmates do you house daily? _____

11. Have state mental hospitals regularly accepted your mentally ill inmates within the 15-day requirement of Florida State Statute 916.107 (1)(a)?
Yes   No

12. Does your agency keep recidivism statistics on this segment of the population?   Yes   No

13. If Yes to question 12, what has your statistics determined the recidivism rate to be for the mentally ill in your area?
_____

14. In what ways, if any, has your agency recognized higher costs associated with housing mentally ill inmates? Circle all that apply.

Security staff
Medical staff
Mental health staff
Medication cost
Construction modifications
Food service
Behavior based physical plant damages
Other (describe) _____

15. Are there any additional comments or issues you feel may be important to addressing the issue of the mentally ill incarcerated in our county correctional facilities.

_____
_____
_____
_____
_____
_____
_____
_____
_____

16. **Do you wish to receive a copy of the completed paper in January 2008?**   Yes   No
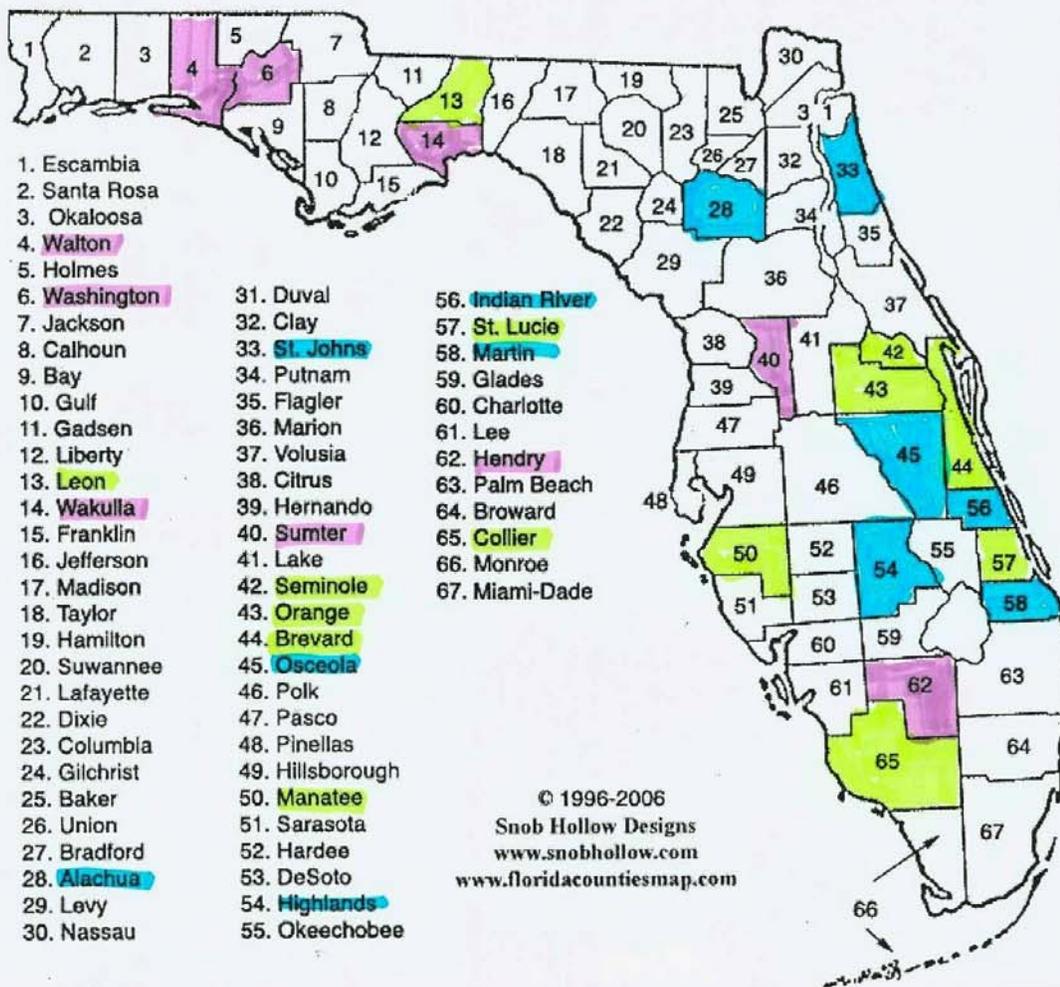
1. Escambia
2. Santa Rosa
3. Okaloosa
4. Walton
5. Holmes
6. Washington
7. Jackson
8. Calhoun
9. Bay
10. Gulf
11. Gadsen
12. Liberty
13. Leon
14. Wakulla
15. Franklin
16. Jefferson
17. Madison
18. Taylor
19. Hamilton
20. Suwannee
21. Lafayette
22. Dixie
23. Columbia
24. Gilchrist
25. Baker
26. Union
27. Bradford
28. Alachua
29. Levy
30. Nassau

31. Duval
32. Clay
33. St. Johns
34. Putnam
35. Flagler
36. Marion
37. Volusia
38. Citrus
39. Hernando
40. Sumter
41. Lake
42. Seminole
43. Orange
44. Brevard
45. Osceola
46. Polk
47. Pasco
48. Pinellas
49. Hillsborough
50. Manatee
51. Sarasota
52. Hardee
53. DeSoto
54. Highlands
55. Okeechobee

56. Indian River
57. St. Lucie
58. Martin
59. Glades
60. Charlotte
61. Lee
62. Hendry
63. Palm Beach
64. Broward
65. Collier
66. Monroe
67. Miami-Dade

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