The Costs of Incarcerating Youth with Mental Illness:
Study Objectives, Methods and Findings (Policy Brief #1)

The Chief Probation Officers of California and
The California Mental Health Directors Association

The "Costs of Incarcerating Youth with Mental Illness" project was conducted for the primary purpose of informing public policy development by analyzing the costs and contexts related to incarcerating youth with mental illness and co-occurring mental illness/substance use disorders in California detention facilities. This study was one of the products of ongoing collaboration between the Chief Probation Officers of California (CPOC) and the California Mental Health Directors Association (CMHDA). Information obtained from this study will serve to advocate for better services in order to prevent the inappropriate criminalization of youth who would be better served in mental health treatment settings, to improve services to youth who must be separated from the community, and to ensure continuity of mental health care upon re-entry of such youth to their communities.

BACKGROUND

It is estimated that between 50-75% of youth in juvenile detention facilities have diagnosable mental disorders[1,2]**.** Given the disproportionate use of juvenile detention facilities for youth of color [3] one explanation may be that the juvenile justice system has become a *de facto* mental health system for poor and minority youth who are unable to access care through the formal mental health system. Yet detention facilities are unable to provide adequate mental health treatment[4] and this has led to extended lengths of stay in these facilities for these youth[5]. There are no studies in California or elsewhere that include other costs beyond those of basic facility rates, such as mental health services, special staffing, education, legal expenses, and health care expenses. Including such costs and relevant contextual information, particularly about placement delay [6], is necessary in order to understand the full extent of the problem as well as the potential solutions.

METHODS

18 county probation departments were surveyed in 2007 about the contexts and associated costs of services for detained youth with mental disorders. Researchers also conducted site visits with probation and other agency staff in a subsample of fourteen counties. The county sample represented the state's diversity of populations, geography and county size. Table 1 shows the surveyed counties and site visits.

Table 1. Survey and Site Visit Sample

County Surveyed	Site Visit Occurred
Alameda	X
Butte	X
Contra Costa	X
Del Norte	
Fresno	
Glenn	X
Humboldt	X
Imperial	
Los Angeles	X
Merced	X
Nevada	X
Orange	X
Placer	
San Bernardino	X
San Francisco	X
Santa Cruz	X
Solano	X
Stanislaus	X

The 215 item survey instrument, developed in collaboration with a multi-disciplinary expert Advisory Panel, was divided into eight sections: 1) basic facility costs, 2) characteristics of detained youth, 3) services and costs for mental health treatment, 4) substance abuse services and costs, 5) services

and costs of general health care, 6) costs of educational services, 7) legal and court-related expenses, and 8) other costs. The survey instrument was emailed to the Chief Probation Officers in the sampled counties. The Officers were encouraged to use existing administrative data and to have sections of the instrument completed by mental health managers, data experts, healthcare vendors, County Office of Education, and staff from other agencies.

FINDINGS

Characteristics of youth served

Respondents estimated that at least 50% of youth in detention have a suspected or diagnosed mental disorder, though ambiguity exists about which youth actually need mental health services due to varying criteria. Youth with behavioral disorders are very common in the detained population and especially problematic for detention staff. There is recognition that a majority of youth require some mental health-related intervention along a continuum of need, ranging from those youth who have serious and disabling symptoms to those who are experiencing temporary adjustment problems or post-traumatic response as a result of life circumstances prior to confinement or as a result of the confinement experience itself. Also difficult though less common are youth with psychotic symptoms. Delays in placement continue to occur for certain youth whose behavioral or symptom profiles make it difficult to find suitable treatment settings. While most county data systems were unable to report accurate length of stay for these youth pre- and post-disposition, estimates from respondents indicated that post-disposition lengths of stay due to placement delays can average as much as 18 days longer for these youth than for those without mental disorders. Placement delays result from a lack of an appropriate continuum of care, ranging from community-based outpatient and transitional programs, to secure hospital and residential placement alternatives. Pre-disposition lengths of stay due to court-ordered evaluations are estimated at an additional 17 days more for these youth. At the current average daily facility rate of $206 reported in the survey, youth with these problems can cost up to $7,210 *more* per youth in facility rates alone (not counting other types of costs), compared to other youth in detention. During site visits case examples were given of youth staying well beyond this average—some as long as 1-2 years—extreme and costly stays for youth with especially severe symptoms of suicidality or psychoses. These youth require staffing resources that take away from the normal facility routines, disrupting daily programming and jeopardizing the overall safety of the facility. Case examples also illustrated the deleterious institutional effects on these youths' functioning by housing them in facilities not originally designed as treatment settings.

Mental health and substance abuse services

All 18 counties provide mental health screening to youth coming into detention. Many but not all facilities administer formal screening instruments such as the Massachusetts Youth Screening Instrument (MAYSI-2). Several respondents reported categorizing mental health need with a level system so as monitor risk potential and to allocate appropriate resources. Five counties (Alameda, Contra Costa, Orange, Stanislaus and Los Angeles) have dedicated mental health units with higher mental health or facility staff ratios in which youth with suspected or obvious mental health issues are housed. Psychoactive medications and medication monitoring visits are provided in all 18 counties, however the availability of on-site psychiatrists varies (only the medium and larger counties provide staff MDs; smaller counties rely on on-call doctors and telemedicine). Individual psychotherapy and crisis intervention are provided in all but two. Over half the counties provide group and family therapy and case management. Many counties use county behavioral health staff to provide services, however 11 rely on contracts with outside providers. The extent of

coordination varied—both large and small counties reported differing philosophies with county mental health agencies, and some reported serious barriers to referral and triage as a result. One small county reported no involvement of county mental health, relying instead on the forensic health care vendor to provide limited psychiatric nursing and MD coverage.

