ANOTHER LOOK AT MENTAL ILLNESS AND CRIMINAL JUSTICE INVOLVEMENT IN TEXAS:

CORRELATES AND COSTS

TEXAS Department of State Health Services

Decision Support Unit
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EXECUTIVE SUMMARY

The goal of this paper was to take another look at mental illness and criminal justice involvement in the State of Texas — with a focus on the correlates and costs. Our examination showed that a great many adult consumers at DSHS-funded community mental health centers in Fiscal Years 2007, 2008, and 2009 reported criminal justice involvement. In addition, a relatively large number of persons in the TDCJ system who are in prison, on parole, or on probation are also current or former consumers of the DSHS-funded mental health system, as indicated by a TDCJ-DSHS match.

In terms of correlates, we first discovered that, among both the self-reported criminal involvement and TDCJ-DSHS matched populations, most of their DSM Axis I mental health diagnoses from Fiscal Year 2007 or later are considered Disease Management target diagnoses according to Texas House Bill 2292, namely Schizophrenia and related disorders, Bipolar Disorder, and Major Depressive Disorder, with many also having co-occurring substance use disorders.

Second, the demographic correlates showed that among both the self-reported criminal justice involvement and TDCJ-DSHS matched populations, most were male, White, between the ages of 22 and 50, medically-indigent, and had not been admitted to a State or community psychiatric hospital within the fiscal year.

Third, the clinical correlates suggested that Bipolar Disorder, worsening family or community supports, functional impairment, and/or housing stability may possibly play a role in the lives of individuals who go from “no” to “some” self-reported criminal involvement.

Fourth, among the self-reported criminal justice population at DSHS-funded community mental health centers who received an RDM service package as a jail diversion strategy during Fiscal Year 2009 and who did not continue to be involved in the criminal justice system, many reported clinical benefits, including less risk of harm, less need for support, fewer psychiatric-related hospitalizations, less functional impairment, fewer employment problems, less housing instability, and less co-occurring substance use.

In terms of costs, we compared the Fiscal Year 2009 total estimated monthly cost per person in the Texas criminal justice system vs. pre-booking jail diversion via RDM community mental health services including crisis services. In doing so, we discovered that, although in most cases, a pre-booking jail diversion strategy such as an RDM community mental health service package would seem to offer a financial benefit compared to the criminal justice system, this process may be better thought of as “cost-shifting” rather than “cost-saving.” After all, diverting persons with serious mental illness from jails and prisons to community mental health services would shift the financial cost

from the criminal justice system to the DSHS-funded mental health system, where clinical improvement can occur. However, such jail diversion efforts would result in a massive increase in the number of persons who require community mental health services. With the Texas public mental health system already at capacity, a substantial increase in funding would therefore be essential for community mental health services.

INTRODUCTION

***Headlines Then** (2003)*

"Mental health going to jail"
"Build clinics, not prisons, for mentally ill"
"Prisons nearing capacity yet again"

***Headlines Now** (2010)*

"For mentally ill man, 45 days in jail stretches to 6 months"
"County provides additional funds for mental health deputy program
"The dumping point"

The 2010 newspaper headlines mirror those in 2003, when the first white paper on mental illness and criminal justice involvement in Texas was written (see Ruggiero & Mason, 2003). Clearly, the number of persons with mental illness in Texas jails and prisons continues to generate much attention and concern.

Although some people with mental disorders do commit offenses for which incarceration is the most appropriate disposition, others come in contact with law enforcement for disruptive behavior or minor infractions that occur because they are experiencing psychiatric symptoms or social disruptions related to their disorder. Such contact frequently results in arrest, leading to large numbers of persons with serious mental illness being held in jails and prisons.

The result of using the criminal justice system to dispose of minor offense cases is that numerous persons with mental disorders are admitted to local and State jails and prisons every year. Studies from around the country estimate that between 8 and 16% of all jail or prison inmates have a mental disorder such as Bipolar Disorder, Schizophrenia, or Major Depressive Disorder (e.g., Ditton, 1999; Guy, Platt, Zwerling, & Bullock, 1985; Steadman, Fabisiak, Dvoskin, & Holohean, 1987; Teplin, 1990). Research also indicates that 72% of both male and female jail detainees with severe mental disorders also meet criteria for substance use disorders of alcohol or drug abuse (Abram & Teplin, 1991).

In Texas, legislators, mental health professionals, and advocates have recognized the need to reduce the prevalence of serious mental illness in jails and prisons by diverting minor offenders to community-based mental health services. In fact, House Bill 2292, passed in 2004, calls for the development of jail diversion strategies along with the implementation of Resiliency and Disease Management (RDM) by the Department of State Health Services (DSHS) for the treatment of severe mental illness:

> The Department shall require each Local Mental Health Authority to incorporate jail diversion strategies into the Authority's Disease Management practices for managing adults with Schizophrenia and Bipolar Disorder to reduce the involvement of those clients with the criminal justice system.

