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Co-Occurring Mental Illness and Substance Abuse in the Criminal Justice System

Some Implications for Local Jurisdictions

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The increasing role of police, courts, and corrections in dealing with the mentally ill represents a significant challenge facing local justice systems. This article considers the impact of mentally ill and substance-abusing offenders in Santa Fe, New Mexico, by comparing a random sample of individuals detained on protective custody and mental health holds ($n = 338$) to a random sample of defendants arrested on criminal charges ($n = 153$). Results indicate that police encounter individuals with co-occurring disorders on a daily basis and that individuals detained on holds are much more likely than are those arrested to generate additional police contacts during a 1-year follow-up period. Individuals with co-occurring disorders also represent a serious financial burden on the local system, particularly in terms of confinement costs. The article concludes with a discussion of implications for criminal justice policy and practice.

Keywords: *mental illness; substance abuse; co-occurring disorders; criminal justice; mentally ill*

Local criminal justice systems in the United States have long struggled with the problems associated with mentally ill offenders who come to the attention of police, courts and corrections (American Bar Association, 1986, 1989; Beeley, 1927; Fosdick et al., 1922; Goldkamp & Irons-Guynn,

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2000; Matthews, 1970; Mattick, 1974; McFarland, Falkner, Bloom, Hallaux, & Bray, 1989; National Advisory Commission on Criminal Justice Standards and Goals, 1973; National Commission on Law Observance and Enforcement, 1931). In a recent Bureau of Justice Statistics survey (1999), it was estimated that 238,000 mentally ill offenders were incarcerated in American prisons and jails in 1998, representing 16% of all state prison and local jail inmates and 7% of federal prisoners. Moreover, many of those with mental disorders who find themselves in jail also suffer from co-occurring substance abuse (Abram, 1990; Evans & Sullivan, 2001; Kessler et al., 1997). When also taking into account the massive volumes of police contacts with citizens, arrests, and criminal cases processed, the number of mentally ill persons (many with comorbid disorders) dealt with by the criminal justice system on a regular basis is considerable (Goldkamp & Irons-Guynn, 2000).

Because the difficulties posed by mentally ill persons represent first a local, community-based problem, the evidence suggesting that the mentally ill are increasingly finding themselves on criminal court dockets and in jails and prisons raises serious questions for local justice systems that are ill-equipped to handle the difficult and long-term problems associated with this population (Teplin, 2000). The increasing role of local criminal justice agencies in dealing with the mentally ill in the community—referred to by some as the "criminalization" of mental illness—represents a significant challenge facing already resource-poor, financially struggling local justice systems. Beyond the demanding resource and practical concerns posed by this population, with rare exception, the mentally ill and disabled are not likely to receive the care and treatment they require in America's police stations, jails, and prisons. To the contrary, evidence suggests that the criminal justice system can compound and aggravate their problems (Lurigio, Fallon, & Dincin, 2000).

As attention once again seems to be focusing on the problem of mentally ill and disabled persons (often with co-occurring substance abuse) in criminal justice, this article examines the impact of mentally ill and substance-abusing offenders in one American jurisdiction, Santa Fe, New Mexico, as an illustration of the challenges facing local systems trying to deal with this special needs population within the criminal justice context. More specifically, the article seeks to document the prevalence of co-occurring mental illness and substance abuse in Santa Fe to determine how the population suffering from these disorders differs from the overall arrest population, to investigate their impact on the local justice system, and to consider policy implications from the findings.

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Prior Research

Mental Illness and Co-Occurring Substance Abuse

Prior research has consistently reported the frequent co-occurrence of mental illness and substance abuse (Abram, 1990; Anderson, Rosay, & Saum, 2002; Cote & Hodgins, 1990; Drake & Wallach, 1989; Evans & Sullivan, 2001; Henderson, Schaeffer, & Brown, 1998; Hiller, Knight, Broome, & Simpson, 1996; Kessler et al., 1997; Regier et al., 1990). Hubbard and Martin (2001) note that “the significant statistical association between substance-related and other psychiatric disorders in the general and several clinical populations . . . suggest that these disorders may be causally associated with one another” (p. 5). Prior research also shows that psychiatric and substance abuse problems co-occur in greater concentrations among populations of criminal offenders (Cote & Hodgins, 1990; Hiller et al., 1996; Lamb & Grant, 1982; Smith, 1988; Teplin, 1990). Recently, for example, Belenko (2003) interviewed 280 felony drug sale offenders with substance abuse problems and found that 40% to 60% had comorbid psychiatric disorders, whereas two thirds reported recent psychiatric symptoms or emotional problems.

Mental Illness and Crime

Although mental illness may be far more prevalent among nonviolent petty offenders, media attention (and public perception) focuses more on dramatic violent crimes committed by mentally ill persons (Applebaum, 1994; Eronen, Angermeyer, & Schulze, 1998; Monahan, 1992; Mulvey, 1994; Newhill & Mulvey, 2002). Studies comparing crime among mentally disordered and nondisordered persons have consistently found higher rates for mentally disordered persons, particularly for violent crime (Belfrage, 1998; Hodgins, 1992, 1993; Hodgins, Mednick, Brennan, Schulsinger, & Engberg, 1996; Stueve & Link, 1997; Tiihonen, Isohanni, Rasanen, Koiranen, & Moring, 1997; Wallace et al., 1998).