There is limited or no availability of individual level mental health service information in probation data systems, and many counties cannot account for service use through their mental health data systems for these youth.

The annual cost of psychiatric medications was reported by Los Angeles to be $1,927,000. The other fourteen counties who answered this question reported a combined total of $597,000, averaging $42,586 per county. A major problem for all counties is continuity of care for both medication prescriptions and outpatient follow up after release.

Three counties (Orange, Stanislaus, and Fresno) reported providing separate substance abuse treatment units at their facilities. These units include among other services an "inpatient" treatment program with individual and group counseling, gender-specific services, case management, and in one county, a drug court program. Twelve of the 18 counties provide individual and/or group treatment and on-site AA or other community voluntary support groups. All but two counties provide some formal education program focused on substance abuse prevention and treatment. Despite the size of its three juvenile detention facilities, Los Angeles reported providing substance abuse-related programming to 100% of detained youth.

Healthcare, education and staff resources

A majority of counties (11 out of 18) contract with a private vendor to provide healthcare services to their juvenile detention facilities. Los Angeles County reported an annual cost of over $18,000,000 to its healthcare vendor and for the other seven counties that reported their annual vendor rates, the average annual cost was over $1,395,000. While many respondents view the healthcare status of youth with mental disorders as generally worse than others, costs for healthcare cannot be disaggregated for those youth. Educational services, provided in all facilities, include on-site classrooms, teaching staff from the county board of education or local school district, and special education services. Per youth, per day costs of education range from $25 to $150 among the surveyed counties. Facility probation staff and counselors spend considerable time assisting in classroom management. Staff resources also include those needed to accompany youth outside the facility for hearings and appointments, and for closer monitoring of youth whose mental status has deteriorated or risk of danger has escalated. Transportation to psychiatric appointments or the emergency room is a daily occurrence in many counties. For many counties transportation time alone can take four hours, in addition to extra time for staff waiting at the hospital and monitoring high-risk youth. Counties with special mental health units can house youth there who need extra monitoring. For other counties, extra staff are required to monitor these youth. Respondents reported that these staff are required for an average of 18 days per 1:1 "episode." A few counties would instead make plans to transfer these youth to a hospital, if feasible. Staffing detention facilities has become challenging in general. Staff require specialized training and adequate resources. 12 counties reported significant injuries, traumatic reactions, and lost work time in the past year as a result of working with these youth.

The costs of incarcerating youth with mental illness

With the cost data obtained in this study[1], a youth with mental illness can cost at least

[1] A detailed description of the methodologies used in estimating these costs can be found in the full Final Report.

$18,800 more than other youth, taking into account reported estimates of the average differences in length of stay from other youth. This estimate assumes the average reported facility rate, and provision of basic mental health services reported in the survey: once per week medication monitoring, twice per week individual psychotherapy, once weekly group therapy, substance abuse treatment, and substance abuse education groups. This cost also assumes outside trips to the hospital, court or appointments, daily costs of the education program, one 72-hour stay at a psychiatric hospital and 24 hours of extra staffing for crisis monitoring. This estimate can vary a great deal by county and youth based on differences in facility and program rates, the actual length of stay, the availability of more intensive mental health staffing, and the unique needs of the individual youth. Estimating the costs for youth with more extreme problems would require an individualized accounting of actual services and staff effort.

In addition, medications are a large expense. Using monthly report data collected by the California Department of Corrections and Rehabilitation (CDCR) on the number of youth receiving psychotropic medications and the annual cost of medications from our survey, for each stay the total cost of psychotropic medications averages $4,387 per youth.

IMPLICATIONS

The need for mental health services to youth in California's detention facilities has been steadily increasing.[7] The additional costs for housing these youth imply two important issues for policy makers and planners. First, even without specialized mental health services these youth would cost significantly more than other detained youth due to placement delays. Second, although they increase the short term cost of the stay, the provision of appropriate ongoing mental health services in detention facilities has the potential for improving the emotional and social functioning of these youth (thereby increasing their chances of more timely release) and reducing the burden on facility staff. However, placement delays are most affected by the lack of a continuum of care in prevention, outpatient, community-based and residential settings. In addition to improving services in facilities, improving those provided in the community and reestablishing a residential continuum of care would directly reduce the inappropriate detention of youth who can be better served elsewhere.

REFERENCES

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ACKNOWLEDGEMENTS

This project was funded through joint grants and contracts to CPOC from The California Endowment and the Zellerbach Family Foundation. We wish to thank our funders as well as the study's Advisory Panel and the county staff who participated in the surveys and site visits.

The project was directed by Jane Pfeifer, M.P.A., Policy Director of CPOC. The research was conducted by Edward Cohen, Ph.D.

The Costs of Incarcerating Youth with Mental Illness: Policy Briefs

#1 Study Objectives, Methods and Findings

#2 Policy Implications and Recommendations

Copies of these Policy Briefs and the full report are available at http://www.cpoc.org and at http://www.calendow.org/