

FRONT END JUSTICE

Diverting People affected by Mental Illness from the Criminal Justice System

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MENTAL ILLNESS IS A HEALTH ISSUE, NOT A CRIME.

Issue Statement

Many of the people caught up in the criminal justice system are non-violent offenders struggling with mental illness, which cannot and should not be addressed through incarceration. Our jails and prisons are ill-equipped to provide effective mental health services. Incarceration compounds the problem by contributing to increased psychological distress. We are relying on the criminal justice system to respond to mental illness, rather than investing fully in the spectrum of mental health care from prevention to recovery. Minnesota must invest in diverting people affected by mental illness away from the criminal justice system and into community-based treatment, services, and supports that promote wellness, recovery, and stability.

The Problem of Incarceration

“Over the past five decades, the United States [and Minnesota] has dramatically increased its reliance on the criminal justice system as a way to respond to drug addiction, mental illness, poverty, and broken schools.” [Prison Policy Initiative](#)

The United States has less than 5% of the world’s population, but 20% of the incarcerated population is in the U.S. — [about 1 in 5](#). Mass incarceration costs at least [\\$182 billion a year](#), with an estimated \$80 billion on jails, prisons, probation and parole. Despite an [11-year downward trend](#), the U.S. remains an incarceration nation.

Minnesota incarcerates more of its residents than many wealthy democracies at a rate of [364 per 100,000](#). [Blue Print for Smart Justice Minnesota](#) profiles our incarceration problem.

- Between 2000 and 2018, Minnesota’s prison population increased by 57%.
- Black adults were imprisoned at a rate 10 times greater than white adults. Black adults accounted for 34 percent of the prison population and only 6 percent of the state’s adult population.
- Native American adults were imprisoned at a rate nearly 14 times greater than white adults. Despite accounting for only 1 percent of the state adult population, Native American’s accounted for 10 percent of the prison population.
- Latinos made up 6 percent of Minnesota’s prison population but just 4 percent of the adult state population.
- Between 2008 and 2018, the number of women in Minnesota prisons grew more than three times faster than the number of men.

The Price We Pay
 Minnesota **SPENT \$267 MILLION** from its general fund on corrections in 2017 – a 191% growth since 1985.

Incarceration of People Affected by Mental Illness

“Mental health and substance use treatment needs are prevalent in Minnesota’s prison population”.

Figure 1



Mentally Ill Stretch Jails
 In 44 of the 50 states, a prison or jail holds more individuals with mental illness than the largest remaining state psychiatric hospital.

Deinstitutionalization in the 1960s and 1970s, without investing in community-based mental health, contributed to the mass incarceration of people affected by mental illness (Figure 1). Bureau of Justice Statistics (BJS) estimates 37% of prisoners and 44% of jailed inmates have a mental health disorder, with 1 in 7 prisoners and 1 in 4 jailed inmates experiencing serious psychological distress (SPD). Women are more likely to have a history of mental illness and experience more SPD while incarcerated.

The Blue Print for Smart Justice documents Minnesota’s problem of incarceration of people affected by mental illness in jails and prisons.

- “In 2016, personality, anxiety, and mood disorder diagnoses were most common among people in Minnesota prisons. That year, 1,704 people were diagnosed with a personality disorder, 1,426 were diagnosed with a mood disorder, and 817 were diagnosed with an anxiety disorder”.
- Problematic chemical use often intersects with mental illness. 92 percent of people in prisons who were assessed for chemical dependency in 2017 were diagnosed as chemically abusive or dependent.

People affected by mental illness are more likely to come in contact with the criminal justice system (CJS) and this encounter can often turn violent. “People who have untreated mental illness are 16 times more likely to be killed during a police encounter, and those who have an untreated severe mental illness are involved in up to half of all fatal police shootings”.