The relationship between mental illness and violence is far from clear, however. The majority of people suffering from mental illness do not engage in violence (Belfrage, 1998; Mulvey & Fardella, 2000), and the majority of people who commit crime, particularly violent crime, do not suffer from mental illness (Swanson, Holzer, Ganju, & Jono, 1990). Some research, nevertheless, has identified certain risk factors, most notably substance abuse,

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that increase the likelihood that an individual with mental illness will become violent (Else, Wonderlich, Beatty, Christie, & Staton, 1993; Mulvey & Fardella, 2000; Newhill & Mulvey, 2002; Steadman et al., 1998).

Mental Illness and the Criminal Justice System

Local justice systems have a long history of dealing with individuals suffering from mental illness or disability (e.g., Beeley, 1927; Fosdick et al., 1922; Lurigio et al., 2000). Because of their presence on the streets, the police represent the front line contact between criminal justice and mentally ill or disabled citizens whose behaviors are disturbing to the community. Whether they shoo them away from the locations where they are not desired, put them in contact with assisting services, or arrest them and transport them to the lockup, the police aims are short term and generally involve moving them on to others to deal with their problems.

Jails have long served as a repository for persons believed to be mentally disturbed.[1] Many arrested persons who have serious disabilities end up in the local jail, mainly because there is little else to do. Jails cannot control the volume and nature of persons confined; they must accept those legally sent to them. Few jails can boast of adequate resources or the necessary services for handling mentally ill inmates in their care and seek mainly to protect and stabilize such inmates while they are confined.[2]

The recent (re-) "discovery" of large numbers of mentally ill and disabled persons in the criminal justice population has raised questions about whether—purposefully or only implicitly (because of the failure of the mental health system)—mental illness has been criminalized (Abramson, 1972; Teplin, 2000), in comparison with earlier eras. Criminalization can have a number of interpretations. For example, some have argued that the growing numbers of mentally ill or disabled persons in criminal justice results from enforcement of criminal laws and policies that directly involve the mentally ill population in the community (e.g., trespassing, vagrancy, disorderly behavior; Teplin, 1984). Alternatively, others suggest that the criminal justice system deals with the mentally ill largely by default; because of the failures of other social service agencies, it becomes the social service institution of last resort (Goldkamp, 2000; Shepard Engel & Silver, 2001).[3]

Regardless of the interpretation, the numbers of mentally ill defendants and offenders in criminal justice appear to be substantial and increasing, posing ever greater challenges for police, courts, and corrections (Guy, Platt, Zwerling, & Bullock, 1985; Teplin, 1994, 1996; Torrey et al., 1992).

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A number of factors have contributed to an increasing reliance on the criminal justice system to handle the mentally ill. The closing and downsizing of state psychiatric hospitals during the 1960s (deinstitutionalization) resulted in greater numbers of mentally ill persons residing in the community (Sigurdson, 2000; Whitmer, 1979). The development of community-based treatment services intended to accompany deinstitutionalization, however, failed to materialize in a significant way, and this failure left many of the recently deinstitutionalized individuals without appropriate resources and services (Lurigio et al., 2000; Lurigio & Lewis, 1987; Sigurdson, 2000). Inevitably, the responsibility for responding to problems associated with this population fell to the police (Lamb & Weinberger, 1998; Shepard Engel & Silver, 2001) and the criminal justice system (Goldkamp & Irons-Guynn, 2000).

Historically, the accrued impact of deinstitutionalization coincided with the drug epidemic of the 1980s and 1990s and the law enforcement initiatives of the war on drugs. Because substance abuse is a frequently co-occurring disorder among the mentally ill, increased drug enforcement efforts increased the numbers of mentally ill persons entering the criminal justice system and affected all justice agencies.

Moreover, because many of the mentally ill and disabled become involved in fairly low-level criminal matters, recent community justice initiatives (community policing, community courts, community prosecution) focusing on quality-of-life offenses have increased the likelihood that the substance-abusing, mentally ill persons in the community will find themselves in the criminal justice system (Goldkamp & Irons-Guynn, 2000; Goldstein, 1990; Hodulik, 2002; Shepard Engel & Silver, 2001; Wilson & Kelling, 1982).

The Capacity of Criminal Justice to Treat the Mentally Ill

Even though jails should meet certain minimum standards in providing mental health services by law, few jails and prisons offer comprehensive mental health services, and many detainees with mental disorders go untreated (Morris, Steadman, & Veysey, 1997; Sigurdson, 2000; Steadman, Barbera, & Dennis, 1994; Steadman, Holohean, & Dovoskin, 1991; Teplin, Abram, & McClelland, 1997; Torrey et al., 1992; Veysey, Steadman, Morrisey, & Johnson, 1997).[4] Teplin (1990) found, for example, that approximately two thirds of seriously mentally ill inmates in the Cook County Jail were not diagnosed and treated.

