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ABSTRACT

The United States incarcerates more people in correctional facilities than any other country in the world. Studies show 15% of the prison populations have a mental illness diagnosis and 20% of local jail populations have a mental illness diagnosis. These individuals are often arrested because of a misdemeanor crime committed as a direct result of their diagnosis; however, instead of receiving mental health services they are taken into custody, further damaging an already tenuous existence. Traditionally, correctional facilities are geared toward punishment and protection of society, not treatment of mental illness and rehabilitation. Recent trends see a combination of protection of society, consequences for offenders, but also treatment as a way to provide inmates a path to rehabilitation. Treatment of the mentally ill in correctional facilities defines the trajectory of that person's life. The availability of talk therapy, medications, a combination of treatment programs and mental health court are options which can enhance the quality of life for an individual, rather than incarceration creating a problematic future. The question is: what is the outcome of those who receive mental health services while incarcerated in comparison with those who do not. To investigate the outcome of this question this researcher reviewed 300 files of inmates in the Ada County Jail in Ada County, Idaho to determine the services and treatment programs offered to those with mental illnesses. When reviewing this information, every third file was examined to determine how the treatment, combination of treatments or lack of treatment affected the individual's ability to stabilize once released from custody.

Impact of a Diversion Program on Mentally Ill Inmates in a County Jail System

A Thesis

Presented to

The Faculty of the School of Social Work

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science

By

Janet Lawler

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This thesis, directed and approved by the committee for the thesis candidate Janet Lawler has been accepted by the Office of Graduate Programs of Abilene Christian University in partial fulfillment of the requirements for the degree Master of Science in Social Work.

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TABLE OF CONTENTS

I.	INTRODUCTION	1
	Impact of a Diversion Program on Mentally Ill Inmates in a County Jail System.....	1
	Key Terms.....	5
II.	LITERATURE REVIEW	7
	Demographics in Prison and Jail.....	8
	Race and Ethnicity Issues	9
	Types of Diagnoses for Mentally Ill Inmates	10
	Levels of Incarceration	11
	The Federal System.....	11
	State Systems	11
	Local Systems	13
	Comparisons between Systems.....	13
	History of Mental Illness for Individuals in Custody	15
	Ramifications of Jail Time for the Mentally Ill	17
III.	METHODOLOGY	19
IV.	FINDINGS.....	22
	Description of the Sample.....	22
	Outcome by Treatment	22

	Breakdown by Key Variables	25
	The Effects of Various Treatments on Recidivism Rates	27
V.	DISCUSSION OF FINDINGS	31
VI.	CONCLUSIONS	36
	Implications for Practice	36
	Implications for Policy.....	36
	Implications for Future Research.....	36
	Strengths and Limitations	37
	REFERENCES	39
	APPENDIX A: IRB Approval Letter	43

LIST OF TABLES

1. Ada County Jail - Treatment.....	23
2. Ada County Jail - Race	23
3. Ada County Jail - Gender	24
4. Ada County Jail-Felony versus Misdemeanor	24
5. Ada County - Violent versus Non-Violent	25
6. Ada County-Crime by Gender	26
7. Ada County Jail - Crime Type by Race	26
8. Ada County Jail - Race * Nature Crosstabulation	27
9. Ada County Jail - Race * Recidivism (Years) Crosstabulation	28
10. Ada County Jail - Gender/Treatment * Recidivism Crosstabulation.....	29
11. Ada County Jail - Nature * Recidivism Crosstabulation	30
12. Ada County Jail - Recidivism (Years).....	31

CHAPTER I

INTRODUCTION

Impact of a Diversion Program on Mentally Ill Inmates in a County Jail System

While a multitude of factors weigh upon the treatment of those in the criminal justice system, the addition of mental illness creates an environment fraught with grey areas. Traditionally, correctional facilities have been geared toward punishment and safety of society, not treatment and rehabilitation (Levin, 2019).

A study published in 2014 by the Treatment Advocacy Center in Arlington, Virginia, documents that 20% of local jail populations are mentally ill, while 15% of prison inmates carry a mental illness diagnosis (Biasotti et al., 2014). In Ada County, Idaho, the percentage of inmates diagnosed with a mental illness is 19% (Ada County Jail records, 2018).

How does the initial treatment of those with a mental illness, incarcerated in a jail setting, impact the trajectory of their lives? What other factors, such as race, gender, and economic profile affect this outcome? Having worked in the criminal justice system for more than 20 years, this researcher has seen first-hand the difficulty in dealing with subjects whom carry a mental illness diagnosis when they commit a crime, often a result of their mental illness.

People with mental illness are often confined to a correctional facility after a clash with law enforcement. In a mental health crisis, people are more likely to encounter

police than to obtain medical assistance. As a result, two million individuals with mental illness are booked into jails each year (Feldman, 2014). Nearly 15% of men and 30% of women booked into jails have a serious mental health condition (Pope, 2019).

Incarceration for individuals with a mental illness occurs in a variety of ways; for example, a family member might call law enforcement for help because the subject is acting irrationally. A law enforcement response in turn often triggers a fear of self-harm or injury to another person. Law enforcement might respond and, in the process, unknowingly escalate the situation. If at some point the officer or other personnel involved in the event is assaulted, a felony charge is frequently lodged against the subject of the call, thus creating a situation where the identified subject, now a suspect in a felony crime, is arrested and incarcerated (Idaho Code 18-915). Inmates with serious mental illness may experience a longer incarceration period because they are awaiting evaluations, hospitalization, or treatment to restore stability so they can stand trial (Fuller, et al., 2016).

An article from the American Psychological Association Newsletter in March 2019 tells the tragic story of 24-year-old Jamycheal Mitchell. Jamycheal had not been taking his medications for schizophrenia when he was arrested for stealing a Mountain Dew, a Snickers candy bar, and a Zebra cake from a 7-11. After a month in jail he was deemed incompetent and ordered to the state hospital. With no beds available he waited in jail for months, until he died from cardiac arrhythmia, related to wasting syndrome, a condition which occurs because of the depletion of adipose tissue and muscle mass in people who are not trying to lose weight, usually seen in patients with conditions such as AIDS, cancer, celiac disease, rheumatoid arthritis, MS, congestive heart failure,

tuberculosis, mercury poisoning and severe sepsis, while awaiting transference to the mental facility (Levin, 2019).

