STATEMENT
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HOUSE JUDICIARY, SUBCOMMITTEE ON CRIME AND CORRECTIONS
THE HONORABLE JERRY BIRMELIN, CHAIRMAN

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Good afternoon.

Chairman Birmelin, Members of the Subcommittee on Crime and Corrections, I welcome this opportunity to discuss the needs of individuals with a mental illness housed within Pennsylvania's state prison system.

First, when I use the term "mental illness", I refer to individuals suffering from a severe and persistent mental illness or " brain disorder". Specifically, I include the serious mental illnesses of schizophrenia, bipolar disorder (manic depression), and major depression which are the most prevalent serious mental illnesses within our state and county prison populations. These serious mental illnesses are among those that recent scientific research has shown to be treatable no-fault biological disorders caused by a chemical imbalance of the brain – hence the NAMI Pennsylvania preferred term is "brain disorder(s)".

As you know, my name is David Dinich, and I am the executive director of NAMI Pennsylvania (National Alliance for the Mentally Ill of Pennsylvania), formerly the Alliance for the Mentally of Pennsylvania. With more than 7,500 members in more than 60 affiliates across the state, NAMI Pennsylvania is the largest family-based organization in the Commonwealth dedicated to improving the lives of, and services to, persons coping with a serious mental illness (brain disorder).

Nationally, at yearend 1998, an estimated 1,825,000 persons were incarcerated in U.S. state and federal prisons and local jails [in Pennsylvania, county prisons]. Since 1990 the number of inmates in U.S. prisons and jails grew 6% per year, to where at yearend 1998, the rate of incarceration increased to 1 in every 149 U.S. residents. Factors identified as underlying the growth in our Nation's state prisons, between 1990 and 1997, include:

a 39% rise in the number of parole violators returned to prison, a drop in annual release rates of inmates (from 37% to 31%) and, an increase in the average time served in prison by released inmates. This ongoing trend in the increase of our Nation's prison and jail population is particularly significant for those individuals with a mental illness.

According to a July 1999 Department of Justice/Bureau of Justice Statistics, Special Report (Special Report), 16% of inmates in the Nation's state prisons and 16% of inmates in our local jails [county prisons] suffer from a mental illness. As noted in this Special Report, past estimates of the rate of mental illness among inmates are significantly higher than those for the U.S. general population - rates two to four times higher than that of the general population. As further noted in the Special Report, the results of studies using more rigorous scientific methods to estimate the rates of mental illnesses among incarcerated populations, range from 8% to 16% (studies also noted to have generally identified those suffering from schizophrenia, bipolar disorder, and major depression).

Pennsylvania state prisons reflect the trends of an increasing inmate population, along with an overrepresentation of inmates with a mental illness as compared to the general population. Pennsylvania's Department of Corrections (DOC) system includes 24 state prisons, 15 community correction centers, and one boot camp. As of February 29, 2000, 36,471 persons were housed in this system. Presently the system is operating at 144% of capacity. While the Commonwealth and national statistics indicate that crime rates are declining, the inmate population in Pennsylvania's system is expected to continue to rise yearly. For example, the total number of persons entering the system increased 12.7% from 1997 to 1998. In this regard, the Program Revision contained in the Governor's Executive Budget 2000-2001 earmarks nearly 9 million dollars to increase capacity at various institutions. Prison expansion includes an 8.1 million-dollar recommendation for the planned July 2000 opening of the State Correctional Institution-Pine Grove, in Indiana County, a 651 bed DOC facility for juveniles convicted as adults.

Past DOC estimates suggest that twenty (20%) percent - or 7,294 individuals - of Pennsylvania's state prison population are suffering from a mental illness. Applying the BJS Special Report findings, presently an estimated sixteen (16%) percent – or 5,835 individuals – of Pennsylvania's DOC system population are suffering from a mental illness. And as Pennsylvania's state prison population continues to grow, so will the number of incarcerated and released inmates who suffer from a mental illness.

It is also estimated that up to 90% of those with a serious mental illness who are incarcerated in Pennsylvania's state and county prisons, also suffer from a substance abuse or use disorder – referred to as "co-occurring disorders". Treatment efficacy requires the treatment of both disorders.

The stigma associated with these medical conditions has long followed persons with a mental illness, subjecting themselves and their families to ridicule, shame and the myth that such persons were more prone to violence than the general population. Now we know better. Serious mental illnesses (brain disorders) are treatable no-fault biological disorders caused by a chemical imbalance in the brain. And that those individuals with a brain disorder, who receive the proper combination of medication(s) and supportive therapy are no more prone to violence than the general population.

