

## House of Representatives: Appropriations Committee

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**Interim Charge**—Examine the major cost drivers within and the impact of funding provided to the Correctional Managed Health Care program.

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation’s largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 27 local NAMI affiliate organizations and approximately 2,000 members.

### Mental Health Care in the Criminal Justice System

Approximately 37% of prisoners and 44% of jail inmates have experienced mental illness.<sup>1</sup> In jail or prison, a person with an untreated mental health condition may experience exploitation, neglect, and isolation, which can worsen mental health and increase risk of homelessness, emergency service utilization, substance use, and recidivism upon prison or jail exit.<sup>2, 3</sup> Further, prisoners and inmates with mental health concerns often serve longer sentences, contributing to over-crowded facilities and staff shortages, which compromise service provision and staff safety.<sup>4</sup>

According to the Texas Department of Criminal Justice (TDCJ), health care spending for prisoners in Texas exceeded \$750 million in fiscal year 2019.<sup>5</sup> TDCJ incurred roughly \$578.5 million in health care costs through the third quarter of fiscal year 2020, a roughly 35% increase over the same time period in 2015.<sup>6, 7</sup> Of the \$578.5 million spent through the third quarter of fiscal year 2020, approximately \$50 million was to cover the expenses associated with

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<sup>1</sup> Bureau of Justice Statistics. (2017, June). *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*. [https://www.bjs.gov/content/pub/pdf/imhprpji1112\\_sum.pdf](https://www.bjs.gov/content/pub/pdf/imhprpji1112_sum.pdf)

<sup>2</sup> Zgoba, K., Reeves, R., Tamburello, A. & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online*, 48(2).

<sup>3</sup> Zgoba, K., Reeves, R., Tamburello, A., & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online*, 48(2). Retrieved from <http://jaapl.org/content/early/2020/02/12/JAAPL.003913-20>

<sup>4</sup> James, D., & Glaze, L. (2006, September). Special Report: Mental Health Problems of Prison and Jail Inmates. *Bureau of Justice Statistics*. Retrieved from <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>

<sup>5</sup> Texas Department of Criminal Justice. (2019). *Financial Report on Correctional Managed Health Care: Quarterly Report FY2019 Fourth Quarter*. [https://www.tdcj.texas.gov/divisions/cmhc/docs/cmhcc\\_financial\\_reports/FY19\\_4th\\_Qtr\\_Report.pdf](https://www.tdcj.texas.gov/divisions/cmhc/docs/cmhcc_financial_reports/FY19_4th_Qtr_Report.pdf)

<sup>6</sup> Texas Department of Criminal Justice. (2015). *Financial Report on Correctional Managed Health Care: Quarterly Report FY2015 Third Quarter*. [https://www.tdcj.texas.gov/divisions/cmhc/docs/cmhcc\\_financial\\_reports/FY15\\_3rd\\_Qtr\\_Report.pdf](https://www.tdcj.texas.gov/divisions/cmhc/docs/cmhcc_financial_reports/FY15_3rd_Qtr_Report.pdf)

<sup>7</sup> Texas Department of Criminal Justice. (2020). *Financial Report on Correctional Managed Health Care: Quarterly Report FY2020 Third Quarter*. [https://www.tdcj.texas.gov/divisions/cmhc/docs/cmhcc\\_financial\\_reports/FY20\\_3rd\\_Qtr\\_Report.pdf](https://www.tdcj.texas.gov/divisions/cmhc/docs/cmhcc_financial_reports/FY20_3rd_Qtr_Report.pdf)

psychiatric care. This figure would likely be much higher if it reflected the mental health-related unit care provided. Further, the Bureau of Justice Statistics reports that only 37% of prisoners and 38% of jail inmates experiencing mental illness receive services.<sup>8</sup> Of those, roughly 30% said they receive psychiatric medications.

Increased access and availability of comprehensive mental health care for prisoners and inmates can improve mental health outcomes, contribute to shorter sentences, reduce over-crowding, and increase prisoner or inmate and jail or prison staff safety. Further, jail diversion and re-entry programs that emphasize connection to community-based mental health services can reduce criminal justice involvement and jail or prison recidivism upon release.<sup>9</sup> To reduce costs incurred by the Texas Correctional Managed Health Care Program, Texas should continue to invest in mental health services for prisoners and inmates, in addition to jail diversion and reentry programs along the Sequential Intercept Model continuum.

### **Solutions to Mental Illness in Criminal Justice**

NAMI Texas supports comprehensive solutions to mental health services for prisoners and inmates along the Sequential Intercept Model continuum, to improve mental health outcomes, reduce risk of harm to prisoners or inmates and staff, and prevent future criminal justice involvement.