Once involved in the criminal justice system it is difficult to overcome and move on from the legal consequences of such an incident. These charges are forever on one's record, affecting employment and housing opportunities. This also starts a spiral of court costs, jail fees, and the inability to work, putting the subject into a financial tailspin. A felony has a lifelong impact. The loss of basic civil rights ensues, such as the right to vote, serve on a jury, and to own or possess a firearm. Felons are prohibited from certain jobs, such as law enforcement, the school system, as well as hospital positions. The pursuit of education in certain disciplines such as law, nursing, medicine, teaching, real estate, insurance, transportation, or financial services is prohibited (Shapiro, 2014).

When a person with mental illness enters this system, the effects can be devastating; however, they do not have to be. The long-lasting effects of fees levied, missing work due to incarceration, coinciding with the probation fees and payments for the daily cost of being jailed, all contribute to additional stressors in an already tenuous existence for the mentally ill. With diversion, appropriate medications, and psychological services, the period of incarceration can be a catalyst for an appropriate diagnosis and treatment. Teams designed for mental health crises are becoming more prevalent and can divert catastrophic consequences.

Mental health services are available in correctional facilities: often those arrested have not been on a drug regimen prior to their arrest and are receiving treatment for the first time in the jail setting instead of a community mental health service. Jails have become one of the predominant settings for providing acute psychiatric inpatient

treatment (Gross, Lamb, Marsh & Weinberger, 2007). In addition, the very fact of being incarcerated can often exasperate an already fragile psychological balance, inducing paranoia, depression, and a myriad of other symptoms (Torrey, 2014).

In Idaho, Mental Health Courts have been established in some counties to address issues present when working with those charged with crimes resulting from mental illness. One such county, Ada County, has established this court as a way to divert these subjects from remaining incarcerated or being sent to the state prison. The Ada County jail has a team of social workers, nurses, and physicians who work with this population. Participants include felons and those charged with misdemeanors who are severely and persistently mentally ill. Their diagnoses often include bipolar disorder paired with psychosis.

The purpose of the Mental Health Court is to support participants in maintaining stability with their mental illness, achieving sobriety, and helping them gain tools necessary to remain sober and transform their thinking pattern from criminal to pro-social, and allow them to make better choices about their actions (Ada County District Court, 2018). Agencies involved with this program are the Idaho Department of Corrections, Probation and Parole, Idaho Department of Health and Welfare Region IV, Forensic Assertive Community Treatment Team Division of Vocational Rehabilitation, Ada County Prosecutor's Office, Ada County Public Defender's Office, Ada County Sheriff's Office, Office of Consumer and Family Affairs, Ascent Behavioral Health, and National Alliance on Mental Illness (NAMI). The question is: What is the outcome of those who receive mental health services while incarcerated in comparison with those who do not?

Key Terms

Key terms used in this study are mental illness, misdemeanor arrest or felony arrest, jail, prison, assault and battery. These are defined as follows:

Mental illness: an individual diagnosed with a condition which creates a wide range of conditions that affect mood, thinking, and behavior.

Misdemeanor arrest: arrest based on a crime which does not rise to the level of felony which results in jail time.

Felony arrest: arrest based on more serious crimes punishable by prison sentences and in some cases the death penalty.

Jail: facilities in which those who are arrested on misdemeanor charges are held and those arrested on felony charges are held until they face trial to determine guilt or innocence.

Prison: run by the state, these institutes of incarceration are designed for felons. Should felons be found guilty, they will be transported from jail to prison.

Assault: legal term used to describe a person threatening to hurt someone.

Aggravated assault: a term used when someone threatens a law enforcement officer or citizen and has the means to carry out the assault.

Battery: an unwanted touch.

Aggravated battery: when great bodily harm is the result of the unwanted touch.

This study included a review of statistical information gathered through the Ada County Jail Health Services Unit. A comparison will be made as to the number of inmates in a local jail setting with mental illness, the trajectory of their path in the criminal justice system, and those who are not able to experience a successful diversion

prior to a prison commitment. The type of local treatment received is key to this study. Data collected should present a comprehensive picture of treatment of inmates with a mental illness diagnosis, as opposed to those without treatment.

CHAPTER II

LITERATURE REVIEW

Incarceration in the United States far outnumbers any other country in the world. A literature review was conducted using the following search terms: *treatment of mentally ill inmates, how treatment affects inmates, race and gender differences in the criminal justice system, disparities among low-income inmates, usage of prisons for mental health treatment and how court fees keep poor people in the system.* Databases used were the Bureau of Justice Statistics (BSJ) from 2017 and The Treatment Advocacy Center from 2010. Key articles used were from the National Alliance for the Mentally Ill (2014), the Public Broadcasting System (in an excerpt from 1997), The American Journal on Public Health (2010), The Huffington Post (2017), The American Psychiatric Association Newsletter (2019), The Sentencing Project and the Marshall Project (2018), as well as articles from King County District Court in the state of Washington (2017) plus records from the Ada County Jail (2017-2019). While some of these articles are years old they gave a valuable perspective on how the current mental health system came into existence.

The statistics for incarceration in the U.S. showed 440 persons per 100,000 were incarcerated in 2017. The country with the second highest rate of incarceration is El Salvador (Bureau of Justice Statistics, 2019).

A 2019 study by The Sentencing Project, a D.C.-based research and advocacy center, shows that in 2017, 2.2 million people were in the nation's prisons and jails, a

500% increase over the last 40 years. Changes can be attributed to revised sentencing laws and policies, not an escalation in crime, according to this study.

Demographics in Prison and Jail

The number incarcerated for drug offenses in 2017 was 452,900 individuals, compared to 40,900 individuals in 1980 (The Sentencing Project, 2019). The number of women in prison has been increasing at twice the rate of men since 1980 (The Sentencing Project, 2019). More than 60% of the people in prison today are people of color and Black men are six times more likely to be incarcerated than white men, while Hispanic men are 2.7 times more likely to be incarcerated than white men. For Black men in their 30s, a ratio of 1 out of every 12 men is in prison on any given day (The Sentencing Project, 2019).