In fact, serious mental illnesses (brain disorders) have higher treatment success rates than other equally devastating illnesses such as cancer and heart disease. Just like these other debilitating, chronic illnesses, early diagnosis, prompt medical intervention and continued support services are the keys to treatment success. Although there is presently no cure for mental illnesses, brain disorders are treatable and manageable with the right combinations of medication, supportive counseling, community support services, including appropriate education and vocational training. Left untreated or without support, however, these illnesses can profoundly disrupt a person's mood or ability think, and their capability to relate to others. The end result may very well be the use of drugs or alcohol in an effort to self-medicate leading to police contact and the completion of the cycle, with incarceration in our state and county prisons.

In response, NAMI Pennsylvania initiated the formation of the Forensic Interagency Task Force (FITF) in 1996. This group is comprised of governmental and other agencies including the Department of Corrections, Board of Probation and Parole, Department of Health, Office of Mental Health and Substance Abuse/Bureau of Drug and Alcohol Programs, Department of Public Welfare, County MH/MR Administrators, and representatives of the Providers' Association. Why bring such a diverse and seemingly unrelated group together? Because the problem of criminalization goes beyond corrections, no one person, or one profession, can stand-up and say 'I'm responsible for persons with a mental illness' in the criminal justice system, it is rather a system problem which requires all agencies and professions to stand as one to improve the lives of those with a serious mental illness, to improve the allocation of our resources and our communities.

The Forensic Interagency Task Force therefore, examines new "boundary-spanner" ways to break the cycle of arrest/re-arrest and incarceration/reincarceration by exploring diversion and pre-release programs. We are looking at programs specifically designed to link the person with a serious mental illness with the myriad of state and local agencies /services.

The relevancy of the FITF's work, has been borne out by other significant findings contained in the BJS Special Report including: **Housing:** Mentally ill state prison inmates were more than twice as likely as other inmates to report living on the street or in a shelter in the 12 months prior to arrest; **Length of incarceration:** On average, mentally ill inmates in state prison are expected to serve 15 months longer than other inmates. As to violent and property offenses the mentally ill expected to serve an average of at least 12 additional months; **Drugs and alcohol:** Nearly 6 in 10 mentally ill state offenders reported they were under the influence of alcohol or drugs at the time of their current. Rates of alcohol and drug use were even higher among mentally ill jail inmates; **Type of offense:** The majority of mentally ill offenders in local jail or on probation had committed a property or public-order offense; **Employment:** About 4 in 10 inmates with a mental illness were unemployed in the month before arrest; and, **Return to prison:** mentally ill inmates reported more prior sentences than other inmates. (references to the "mentally ill", are as reported by the BJS).

As a result of FITF initiatives the Department of Corrections, with the Pennsylvania Board of Probation and Parole, has developed a community reintegration of offenders program in Philadelphia. This program is called FIR-St (Forensic Intensive Recovery-State Program), and is designed for inmates suffering from a mental illness who are soon to be released from state prison - as having served their maximum sentence - and also includes parolees. Many, if not most, of these inmates and parolees also suffer from a co-occurring disorder. Such programs were/are designed to counter those factors that feed the cycle of criminalization – as have now been identified by BJS Special Report. We are pleased with this first step and are encouraged by the positive feedback on the early successes of this program. The Forensic Interagency Task Force is highly confident that this reintegration model program will be replicated in other parts of the state, not only in our urban areas but also in our rural communities.

For the FIR-St program, NAMI Pennsylvania had the responsibility for developing and facilitating "boundary spanner" cross-agency training for serious mental illness and co-occurring disorders. Personnel from all agencies involved in the reintegration process - corrections, probation and parole, provider and community agencies - were brought together to gain a better understanding of their respective roles in the reintegration process within a treatment program. I am pleased to report that the training was very well received, and has resulted in invitations to provide additional training within the DOC, specifically the Bureau of Community Corrections, Region I.

While NAMI Pennsylvania is pleased with this initiative as well as the leadership role taken by the Department of Corrections, we would be remiss if we did not recognize the urgent need to replicate similar programs for our county prisons. It is also imperative that we recognize the need for diversion programs – both pre and post arrest. Many offenders suffering from a mental illness are incarcerated in our county prisons for relatively minor public-order offenses. In these instances diversion to a treatment facility/services may be more appropriate than incarceration, and serve to break the criminalization cycle.