However, before jail diversion efforts can truly be successful, another look at the current state of affairs is essential — with a focus on the correlates and costs of mental illness and criminal justice involvement in Texas.

The goal of this paper was to do just that. Of particular interest were six important questions, the answers to which are provided in the next section:

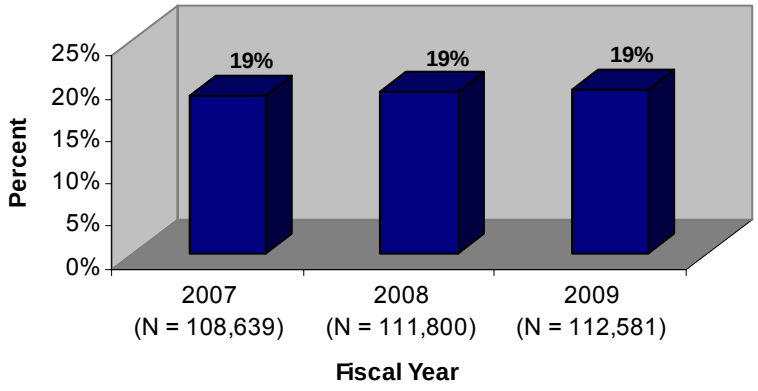
1) To what extent do people with mental illness in Texas come in contact with the criminal justice system?
2) What is the nature of their mental illness and co-occurring substance use?
3) What are their demographic characteristics?
4) What clinical factors are associated with increased criminal justice involvement among persons with severe mental illness?
5) What are the clinical benefits of jail diversion strategies such as RDM community mental health services?
6) What are the financial benefits of jail diversion strategies such as RDM community mental health services including crisis services?

QUESTIONS AND ANSWERS

1) To what extent do people with mental illness in Texas come in contact with the criminal justice system?

We answered this question in two ways. First, we examined the number and percent of adult consumers at DSHS-funded community mental health centers who reported criminal justice involvement. As Figure 1 indicates, an average of 19% of DSHS adult mental health consumers reported that they had been involved in the criminal justice system during Fiscal Years 2007 to 2009.[1]

Figure 1. **Percent of adult consumers served at DSHS-funded community mental health centers with self-reported criminal justice involvement in Fiscal Years 2007, 2008, and 2009.**



Source: *Client Assignment and Registration (CARE), DSHS.*

Second, we investigated the number and percent of adults who were in the TDCJ system and who were current or former consumers of the DSHS-funded mental health system.[2] As Table 1 shows, of the 620,250 persons in the TDCJ system, 140,959 had been registered in the DSHS system. In other words, 23% of adult offenders who were in a Texas State prison, on parole, or on probation were current or former consumers of the DSHS-funded mental health system.[3]

Table 1
Distribution of the TDCJ-DSHS Mental Health Matched Population on April 13, 2010

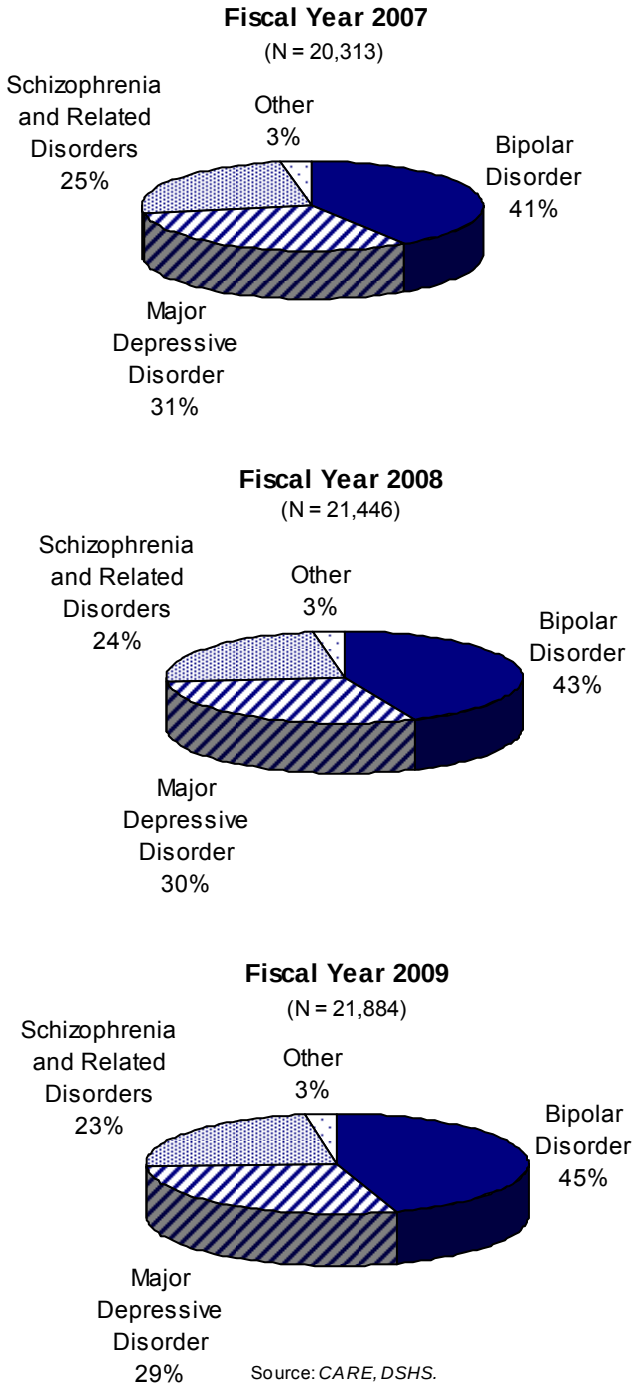
	DSHS-Funded Mental Health System	
TDCJ	n	%
Prison (N = 138,505)	41,008	30%
Parole (N = 95,355)	28,475	30%
Probation (N = 378,825)	71,476	19%
Total (N = 620,250)	140,959	23%