Data show that compared with men, women who are incarcerated have a significantly higher prevalence of medical and psychiatric conditions and drug usage; however, they have a lower use of alcohol than men. This indicates the need for targeted attention to the chronic medical, psychiatric, and drug treatment for incarcerated women (Binswanger et al., 2010). A 2009 study found more than twice as many females than males in Maryland and New York jails have been diagnosed with a serious mental illness (Steadman et al., 2009). An additional study in 2009 showed that while women are incarcerated, they are more likely to seek jail-based treatment than men, while pre-incarceration requests for treatment are equal between men and women (Drapalski et al., 2009).

The Bureau of Justice Statistics (BJS) released a study showing that 14% of state and federal prisoners, and 26% of jail inmates report some type of mental illness (Bureau

of Justice Statistics [BJS], 2017). This same study shows that 5% of the population in the U.S. suffers with a mental illness.

This study reveals a 20 to 14% contrast in the number of female versus male prisoners who are experiencing mental illness in state and federal prisons. In the jail system the percentages rise to 32% for females and 26% for males. Two thirds of female inmates in both prisons and jails have been told by a mental health professional they have a mental illness, compared to 33% of males (BJS, 2017).

Race and Ethnicity Issues

White prisoners are more likely to be diagnosed with a mental illness than Black prisoners by a ratio of 50 to 30% (Pope, 2019). It would appear that people of color are not given the same justifications for their crimes as are white individuals.

While people of color are more likely to be involved with the criminal justice system than white individuals, evidence suggests they are less likely to receive mental health treatment once incarcerated. There is also evidence that prosecutors are more likely to grant pretrial diversion to white defendants than those of color. Additional findings show that the mental health screening tools used in jails produce racial disparities with fewer Black and Latinx receiving positive findings of mental illnesses than those who are white (Pope, 2019). The findings suggest that White incarcerated are more likely to be screened or diagnosed with a mental illness than those of color.

An analysis was done on the Brief Jail Mental Health Screen (BJMHS) to determine any disparity in screening results because of race. Blacks and Latinos had lower odds than Whites of exhibiting two or more symptoms and also had lower odds of utilization of previous mental health services. According to the authors of this study, this

is reflective of known barriers in accessing mental health services. Seeking mental health services in the community is more prevalent with the White population than with the African American population however in jail there is no difference in the need for mental health treatment. While it is commonly known that the African American population is over-represented in the criminal justice system, the literature shows they are under-represented in seeking treatment when not incarcerated (Prins, et al., 2012)

The literature also suggests that people of color are not diagnosed as often with mental illnesses and therefore receive fewer services. Statistics show people with higher incomes and resources have other alternatives for their family members, such as in-patient treatment, psychologists, and psychiatric programs (Cohn 2017).

Types of Diagnoses for Mentally Ill Inmates

The types of diagnoses carried by those incarcerated range from 2.3 to 3.9% suffering from schizophrenia or another psychotic disorder, between 2.1 and 4.3% suffer from bipolar disorder, and between 13.1 and 18.6% have major depression. The current rate of institutionalized mental patients has shrunk by 90% since the 1960s to under 60,000; currently half of the U.S. prison population suffers from mental illness (Roth, 2018). A 2015 *New York Times* article dubbed the criminal justice system the modern-day asylum for those who are mentally ill. The article coined the phrase “traninstitutionalization” as a process in which the mentally ill are transferred back and forth from mental health and criminal justice systems (Montross, 2015). A report conducted by the National Alliance on Mental Illness showed that mentally ill prisoners remain incarcerated longer and are more likely to commit suicide as well as being placed in solitary confinement.

Levels of Incarceration

Incarceration for crimes occurs through three systems: federal, state and local (city and county). Each is distinctive and faces unique challenges in dealing with incarcerated persons with mental illness.

The Federal System

The design and purpose of the federal criminal justice system is to investigate crimes and determine if a crime occurred and who committed the crime. Not every crime is a federal offense. Federal offenses include robbery of a federal institution, such as federally insured banks. Federal authorities get involved only if there is a connection with the federal government (U.S. Department of Justice, Office of the U.S. Attorney, 2019).

The federal government is split into groups with specialties. Not every federal agency will investigate every federal crime. For instance, the FBI is the lead in terrorism cases, while the Secret Service is responsible for investigating counterfeit currency. Federal agents may make arrests without a warrant; they may obtain warrants for a named person, or continue investigating while delaying arrests.

State Systems

The state correctional system uses the probation/parole system overwhelmingly as a correctional tool rather than prison time. At first glance this may seem like a productive method to rehabilitate people and keep them out of prison; however, there are many conditions which make success on probation and parole extremely difficult.

A typical list of probation requirements includes:

- Paying supervision fees
- Regularly reporting to a probation/parole officer

- Finding and maintaining full time employment or education
 - Submitting to drug/alcohol tests
 - Strict curfews and electronic monitors
 - No changes of employment or residence without permission
 - Attendance of specific programs, not leaving a designated area without permission
 - Not associating with those with a criminal record, even if family
- (Idaho Department of Corrections, 2020).

All of these requirements take time and money, which are often in short supply for this population, especially if the probationer suffers with a mental illness. Individuals with a mental illness diagnosis find it more difficult to hold a job and often cannot manage their income. The population of probationers has a significantly higher rate of poverty, mental illness, and lower educational achievement than the general public (Finkel, 2019). The supervision, electronic monitoring, drug screening, and program fees can be financially crippling; the end result is simply a delayed channel to jail and prison. For example, even though the Supreme Court has ruled it is unconstitutional to incarcerate someone because they cannot afford to pay court ordered fines, many courts do just that. As a result, poor people on probation face a very real risk of being incarcerated simply because they cannot afford monthly fees. According to the National Criminal Justice Debit Initiative (2017) many state laws amount to “poverty traps,” and failure to pay fees translates to extended probation, mandatory work programs, revocation of driver’s licenses or incarceration (Finkel, 2019).

Local Systems

The local jail system is used for incarceration for those who have been convicted of misdemeanor crimes and those awaiting adjudication on misdemeanor and felony crimes. While incarcerated in the Ada County Jail, inmates receive mental health treatment, daily visits from the jail social workers, as well as doctors who prescribe medications for the inmates. Often the inmates have not been on medication for some time or perhaps have never been diagnosed and have not taken medications to address their mental illness.