One way to relieve the overcapacity within our Pennsylvania state and county prisons is to focus our attention on improving the delivery of mental health services in our communities to prevent unnecessary incarceration. If incarceration is necessary, we must ensure that persons with a mental illness behind bars receive the treatment they need while in prison, that they serve no unnecessary length of time, and that reintegration programs are in place to avoid unnecessary rearrest/reincarceration. Thanks to the cooperation of all those agencies I mentioned earlier, some improvement has been made in this area, but more attention and resources must be devoted to end the criminalization of persons with a serious mental illness within our criminal justice system.

On behalf of NAMI members and the members of the Forensic Interagency Task Force, I invite you, Representative Birmelin, and the members of your committee, to be a part of the FITF.

Thank you, and please accept my written statement as part of your subcommittee's record, along with the attached document entitled "The Criminal Justice System and Mental Illness". I would be pleased to answer any questions.

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THE CRIMINAL JUSTICE SYSTEM AND MENTAL ILLNESS

The Nation and Pennsylvania

At yearend 1998, an estimated 1,825,000 persons were incarcerated in U.S. state and federal prisons and local jails. Of that number, Federal and State prisons held 1,232,538 inmates and local jails held 592,462 inmates. Since 1990 the number of inmates in U.S. prisons and jails grew 6% per year, to where at yearend 1998, the rate of incarceration increased to 1 in every 149 U.S. residents. The rate of increase translates to the equivalent of an additional 1,627 inmates per week entering U.S. prisons and jails (1990 to yearend 1998). Identified factors underlying the growth in our Nation's state prisons, between 1990 and 1997, include: a 39% rise in the number of parole violators returned to prison, a drop in annual release rates of inmates (from 37% to 31%) and, an increase in the average time served in prison by released inmates. This ongoing trend in the increase of our Nation's prison and jail population is particularly significant for those individuals with a mental illness.

According to a July 1999 Department of Justice/Bureau of Justice Statistics (BJS) Special Report, 16% of inmates in the Nation's state prisons, 16% of inmates in our local jails and 7% of Federal inmates, suffer from a mental illness. This represents an estimated 283,800 inmates with a mental illness incarcerated in our prisons and local jails. As noted in this BJS Special Report, past estimates of the rate of mental illness among inmates are higher than those for the U.S. general population:

> Among a sample of male jail detainees in Cook County (Chicago), Teplin found 9.5% had experienced a severe mental disorder (schizophrenia, mania, or major depression) at some point in their life, compared to 4.4% of males in the U.S. general population. The Epidemiologic Catchment Area program found that 6.7% of prisoners had suffered from schizophrenia at some point, compared to 1.4% of the U.S. household population (Robbins and Regier).

This disproportional higher rate was also noted in the U.S. Department of Health and Human Services, "Mental Health United States, 1998" report:

> The sheer magnitude of people with a serious psychiatric disorder in jails is staggering. Teplin and associates (1996) estimate that on an average day, 9.0 percent of men and 18.5 percent of women entering local jails have a history of serious mental illness, rates two to three times higher than that of the general population.

Other significant national findings contained in the BJS Special Report include:

Housing: Mentally ill state prison inmates were more than twice as likely as other inmates to report living on the street or in a shelter in the 12 months prior to arrest (20% compared to 9%). As for jails, 30% of mentally ill inmates compared to 17% of other inmates reported being homeless in the year prior to arrest.

Length of incarceration: On average, mentally ill inmates in state prison are expected to serve 15 months longer than other inmates (based on time of admission to time of expected release). As to violent and property offenses the mentally ill expected to serve an average of at least 12 additional months.

Violation of prison rules: Mentally ill inmates were more likely than other inmates to have been involved in a fight, and to have been charged with breaking prison and jail rules.

Drugs and alcohol: Nearly 6 in 10 mentally ill state offenders reported they were under the influence of alcohol or drugs at the time of their current offense (60% compared to 51%). Rates of alcohol and drug use were even higher among mentally ill jail inmates – 65% compared to 57%.

Type of offense: The majority of mentally ill offenders in local jail or on probation had committed a property or public-order offense.

Employment: About 4 in 10 inmates with a mental illness were unemployed in the month before arrest.

Return to prison: Mentally ill inmates reported more prior sentences than other inmates.*

Pennsylvania State Prison System

Pennsylvania state prisons reflect the trends of an increasing inmate population, along with an over representation of inmates with a mental illness as compared to the general population. Pennsylvania's Department of Corrections (DOC) system includes 24 state prisons, 15 community correction centers, and one boot camp. As of February 29, 2000, 36,471 persons were housed in this system. Presently the system is operating at 144% of capacity. While the Commonwealth and national statistics indicate that crime rates are declining, the inmate population in Pennsylvania's system is expected to continue to rise yearly. For example, the total number of persons entering the system increased 12.7% from 1997 to 1998. In this regard, the Program Revision contained in the Governor's Executive Budget 2000-2001 earmarks nearly 9 million dollars to increase capacity at various institutions. Prison expansion includes an 8.1 million-dollar recommendation for the planned July 2000 opening of the State Correctional Institution-Pine Grove, in Indiana County, a 651 bed DOC facility for juveniles convicted as adults.