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The lack of adequate mental health services in jails and prisons (and the criminal justice system in general) and the relatively poor track record of front line justice agencies in identifying persons in need of treatment have important implications for mentally ill persons and for the justice system itself.[5] First, persons with undiagnosed and untreated mental illnesses and co-occurring substance abuse will not receive the services they need and will continue to suffer. The absence of treatment and critical support services and the nature of the jail setting itself together are likely to aggravate mental illness and may contribute to the production of "chronic patients and arrestees" (Lurigio et al., 2000, p. 534; Teplin, 2000).[6] Second, as mentally ill and disabled persons remain untreated and become "regular customers" of the local police, courts, and jails, they place even more of a burden, financial and otherwise, on the criminal justice system, which is poorly equipped to deal with them in the first place.

In light of the growing concerns over the plight of mentally ill and often substance-abusing offenders in local criminal justice populations, this study examines their prevalence, treatment, and implications for the system in one local jurisdiction. Although it is hard to argue that Santa Fe—or any other single jurisdiction—is typical of American population centers, it does offer a special opportunity to consider this phenomenon in depth and to serve as an illustration or case study of one small to midsized locality's experience in dealing with the mentally ill finding their way into the justice system. Overall, the aim of the study is to draw on a range of descriptive data from Santa Fe to document the nature and extent of the challenge posed by the mentally ill and substance-abusing population for the justice system, to consider their impact on the system, and to discuss the implications of findings for local criminal justice policy and practice.

Method

The Research Site: Santa Fe, New Mexico

The city of Santa Fe, which serves as both the county seat and the state capital, is located in the high desert region of north-central New Mexico and has approximately 129,000 residents, according to the 2000 U.S. Census. The majority of the population is Hispanic (50%) and White (45%), with 2% Native American and less than 1% African American.

Like police elsewhere, Santa Fe officers have a limited range of options available to handle the mentally ill, including resolving the matter informally

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or more formally through arrest.[7] Also, according to New Mexico state law, law enforcement officials can detain individuals through mental health or protective custody (i.e., intoxication) holds. Specifically, state law allows police to transport intoxicated persons (via protective custody) to the jail for detention up to 12 hours if the person has no residence in the county, is unable to care for his or her own safety, or would constitute a danger to others (New Mexico statute 43-2-18). When dealing with the mentally ill, New Mexico statute 43-1-10 allows police to detain and transport a person for emergency mental health evaluation and care (without a court order) if the person is otherwise subject to lawful arrest, has just attempted suicide, or is likely to harm himself or herself or others if not detained. The statute specifies that jails should only be used “in cases of extreme emergency,” and detention should last no longer than 24 hours (New Mexico Statute 43-1-10).

The Sampling Approach

This article attempts to characterize the role of individuals with co-occurring disorders in Santa Fe’s local justice system—at least in the initial stages of processing involving police and detention. The mentally ill and substance-abusing offenders are identified through indications they were held on mental health and/or protective custody holds, described above. Although mentally ill citizens may certainly be arrested and processed through the system without being identified as such, in Santa Fe, however, these detainers designate the types of individuals most clearly having ascertainable mental health and/or substance abuse disorders (and, as a result, serve as a rough measure of their prevalence).

This study addresses a number of basic issues involving the use of protective custody and mental health holds, including how often the holds are used, the degree of co-occurrence of disorders among those detained, how this population differs from the overall arrest population, and how they affect the local justice system. To investigate these issues, the study collected the following data.

- Aggregate monthly arrest and protective custody or mental health hold data from April 1, 1997, to January 31, 2000
- Demographic, assessment, criminal history (arrest and confinement), prior hold history, and behavior during a 1-year follow-up period for a random sample of individuals detained on protective custody or mental health holds, from April 1, 1998, to May 31, 2000 ($n = 338$)[8]

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- Demographic, criminal history (arrest and confinement), and behavior during a 1-year follow-up period for a random sample of individuals arrested on criminal charges, from April 1, 1998, to May 31, 2000 (n = 153 with no history of protective custody or mental health holds)

The Analysis

The article employs a range of descriptive and multivariate analyses to document the prevalence of co-occurring mental illness and substance abuse (measured through the use of protective custody and mental health holds) and its impact on the local justice system in Santa Fe. First, protective custody or mental health holds are examined as a portion of the overload police workload, measured through formal contacts resulting in detention (arrests and holds). Second, assessment data from those detained on holds are examined to determine the degree of co-occurrence of mental illness and substance abuse. Third, the hold and arrest samples are compared along a number of attributes to determine if significant differences exist among the two populations. Fourth, cost estimates based on confinement data are calculated and compared among the arrest and protective custody or mental health hold samples. Last, logistic regression is employed to identify predictors of subsequent contacts among the protective custody or mental health hold sample. Through an illustrative risk classification based on predicted values, the analyses demonstrate the disproportionate impact of individuals who continually return to the system and an ability to identify (and target) those regular customers.