The bond system creates a situation in which those who can afford it are released to the community until they have their hearings, and those who cannot are relegated to incarceration until their hearing dates. This creates an inequity of mental health services since so many in need of services cannot afford to receive them outside of the system. On the other end of the spectrum, in facilities offering mental health services, family members often bond inmates out because they believe it is the right thing to do, not realizing they may be depriving the person of psychological services and medications. Loved ones often do not understand the intricacies of their family member's mental health problems.

Comparisons between Systems

Most crimes involving the mentally ill are handled at the state and local level however, domestic terrorist crimes, such as the Oklahoma City bombing or the rash of school shootings, arguably involving people with serious mental illness, are handled by the federal government.

Local jails show 42.7% of inmates suffer from a mental illness, 49.3% of inmates in state prisons, and 35.3% of inmates in federal prisons suffer from mental illness . In many cases the statistics provided about the mentally ill populations are difficult to obtain because the varying systems do not collect the information in a uniform manner (Bureau of Justice Statistics, 2002- 2004). A 2013 study found 22 different mental health screening tools in use by jails and prisons (Bureau of Justice Statistics, 2013).

In February of 2018 the Federal Bureau of Corrections classified just 3% of the population in the federal system as having a mental illness, as compared to an average of 30% incarcerated statewide in California, 21% in New York, and 20% in Texas. In 2014 the Federal Bureau of Prisons imposed a new policy promising better care and oversight for inmates with mental health issues; however, data obtained by the Marshall Project through a Freedom of Information Act request shows that instead of expanding treatment, the bureau has lowered the number of inmates designated for intensive treatment by 35% (Marshall Project, 2014). Increasingly prisons are determining that prisoners, some with long psychiatric histories, do not warrant psychiatric treatment (Eldridge & Thompson, 2018). Correctional staff members are making the determination that inmates do not have a mental illness.

The policy statement proposed by the U.S. Department of Justice for better treatment of incarcerated individuals with a mental illness diagnosis described the purpose and scope to be as follows:

- The program statement provides policy procedures, standards, and guidelines for the delivery of mental health services to inmates with mental illness in all Federal Bureau of Prisons.

- The primary purpose of the statement is to ensure that inmates with mental illness are identified and receive treatment to assist their progress.
- Summary of changes listed evidence-based practices for the treatment and care of mentally ill inmates, the mental health care level system becoming operationalized, and definitions of services provided. A team approach was to be implemented, while enhanced procedures for screening, evaluation and intervention were to be established (U.S. Department of Justice, 2017).

Procedures were outlined including basic training for staff, a mental health companion program, and achievement awards for inmates' participation. Also, an emphasis on continuity of care by designating the transfer and release procedures for mentally ill inmates were updated and refined. (Samuels, 2014).

A study completed in 2005 comparing the number of mentally ill in state and local correctional facilities as compared to the number of mentally ill in psychiatric hospitals shows that in Nevada the number is 9.8 to 1, the highest state figure, all the way to the lowest percentage of 1 to 1 in North Dakota (Torrey et al., 2010). The number in Idaho is 4.6 to 1.

History of Mental Illness for Individuals in Custody

In the early 1900s the public was shocked to find that many mentally ill persons were being housed in local jails and prisons. Dorothea Dix began a reform movement, and many mental institutions were built (Whiteman, 2017); one such institution was described in Ken Kesey's 1962 novel, *One Flew over the Cuckoo's Nest*. In the 1950s deinstitutionalization began, which enjoyed enthusiastic support from fiscal conservatives, without the understanding that many of the clients lacked the ability to

give informed consent about where they belong (PBS. “Deinstitutionalization: A Psychiatric ‘Titanic’,” Accessed Jan. 17, 2020).

The history of harsh conditions in mental health institutions created the movement to mainstream occupants into society. While the conditions were not good, once a large population of mentally ill was released into society there were not treatment services available.

By the 1970s and 80s the emptying of the state hospitals initiated a trend of local and state correctional facilities becoming filled with mentally ill individuals. Studies between 1980 and 1995 showed that in 1955 there were 558,239 people in the state mental hospitals, and by the end of 1994 the figure was 71,619. This statistic shows an 87% decrease in hospital beds (Public Broadcasting System, 1997).

The result was that those who were mentally ill who were discharged became homeless, in turn ending up in jails and prisons. For example, in an Ohio study the state hospital discharged 65 patients. Of those patients, 33 became homeless and 21 were jailed. The author noted that psychotropic medications had been prescribed, and upon discharge the patients started self-medicating with alcohol and street drugs (Public Broadcasting System, 1997).

Anecdotally in Texas in 2008, approximately 1,900 to 11,000, or 17.3% of the inmates in the Harris County Jail, were on psychotropic medications. Spending on medical care rose to \$24 million per year (Mooney, 2018). In Virginia it was determined that 15% of all inmates in state prisons and jails are seriously mentally ill (Biasotti et al., 2014). According to national surveys and individual state reports both suggest that 15%

of jail and prison inmates are seriously mentally ill, indicating the system has returned to the same state statically as reported in the 1840s.

As illustrated by the literature review, the United States actually made a reversal during the Reagan administration in terms of appropriate treatment of incarcerated mentally ill. With Reagan's policy of mainstreaming the mentally ill out of hospitals into society, an entire population of mentally ill, now identified as criminals, was created. The prison system is now serving the mentally ill population once being served in psychiatric hospitals and mental health facilities.

Ramifications of Jail Time for the Mentally Ill

For people living with a mental illness, even a couple of days incarcerated can have devastating long-term consequences. A study in Miami-Dade County's 11th Judicial Circuit shows that a brief jail stays for low-risk individuals with a mental illness can more than double recidivism rates. Steve Leifman, a judge with Miami-Dade County's 11th Judicial Circuit, says that jail can demolish the low-income population by creating situations where they could lose their housing and jobs by a one-day jail stay (Baker & Westervelt, 2020).

The research from the Ada County Jail suggests the population in custody with a mental illness who are allowed to take advantage of Mental Health Court fare better than those accessing local services on their own. The system mandates this population have regular check-ins with their probation officer, comply with medication regiments, and actively look for a job or be in school. The goal is to curb recidivism among this population.