An estimated twenty (20%) percent - or 7,275 individuals - of Pennsylvania's state prison population are suffering from a mental illness. Applying the BJS Special Report findings, presently an estimated sixteen (16%) percent – or 5,835 individuals – of Pennsylvania's DOC system population are suffering from a mental illness. This is more than the total Pennsylvania state mental hospital population, which is less than 3,000 persons. And as Pennsylvania's state prison population continues to grow, a forty (40%) percent increase from 1992 to 1997, so will the number of incarcerated and released inmates who suffer from a mental illness.

In this regard, the total number of inmates released from DOC decreased by 7.2% from 9,729 in 1997 to 9,031 in 1998. The number of unconditional releases (expiration of sentence, execution, court orders) increased 7.6% from 2,526 in 1997 to 2,717 in 1998. The number of conditional releases (state paroles, county paroles, reparoles) decreased by 11.6% from 6,702 to 5,927 in 1998 (representing 65.5 % of the total releases in 1998). Nationally in this regard, according to the recent DOJ Special Report, about 16%, or an estimated 547,800 probationers, suffer from a mental illness.

Criminalization

Criminalization of individuals with a serious mental illness refers generally to the overrepresentation of individuals with a serious mental illness within our state and local prisons – and the criminal justice system as a whole - when compared to the prevalence rate of serious mental illness in the general population.

Although the closure and downsizing of state mental hospitals is not directly responsible for turning jails and prisons into asylums for the seriously mentally ill, it is instructive to note that while the Pennsylvania state mental hospital census dropped from 35,000 in the mid-1960s to just over 3,000 patients in 1998, the state prison census grew from 6,200 in 1980 to over 35,000 by midyear 1998. As noted above, the BJS Special Report highlights and or includes comparative findings regarding factors such as homelessness, expected time served, and the use of drugs and alcohol as to inmates with a mental illness and all other inmates. These are indeed some of the important factors/needs which the system as a whole must address in order to reduce criminalization. In a broad overview, contributing factors to the criminalization of those with a serious mental illness include:

- **inadequate community based treatment resources**
- **lack of housing programs**
- **failure to adequately treat co-occurring disorders**
- **lack of mental illness/diversion training for criminal justice professionals: police, judges, correction officers**
- **lack of pre and post booking diversion programs**
- **lack of pre-release community reintegration programs (e.g. FIR-St)**
- **lack of access to the most effective medications**
- **inadequate screening to identify those individuals with a serious mental illness in prisons, and related inadequacies as to treatment**

Sources:

Beck, A. and Mumola, C. Prisoners in 1998. *Bureau of Justice Statistics Bulletin.* Pub. No. NCJ 175687, Washington, DC. August 1999.

Ditton, P. Mental Health and Treatment of Inmates and Probationers. *Bureau of Justice Statistics Special Report.* Pub. No. NCJ 174463, Washington, DC July 1999.

Goldstrom I.; Henderson M.; Male A.; and Manderscheid R. Chapter 14: Jail mental health services: a national survey. In: Menderscheid R. and Henderson M., eds. Mental Health, United States, 1998. DHHS Pub. No. (SMA) 99-3285. Washington, DC: Supt. of Docs., U.S. Govt. Printing Office, 1998.

Other statistical sources: Percentage – 20% - of Pennsylvania state inmates with a mental illness, a state agency estimate (1998); The Pennsylvania Department of Corrections, Monthly Population Report (from, www.state.pa.us); the Governor's Executive Budget 2000-2001; and, the Source Book of Criminal Justice Statistics 1997, U.S. Department of Justice (DOJ), Bureau of Justice Statistics. DOJ figures are yearend 1998 estimates unless otherwise indicated.

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* The BJS Special Report also included the following finding: "Mentally ill inmates were more likely than others to be in [state] prison for a violent offense". (52.9% compared to 46.1%). However, the definition of "violent offense" used by the Bureau of Justice Statistics included "sexual assault" (12.4% compared to 7.9%). See, Table 5 of the BJS Special Report. It may be that individuals with a sexual disorder, and not suffering from one of the treatable no-fault biological disorders - which generally include schizophrenia, bipolar disorder (manic depression), and major depression – were captured by the BJS study and have skewed the results upon which the violence finding is based.