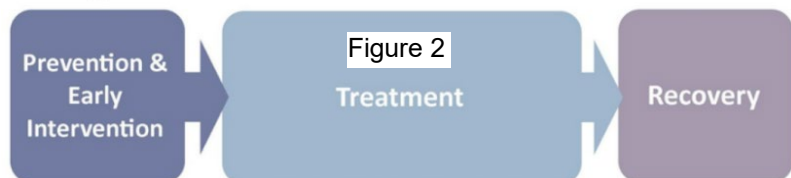
Despite the fact that mental illness and serious psychological distress is a known problem, the most current BJS findings indicate that only about 1/3 were receiving mental health treatment. While illness is the leading cause of death in state prisons across the country, the BJS reported suicide to be the 2nd leading cause: 6.2 percent of all deaths from 2001 to 2016. Suicide is an even more significant problem in jails. In 2016, 1,000 people died in local jails, with suicide being the leading cause of death. “Prisons seldom offer adequate solutions to wrongful behaviors”, with jails and prisons not only not helpful, but damaging for people affected by mental illness. People affected by mental illness are cycling in and out of our correctional system, rather than getting the mental health treatment they need.

Minnesota’s Response

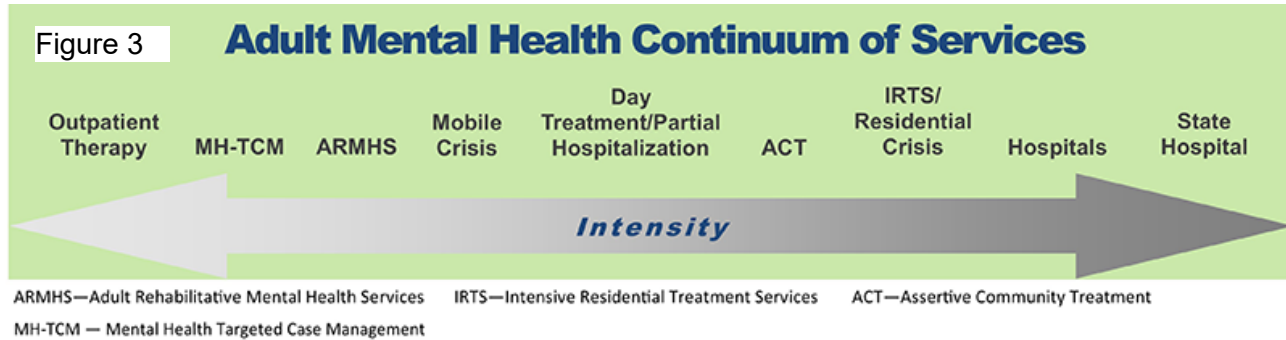
In 2014 the Minnesota State Legislature directed the Department of Human Services (DHS) to convene a workgroup in partnership with the National

Alliance on Mental Illness of Minnesota (NAMI Minnesota) to examine the problem of offenders affected by mental illness overburdening county jails. In the Legislative Report issued by the

Building a continuum of mental health care for all Minnesotans



Workgroup, they emphasized the importance of “seeing the entire system as a continuum of care as critical to meet[ing] the needs of both offenders and the community” (Figure 2). The Workgroup issued 46 recommendations, with a majority focused on crisis response. The Minnesota Department of Human Services oversees a [continuum of adult mental health services](#) (Figure 3).



Three Diversionary Approaches Implemented in Minnesota

Forensic Assertive Community Treatment (FACT) is an emerging model of service delivery specifically designed to support formerly incarcerated adults with SPMI assessed to have medium to high re-offending risk. [Hennepin County](#) is the first in the state to implement FACT teams designed to keep individuals with serious mental illness out of the hospital and out of the criminal justice system. FACT builds off the [Assertive Community Treatment \(ACT\)](#) approach used in 43 of the 87 counties throughout Minnesota. FACT is designed to: “[improve clients’ mental health outcomes](#) and daily functioning; reduce recidivism by addressing criminogenic risks and needs; divert individuals in need of treatment away from the criminal justice system; manage costs by reducing reoccurring arrest, incarceration, and hospitalization; and increase public safety”.

Treatment Courts are praised as “the [single most successful intervention](#) in our nation's history for leading people living with substance use and mental health disorders out of the justice system and into lives of recovery and stability”. The [goal](#) “is to engage individuals in treatment long enough to experience the benefits of treatment in order to end the cycle of recidivism and successfully treat the substance use and mental health disorders that brought them into the criminal justice system”. In Minnesota, [mental health courts](#) “divert select defendants with mental illnesses into judicially supervised, community-based treatment”. Minnesota currently has [four mental health courts](#): Hennepin County (initiated 2003), Ramsey County (initiated 2005), South St. Louis County (Duluth, initiated 2015), and North St. Louis County (Iron Range, initiated 2019).