In Ada County the Mental Health Court is specifically for those charged with felony crimes. Registered sex offenders are not eligible. Participants are placed on probation and must follow all rules of probation in addition to the rules of Mental Health Court. Common elements of this program include weekly meetings with their probation officer, weekly court appearances at review hearings, classes which may include intensive outpatient drug treatment, dual diagnosis group, cognitive self change, moral recognition therapy, symptom management, individual and group therapy, random drug testing, daily contact with staff, employment services, housing support, assistance in accessing public benefits and attendance to sobriety self-help group. The average duration of the program is 18-20 months (Mental Health Court - Judicial Court Ada County Boise, Idaho, n.d.).

A study completed in King County, Washington, showed that over a one-year period the mental health court improved outcomes on four measures. Mental Health Court participants had significantly lower rates of re-offending, fewer rates of re-hospitalization, fewer incarceration days and fewer hospitalizations (Henzel et al., 2018). This study included felony and misdemeanor crimes. A large number, 82%, had prior criminal charges with an average of seven convictions. Of this group, 70% were enrolled in Medicaid, and of that group 86% had mental health outpatient treatment during the prior year.

In summary the question of what type outcome occurs when inmates received mental health services as opposed to those who received no services while in custody, appears to show that treatment while being incarcerated had a positive effect on the inmates.

CHAPTER III

METHODOLOGY

In order to address the question posed in this paper, a review of existing data in the Ada County Jail will show treatment provided to inmates with mental illnesses at the time of incarceration. The dependent variable is the outcome/disposition for those incarcerated with a mental health diagnosis based on the independent variable of the mental health intervention provided. This intervention includes medication, talk therapy, and a combination of the two and mental health courts. There will also be a comparison group who received no mental health intervention. Recidivism of the population is a factor which was closely monitored in this project. If individuals with mental illness do not return to jail after an initial incarceration, the system has achieved a significant goal.

Historic, existing data will be used. Any type of identifying information will be deleted making confidentiality a non-issue. A three-year sample will be taken, presenting the opportunity to understand how the criminal justice system ultimately affected the client's trajectory after leaving the system. This will be a cross-sectional study which will show findings within populations of color, gender and economic differences. The instrumentation will be the gathering of information and a review of the outcomes of successes and failures based on the treatment provided.

The Ada County Jail records are password-protected and approved user-only. A sample of 300 cases spread over a three-year time period was pulled and every third case reviewed, providing 100 cases to analyze. Data were transferred to a spreadsheet in

categories including race, gender, age, outcome, and the recidivism rate. The other variables on the spreadsheet will be services provided, talk therapy, medications, mental health court, and no intervention.

The procedure for this sampling was to read through files from the designated three-year period and derive the above information. Data analysis was then completed to determine the question of the effect of mental health treatment on those incarcerated.

As noted above, this thesis will examine how the initial treatment of those with a mental illness, incarcerated in a jail setting, impacts the trajectory of the remainder of their lives. Factors, such as race, economic profile, education level, sexual identity/orientation, and geographic location will also be studied.

This study will consist of an analysis of existing data, and as such, will represent an “exploratory descriptive” design (Brink & Wood, 1998). Data extracted from records maintained by the Ada County Jail was used to contribute to the theory of how treatment effects inmates. Kate Pape, Manager of Jail Health Services which includes contract services, mental health services, medical services and administrative services at the Ada County Jail, has given permission to access to these computerized files. Post-hoc comparisons will be made between those persons who received mental health intervention and those who did not

The population from which cases will be selected will include persons incarcerated between 2017 and 2019 and will include a cross section of inmates. Using a systematic technique, a sample of 100 cases for each year will be selected for inclusion. In order to assure non-bias representation, every third case will be examined during that time frame. Only those with a mental health diagnosis will be used.

Data will be retrieved from the files and entered into an Excel spreadsheet for analysis. Key variables will include race, gender, crime, and recidivism.

In order to protect the confidentiality of persons selected for inclusion, no identifying information will be collected from files. Because the analysis will be based on aggregate data, individual subjects will not be identifiable in the study. Consequently, there is neither risk nor benefit to the subjects whose files will be reviewed.

The analysis of secondary information usually represents exempt research. In the present study, the Abilene Christian University Institutional Review Board has reviewed the protocol and it is determined to be exempt.

Data will be analyzed using the Statistical Package for the Social Sciences (SPSS). In order to test the hypotheses identified in this study, appropriate statistical tests will be run. It is anticipated the nature of the data will allow use of *t*-tests and/or Analysis of Variance (ANOVA) for most research questions. Data will be maintained in a password-protected file, and will be retained according to ACU IRB requirement, after which time they will be destroyed.

CHAPTER IV

FINDINGS

Description of the Sample

My findings will be presented in a series of tables comparing and contrasting the variables in this research, including race, gender, nature of crime, treatment and recidivism rates. This sample was taken from 300 client files in the Health Services Unit of the Ada County Jail. Every third file was selected for further research into the above variables.

Outcome by Treatment

Treatment provided while inmates were incarcerated varied from counseling (C), medications (M), medications and counseling combined (MC), Mental Health Court (MHC) and no (N) treatment. The table shows the numbers treated with meds only, counseling only, a combination and mental health court versus no treatment. A combination of medication and counseling was provided to 49 inmates, while 40 inmates received no treatment, five inmates received counseling only, and four received medications only. Mental Health Court was provided for two of the inmates (Table 1).

Table 1

Ada County Jail—Treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	C	5	5.0	5.0	5.0
	M	4	4.0	4.0	9.0
	MC	49	49.0	49.0	58.0
	MHC	2	2.0	2.0	60.0
	N	40	40.0	40.0	100.0
Total		100	100.0	100.0	

Note. This represents only jail files surveyed.

In the Ada County jail for the files surveyed the racial make-up was 76% White (W), 16% Hispanic (H), 7% Black (B), and 1% Asian (A). In Ada County the general population’s racial make-up is 84% White, 8% Hispanic, 3% Asian, 4% Mixed and 1% Black. This shows the Ada County jail incarcerated Black population is seven times that of Black individuals in the general population, and the Hispanic representation is double that of the Hispanic population in Ada County (Table 2).