Source: *TDCJ-CARE Match, DSHS.*

2) What is the nature of their mental illness and co-occurring substance use?

To answer this question, we first examined the most recent Axis I mental health diagnosis of DSHS adult consumers who had reported criminal justice involvement in Fiscal Years 2007, 2008, and 2009. Figure 2 indicates that, in each fiscal year, the most common mental health diagnosis among adults with self-reported criminal justice involvement was Bipolar Disorder.

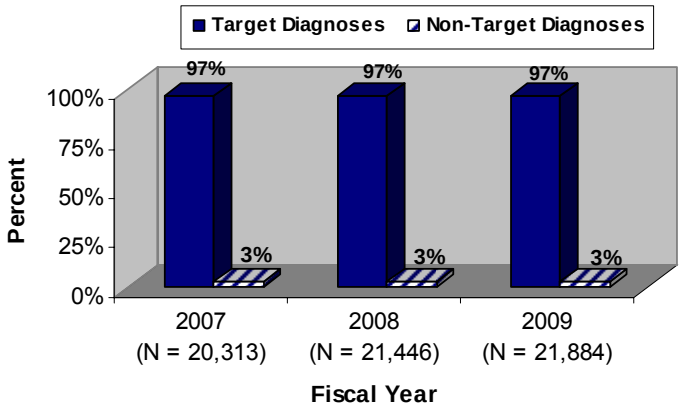
Figure 2. **Percent distribution of Axis I mental health diagnoses for the *self-reported criminal involvement population* in Fiscal Years 2007, 2008, and 2009.**



Source: *CARE, DSHS.*

Figure 3 reveals that in each fiscal year, the majority of adult mental health consumers with self-reported criminal justice involvement did have an Axis I diagnosis that is currently targeted for RDM within the Texas public mental health system according to House Bill 2292, namely “Schizophrenia, Bipolar Disorder, and clinically severe Major Depression."

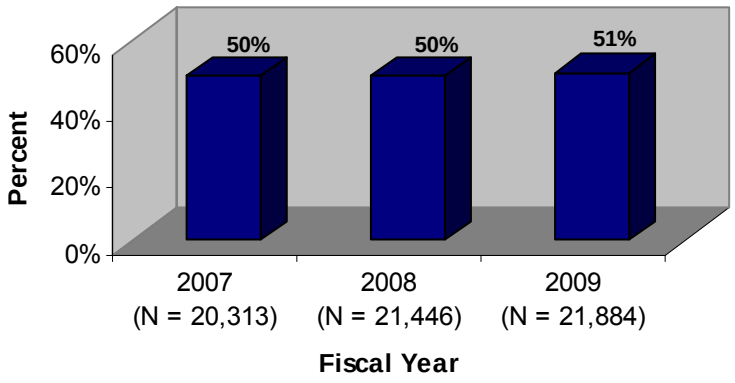
Figure 3. **Percent distribution of Disease Management target vs. non-target mental health diagnoses for the *self-reported criminal involvement population* based on their most recent Axis I diagnosis in Fiscal Years 2007, 2008, and 2009.**



Source: *CARE, DSHS.*

Figure 4 shows that 50 to 51% with self-reported criminal justice involvement had a co-occurring substance use disorder during Fiscal Years 2007 to 2009, respectively.