Results

The Prevalence of Protective Custody and Mental Health Holds in Santa Fe

Table 1 shows the prevalence of the population with co-occurring disorders—roughly estimated through the use of both types of holds—by means of a ratio of the total number of holds (of either type) to the total the number of arrests made by Santa Fe officers between April 1, 1997, and January 31, 2000. Although the Santa Fe Police Department took 14,228 people into custody (arrest or hold) during that period, approximately 2,600 mentally ill and substance-abusing individuals were detained on holds. This represents about 1 such hold for every 5 arrests made, with minor variation by month. The monthly total number of holds ranged from about 50 to 110, with an average of about 76 per month. In other words, Santa Fe police

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Table 1
Protective Custody or Mental Health (PC/MH) Holds as a Proportion of the Santa Fe Police Department (SFPD) Workload, April 1997 to January 2000, by Month

Month/Year	Number of PC/MH Holds	Number of Arrests	Total SFPD Contacts	PC/MH Holds as a Percentage of SFPD Workload (%)
4/97	80	367	447	18
5/97	98	496	594	16
6/97	87	384	471	18
7/97	107	361	468	23
8/97	75	320	395	19
9/97	74	378	452	16
10/97	88	349	437	20
11/97	63	277	340	19
12/97	74	314	388	19
1/98	90	392	482	19
2/98	63	313	376	17
3/98	61	360	421	14
4/98	95	334	429	22
5/98	75	336	411	18
6/98	48	274	322	15
7/98	108	320	428	25
8/98	95	361	456	21
9/98	79	336	415	19
10/98	58	319	377	15
11/98	57	267	324	18
12/98	65	310	375	17
1/99	61	255	316	19
2/99	98	297	395	25
3/99	49	398	447	11
4/99	77	569	646	12
5/99	71	352	423	17
6/99	86	361	447	19
7/99	67	332	399	17
8/99	57	329	386	15
9/99	73	369	442	17
10/99	55	301	356	15
11/99	69	301	370	19
12/99	81	308	389	21
1/00	92	312	404	23
Total	2,576	11,652	14,228	18

officers averaged about 2.5 holds per day, suggesting that law enforcement encounters with the mentally ill and substance-abusing population in Santa Fe are fairly common.

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Estimating the Co-Occurrence of Mental Illness and Substance Abuse[9]

Results indicate that protective custody holds are much more common than are mental health holds (230 vs. 55, respectively). Not surprisingly, results from assessments show that the presenting problem is much more likely to be mental illness for those detained on mental health holds (62% vs. 2%) and more likely to involve drugs and alcohol for those detained on protective custody holds (95% vs. 36%; see Table 2). Nevertheless, findings suggest that the majority of individuals detained on holds, regardless of type, struggle with both mental illness and substance abuse. For example, 83% of individuals detained on a mental health hold indicate alcohol use, and 43% indicate drug use. Nearly half of those detained on a mental health hold have participated in substance abuse treatment. Also, one fourth have been detained in the past on a protective custody hold.

Alternatively, nearly one third of those detained on a protective custody hold reported prior or current suicidal thoughts, and one fourth indicated participation in psychiatric treatment in the past. Of those detained on a protective custody hold, 17% have, in the past, been detained on a mental health hold. Finally, an overall measure (based on hold history and assessment data) shows that 93% of those detained on mental health holds and 68% of those detained on protective custody holds have some indication of co-occurring substance abuse and mental illness. As a result, regardless of the type of hold that placed them in the sample (i.e., the current contact), there appear to be strong associations between drug and alcohol use and mental disorders among this population in Santa Fe.

Comparing the Mental Health or Protective Custody Hold Population to the Overall Arrest Population

Of particular interest is how the population suffering from co-occurring disorders differs from the overall arrest population. Table 3 compares the hold and arrest samples on basic demographic and criminal activity measures. Individuals in both samples are primarily male (81%-83%) and White, though those detained on holds are more likely to be Native American and are significantly older. Individuals detained on holds are more likely to have prior arrests (68% vs. 44% for the arrest sample), and those arrests are more likely to be recent (42% vs. 26%) and involve alcohol-related offenses (55% vs. 21%). Arrestees and individuals detained on holds do not differ in terms of their arrest history involving serious person, drug, or felony offenses.

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Table 2
Assessment and Prior Hold History Among Individuals Detained on Protective Custody and Mental Health Holds, April 1998 to May 1999

Characteristics	Mental Health Hold[a]	Protective Custody Hold[b]
Assessment data		
Presenting problem*		
Total	100	100
Alcohol abuse	29	81
Drug abuse	7	14
Mental illness	62	2
Other	2	3
Alcohol use indicated*		
Total	100	100
No	17	2
Yes	83	98
Drug use indicated*		
Total	100	100
No	57	74
Yes	43	26
Psychological problems		
Prior or current suicidal thoughts*	55	29
Prior or current psychotic thoughts	17	3
Prior or current homicidal thoughts	17	9
Prior treatment		
Substance abuse treatment	48	47
Psychiatric treatment*	50	24
Any treatment	66	54
Prior hold history		
Prior mental health holds*		
Total	100	100
No	68	83
Yes	32	17
Prior protective custody holds*		
Total	100	100
No	74	45
Yes	26	55
Prior protective custody or mental health holds*		
Total	100	100
No	58	44
Yes	42	56

(continued)

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Table 2 (continued)

Characteristics	Mental Health Hold[a]	Protective Custody Hold[b]
Prior protective custody or mental health holds, within 3 years		
Total	100	100
No	70	60
Yes	30	40
Co-occurring problems (any mental disorder and substance use indicated)*		
Total	100	100
No	7	32
Yes	93	68

a. $n = 55$.
b. $n = 230$.
*$p < .05$.