Table 2

Ada County Jail—Race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	1	1.0	1.0	1.0
	B	7	7.0	7.0	8.0
	H	16	16.0	16.0	24.0
	W	76	76.0	76.0	100.0
Total		100	100.0	100.0	

Note. This represents only jail files surveyed.

The disproportionate number of Black individuals in custody in comparison with the number in Ada County is slightly higher than the national average. The Sentencing Project (2019) shows that nationally, Black men are six times more likely to be incarcerated while in Ada County the rate is seven times more likely than the white men,

while in Ada County the percentage of incarcerated Hispanic men is twice that of the percentage of Hispanic men in the general population.

One hundred files were surveyed from the Health Services Unit at the Ada County Jail. The gender make-up of the sample shows a traditional over-representation of males (M) in the jail (72%) compared to females (F) 28% (Table 3).

Table 3

Ada County Jail—Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	28	28.0	28.0	28.0
	M	72	72.0	72.0	100.0
	Total	100	100.0	100.0	

Note. This represents only jail files surveyed.

The percentage of felony crimes (F) committed by men was higher than misdemeanor crime (M) (Table 4).

Table 4

Ada County Jail—Crime Felony versus Misdemeanor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	F	57	57.0	57.0	57.0
	M	43	43.0	43.0	100.0
	Total	100	100.0	100.0	

Note. This represents only jail files surveyed.

The below table explains the nature of types of crimes. They are almost equally divided by violent (V) versus non-violent (NV) crimes (Table 5).

Table 5

Ada County Jail—Violent versus Non-Violent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NV	51	51.0	51.0	51.0
	V	49	49.0	49.0	100.0
Total		100	100.0	100.0	

Note. This represents only jail files surveyed.

During the course of incarceration or involuntary mental holds there were 16 assaults on law enforcement officials or health care workers. Of those assaults, 14 of the offenders were originally arrested on non-violent crimes. The assaults resulted in felony charges being filed against 14 inmates originally arrested on non-violent crimes.

Breakdown by Key Variables

Men were almost twice as likely to commit felony crimes as misdemeanor crimes while females were twice as likely to commit misdemeanor crimes. Women were also more than twice as likely to commit non-violent crimes while men were more likely to commit violent crimes than non-violent by a frequency of 53% to 47% (Table 6).

Table 6

Ada County Jail—Crime by Gender

			<i>Felony</i>	<i>Misdemeanor</i>	<i>Total</i>
Gender	F	Count	10	18	28
		% within Gender	35.7%	64.3%	100.0%
	M	Count	47	25	72
		% within Gender	65.3%	34.7%	100.0%
Total		Count	57	43	100
		% within Gender	57.0%	43.0%	100.0%
			<i>Nonviolent</i>	<i>Violent</i>	<i>Total</i>
Gender	F	Count	20	8	28
		% within Gender	71.4%	28.6%	100.0%
	M	Count	31	41	72
		% within Gender	43.1%	56.9%	100.0%
Total		Count	51	49	100
		% within Gender	51.0%	49.0%	100.0%

Note. This represents only jail files surveyed.

The below table displays the number of misdemeanors versus felonies by race. Blacks were six times more likely to be charged with felony crimes than misdemeanor crimes, Hispanics were more likely by 18% to 14% to be charged with misdemeanor crimes and Whites were charged more often with felony crimes than misdemeanors (Table 7).

Table 7

Ada County Jail—Crime Type by Race

			<i>Felony</i>	<i>Misdemeanor</i>	<i>Total</i>
Race	A	Count	0	1	1
		% within Crime	0.0%	2.3%	1.0%
	B	Count	6	1	7
		% within Crime	10.5%	2.3%	7.0%
	H	Count	8	8	16
		% within Crime	14.0%	18.6%	16.0%
	W	Count	43	33	76
		% within Crime	75.4%	76.7%	76.0%
Total		Count	57	43	100
		% within Crime	100.0%	100.0%	100.0%

Note. This represents only jail files surveyed.

The level of violent crimes versus non-violent crimes was equally distributed among the White and Hispanic population, with violent crimes slighter higher than non-violent crimes among Blacks and slightly lower among Whites (Table 8).

Table 8

*Ada County Jail—Race * Nature Crosstabulation*

			<i>Nonviolent</i>	<i>Violent</i>	<i>Total</i>
Race	A	Count	1	0	1
		% within Race	100.0%	0.0%	100.0%
B	Count	3	4	7	
		% within Race	42.9%	57.1%	100.0%
H	Count	8	8	16	
		% within Race	50.0%	50.0%	100.0%
W	Count	39	37	76	
		% within Race	51.3%	48.7%	100.0%
Total	Count	51	49	100	
		% within Race	51.0%	49.0%	100.0%

Note. This represents only jail files surveyed.

The Effects of Various Treatments on Recidivism Rates

Mental Health Court is effective. While there were limitations to the numbers provided the statistics show that those who received treatment through Mental Health Court were more apt not to come back into the system. Mental Health Court is offered to those who have committed felonies, not those with misdemeanor crimes.

Mental Health Court criteria are strict. Only those with significant mental illness and charged with felony crimes are eligible and if the felony is a sex offense that individual is ineligible. Of the 22 inmates charged with a felony crime only two were eligible for Mental Health Court. Of those two, only one actually was able to participate in the program. The other participant violated probation and was ejected from the program. The one person who did complete the Mental Health Court program in 2017 has not returned to custody. While Mental Health Court is a valuable concept, the number of

those incarcerated with mental illness who meets criteria for the service is a very small percentage.

Recidivism data for the 100 files reviewed at the Ada County Jail is shown below. Approximately one third of Black and Hispanic individuals go to prison in comparison with 2.6% of the white population (Table 9).

Table 9

*Ada County Jail—Race * Recidivism (Years) Crosstabulation*

			<i>Recidivism (Years)</i>				
			<i>N</i>	<i>OG</i>	<i>P</i>	<i>R</i>	<i>Total</i>
Race	A	Count	0	1	0	0	1
		% within Race	0.0%	100.0%	0.0%	0.0%	100.0%
B	Count	1	1	2	3	7	
	% within Race	14.3%	14.3%	28.6%	42.9%	100.0%	
H	Count	0	5	4	7	16	
	% within Race	0.0%	31.3%	25.0%	43.8%	100.0%	
W	Count	0	34	2	40	76	
	% within Race	0.0%	44.7%	2.6%	52.6%	100.0%	
Total	Count	1	41	8	50	100	
	% within Race	1.0%	41.0%	8.0%	50.0%	100.0%	

Note. This represents only jail files surveyed.