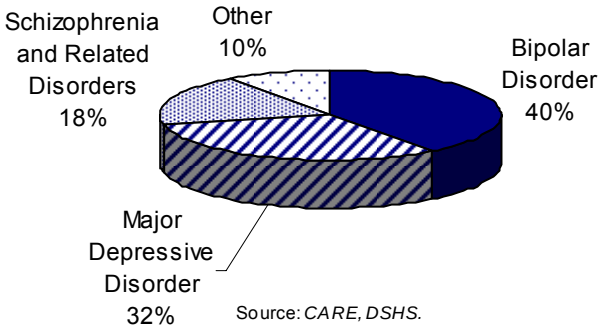
Figure 4. **Percent of the *self-reported criminal involvement population* with a co-occurring substance use disorder in Fiscal Years 2007, 2008, and 2009.**



Source: *CARE, DSHS.*

We also investigated the distribution of most recent Axis I mental health diagnoses and whether they had a co-occurring substance use disorder among the TDCJ-DSHS matched population. As Figure 5 indicates, the most common Axis I diagnosis among the TDCJ-DSHS matched population was Bipolar Disorder.[4]

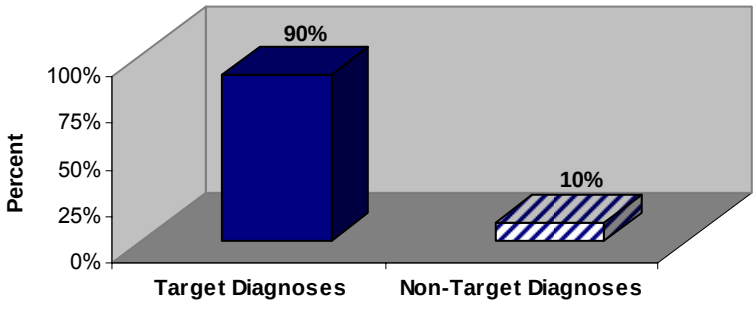
Figure 5. **Percent distribution of Axis I mental health diagnoses for the *TDCJ-DSHS matched population* (N = 25,094).**



Source: *CARE, DSHS.*

In fact, Figure 6 shows that, of the most recent DSM Axis I mental health diagnoses for the TDCJ-DSHS matched population, the majority are considered to be Disease Management target diagnoses, including Schizophrenia and related disorders, Bipolar Disorder, and Major Depressive Disorder.

Figure 6. **Percent distribution of Disease Management target vs. non-target mental health diagnoses for the *TDCJ-DSHS matched population* based on their most recent Axis I diagnosis (N = 25,094).**



Source: *CARE, DSHS.*

Finally, 47% of the TDCJ-DSHS matched population had a co-occurring substance use disorder.

3) What are their demographic characteristics?

In response to this question, the shaded rows of Table 2 show that, among both the self-reported criminal involvement and TDCJ-DSHS matched populations, most were male, White, between 22 and 50 years of age, Medically-Indigent, and had not been admitted to a State or community psychiatric hospital within the fiscal year.[5]

Table 2
Demographic Characteristics among the Self-Reported Criminal Involvement and TDCJ-DSHS Matched Populations

Demographic Characteristic	Self-Reported Criminal Involvement Population			TDCJ-DSHS Matched Population*
	FY2007 (N = 20,313)	FY2008 (N = 21,446)	FY2009 (N =21,884)	(N =25,094)
Sex				
Male	59%	59%	60%	62%
Female	41%	41%	40%	38%
Ethnicity				
White	51%	50%	49%	48%
Black	23%	24%	24%	30%
Hispanic	24%	24%	25%	20%
Other	2%	2%	2%	2%
Age Group				
≤ 21	7%	7%	7%	7%
22-30	26%	27%	27%	26%
31-40	27%	27%	26%	25%
41-50	28%	27%	27%	27%
≥ 51	12%	12%	13%	15%
Medicaid Eligibility				
Medicaid	34%	35%	37%	32%
Medically-Indigent	66%	65%	63%	68%
Psychiatric Hospital Admission				
Yes	9%	8%	8%	8%*
No	91%	92%	92%	92%*

*Computed for Fiscal Year 2009 or later.

Source: *CARE, DSHS.*

4) What clinical factors are associated with increased criminal justice involvement among persons with severe mental illness?

In order to address this question, we focused on Fiscal Year 2009. Of interest were the 3,446 adult mental health consumers who reported no criminal justice involvement at intake, but who subsequently reported some criminal justice involvement later during the fiscal year. Among the 3,446 adults with increased self-reported criminal justice involvement, we examined their Axis I mental health diagnosis, whether or not they had a co-occurring substance abuse diagnosis, as well as the percent that became worse in certain life domains.[6]

Although no single clinical factor stands out, the shaded rows of Table 3 show that most adult consumers at DSHS-funded community mental health centers with increased self-reported criminal justice involvement had a mental health diagnosis of Bipolar Disorder, although most did not appear to have a co-occurring substance use disorder. Among life domains, having fewer family or community supports, more functional impairment, and/or worsening housing stability also appeared to have made somewhat of a difference in the lives of those who went from "no" to "some" criminal involvement.