Table 3 also shows that individuals detained on holds are much more likely to generate additional police contacts during a 1-year follow-up period. One third of the hold sample had an additional contact (arrest or hold), compared to 14% of the arrest sample. Approximately one fourth of the hold sample was arrested on criminal charges (primarily for alcohol-related offenses), and one fifth was detained on an additional hold (primarily protective custody). Of the arrest sample, 14% were rearrested (and only two arrestees were detained on a hold). As a result, findings suggest that the substance-abusing, mentally ill population—roughly measured through protective custody or mental health holds—also enters the criminal justice system frequently through arrest on criminal charges and does so much more frequently than does the overall arrest population.

The Impact of Protective Custody or Mental Health Holds on the Criminal Justice System

Confinement costs. Clearly, police officers in Santa Fe spend a significant amount of time handling encounters involving the mentally ill and substance-abusing population, through both detention on holds (averaging 2.5 per day) and criminal arrests (demonstrated above). The impact of this population on the local justice system is complex and, in many ways, difficult

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Table 3
Selected Attributes Among Random Samples of Individuals Detained on Protective Custody or Mental Health Holds and Arrestees

Characteristics	Hold Sample[a]	Arrest Sample[b]
Demographics		
Race		
Total	100	100
White	87	96
African American	0	1
Hispanic	3	0
Native American	10	3
Gender		
Total	100	100
Male	83	81
Female	17	19
Mean age	36	29
Prior criminal history		
Prior arrests		
Total	100	100
No	32	56
Yes	68	44
Prior arrests, 3 Years		
Total	100	100
No	58	74
Yes	42	26
Prior arrests, serious person		
Total	100	100
No	78	82
Yes	22	18
Prior arrests, drug		
Total	100	100
No	93	94
Yes	7	6
Prior arrests, alcohol related*		
Total	100	100
No	45	79
Yes	55	21
Prior arrests, felony		
Total	100	100
No	67	72
Yes	33	28

(continued)

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Table 3 (continued)

Characteristics	Hold Sample[a]	Arrest Sample[b]
Follow-up police contacts		
Any follow-up contacts, arrests, or holds		
Total	100	100
No	66	86
Yes	34	14
Arrests during 1-year follow-up period		
Total	100	100
No	76	86
Yes	24	14
Serious person arrest		
Total	100	100
No	94	94
Yes	6	6
Alcohol-related arrest*		
Total	100	100
No	85	96
Yes	15	4
Mental health hold		
Total	100	100
No	95	99
Yes	5	1
Protective custody hold*		
Total	100	100
No	80	99
Yes	20	1
Protective custody or mental health hold*		
Total	100	100
No	78	99
Yes	22	1

a. $n = 338$.
b. $n = 153$.
*$p < .05$.

to measure. One simple way to demonstrate their impact, however, involves financial costs generated by confinement in the local jail. The Santa Fe Detention Center is operated by the Corrections Corporation of America, which charges the police department $74 per day per inmate. To estimate confinement costs, we collected incarceration data for both the hold and arrest samples for 2 years: the year prior to the current contact and the year following (the 1-year observation period).

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Table 4
Confinement Among Random Samples of Individuals Detained on Protective Custody or Mental Health Holds and Arrestees the Year Prior and the Year After the Current Contact

Characteristics	Hold Sample[a]	Arrest Sample[b]
Prior year		
Mean days confined	3.6	0.31
Total days confined	1,015	47
Confinement cost ($)	75,110	3,478
Follow-up year		
Mean days confined	2.3	0.73
Total days confined	710	105
Confinement cost ($)	52,540	7,770
Total confinement cost ($)	127,650	11,248

a. n = 338.
b. n = 153.

Table 4 shows that in the year prior to the current contact, the hold sample averaged 3.6 days in jail per detainee, for a sum total of 1,015 days (total jail days generated by the entire sample). These jail days occurred as a result of both arrests and protective custody or mental health holds (70% for arrests, 30% for holds). During that same year, the arrest sample averaged 0.31 days confined, for a total of 47 jail days. Although the hold sample is more than twice the size of the arrest sample, the difference in jail days generated is considerable and does not appear to be explained by sample size. At a rate of $74 per day, the hold sample generated $75,110 in confinement costs, compared to just $3,478 for the arrest sample.

During the 1-year follow-up period, the results are just as significant. The hold sample averaged 2.3 days in jail, for a total of 710 days, costing $52,540. The arrest sample averaged 0.73 days confined, for a total of 105 days, costing $7,770. Again noting the differences in sample size, this 2-year analysis of confinement data shows that individuals detained on protective custody or mental health holds generate significantly more time in jail, at a much greater cost, than do those arrested on criminal charges ($127,650 vs. $11,248).

