



Reincarceration & Mental Health

Does investing in mental health resources for offenders reduce reincarceration?

Mental illness is overrepresented in incarcerated individuals.

Jails incarcerate people convicted of misdemeanors or low-level felonies for up to one year; prisons incarcerate people convicted of high-level felonies for at least a year ([RSMO 558.011](#)).

Incarcerated individuals in the U.S. are more likely to have a mental health disorder (44% in jails; 37% in prisons) and/or recently experienced psychological distress (26% in jails; 14% in prisons) compared to the total population (23% and 5% respectively) ([KFF, 2022](#); [DOJ, 2017](#)).

- Missouri's reincarceration rate is similar to the national rate- 45% for all releases, 37% for first-time releases ([CCJ, 2021](#); [PPI, 2021](#); [MO DOC, 2016](#)).

Healthcare access, educational attainment, county size, and the likelihood of interacting with the police influence jail incarceration rates. Specific healthcare contributors to a higher per capita jail population include ([Ramezani et al., 2022](#)):

- fewer psychiatrists
- less Medicaid coverage
- higher healthcare costs
- more physically unhealthy days

Research Highlights

[Homelessness](#), addiction, and mental illness are overrepresented in the incarceration system.

Access to rehabilitation and reentry programs varies between prisons and jails.

Reentry programs for people with mental illness can reduce reincarceration rates; the efficacy of Missouri's mental health rehabilitation and reentry programs has not been well studied.

Access to rehabilitation and reentry programs varies between prisons and jails.

Rehabilitation and reentry programs provide health, education, employment, addiction and other services for individuals who are currently incarcerated or near release, respectively.

Funding for services within jails comes from cities, counties and grants from Missouri Department of Public Safety. Each jail is unique in how much they spend on community corrections services.

The Missouri Department of Corrections (DOC) funds prisons. Around a third (\$421 million) of their FY22 budget is spent on rehabilitative services; about 0.4% (\$5 million) is spent on reentry programs ([HB 3009](#)).

- The Missouri Reentry Process Steering Team supports reentry through education, health, safety, and job training services during or after incarceration. The interdisciplinary team consists of representatives from communities and ten state departments.

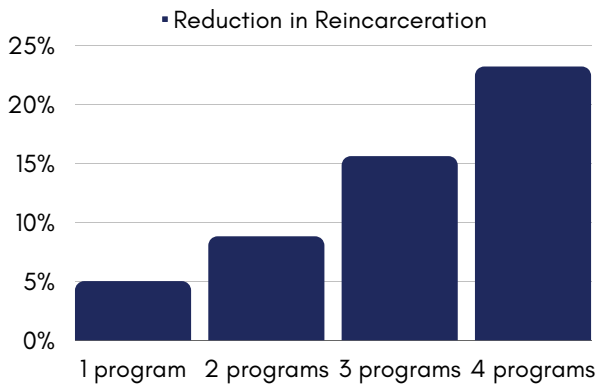


Figure 1. Participation in multiple reentry programs reduces reincarceration (MO DOC, 2016).

Examples of MO DOC programs that decrease reincarceration rates are (MO DOC, 2016):

Program	Service	Reincarceration Rate
Community Apprenticeship (US DOL)	job readiness	5%
Second Chance Risk Reduction Center	job readiness, housing, probation/parole needs	5%
Beauty for Ashes Reentry	substance use disorder, ministry	11.5%
Transitional Housing Unit	temporary housing	38% (overall), 35% (high-risk parole violators)

Other DOC reentry programs: [Pathway to Change](#), [Impact of Crime on Victims](#), Anger Management, and Parenting classes resulted in a minor (5%) decrease in reincarceration, but when offenders participated in all four programs there was a 23% decrease in reincarceration. However, research is needed to understand if the benefits of participating in multiple programs are specific to the characteristics of these four programs (**Figure 1**).

Mental health programs for at-risk individuals can decrease reincarceration.

MO DOC offers several mental health programs: [Community Mental Health Treatment](#), the

[Seriously Mentally Ill Offender Program](#), and [Improving Community Treatment Success](#) (MO DOC, 2016).

- There is no data measuring reincarceration rates after participation in these programs.

Washington runs the [Offender Reentry Community Safety \(ORCS\) Program](#), a long-standing (20+yr) resource for people with mental illness that is one of the most effective programs in the [Crime Solutions](#) database to reduce reincarceration.

- ORCS offers mental health care, housing assistance, and job training up to five years after release for qualified offenders.
- There was a 42% reduction in reincarceration in ORCS participants.
- The state saved \$1.82 for every dollar spent on ORCS compared to reincarceration (WSIPP, 2019; NIJ, 2015; Mayfield, 2009; Theurer and Lovell, 2008).

[Functional Family Therapy \(FFT\)](#) is a short-term family counseling program that addresses behavioral and emotional problems in youth by strengthening the family unit. FFT operates in 45 different states and is used in the juvenile justice system in WA, FL, PA, GA, SC, and NC (Elliot et al., 2020).

- In NJ and PA, FFT decreased reincarceration for drug offenses (35%), property offenses (10%), and technical violations (5%) (Celinska et al., 2019; Thornberry et al., 2018; NIJ, 2011).
- FFT reduced criminal justice costs in PA, WA, FL, and NC. No data was reported in GA or SC (Elliot et al., 2020).
 - In NC, FFT costs about \$6,000 per youth compared to \$110,000 per youth in juvenile detention facilities annually.
 - Reduced reincarceration rates led to about \$22 million in savings in FY17 (NC DPS, 2019).