

Iowa Justice Action Network Mental Health Talking Points

THE FACTS:

As of June 30, 2015, there were **3,914** individuals incarcerated in the Iowa prison system with a chronic mental illness or **47.6%** of the total inmate population of **8,217**. (Iowa Department of Corrections).

The cost of housing an individual in prison is **\$93.22 per day or \$34,025 per year**, with higher costs for those with mental illnesses. **Funding for drug courts at \$7,401.67 per year is a far better alternative than spending \$34,025 on average to incarcerate an offender for a year.**” (Governor’s Working Group on Criminal Justice Policy Reform Report November 6, 2015)

As of October 2015, there were **29,637** offenders supervised by Community Based Corrections.

27,805 were supervised in the community at **\$4.26 per day = \$15,549 per year**.

1,832 were housed in Resident Facilities at **\$79.65 per day** with an average length of stay at 5 months = **\$12,854**.

As of November 23, 2015, **80 of 258** inmates in the Black Hawk County Jail or **31%** have a psychiatric diagnosis at a cost of **\$70 per day** with an average length of stay of 120 days = **\$8,400 per year**. (Black Hawk County Jail)

The annual cost of providing **Community Support Services and psychiatric visits** designed to keep individuals with severe mental illnesses from being incarcerated is approximately **\$8,000 per year per individual**.

THESE DATA CLEARLY SHOW THAT TREATING INDIVIDUALS WITH MENTAL ILLNESSES IN THE COMMUNITY WHERE SERVICES AND SUPPORTS ARE AVAILABLE, COSTS MUCH LESS THAN INCARCERATION.

Mental Health and Drug Courts have been shown to reduce the frequency and duration of incarceration leading to positive outcomes for participants compared to the tradition criminal justice system process. (Bureau of Justice Assistance) According to the Governor’s Working Group on Criminal Justice Policy Reform, **“access to drug courts and mental health courts should be more equitable statewide”** and **“dedicated funding statewide”** for these courts should occur.

**Mass Incarceration
Mental Health Talking Points**

Pre-commitment screenings, if adequately funded, could significantly reduce the hospitalization rates for individuals with mental illnesses (Warren County Pilot Project).

Mobile Crisis Programs working with law enforcement have been shown to reduce the time law enforcement officers spend on mental health related calls and positive outcomes (avoiding hospitalizations and incarcerations) for those with mental illness. (Polk County Mobile Crisis Program).

Providing funding for **Crisis Intervention Training for Iowa's law enforcement officers** could prevent the frequency of hospitalizations and incarcerations of individuals with mental illnesses. (NAMI, CIT International)

Expanding or repurposing Iowa's **Mental Health Institute beds** could offer treatment alternatives for individuals with mental illness versus incarceration. These facilities have the infrastructure and staff to expand capacity. Despite claims that Iowa has enough capacity to meet the needs of those with acute psychiatric illnesses, local law enforcement officers, the National Consensus Project, Iowa Hospital Emergency Department staff and others would suggest otherwise. If Iowa truly has capacity, why did the legislature approve legislation in 2014 authorizing Iowa Medicaid to pay border state facilities caring for Iowa's committed MH and SA patients?

Iowa is **47th in the United States in the number of psychiatrists and psychologists per population and 44th in mental health workforce availability** making recruitment extremely difficult. Until these shortages are addressed, communities will have a difficult time caring and treating this population. (NAMI)

The lack of **safe, affordable housing** remains a crucial need for those with mental illnesses, especially those within in the criminal justice system.

Stepping Up, a national campaign to reduce the number of people with mental illnesses in jails, has been endorsed by 10 counties in Iowa with Iowa being one of the leading states in the nation who have signed a resolution supporting this initiative. Funding a coordinator for these counties with state funds could facilitate the implementation of many of the components of this program and research from other communities who have implemented this program have noted a **reduction in incarcerations, length of stays and improved treatment outcomes (lower costs)** for those with mental illness who end up in the criminal justice system.

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