Using logistic regression to predict subsequent contacts. Santa Fe officials are clearly interested in the ability to identify and target those individuals who disproportionately affect the local justice system through

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Table 5
Predicting Subsequent Contacts (Arrests or Holds) Among Individuals Detained on Protective Custody or Mental Health Holds in Santa Fe, New Mexico, April 1998 to May 1999

Predictor Variables	Parameter	Significance
Recent prior protective custody or mental health holds (no–yes)	1.351	.000
Any prior substance abuse or psychiatric treatment (no–yes)	0.795	.007
Prior serious person arrests (no–yes)	0.683	.052
Constant	–1.541	.000
Model statistics		
Log likelihood	291.933	
χ^2	36.554	
df	3	
Significance	.000	
N	243	

Risk Level	*n*	Percentage of Total	Percentage With a Follow-Up Contact
Low	53	21.8	11.3
Medium	83	34.2	33.7
High	107	44.0	60.7
Total	243	100.0	33.8

multiple detentions on holds of either variety, or arrest on criminal charges, during an extended period. Of the hold sample, 34% experienced an additional formal contact with police during the 1-year follow-up period, either an arrest on criminal charges or a protective custody or mental health hold.[10]

Logistic regression was employed to identify predictors of subsequent contacts during the follow-up period.[11] Results, shown in Table 5, indicate that three attributes significantly increase the probability of recording an additional police contact: having multiple prior holds (either protective custody or mental health) within 3 years of the current hold, having experienced prior substance abuse or psychiatric treatment, and having prior serious person arrests.[12]

Predicted values from logistic regression were grouped to develop a three-level risk classification according to the likelihood of additional activity during the follow-up period, summarized at the bottom of Table 5.[13] This risk classification demonstrates, for illustrative purposes only, how information about those detained on holds could be used by justice system officials (and

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treatment providers) to identify individuals most likely to come to police attention again and, more than likely, those most in need of intervention.

Nearly one fourth (21.8%) of the sample was classified as low risk of recording additional contacts. In all, 34.0% were classified as medium risk, and, importantly, 44.0% were classified as high risk of experiencing an additional hold or arrest. Logically, as the risk level increases, so does the likelihood of additional police contacts. In particular, 61% of the high-risk group experienced an additional hold or arrest during the follow-up period. These 107 persons are of special interest to the Santa Fe justice officials because they are nearly 6 times as likely as low-risk individuals to require additional police intervention (and twice as likely compared to medium-risk persons). Given the shortage of mental health and substance abuse services, justice and treatment officials could likely reduce the burden on the system through efficient use of treatment resources with this high-risk subgroup of individuals.

Discussion

This article sought to address a number of basic questions regarding the role and impact of mental illness and substance abuse on the criminal justice system in Santa Fe as an illustration of the challenges facing local systems attempting to deal with this special needs population within the criminal justice context. A number of important findings emerged from this case study of the Santa Fe experience. First, Santa Fe police encounter the mentally ill and substance-abusing population on a daily basis, demonstrated by the use of protective custody and mental health holds over time. Second, review of assessments and hold history of individuals detained on holds (April 1998 to May 1999) shows that the majority of this population is dealing with a host of problems including alcohol abuse, drug use, serious mental disorders, and involvement in criminal activity. Simply put, substance abuse and mental illness are frequently co-occurring among this population in Santa Fe, resulting in their coming to the attention of police for both criminal and noncriminal activity.

Third, the analyses demonstrate that this population represents a serious financial burden to the local criminal justice system, particularly in terms of incarceration costs. Individuals detained on holds are much more likely than the general arrest population to generate additional police contacts, at a substantial cost to the local justice system. In a 2-year period, this sample of 338 individuals generated more than 1,800 days in jail, at a cost of nearly

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$130,000. Finally, results from the illustrative multivariate analysis showed that individuals most likely to reoffend could be identified based on their histories of previous contacts, their prior experience in treatment, and their suspected involvement in a serious person crime, and they could be classified according to their likelihood of reentering the system.

Considered in the context of prior research, the findings presented here have a number of practical and theoretical implications. First, prior research indicates that there is a relationship among mental illness, substance abuse, and crime, and the findings here add support to that literature. Clearly, substance abuse and mental illness were inextricably linked for many of the people detained on either type of hold in Santa Fe. Their frequent involvement in criminal activity in many cases (but certainly not all) may be a direct consequence of their mental disorders and substance abuse problems. To a large extent, the type of hold that placed an individual in the sample was not so much an indicator of his or her only disorder (substance abuse or mental illness) as it was a gauge of the primary problem at that time (or at least the police officer's assessment of it). Clearly, those detained on a mental health hold had significant problems with drug and alcohol abuse, and those detained on protective custody holds often had serious mental health issues (and both frequently engaged in crime).

