COMMUNITY ORIENTED CORRECTIONAL HEALTH SERVICES
Linking Community Health and Public Safety

COCHS

# Background Facts for the Working Group on Health Reform and Criminal Justice:

## Implications for the Delivery of Behavioral Health Services to the Criminal Justice Population Cycling through Jails

- In a 2009 study, Pew Center on the States reported that there are more than 2.3 million people behind bars in the United States on any given day – more than 1 in 99 Americans.[1]

- Some Important Distinctions:
  - Prisons are correctional institutions designated by the federal or state law for the confinement of offenders who are judicially ordered into custody for punishment.
  - Jails are locally operated correctional facilities that confine accused persons awaiting trial and incarcerate convicted individuals usually up to one year, usually for misdemeanor offenses.[2]

- Local jails process 13 million admissions per year, or 9 million unique individuals, many with multiple admissions.[3]

- It is important to note that only about 4 percent of jail admissions result in sentences to prison, or, in other terms, that 96 percent of jail detainees and inmates return *directly* to the community from jail, along with their often untreated health conditions.[4] Many detainees are released on bail pending trial after just several hours or a few days with 64 percent of the jail population turning over every week.[5] The average stay in jail for a sentenced inmate is about three months,[6] although on any given day, 62 percent of detainees have not been sentenced.[7] Half of the jail population is confined for a probation or parole violation or for bond forfeiture,[8] with only 22 percent charged with violent crimes.[9]

- Jail inmates are disproportionately male, persons of color, and poor,[10] with high rates of health problems (chronic and infectious disease, injuries), psychiatric disorders, and substance use disorders.[11] They are often at their sickest when detained, experiencing a psychiatric crisis and/or active addiction. In fact, eighty percent of detained individuals with a chronic medical condition have not received treatment in the community prior to arrest.[12]

- Few people in jail or prison today are enrolled in Medicaid because they are not eligible as single, childless adults. Ninety percent have no health insurance.[13]

- Inmates released from secure correctional facilities "represent 17 percent of the total AIDS population, 13 percent to 19 percent of those with HIV, 12 percent to 16 percent of those with hepatitis B, 20 percent to 32 percent of those with hepatitis C and 35 percent of those with tuberculosis."[14] [15]

- Similar to the facts on the prevalence of physical health problems among detainees and inmates, mental health and substance use disorders are highly prevalent as well. Dr. E. Fuller Torrey writes that jails have become *de facto* mental health providers for many communities.[16]

- Fifty-three percent of state prisoners meet any substance abuse or dependence criteria as specified by the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).[17]

- Alcohol and drug abuse and dependence are even more pronounced in jail populations with over two-thirds (68%) of jail inmates meeting DSM-IV criteria for substance abuse or dependence.[18]

- Teplin et al. reported that among jail detainees with a diagnosed mental illness, 75 percent of women and 72 percent of men have a co-occurring substance use disorder.[19] However, a recent review of the literature found that detoxification services were offered by only 5% of prisons and 34% of jails; and, medications were offered by 6% of prisons and 32% of jails.[20]

- Lack of access to treatment "could suggest that these offenders may engage in high-risk behaviors (e.g. needle sharing) while incarcerated in order to avoid physical withdrawal."[21] Thus, improving offenders' access to substance abuse treatment may decrease the spread of HIV and other sexually transmitted infections, as well as Hepatitis C virus.[22]

- When provided in correctional institutions or in the community, detoxification services and pharmacotherapies have the potential to improve offender well-being and reduce public health risks associated with substance abuse.[23]

- According to a recent NASADAD study, less than three percent of Massachusetts' residents are uninsured, but the uninsured residents "are likely to have elevated rates of chronic SUDs." In fact, approximately 22% of the admissions to publicly funded SAT in Massachusetts in 2009 were uninsured. The uninsured population was over-represented by low-income and young adults, blacks and Hispanics.[24]

- There is evidence that indicates that alcohol and drug dependence should be considered chronic medical conditions and should be assessed and treated as such.[25] McKay et al. recommend that continuity of care including a "tiered-treatment approach composed of residential treatment, followed by intensive outpatient treatment, and subsequent traditional outpatient treatment" is important for criminal justice populations, especially during reentry.[26] In addition, individuals with severe drug problems need a longer length of stay and a greater variety of services, including medications when appropriate.[27]

- "… the cost of treating drug abuse (including prevention and research) is estimated to be only a fraction ($15.8 billion) of that compared to the overall cost of drug abuse to society ($180.9 billion).[28] Data collected in 2001 from thirteen counties in California established that the cost of a course of SA treatment, on average, was $1,583. Outpatient treatment cost $883, in-patient, $2791. These cost savings were estimated to be, on average, $11,487 per person, primarily in the reduction in crime. The estimated savings in incarceration costs ($1,788) exceeded the cost of the SA treatment. The study also found an increase in income for those who completed SA treatment: $3,352 per patient, on average.[29]

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[4] From Veysey: "This estimate is based upon the 478,100 admissions to state and federal prisons for a new court commitment (i.e., not a parole violation) in 2008, as reported in Sabol WJ, West HC and Cooper M. "Prisoners in 2008." *Bureau of Justice Statistics Bulletin* (NCJ 228417). Washington: U.S. Department of Justice, 2009. This estimate is divided by 12.8 million jail admissions in the same year (Beck AJ. "The Importance of Successful Reentry to Jail Population Growth." Presentation to "The Urban Institute Jail Reentry Roundtable," Washing, DC, June 27, 2006), resulting in 3.7 percent."

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[8] Beck.

[9] James DJ. "Profile of Jail Inmates, 2002." *Bureau of Justice Statistics Special Report* (NCJ 201932). Washington: U.S. Department of Justice, 2004.

[10] Minton.

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[23] Ibid.

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