#### *Early Intervention and Jail Diversion*

**Improve Mental Health Services in Juvenile Justice System**—Individuals involved with the juvenile justice system often experience trauma and mental illness prior to their offense.<sup>10</sup> Incarceration can worsen mental health, contribute to suicide risk, and increase risk of recidivism.<sup>11, 12</sup> Texas should invest in trauma-informed prevention, diversion, treatment, and re-entry programming; better utilize mental health courts; and ensure appropriate resources for TCOOMMI and other specialized services.

**Promote Use of Integrated Crisis Response Teams**—Law enforcement is often asked to provide assistance to individuals experiencing a mental health crisis. Police officers may not have the appropriate resources to de-escalate and divert individuals in crisis from the criminal justice system. Integrated crisis response teams partner law enforcement with mental health professionals to connect individuals in crisis to community-based services. Community-based

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<sup>8</sup>Bureau of Justice Statistics. (2017, June). *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*. [https://www.bjs.gov/content/pub/pdf/imhprpji1112\\_sum.pdf](https://www.bjs.gov/content/pub/pdf/imhprpji1112_sum.pdf)

<sup>9</sup> Meadows Mental Health Policy Institute. (2016, February 10). *Texas Mental Health Landscape – Brief Overview*. Retrieved from <https://www.texasstateofmind.org/wp-content/uploads/2016/02/Brief-Overview-of-Landscape.pdf>

<sup>10</sup> American Civil Liberties Union. (2016, November). *False Hope: How Parole Systems Fail Youth Serving Extreme Sentences*. Retrieved from <https://www.aclu.org/issues/juvenile-justice/youth-incarceration/false-hope-how-parole-systems-fail-youth-serving-extreme>

<sup>11</sup> Human Rights Watch. (2013). *Against All Odds: Prison Conditions for Youth Offenders Serving Life without Parole Sentences in the United States*. Retrieved from [https://www.hrw.org/sites/default/files/reports/us0112ForUpload\\_1.pdf](https://www.hrw.org/sites/default/files/reports/us0112ForUpload_1.pdf)

<sup>12</sup> Holman, B., & Zidenberg, J. (2006). *The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities*. *Justice Policy Institute*. Retrieved from <http://www.justicepolicy.org/research/1978>

jail diversion programs have been shown to improve mental health outcomes, reduce criminal justice involvement, and lower costs associated with unnecessary law enforcement, hospital, and crisis service utilization.<sup>13</sup> NAMI Texas supports initiatives that promote greater integration between clinical mental health services and law enforcement. Texas should require that a minimum percentage of Jail Diversion Matching Grants established in Texas Government Code, Chapter 531, be used for integrated crisis response teams.

#### *Prisoner and Inmate Mental Health Services*

**Improve Medication Continuity for Jail Inmates**—County jails in Texas are required to do an intake health screening of all inmates. If the jail receives information that a person has a mental illness, they must involve the judicial system, which has the ability to order full mental health assessments. Unfortunately, jail staff shortages, variations in inmate population, and the time of inmate arrival may delay necessary screenings/assessments and the provision of psychotropic medications.<sup>14</sup> An inmate living with a mental illness who misses one or multiple doses of medication may experience a mental health crisis that increase risk of harm to themselves, other inmates, and jail staff. Further, facility formularies may limit access to certain medications, increasing the risk associated with non-medical switching.<sup>15</sup> Texas should require jails to identify and document the medications that a person was on prior to entering jail, and to continue people on those same medications unless there is a medical reason otherwise.

**Limit Use of Solitary Confinement**—Prisoners and inmates with mental health disorders are often segregated from the general population in instances of repeated rules infractions, real or perceived threat of harm to self or others, or emotional or physical victimization or exploitation.<sup>16</sup> Disciplinary or administrative seclusion may provoke or exacerbate anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, paranoia, and psychosis.<sup>17</sup> The use of solitary confinement for individuals with a mental health diagnosis may also hinder successful transition back into the community.<sup>18</sup> Texas should increase funding to provide the appropriate mental health services for prisoners and inmates, improve crisis de-escalation training for corrections officers, and ensure safe alternative to segregation are available for prisoners and inmates.