Table 3
Percent of Adult Consumers at DSHS-Funded Community Mental Health Centers Who Experienced an Increase in Self-Reported Criminal Justice Involvement According to Axis I Mental Health Diagnosis, Co-Occurring Substance Use Disorder, and Life Domain during Fiscal Year 2009

Clinical Factor	Increased Self-Reported Criminal Involvement (N = 3,446)
Mental Health Diagnosis	
Bipolar Disorder	45%
Schizophrenia or Related Disorder	28%
Major Depressive Disorder	25%
Other	2%
Co-Occurring Substance Use Disorder	
Yes	44%
No	56%
Life Domain	
Worse Risk of Harm	19%
Worse Support Needs	26%
Worse Psychiatric-Related Hospitalization	14%
Worse Functional Impairment	26%
Worse Employment Problems	19%
Worse Housing Instability	27%
Worse Co-Occurring Substance Use	23%

Source: *Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW), DSHS.*

5) What are the clinical benefits of jail diversion strategies such as RDM community mental health services?

To answer this question, we first examined the extent to which adult consumers at DSHS-funded community mental health centers continued to have criminal justice involvement. We focused on the self-reported criminal justice involvement population for Fiscal Year 2009. As part of the RDM initiative, the following four main RDM community mental health service packages were available to adults with serious mental illness:

- *Service Package 1:* Pharmacological Management, Medication Training and Supports, and Routine Case Management;
- *Service Package 2:* Pharmacological Management, Medication Training and Supports, Routine Case Management, and Counseling;
- *Service Package 3:* Psychosocial Rehabilitation; and
- *Service Package 4:* Assertive Community Treatment (ACT)

The results revealed that, of the 21,884 adult consumers who were admitted to an RDM service package with self-reported criminal justice involvement at intake during Fiscal Year 2009, 5,078 or 23% reported no longer being involved in the criminal justice system by the end of the fiscal year. Of course, this means that 16,806 or 77% continued to report being involved in the criminal justice system. However, keep in mind that of the 16,806, the majority, as many as 11,273, appear to have remained on probation or parole during their course of treatment as indicated by their first and last assessments during the year.

But what clinical benefits were derived from this jail diversion? In order to address this question, we focused on the 4,843 adult mental health consumers who were admitted to an RDM service package with self-reported criminal justice involvement but who reported no longer being involved in the criminal justice system by the end of the fiscal year. We then examined their improvement in certain life domains.[7]

Table 4 shows that, among the 4,843 adults who did not continue to report criminal justice involvement, 27% showed less risk of harm to themselves and/or others, 32% had less need for family or community supports, 15% had fewer psychiatric-related hospitalizations, 36% had less functional impairment, 32% had fewer employment problems, 31% had less housing instability, and 28% had less co-occurring substance use.[8]

Table 4
Percent of Adult Consumers at DSHS-Funded Community Mental Health Centers Who Were Admitted to an RDM Service Package Who Did Not Continue to Report Criminal Justice Involvement, and Who Experienced Improvement in Certain Life Domains during Fiscal Year 2009

Life Domain (N = 4,843)	**%**
Improved Risk of Harm	27%
Improved Support Needs	32%
Improved Psychiatric-Related Hospitalization	15%*
Improved Functional Impairment	36%
Improved Employment Problems	32%
Improved Housing Instability	31%
Improved Co-Occurring Substance Use	28%

*Must be taken in context, since considerable amount initially reported "no" (1) psychiatric-related hospitalizations and therefore could not show improvement on this dimension.

Source: *MBOW, DSHS.*

These clinical outcomes are consistent, and in some sense, better, than those achieved in a comparable study of the North Carolina Jail Diversion Programs (North Carolina Department of Health and Human Services, 2004). Among the 210 persons diverted to community-based mental health services in North Carolina during Fiscal Year 2003 and assessed one-year later, admissions to psychiatric hospitals remained relatively constant, Global Assessment of Functioning scores showed modest increases indicating improved functioning, roughly 8% experienced improvement in their employment status, approximately 5% were more satisfied with their housing situation, and admissions to substance abuse inpatient facilities increased dramatically.

6) What are the financial benefits of jail diversion strategies such as RDM community mental health services including crisis services?

To address this final question, we compared the total estimated monthly cost per person in the Texas criminal justice system vs. pre-booking jail diversion via RDM community mental health services including crisis services. To clarify, *pre-booking jail diversion* occurs at the point of contact with law enforcement before formal charges are brought, when the person agrees to participate in voluntary treatment, usually through community mental health services.