Second, the comorbidity of disorders facing this population presents special problems for treatment. Sigurdson (2000) notes that current treatments for mental illness are effective, allowing the vast majority of mentally disordered men and women to live productive lives (see also Evans & Sullivan, 2001; Hiller et al., 1996; Hodulik, 2002; Lurigio et al., 2000; Newhill & Mulvey, 2002; Pepper & Hendrickson, 1996). Moreover, a number of modalities have proven successful in treating drug and alcohol addiction (i.e., see the developing literature on the success of drug courts, such as Belenko, 2001; Goldkamp, 2003; Goldkamp, White, & Robinson, 2001; Harrell, 2003). Yet the comorbidity of these disorders represents significant challenges for successful treatment, particularly because of inconsistencies in diagnostic and treatment approaches, conflicts in treatment philosophies, and fragmented treatment services (Evans & Sullivan, 2001; Hubbard & Martin, 2001).

However, Evans and Sullivan (2001) argue that "successful treatment is possible" (p. 9) for the dually diagnosed person through an integrated model of dual recovery that is based on the many similarities between mental health and addiction recovery models and that applies "simultaneous integrated intervention in order to achieve best outcomes" (p. 27). Failure to recognize and treat both disorders together greatly reduces the

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likelihood of a successful outcome. As the research on treating dually diagnosed individuals continues to develop and grow, the possibilities for dual recovery also grow. The prospects for the criminal justice system being able to provide such cutting-edge treatment are not good, but local officials can aggressively pursue available mental health and substance abuse resources in the community and attempt to link the dually diagnosed with those services. The Santa Fe experience clearly shows the value of that pursuit for the criminal justice system, as successful treatment will reduce the behavior that brings the dually diagnosed to the attention of the police, whether it be criminal activity or simply disorderly behavior resulting from an ongoing mental or substance abuse–induced crisis.

Third, the debate over whether mental illness is being criminalized continues, and this research adds to that discussion. The findings from Santa Fe clearly show a reliance on the criminal justice system, particularly the police and jail, to deal with the mentally ill and substance-abusing population. But do these findings provide evidence supporting the criminalization hypothesis? Shepard Engel and Silver (2001) note that use of the term *criminalization* in the literature has varied greatly, with definitions ranging from arrest alone to arrest and prosecution or arrest, prosecution, and jail. Whether the findings here support the criminalization hypothesis depends on how it is defined. Persons detained on holds are taken into police custody against their will, transported to a jail, processed and assessed, and detained against their will for up to 24 hours. By some definitions, this would represent criminalization. Two major components of the criminal justice system are being utilized to handle this special needs population. Findings presented here have illustrated the financial consequences of this approach for the justice system in Santa Fe.

Alternatively, none of the individuals detained on holds during the study period was arrested or faced criminal charges as a result of the incident. Their involvement in the criminal justice system ended with their release from the jail, a day or less after being taken into custody. By other definitions, the experiences of the mentally ill and substance abusers have not been criminalized. Rather, the relative dearth of alternative treatment options in Santa Fe has forced police to employ this approach, which under prevailing (but certainly not ideal) conditions best meets the interests of police, the community, and the person in crisis.

Importantly, this discussion highlights the need for a consistent definition of criminalization among practitioners and scholars. A uniform definition of criminalization would allow for objective interpretation and understanding of the experiences of the mentally ill, the methods in which their problems

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are addressed, and the consequences of those methods. As it currently stands, the degree to which findings here support or refute the criminalization hypothesis is variable based on the prevailing definition.

Fourth, the experience in Santa Fe supports prior research illustrating that the criminal justice system is ill-equipped to respond to the needs of the mentally ill and substance-abusing population. For many individuals in Santa Fe, the hold that placed them in our study is just part of an ongoing pattern involving periodic crises, police response, temporary detention, and release, with little effort to provide treatment or aftercare. Individuals with severe problems likely suffered through the same experience in the weeks following their current contact and again in the weeks after that. A number of factors have led to the current situation in Santa Fe, including state law dictating short-term custody (12 or 24 hours), limited resources in the detention center, limited mental health resources in the community, and community pressure on police to respond and take care of the problem. Certainly, responsibility for change falls on a wide range of shoulders, both within and outside of the criminal justice system.

Moreover, barring major shifts in policy regarding mental health issues and services, the mentally ill and substance-abusing population will continue to be channeled into the criminal justice system, and local officials must be better prepared to handle them. A number of jurisdictions have developed new approaches to handle the mentally ill finding their way into the justice system. For example, the Memphis, Tennessee, Police Department, in partnership with the University of Tennessee Medical Center, has created a Crisis Intervention Team (CIT) composed of officers who have gone through 40 hours of intensive training on appropriate responses to the mentally ill (Vickers, 2000). The Memphis program has been adopted in a number of other jurisdictions.

> The goals of CIT are to provide immediate response to and management of situations where the mentally ill are in a state of crisis; prevent, reduce or eliminate injury to both the consumer and the responding police officer; find appropriate care for the consumer; and establish a treatment program that reduces recidivism. (Vickers, 2000, p. 2)

Also, partly in response to the plight of jails in dealing with mentally ill inmates, a growing number of jurisdictions across the United States—Anchorage, Alaska, Fort Lauderdale, Florida, Seattle, Washington, and San Bernardino, California—have adapted the drug court model to create mental health courts for mentally ill offenders (Goldkamp & Irons-Guynn,

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2000). Goldkamp and Irons-Guynn (2000) note that mental health courts focus on treatment and diversion from the criminal justice system and encourage "community-based justice and health approaches that would prevent mentally ill and disabled individuals from entering the justice system in the first place" (p. xvi).

