

*"County jails have become the new community mental health units for many individuals...
It is truly an injustice...a person with mental illness is in a continuous revolving door of community, law enforcement
and mental health services."*

— Sheriff Kent Oberkrom, Henry County, MO

The Crisis of Untreated Mental Illness in the Justice System

Mental illness is common: one in five Americans has a mental health condition, and 10 million adults experience a serious mental illness each year.ⁱ With the right treatment and supports, people can get better and manage their conditions effectively. But when people don't get the treatment and supports they need, many become unstable, use substances, become homeless or experience a mental health crisis. Frequently, law enforcement is called upon to respond.

Law enforcement officers are first responders to unpredictable mental health crisis calls

- 1 in 4 people who die in officer-involved shootings was experiencing a mental health crisis.ⁱⁱ
- Most people with mental health conditions are not violent. But untreated or undertreated mental illness, especially with co-occurring substance use, can lead to volatile calls for service. Officers often need specialized training to ensure officer and community safety in these encounters.
- Responding to mental health crises is part of officers' daily work, often involving long drives to crisis centers and long waits in emergency departments—instead of time on the street.

Jails pay a high cost to incarcerate people with mental illness

- People with serious mental illness are incarcerated at 4 times the rate of the general population.ⁱⁱⁱ
- People with mental illness stay in jail almost twice as long as other individuals facing similar charges.^{iv}
- The cost of health care for inmates with mental illness is two to three times greater than for people without mental illness.^v
- On release from prison or jail, individuals with mental illness often don't have coverage for mental health treatment that could help prevent re-arrest.^{vi} As a result, local and state governments wind up paying to repeatedly incarcerate and stabilize the same person.

Medicaid Helps Prevent Arrest and Supports Successful Reentry

Mental health care is an essential part of effective diversion or reentry plans for people with mental illness. Medicaid can help. Medicaid provides coverage for mental health care that helps people get better and get off the streets instead of caught in a revolving door of emergency services and encounters with law enforcement.

Medicaid provides mental health care that helps keep people stable

- Medicaid is the nation's largest provider of mental health services.^{vii} It serves many people with complex needs and typically covers a wider range of services than commercial health insurance plans.
- Medicaid pays for the services that people who are most at risk of criminal justice involvement need, including crisis care, hospital care, detox, medications, case management and intensive outpatient services.

Medicaid can pay for services that reduce re-arrests

- People with serious mental illness and substance use disorders who are enrolled in Medicaid as part of a comprehensive re-entry plan are less likely to be re-arrested.^{viii}
- Medicaid can pay for mental health and substance use care required by treatment courts, which divert people from jail into court supervision. Treatment courts are proven to reduce re-arrests and increase community-based mental health and substance use treatment.^{ix,x}
- Medicaid can also pay for intensive programs, like Forensic Assertive Community Treatment (FACT) teams, which combine supervision with treatment and significantly reduce re-arrests, future jail days and the need for hospitalization.^{xi}

“As any health policy change is considered in Congress, we respectfully urge you to ask whether the change will make it easier or harder for people with addiction and/or mental illness to get treatment.”

– PAARI National Police Council letter to Members of Congress^{xii}

What's at Stake with Cuts to Medicaid

The American Health Care Act, Congress' bill to reform health care, would reduce Medicaid funding to states by \$880 billion by 2026 and lead to 14 million fewer people covered by Medicaid. The means law enforcement would encounter more people with mental health and substance use conditions who are uninsured. And people with mental illness who still have Medicaid would likely face **wait lists for services, fewer crisis beds, reduced hours of service, fewer providers, and fewer mental health and substance use services**. The mental health crisis, which is already a challenge for many law enforcement agencies, would get much worse.

Medicaid coverage of mental health and substance use care is vital for public safety and cuts will place further burdens on law enforcement.

ⁱ National Institute of Mental Health. (2017). *Serious mental illness (SMI) among adults*. Retrieved from: <https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>; See more at: <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

ⁱⁱ Lowery, W., Kindy, K., Alexander, K. L., Tate, J., Jenkins, J., & Rich, S. (2015, June 30). Police shootings: Distraught people, deadly results. *The Washington Post*. Retrieved from: <http://www.washingtonpost.com/sf/investigative/2015/06/30/distraught-people-deadly-results/>

ⁱⁱⁱ Lurigio, A. J. (2011). People with serious mental illness in the criminal justice system: Causes, consequences, and correctives. *The Prison Journal*, 91(3), 665-86S. doi: 10.1177/0032885511415226

^{iv} Levin, A. (2016, May 20). County Leaders Step Up To Reduce Incarceration Of Mentally Ill People. *Psychiatric News*. Retrieved from: <https://stepuptogether.org/updates/county-leaders-step-up-to-reduce-incarceration-of-mentally-ill-people>

^v The Council of State Governments Justice Center. (2012). *Improving outcomes for people with mental illness involved with New York City's criminal court and correction systems*. Retrieved from: https://csgjusticecenter.org/wp-content/uploads/2013/05/CTBNYC-Court-Jail_7-cc.pdf; See also: Swanson, J., Swartz, M., Gilbert, A., Frisman, L., Lin, H.J., Rodis, E., ...

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^{vi} Plotkin, M. R., & Blandford, A. (2017). Critical connections: Getting people leaving prison and jail the mental health care and substance use treatment they need. *The Council of State Governments Justice Center*. Retrieved from: <https://files.csgjusticecenter.org/critical-connections/Critical-Connections-Exec-Summary.pdf>

^{vii} U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. (2017). *Behavioral health services*. Retrieved from: <https://www.medicare.gov/medicaid/benefits/bhs/index.html>

Wachino, V. (2016, April 28). Re: To facilitate successful re-entry for individuals transitioning from incarceration to their communities. [Letter to State Health Officials]. Retrieved from: <https://www.medicare.gov/federal-policy-guidance/downloads/sho16007.pdf>

^{viii} Morrissey, J. P., Cuddeback, G. S., Cuellar, A. E., & Steadman, H. J. (2007). The role of Medicaid enrollment and outpatient service use in jail recidivism among persons with severe mental illness. *Psychiatric Services*, 58(6), 794-801. doi: 10.1176/ps.2007.58.6.794; Morrissey, J. P., Steadman, H. J., Dalton, K. M., Cuellar, A., Stiles, P., & Cuddeback, G. S. (2006). Medicaid enrollment and mental health service use following release of jail detainees with severe mental illness. *Psychiatric Services*, 57(6), 809-815. doi: 10.1176/appi.ps.57.6.809

^{ix} Ridgely, M. S., Engberg, J., Greenberg, M. D., Turner, S., DeMartini, C., & Dembosky, J. W. (2007). Justice, treatment, and cost: An evaluation of the fiscal impact of Allegheny County mental health court. *RAND Infrastructure, Safety, and Environment*. Retrieved from: http://www.rand.org/content/dam/rand/pubs/technical_reports/2007/RAND_TR439.pdf

^x National Association of Drug Court Professionals. (2017). *Facts and figures*. Retrieved from: <http://www.nadcp.org/learn/facts-and-figures>

^{xi} Lamberti, J.S., Weisman R.L., Cerulli, C., Williams, G.C., Jacobowitz, D., Mueser, K., ... Caine, E.D. (in review). A Randomized Controlled Trial of the Rochester Forensic Assertive Community Treatment Model. *Psychiatric Services*.

^{xii} PAARI National Police Council. (2017, January 19). [Letter to Member of Congress]. Retrieved from: <http://igpr.net/wp-content/uploads/sites/4/2017/01/new-paari-letter.pdf>