As shown by the below table, men are twice as likely to go to prison as women. Women have a higher rate of recidivism than men; however, they are less likely to stay in custody with on-going treatment. Women have a high recidivism rate: 60% compared to 45% for men; however, this may be because men have a higher rate of ending up in prison than do women.

Inmates who have committed felony crimes have a lower recidivism rate than those who commit misdemeanors, again because they are in prison. Those who commit misdemeanors have longer on-going periods of time in the jail (Table 10).

Table 10

*Ada County Jail—Gender/ Treatment * Recidivism Crosstabulation*

			<i>Recidivism (Years)</i>				
			<i>N</i>	<i>OG</i>	<i>P</i>	<i>R</i>	<i>Total</i>
Gender	F	Count	1	9	1	17	28
		% within Gender	3.6%	32.1%	3.6%	60.7%	100.0%
	M	Count	0	32	7	33	72
		% within Gender	0.0%	44.4%	9.7%	45.8%	100.0%
Total		Count	1	41	8	50	100
		% within Gender	1.0%	41.0%	8.0%	50.0%	100.0%
Gender	F	Count	1	22	7	27	57
		% within Crime	1.8%	38.6%	12.3%	47.4%	100.0%
	M	Count	0	19	1	23	43
		% within Crime	0.0%	44.2%	2.3%	53.5%	100.0%
Total		Count	1	41	8	50	100
		% within Crime	1.0%	41.0%	8.0%	50.0%	100.0%

Note. This represents only jail files surveyed.

Not surprisingly, inmates with violent crimes were seven times more likely to go to prison as those with non-violent crimes and less likely to stay in custody with on-going treatment. The recidivism rate is almost equal when comparing violent and non-violent crimes (Table 11).

Table 11

*Ada County Jail—Nature * Recidivism Crosstabulation*

			<i>Recidivism (Years)</i>				
			<i>N</i>	<i>OG</i>	<i>P</i>	<i>R</i>	<i>Total</i>
Nature	NV	Count	1	24	1	25	51
		% within Nature	2.0%	47.1%	2.0%	49.0%	100.0%
	V	Count	0	17	7	25	49
		% within Nature	0.0%	34.7%	14.3%	51.0%	100.0%
Total		Count	1	41	8	50	100
		% within Nature	1.0%	41.0%	8.0%	50.0%	100.0%

Note. This represents only jail files surveyed.

The question of whether various treatment modalities impact recidivism is the basis of this research. The average recidivism rate for the majority (50) of inmates who received talk therapy and counseling services was six months between arrests. Once an inmate is released the likelihood of the continuation of medications is low. Factors include financial limitations, a lack of assistance to maintain their medication regimen and a difficulty in understanding the mental health system in order to access services. A handful of inmates went years without a recurring arrest. The longest period between arrests was 11 years for one inmate; the shortest was three months. Thirteen inmates were arrest-free for one and a half years, eight were out of custody for one year, eleven for seven years, three for three years, two for two years, two for five years, two others for six and a half years, two for two-and-a-half years, two for four years, one for three-and-a-half years, and one for ten years. One inmate left the Ada County Jail to go to a mental health facility and never returned (N), 41 inmates were in custody and receiving on-going treatment (OG), eight inmates went to prison (P), and 50 inmates had various recidivism (R) rates (Table 12).

Table 12

Ada County Jail—Recidivism (Years)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N	1	1.0	1.0	1.0
	OG	41	41.0	41.0	42.0
	P	8	8.0	8.0	50.0
	R	50	50.0	50.0	100.0
	Total	100	100.0	100.0	

Note. This represents only jail files surveyed.

CHAPTER V

DISCUSSION OF FINDINGS

Of the one hundred inmates surveyed, 49 received talk therapy in combination with medications, five received counseling only and four received medications only. No intervention was provided for 40 of the individuals, with only two going through Mental Health Court. Only those charged with felony crimes are eligible for Mental Health Court.

As stated by the Bureau of Justice Statistics, 14% of state inmates have a mental illness diagnosis and 26% in local jails report some type of mental illness. The need for treatment of inmates is further illustrated by the statistic that 5% of the population in the United States suffer from a mental illness, which shows how difficult it is for those with a mental illness to maintain stability and how often they are coming in contact with the legal system.

Data from Table 1 shows a significant increase in the percentage of Blacks and Hispanics in the Ada County Jail compared to the percentage in the general population. This suggests that not only are Blacks and Hispanics more likely to get arrested than White people, once arrested they do not have the means to make bail. Tables 6 and 7 also indicate Black and Hispanics are also more likely to be charged with felony crimes by percentages which greatly exceed that of the percentages of Black and Hispanic populations in Ada County. White people are also charged with felony crimes at higher rate, however, at a significantly lower percentage than Blacks and Hispanics.

Data from Tables 2-5 indicate males are more likely to be arrested for felony crimes than females and more likely to commit violent crimes than their female counterparts. Initially this seems to indicate that felony crimes are violent while misdemeanor crimes are non-violent. However, felony crimes can be non-violent just as misdemeanors crimes can be violent. For example, a grand theft charge is a felony because of the amount of money which has been taken, not because force or violence was used in the commission of the crime. A misdemeanor might stem from a physical act, however in the injury might not rise to the level of a felony even though the original act was a violent one.

Tables 8-12 illustrate the correlation between treatment and recidivism rates. Based on this research it appears that those who received talk therapy and medications have a longer length of time between periods of incarceration than those who receive only talk therapy or medications. However, this table also indicated that those who do not receive any type of mental health services whatsoever, also have extended time between dates of arrests and incarceration.

Treatment in jail is a significant factor; however, the act of being incarcerated itself has devastating effects. Being held in custody often leads to ensuing charges when someone has a mental illness. The statistic of 78 out of 100 individuals being arrested on non-violent crimes is significant; especially in light of 14 of those arrests resulting in felony charges for battery on law enforcement or health care workers while the individual was in custody.