To estimate the **criminal justice system** total estimated monthly cost per person, we first had to focus on the arrest cost. An *arrest* occurs when a law enforcement officer takes a person into custody in order to charge that person with a crime. To make a lawful arrest, a law enforcement officer must believe that the person to be arrested

committed a crime. We estimated the monthly *arrest cost* for Fiscal Year 2009 = *$401.*[9] Second, we estimated the monthly *local jail cost* for Fiscal Year 2009 = *$114.*[10] Third, we estimated the monthly *court cost* for Fiscal Year 2009 = *$164.*[11] Fourth, we estimated the *cost per month on probation, on parole,* and *in prison* to be *$83*, *$112*, and *$1,425*, respectively.[12] The total estimated monthly criminal justice cost is equal to arrest cost, local jail cost, court cost, and monthly criminal justice service cost at the level of probation, parole, or prison. The total estimated monthly cost for criminal justice services were probation ($762), parole ($791), and prison ($2,104).

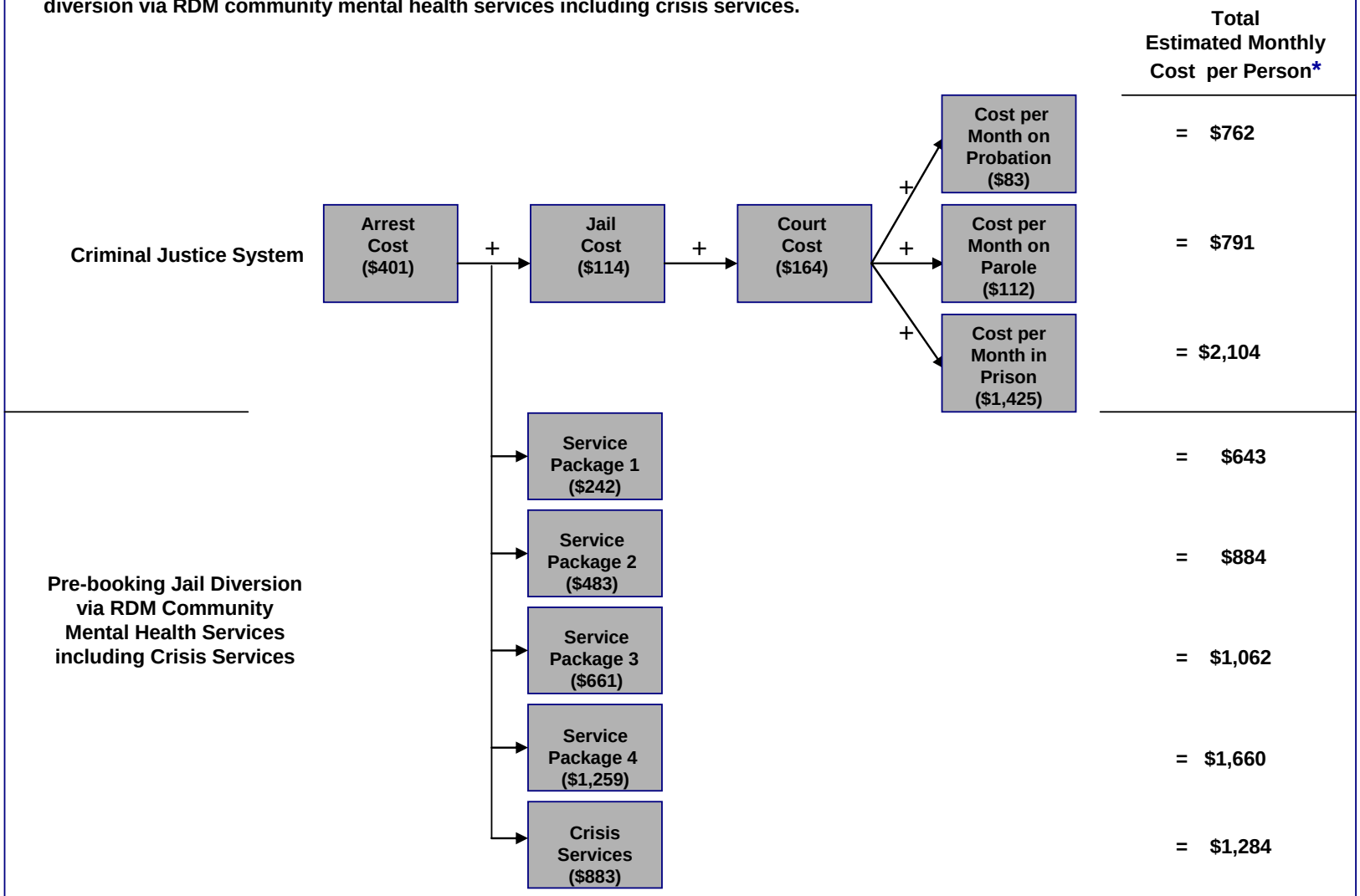
To estimate the total average monthly costs for **pre-booking jail diversion strategies via RDM community mental health services including crisis services**, we concentrated on adult mental health consumers with self-reported criminal justice involvement at DSHS-funded community mental health centers where RDM was implemented during Fiscal Year 2009. The average monthly cost for Service Packages 1, 2, 3, and 4 was *$242*, *$483*, *$661*, and *$1,259*, respectively. We estimated the monthly cost per person for Crisis Services to be $883 per month.[13] The total estimated monthly cost for RDM community mental health services including crisis services is assumed to be equal to arrest cost plus average monthly service cost. These total estimated monthly costs were as follows: Service Package 1 ($643); Service Package 2 ($884); Service Package 3 ($1,062); Service Package 4 ($1,660); and Crisis Services ($1,284).