These types of innovative approaches must continue to be developed and adopted in jurisdictions struggling with their own mentally disordered and substance-abusing populations. Failure to respond to the needs of these individuals will drain the limited justice system resources and likely exacerbate the problems of those in need of help. In particular, the co-occurrence of these problems with criminal activity points to the need for criminal justice officials to proactively develop appropriate mechanisms for identifying and treating those who suffer from them and, in many cases, to divert them from the criminal justice system entirely.

Last, in Santa Fe (and likely many other places), there appears to be a small group whose mental illness and substance abuse are chronic and who are disproportionately responsible for the impact on the justice system. Given the impact of these few individuals, a first logical step should involve targeting these few for intensive services and treatment.[14] By successfully targeting and treating those with chronic problems, officials can substantially reduce their involvement in and burden on the justice system, and, perhaps more important, they can significantly improve the quality of life for people suffering from serious mental illness and addiction in their communities.

Notes

1. In 1694, Massachusetts enacted a law authorizing the incarceration of any person "lunatic and so furiously mad as to render it [*sic*] dangerous to the peace or safety of the good people" (Grob, 1973, p. 48; see also Lurigio, Fallon, & Dincin, 2000, p. 534). Such an approach was common in the United States until the 1830s (Lurigio et al., 2000).

2. For arrested mentally ill kept in pretrial detention, it is particularly challenging to provide services because of the temporary and indefinite nature of confinement and the transient nature of the detention population.

3. Shepard Engel and Silver (2001) have argued that much of the research providing empirical support for the notion that mental illness has been increasingly criminalized through police arrest practices has failed to exercise controls for legal and extralegal factors known to influence police discretion. Their analysis of data from the Project on Policing Neighborhoods and Police Services Study instead suggests that police are not more likely to arrest mentally disordered suspects than other suspects.

4. See, for example, *Langley v. Coughlin* (1989), which outlines minimum necessary elements of care, including screening and identification of serious mental disorders, crisis care, and ongoing mental health treatment.

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5. See the later discussion of how some jurisdictions have adapted to meet the needs of the mentally ill in the criminal justice system. These approaches include the Memphis Police Department Crisis Intervention Team and mental health courts in Anchorage, Alaska, Seattle, Washington, Fort Lauderdale, Florida, and San Bernardino, California.

6. In Torrey et al.'s (1992) national survey of jails, 40% of the jail staff respondents indicated that individuals with mental illness are often abused physically and verbally by other detainees.

7. Like other jurisdictions, Santa Fe has struggled with how to appropriately handle the mentally ill. In August 1993, the *Santa Fe New Mexican* published an article discussing how the mentally ill are often repeatedly processed through the criminal justice system, receiving little or no appropriate treatment or services, while placing substantial burdens on the local system and its limited resources (LaFree, 1999). In October 1993, a conference between the New Mexico State Interagency Forensic Task Force and the Santa Fe Community Guidance Center produced recommendations to improve the justice system's response to the mentally ill by designing a program to divert persons prior to incarceration and filing of criminal charges. In 1997, with the help of an open solicitation grant from the Bureau of Justice Assistance, U.S. Department of Justice, the Santa Fe Police Department contracted with Crisis Response of Santa Fe to implement the Jail Diversion Program. The Jail Diversion Program seeks to divert mentally ill individuals from the justice system before criminal charges are filed into appropriate community-based mental health and substance abuse services (Boschelli, Novel, & Stafford, 2000).

8. In April 1998, the Jail Diversion team began completing assessments of individuals detained on protective custody or mental health holds. Assessments collected a range of information, including self-reported substance abuse and psychiatric history, extent of alcohol use, and presence of a serious mental illness (Boschelli et al., 2000). Of the protective custody or mental health hold sample, 84% were assessed during the study period, following their detention on a hold (285 of the 338 in the sample).

9. These data are based on the 285 individuals for whom assessments were completed.

10. This analysis will treat holds and criminal arrests as a combined dependent variable representing additional formal contacts with police. The authors chose this approach because of the prior literature documenting the frequent comorbidity of these problems, which is also illustrated through specific review of this sample's experiences (see Tables 2 and 3).

11. Missing assessment and criminal history data limited the analyses, which were carried out with 243 cases. We sought predictors of subsequent contacts, thus providing a dichotomous outcome variable (no, yes). In this situation, logistic regression is theoretically a more appropriate procedure than ordinary least squares regression.

12. The multivariate analyses presented here are intended to be illustrative. The predictive results were not validated, for example, through application to other samples. Such validation study is recommended before any operational application.

13. The formula used to identify predicted values is predicted value $= -1.541 + (1.351 \times$ recent prior holds$) + (0.795 \times$ any prior treatment$) + (0.683 \times$ prior serious person arrests$)$. Cutting points were determined by grouping predicted values with similar percentages of the outcome variable (subsequent contacts).

14. This may be facilitated by the use of risk instruments similar to the one described in this article. Once designed and properly validated, such instruments could help local officials efficiently target their limited resources to those most in need.

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