Two of the inmates were arrested on murder charges, and if found guilty will be sent to the state penitentiary. The remaining 22 arrested on violent crimes are also

awaiting jury trials to determine guilt or innocence and the prospect of prison or felony probation. Of the 78 remaining, 14 now have felony charges filed during their time in custody for assault on law enforcement or a health care provider. The remaining 14 averaged more than one year before returning.

The result of this study showed that people with mental illness do not fare well in custody, which is not unique to those with mental illness, yet unlike the general population, incarceration for those with mental illness actually creates additional charges and a revolving door with the jail. They accumulate fines, fees and must take classes and adhere to regulations, a difficult task for the general population and nearly impossible with a mental illness. Inmates are also charged \$50 per day of incarceration, capped at \$500. If they do not pay this, they are turned into collection agencies, affecting their credit and ability to purchase a home, get a student loan as well as gainful employment.

This research shows an over-representation of Black and Hispanic individuals in the legal system. Not only are they over-represented in terms of being incarcerated but also in types of charges. Black individuals are more likely to be charged with felony crimes and more likely to go to prison than Whites. While the Hispanic population shows a more equal balance between misdemeanor and felony charges they are still more likely to go to prison, even though they are charged equally with misdemeanor and felony crimes. Blacks and Hispanics are also not as likely to be given mental health services while incarcerated.

In researching this population, it became apparent that arresting the mentally ill population for misdemeanor crimes can be futile and only worsens their mental health. There is a dichotomy which dictates legal action and law enforcement of certain laws,

however, when dealing with the mentally ill population creates a situation that devolves very quickly. Treatment options need to be examined and legislated.

Mental Health Court is an effective program; however, it is only available once an individual has committed a felony crime. The preventative aspect of treating the mentally ill population in Mental Health Court prior to the commitment of a felony would seem to be a more proactive approach. While inmates who receive mental health counseling and medications seem to stabilize while in custody, once they are released the recidivism rate is still high, pointing to the lack of resources once outside of the confines of the legal system. Financial disparities, a lack of case management and the mental illness condition itself contributes to a lack of success on the outside.

The arrest of an individual with a mental illness on a negligible crime only creates the opportunity for more crimes, financial hardship and an atmosphere which seriously contributes to their mental instability. Those with resources are able to bond out while lower income individuals languish in jail and decompensate as illustrated by the death of Jamycheal Mitchell who died in custody after shoplifting a pastry (Stringer, 2019).

While treatment in jail is an important factor, other factors weigh heavily in the outcome of the individual. Race, financial resources, and types of crimes charged affect each aspect of the legal system. mental health treatment provided shows a disparity between races, levels of charges shows a difference between races, the path to prison shows a difference between race and the percentage of arrests based on race.

Research questions unanswered are how diagnoses affect outcomes, what role family support plays, how financial resources affect the process and what type of after-care, if any, is being implemented. The gaps in this research are the lack of medical

records indicating diagnoses, knowledge of family structures, income levels and follow up interviews once an inmate is released.

To look holistically at an individual's chances of a positive outcome once incarcerated many unknown factors must be considered. Employment opportunities, physical health, financial security, outside support systems, and family are only a few of the factors which were unable to be examined in this research.

The question in my original thesis was whether or not treatment while incarcerated has an effect on the arc of an inmate's life and how it affects recidivism. The research suggests that therapy combined with medications is effective, however, it would also appear that 40% of inmates who received neither were still able to diminish the times between arrests, indicating further research conducted on this population would be valuable.

CHAPTER VI

CONCLUSIONS

Implications for Practice

This research suggests that social workers incorporating these findings in everyday practice should be mindful of the history of individuals with a mental illness being incarcerated in order to understand present day practices. While state mental hospitals were problematic the solution of mainstreaming mentally ill patients into society created significant issues for those who are mentally ill and unable to function on their own in society. As social workers we are tasked to explore better options for mentally ill clients.

Implications for Policy

Mental Health Court appears effective for individuals meeting criteria to access it. Unfortunately, one must commit a felony crime before becoming eligible for this program. It would seem preventative measures could be implemented so those with misdemeanor crimes could take part in this treatment in order to prevent the escalation which results in felony charges. In addition, it would seem the development of a non-arrest program for non-violent misdemeanor crimes would significantly curtail ensuing problems which come from incarceration.

Implications for Future Research

Continuing research on diagnoses, a larger sampling of individuals eligible for Mental Health Court and a system to follow up with inmates once released would provide

information to determine a more positive outcome once a person with mental illness comes in contact with law enforcement.

Strengths and Limitations

The strength of my research was the raw data taken directly from the Ada County Jail Health Services Unit. The weakness was the numbers were, at times, low in certain categories, providing limitations to determinations.

This research was limited by the fact that the records reviewed were from the Health Services Social Work Unit case files. This negated the possibility of including inmates who did not express a need for services or were not diagnosed. Inmates self-refer or are singled out by jail deputies for additional mental health services based on observation of their behaviors. The population of those with mental illness who have resources to bond out of jail were not included in the research, leading to the bias that the files concentrated on low-income inmates. The files did not include diagnoses, unless in the notes the diagnosis or observed behaviors were discussed in the context of a type of mental disorder, precluding the possibility of determining how differing diagnoses affected the outcome for an inmate.

The research shows in-custody treatment is important and affects the nature of the incarceration period. Treatment in custody to decrease recidivism for the mentally ill in contrast to those who do not receive treatment does not appear to make a considerable difference. Of the 54 inmates who received some type of treatment, the recidivism rate did not seem to be stymied, indicating the significant effect of being incarnated while mentally ill is difficult to mitigate. The key to facilitating success for this population is a

paradigm shift in arrest and incarceration policies when it comes to those who are committing misdemeanor infractions directly resulting from their mental capabilities.

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APPENDIX A

Institutional Review Board Approval Letter

ABILENE CHRISTIAN UNIVERSITY

Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885



April 13, 2020

Janet Lawler
Department of Social Work
Box 27866
Abilene Christian University

Dear Janet,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Impact of a Diversion Program on Mentally Ill Inmates in a County Jail System",

(IRB# 20-043) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs