VIEWS FROM THE FIELD
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GRANT MAKERS IN HEALTH

Prison Diversion Programs: Compelling Social Investments for Foundations

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As a relatively small, regional niche foundation, Staunton Farm Foundation reasoned that "improving behavioral health" was too broad an area for us to make a significant impact. Hence, the foundation chose to focus on criminal justice. One reason for doing so was the glaring fact that the majority of people in our region's (southwestern Pennsylvania) county jails have a behavioral illness or illnesses. Our county jails are the largest provider of inpatient behavioral health services, more so than our psychiatric facilities. We wanted to improve the behavioral health outcomes of those who are incarcerated and to divert them into appropriate treatment before they became involved in the criminal justice system. This strategy made sense from a public safety perspective (fewer criminals, less crime), as well as from an economic perspective (treatment costs are less than the cost of incarceration, and diversion services reduce recidivism).

BACKGROUND

The second half of the 20th century witnessed a major exodus from state mental hospitals as patients were released en masse to the community. For example, in 1955 state mental hospitals housed 559,000 patients; in 1999 their populations declined to fewer than 80,000 (APA 2004). An unintended result of deinstitutionalization is that today, about three times as many mentally ill individuals are in U.S. prisons as are in U.S. mental wards (San Diego Union Tribune 2004; Treatment Advocacy Center 2010). Recent studies suggest that at least 16 percent of inmates in jails and prisons have a serious mental illness, while in 1983 a similar study reported that the percentage was just 6.4 percent. Thus, in less than three decades, the percentage of seriously mentally ill prisoners almost tripled (APA 2004; Council of State Governments 2002). Jails, prisons, and juvenile justice systems have become the primary mental health facilities in the United States (APA 2004).

Reasons why the mentally ill are incarcerated are complex. The Community Mental Health Act of 1963 (CMHA), which provided federal funding for community mental health centers to provide care as an alternative to institutionalization, led to state hospitals closing in favor of relocating people in the community. However, some states saw this as an excuse to close expensive state hospitals without spending some of the money on community-based care (APA 2004). Essential services, such as housing, employment, treatment, and daily living skills, which would allow people to live in the community did not materialize. At the same time, law enforcement systems have become more punitive with policies such as "Three Strikes and You're Out" contributing to the increase in the number of arrests for nonviolent offenses (APA 2004).

COST SHIFT

The current situation represents a massive cost shift away from the human service systems to the criminal justice system, with a massive reduction in the quality of mental health services provided. People with mental illness, who with appropriate services could be maintained with their families and in communities, instead decompensate and behave in ways that engage them with the criminal justice system. This is not only disconcerting from a clinical standpoint but puts a huge fiscal drain on the totality of community resources (Treatment Advocacy Center 2010). Resources that could be more effectively invested in mental health treatment are instead directed toward the increased operating expenses, capital investments, and indirect costs for jails and prisons.

The potential to save money by reducing recidivism and jail time, while humanely treating our most vulnerable citizens, is compelling. The United States currently imprisons more than 2.2 million people, about one in every 100 adults, at an annual cost of about $60 billion. Of those in prison with serious mental illness, about half committed nonviolent crimes. Furthermore, approximately three-fourths of incarcerated people with serious mental illness have a co-occurring mental illness and substance use disorder.

Given that mental illness and substance abuse are both highly treatable conditions, society stands to save substantial sums over the longer term while treating nonviolent, treatable mentally ill patients. Experts in both the mental health and

criminal justice fields agree that if people with mental illness received the treatment they needed, the cost savings from avoided imprisonment would more than cover the cost of treatment (APA 2004). Ample evidence shows that the seriously mentally ill stay incarcerated longer than other prisoners and their daily cost of confinement is more expensive. Also, recidivism among people with mental illnesses is high – more than half of all inmates with mental illness report three or more prior sentences. American Psychiatric Association studies report that 40 percent of individuals with serious mental illnesses have been in jail or prison at some time in their lives.

WHAT CAN FOUNDATIONS DO?

Although many foundations shy away from working in behavioral health, and even more the criminal justice system, there are a number of activities to consider supporting.

Foundations can fund diversion programs, such as mental health courts and crisis intervention trainings for police, to redirect people with behavioral illness and co-occurring substance disorders from the criminal justice system into treatment. Diversion models, such as the Five Point Sequential Intercept Model, provide a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems. The model envisions a series of points at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Interception points are law enforcement and emergency services; initial detention and initial hearings; jail, courts, forensic evaluations, and forensic commitments; re-entry from jails, state prisons, and forensic hospitalization; and community corrections and community support. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point (Munetz and Griffin 2006).

Using such models, a community can develop targeted strategies that evolve over time to increase diversion of people with mental illness from the criminal justice system and to link them with community treatment. For example, the Open Society Institute and Staunton Farm Foundation provided a three-year grant to The Judge David L. Bazelon Center for Mental Health Law to design, implement, and evaluate interventions to prevent people with behavioral illness from negative involvement with the police. Five cities across the country will participate in this project.

Foundations can also convene disparate public agencies, such as criminal justice leaders from parole and probation boards or the district attorney's office, and from human services departments or the department of health, to collaborate and make criminal diversion programs viable alternatives at the local, state, and national level. Staunton Farm Foundation, along with other local foundations, funded The Allegheny County Jail Collaborative to work on these issues. The collaborative's staff provides case management and reintegration programs that follow people throughout and after incarceration.

Furthermore, grantmakers may also want consider partnering with other funders to leverage resources and build expertise. Staunton Farm Foundation and a group of local funders created a pooled account, housed at the local community foundation, to be used specifically for criminal justice-related projects, such as Re-Entry: Through a Child's Eyes, which helps reduce the trauma children experience when a parent is incarcerated. A re-entry team with family specialists, service coordinators, and a probation liaison work with the parent and family beginning six months pre-release for a year and a half to reduce the incidence of reincarceration.

Additionally, foundations can provide support for advocacy efforts to shift funding from corrections to mental health. Some issues include:

- requiring the transfer of projected savings from state hospital closings to the mental health system;
- reforming treatment laws so that people are given on the basis of need, not danger to society; and
- changing federal Medicaid funding to include funding for incarcerated individuals both in and out of jail (people losing government entitlements for 30 days post-incarceration is a barrier to continuing treatment upon release).

Whatever the approach, investments in behavioral health and in the criminal justice system can fill a deep need in communities.

SOURCES

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