Coordinated Care Services. Sterns and Benton Counties, in partnership with CentraCare, local law enforcement and the St. Cloud Veteran’s Administration, operate an [innovative program](#) to help people affected by mental illness who frequently cycle in and out of jail. An action team of police, human services, probation agents, and mental health workers work as a team to identify individuals who would benefit from mental health and substance use treatment. A key component of the program is a state grant that funds housing and other supportive services. The program is seeing positive results, including a 25 percent decrease in the number of individuals detained or in jail because of their chemical dependency or mental health issues.

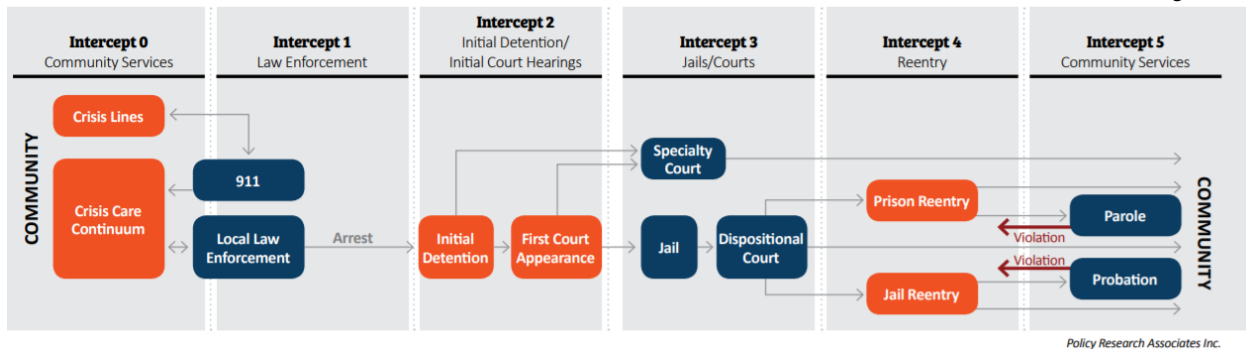
Front End Justice: Strengthening Our Approach

Front End Justice: Mental Health shows how states can engage in system-level changes to alter their response to mental illness, reduce the number of people who come in contact with the CJS, and maintain public safety. The goal is to divert people affected by mental illness away from the CJS. The **Sequential Intercept Model** (SIM) (Figure 4) is used to help policymakers determine available resources, identify gaps in services, and develop policy and services changes”.

An Intercept 0 Community Services approach worth exploring is **CAHOOTS: Crisis Assistance Operating on the Streets**. CAHOOTS was developed 32 years ago in Eugene, Oregon, later adopted in Denver as the **STAR Program**, to provide mental health first response for crises involving mental illness, homelessness, and addiction. A similar approach is the **Yellow Line Project** implemented in Blue Earth County, Minnesota.

The Sequential Intercept Model

Figure 4



Policy Position Statement

“It is clear we must address mental health all along the spectrum of prevention from treatment through recovery if we are to reduce the personal and community impact of incarceration.”

We are relying on the criminal justice system to respond to mental illness, rather than fully investing in the complete spectrum of mental health care and other essential assistance. The criminal justice system is ill-equipped to provide essential services to people affected by mental illness. Minnesota must invest in diverting people affected by mental illness away from the criminal justice system and into community-based treatment, services, and supports that promote wellness, recovery, and stability.

We recommend Minnesota:

- Use SAMHSA's Sequential Intercept Model as the framework to evaluate and invest in approaches that divert people affected by mental illness away from the criminal justice system.
- Ensure that the full continuum of mental health care is universally accessible across Minnesota, including expanding ACT into all 87 counties. Invest in FACT and the Coordinated Care Services model to target people with a history or greatest risk of cycling in and out of the criminal justice system.
- Ensure that every community has a crisis response program similar to CAHOOTS, the STAR Program, or the Yellow Line Project.
- Expand the availability of mental health courts throughout the state.

References

Full text online sources were used to create this policy advocacy brief and are [linked](#) throughout the document.

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