

Public Expenditures Related to the Criminal Justice System and to Services for Arrestees With a Serious Mental Illness

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Objective: The study identified expenditures related to criminal justice, health, mental health, and social welfare services over a four-year period for arrestees with serious mental illnesses in a large Florida county and characteristics of subgroups. **Methods:** Multiple data sets were used to identify 3,769 persons arrested in a one-year period who had serious mental illnesses. Multiple regression with all variables mutually adjusted was used to explore associations with a log of aggregate criminal justice, health, mental health, and social welfare expenditures. **Results:** Aggregate expenditures were \$94,957,465, with a median per person of \$15,134. Individuals with the highest expenditures were at least 40 years old with a psychotic disorder, an involuntary psychiatric examination, and more arrests and mental health contacts. Medicaid enrollees had higher expenditures than nonenrollees overall but lower criminal justice expenditures. **Conclusions:** Identifying characteristics of sub-

groups with higher expenditures may assist policy makers and providers in designing appropriate criminal justice and treatment responses. (*Psychiatric Services* 61:516–519, 2010)

A recent estimate suggests that nearly one million people with serious mental illnesses are arrested each year (1). Many are arrested for minor offenses (2). When these individuals return from prison or jail, many communities are unprepared to offer needed treatment and other services, which often results in their return to the criminal justice system (3). This movement in and out of the criminal justice, health, and social service systems generates significant and recurring expenditures. Although several studies have estimated the criminal justice components of these expenditures, few have attempted to capture total expenditures (4–7).

Our purpose was to identify as many of these expenditures as possible using a variety of state and local administrative data sets and to examine whether aggregate expenditures vary among demographic and diagnostic subgroups.

Methods

This research was conducted with all necessary approvals from the institutional review board of the University of South Florida. The Pinellas County Criminal Justice Information System (CJIS) was used to identify all individuals under age 65 who were ar-

rested and spent time in the Pinellas County jail system from July 1, 2003, to June 30, 2004. For purposes of analysis it was assumed that each arrest resulted in at least one day in jail, because all arrestees are booked at the Pinellas County Jail.

The CJIS system does not include diagnostic information. Therefore, to identify which arrestees had a diagnosis of serious mental illness, the arrestee data file was matched against several Pinellas county and statewide data sets that contain an assigned diagnosis. The data sets included the Florida Medicaid claims files, the service event data set maintained by the Florida State Mental Health and Substance Abuse Authority, and three additional county-specific data sets (health and social services, homeless, and emergency medical services). Diagnoses used as indicators of serious mental illness included four that were combined for analysis into a single category of psychotic disorder diagnoses—schizophrenia, schizoaffective disorder, delusional disorders, and other psychotic disorders—bipolar I disorder, and major depressive or other bipolar and mood disorders. Link-King probabilistic-deterministic linking and unduplication software (www.the-link-king.com) was used to match the arrestee data set with the data set containing diagnoses. A total of 3,769 participants with a serious mental illness were identified through this method, representing 10.1% of all arrestees for the 12-month period.

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