Figure 9 displays Fiscal Year 2009 total estimated monthly cost per person served in the Texas criminal justice system vs. pre-booking jail diversion via RDM community mental health services including crisis services. As the top half shows, the total estimated monthly cost per person in the criminal justice system, including arrest, local jail time, court, and probation, parole, or prison ranged from $762 to $2,104. In contrast, the bottom half of Figure 9 indicates that the total estimated monthly cost per person in pre-booking jail diversion via RDM community mental health services ranged from $643 for Service Package 1 to $1,660 for Service Package 4, and $1,284 for Crisis Services. This cost includes the cost of arrest, but not the costs of local jails, court, probation, parole, or prison.

In many circumstances, then, a pre-booking jail diversion strategy such as an RDM community mental health service package including crisis services would seem to offer a financial benefit compared to the criminal justice system. This is true when comparing the total estimated monthly cost of any RDM community mental health service package vs. the total estimated monthly cost of prison ($2,104). The total estimated monthly cost of Service Package 1 ($643) is also more cost effective than either probation ($762) or parole ($791). Yet, the same cost-savings do not seem to hold when comparing the costs of Service Packages 2 ($884), 3($1,062) or 4 ($1,660), or Crisis Services ($1,284) vs. probation ($762) or parole ($791).

Therefore, a pre-booking jail diversion strategy such as RDM community mental health services including crisis services may not necessarily offer a financial benefit or "cost-saving" compared to the criminal justice system, but might be better thought of as "cost-shifting." This is especially true in light of the fact that a greater reliance on jail diversion strategies in Texas would mean a substantial increase in the number of consumers served by the DSHS mental health system that is already at capacity. Such an increase in the number of persons served would therefore require additional funding for community mental health services including crisis services.

Figure 9. **Fiscal Year 2009 total estimated monthly cost per person served in the Texas criminal justice system vs. pre-booking jail diversion via RDM community mental health services including crisis services.**



*Arrest cost is included in both criminal justice and RDM Community Mental Health Services and Crisis Services costs. Only criminal justice costs include local jail and court costs.

Sources: Texas Legislative Budget Board (2009), *Criminal Justice Uniform Cost Report FY2006-2008*; U.S. Department of Justice, Bureau of Justice Statistics. (2007). *2006 Justice Expenditure and Employment Extracts; Federal Bureau of Investigation Uniform Crime Report 2006;* and *Mental Retardation and Behavioral Health Outpatient Warehouse, DSHS.*

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ENDNOTES

[1] Self-reported criminal justice involvement was measured as part of the Mental Health Adult Uniform Assessment for RDM by a rating of 2 or more on dimension 8 of the Adult Texas Recommended Assessment Guidelines (Adult-TRAG; DSHS, 2007, p. 14):

> 8. Criminal Justice Involvement
>
> This dimension examines the person's criminal justice contact, including their current involvement with parole or probation, history of arrests, and type of offense.
>
> 1 - None
>
> - No involvement with the criminal justice system in the past 90 days.
>
> 2 – Low (one of the following)
>
> - 1 misdemeanor arrest in the past 90 days.
> - Detained by law enforcement but charges dropped in the past 90 days.
>
> 3 – Moderate (one or more of the following)
>
> - 2 misdemeanor arrests in the past 90 days.
> - 2 nights spent in jail in the past 90 days.
> - On deferred adjudication – misdemeanor.
>
> 4 – Significant (one or more of the following)
>
> - 3 or more misdemeanor arrests in the past 90 days.
> - 3 or more nights spent in jail in the past 90 days.
> - Misdemeanor charges are pending.
> - Currently on parole or probation.
> - On deferred adjudication – felony.
>
> 5 – High (one or more of the following)
>
> - Currently detained in jail.
> - Felony charges are pending.

[2] This was achieved on April 13, 2010 by matching Texas Department of Criminal Justice (TDCJ) prison/parole/probation data with DSHS mental health CARE data.

[3] We verified the TDCJ-DSHS match by examining self-reported criminal justice involvement. The results showed that, of the 25,094 adults who were in a Texas State prison, on parole, or on probation, and who had a Axis I mental health diagnosis during Fiscal Year 2009 or later in the DSHS CARE system, 20,873 or 83% had also reported being involved in the criminal justice system on at least one Mental Health Adult Uniform Assessment.