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<sup>13</sup> Meadows Mental Health Policy Institute. (2016, February 10). *Texas Mental Health Landscape – Brief Overview*. Retrieved from <https://www.texasstateofmind.org/wp-content/uploads/2016/02/Brief-Overview-of-Landscape.pdf>

<sup>14</sup> Hautala, M. (2015). In the Shadow of Sandra Bland: The Importance of Mental Health Screening in U.S. Jails. *Texas Journal on Civil Liberties & Civil Rights*, 21, 89

<sup>15</sup> Weeda, E., Nguyen, E., Martin, S., Ingham, M., Sobieraj, D., Bookhart, B., & Coleman, C. (2019). The impact of non-medical switching among ambulatory patients: An updated systematic literature review. *Journal of Market Access & Health Policy*, 7(1), 1678563

<sup>16</sup> Hautala, M. (2015). In the shadow of Sandra Bland: The importance of mental health screening in U.S. jails. *Texas Journal on Civil Liberties & Civil Rights*, 21, 89

<sup>17</sup> Smith, P. (2006). The effects of solitary confinement on prison inmates: A brief history and review of the literature. *Crime and Justice*, 34(1), 441-528

<sup>18</sup> Office of the Assistant Secretary for Planning and Evaluation. (2001) The psychological impact of incarceration: Implications for post-prison adjustment. *United States Department of Health and Human Services*. Retrieved from <https://aspe.hhs.gov/basic-report/psychological-impact-incarceration-implications-post-prison-adjustment>

**Expand Competency Restoration Options**—In Texas, approximately 900 prisoners and jail inmates are awaiting competency restoration through the state hospital system.<sup>19</sup> The average number of days to obtain a maximum security and non-maximum-security placement are 289 and 76 days, respectively. Prolonged waits for competency restoration can worsen mental health outcomes, contribute to an over-crowded prison and jail systems, and jeopardize the safety of prisoners, inmates, and prison or jail staff. Although the state has invested significant resources in the construction and renovation of the state hospital system, additional options with greater capacity for competency restoration are needed. Texas should increase investment in community- and jail-based competency restoration programs, step-down and transitional housing, and mental health diversion programs.

#### *Prisoner and Inmate Community Re-Entry*

**Expand Availability of Peer Re-entry Support Services**—Individuals with a serious mental illness are more likely to return to custody due to parole or probation violations, such as failing to comply with community-based mental health treatment.<sup>20</sup> Structural barriers in obtaining personal identification, housing, transportation, and employment exacerbate disparities in the receipt of mental health and substance use services. Peer support is an evidence-based practice that has been shown to increase utilization of community-based mental health and substance use services.<sup>21</sup> Peer reentry specialists are also able to support individuals exiting jail or prison in obtaining housing, employment, and necessary documentation.<sup>22</sup> Texas should expand the Mental Health Peer Support Re-entry Program to ensure that individuals exiting jail or prison have the resources they need to succeed.

**Boost Continuum of Care with Step-Down and Congregate Housing**—Stable housing and support services are instrumental in maintaining recovery for individuals exiting inpatient psychiatric hospitalization and the criminal justice system. Step-down housing provides residents access to community-based supportive services to facilitate a smooth transition back into the independence and self-sufficiency. Congregate housing provides access to similar supports on-site and has been shown to improve mental health outcomes, long-term housing stability, community functioning, and quality of life.<sup>23</sup> Texas should increase general revenue funding and supports to existing step-down and congregate housing programs to increase access and availability of stable and supportive housing for individuals exiting inpatient psychiatric hospitalizations and the criminal justice system.

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<sup>19</sup> Texas Health and Human Services. (2020, April). *Semi-annual Reporting of Waiting Lists for Mental Health Services*. <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb1-semi-annual-waiting-lists-mhs-april-2020.pdf>

<sup>20</sup> Loudon, J., & Skeem, J. (2011). Parolees with Mental Disorders: Toward Evidence-Based Practice. *Center for Evidence-Based Corrections*. Retrieved from <https://ucicorrections.seweb.uci.edu/2011/04/14/parolees-with-mental-disorder-toward-evidence-based-practice/>

<sup>21</sup> Mental Health America. (2018, May). *Evidence for Peer Support*. Retrieved from <https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>

<sup>22</sup> Gonzalez, J., Rana, R., Jetelina, K., & Roberts, M. (2019). The value of lived experience with the criminal justice system: A qualitative study of peer re-entry specialists. *International Journal of Offender Therapy and Comparative Criminology*, 63, 1861-1875

<sup>23</sup> Somers, J., Moniruzzaman, A., Patterson, M., Currie, L., Rezansoff, S., Palepu, A., & Fryer, K. (2017). A randomized trial examining Housing First in congregate and scattered site formats. *PLoS One*. Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0168745>

## **Conclusion**

Inadequate access to mental health services for prisoners and inmates can worsen mental health outcomes and increase risk of homelessness, crisis service utilization, and recidivism upon release. Further, to delay the delivery of adequate and appropriate care to prisoners and inmates can prolong sentences, contribute to over-crowding, and jeopardize prisoner, inmate, and staff safety. To better address these concerns, NAMI Texas supports comprehensive solutions to mental health services along the Sequential Intercept Model continuum.