[4] To examine the most recent diagnoses among the TDCJ-DSHS matched population, as we did with the self-reported criminal involvement population, we limited our analysis to Axis I mental health diagnoses that were entered in CARE during Fiscal Year 2009 or later.

[5] For the TDCJ-DSHS matched population, percent with a psychiatric hospital admission was computed for Fiscal Year 2009 or later.

[6] Worse risk of harm, support needs, psychiatric-related hospitalization, functional impairment, employment problems, housing instability, and co-occurring substance use was computed by comparing dimension ratings on their first and last Adult-TRAG (DSHS, 2007) during the fiscal year.

[7] Improvement in each life domain was computed by comparing dimension ratings on their first and last Adult-TRAG (DSHS, 2007) during the fiscal year.

[8] That only 15% reported fewer psychiatric-related hospitalizations can be explained by the fact that a considerable proportion initially reported no psychiatric-related hospitalizations. Therefore, most could not possibly show improvement on this dimension.

[9] We relied on the Fiscal Year 2006 direct expenditures for police protection in Texas, as compiled by the U.S. Department of Justice Bureau of Justice Statistics in their *2006 Justice Expenditure and Employment Extracts*. We then divided these Fiscal Year 2006 direct expenditures for police protection in Texas by the Fiscal Year 2006 number of arrests in Texas, as obtained from the *FBI Uniform Crime Report.* This allowed us to estimate Fiscal Year 2006 cost per arrest. Finally, we used the *Consumer Price Index Inflation Calculator* (U.S. Department of Labor Bureau of Labor Statistics, n.d.) to adjust for inflation to estimate Fiscal Year 2009 cost per arrest ($4,807). Monthly cost = $401. Table 5 summarizes our method.

Table 5
Methodology for Estimating Fiscal Year 2009 Cost per Arrest in the Texas Criminal Justice System

	2006 Bureau of Justice Statistics, Justice System Expenditures	2006 Total Expenditures	2006 Number of Arrests	2006 Cost per Arrest	2009 Inflation Adjusted Cost per Arrest*	2009 Inflation Adjusted Monthly Cost per Arrest*
Arrest Cost	Texas State and Local Police Protection Total	$4,873,517,000	1,078,961	$4,517	$4,807	$401
Jail Cost	Local Corrections Total (Excludes State Cost)	$1,386,385,000	1,078,961	$1,285	$1,367	$114
Court Cost	Texas State and Local Judicial and Legal Total	$1,991,393,000	1,078,961	$1,846	$1,964	$164

*Costs per month inflated using U.S. Department of Labor Bureau of Labor Statistics Consumer Price Index inflation calculator (http://www.bls.gov/data/inflation_calculator.htm).

Sources: Texas Legislative Budget Board (2009), Criminal Justice Uniform Cost Report FY2006-2008; U.S. Department of Justice, Bureau of Justice Statistics. (2007). 2006 Justice Expenditure and Employment Extracts; Federal Bureau of Investigation Uniform Crime Report 2006.

[10] We relied on the U.S Department of Justice, Bureau of Justice Statistics, Justice System Expenditures, reported totals for *Texas State and Local Corrections Total and Excluded State Costs* [which are captured in the *Uniform Criminal Justice Uniform Cost Report* by the Texas Legislative Budget Board (LBB)], then divided by the FBI uniform crime reports total number of arrests to estimate local jail cost per arrest. We then used the *Consumer Price Index Inflation Calculator* (U.S. Department of Labor Bureau of Labor Statistics, n.d.) to adjust for inflation to arrive at an estimate of Fiscal Year 2009 local jail cost ($1,367). Monthly cost = $114. Table 5 summarizes our method.

[11] We relied on the U.S Department of Justice, Bureau of Justice Statistics, Justice System Expenditures, reported totals for *Texas Total State and Local Judicial and Legal Costs*, divided by the FBI uniform crime reports total number of arrests to estimate court cost per arrest. We then used the *Consumer Price Index Inflation Calculator* (U.S. Department of Labor Bureau of Labor Statistics, n.d.) to adjust for inflation to arrive at an estimate of Fiscal Year 2009 court cost ($1,964). Monthly cost = $164. Table 5 summarizes our method.

[12] For Fiscal Year 2008, the cost per month on probation was $83, the cost per month on parole was $112, and the cost per month in prison was $1,425. These estimates were based on the daily costs from the LBB's *Criminal Justice Uniform Cost Report FY2006-2008.*

[13] We used encounter data from the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW). We divided Fiscal Year 2009 total (hourly) costs by Fiscal Year 2009 total served client months for each RDM Service Package (excluding client time = 0 and mental retardation services) to estimate the Fiscal Year 2009 average monthly cost per person for Service Packages 1 ($242), 2 ($483), 3 ($661), and 4 ($1,259). Crisis Services were $883 per month.