Jail Is Not Mental Health Care

How community-based programs offer safer, cheaper, and more humane alternatives to locking people up.

THE BAIL PROJECT

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The Crisis We See Every Day

In cities and towns across the United States, jails have quietly become the country's largest mental health institutions. At The Bail Project, we witness this crisis daily: people with acute psychiatric distress are arrested instead of helped, held in jail cells instead of treated, and often leave jail in worse condition – or don't make it out at all.

This is not just a public health failure. It is a profound injustice at the heart of our pretrial system – one that cash bail makes even worse. People with serious mental illness are often jailed simply because they can't afford their freedom. And because jail is often the only system that responds, people in crisis are criminalized instead of cared for. The result is a cycle of incarceration, deterioration, and recidivism that devastates lives and communities.

Mental illness is not a crime, and jail should never be the only door open to someone in crisis. We can build a more compassionate, effective, and equitable approach: one that treats people, not punishes them, and replaces cages with care.

A System Built to Punish, Not Treat

Research shows that individuals with serious mental illness (SMI) are vastly overrepresented in the criminal justice system. According to federal data, 44% of people in local jails report a history of mental illness – compared to just 3.3% to 5.7% of the general adult population.[1] More than 60% meet the clinical criteria for drug dependence or abuse.[2] And those with both mental illness and substance use disorders are arrested at twelve times the rate of adults with neither condition.[3]

These individuals are often incarcerated not for serious crimes, but because they're experiencing symptoms of untreated illness – confusion, public disturbances, or erratic behavior that's improperly addressed as criminal. Once jailed, their symptoms frequently worsen. The risk of overdose death even after a short jail stay is high for those living with addiction.

> ***"Jails have quietly become the country's largest mental health institutions.***

Cash bail makes this worse. One-third of people with a serious mental illness earn less than $10,000 a year.[4] Even small bail amounts are unaffordable, leading to prolonged, unnecessary pretrial detention. A 2023 report from Los Angeles County found that people

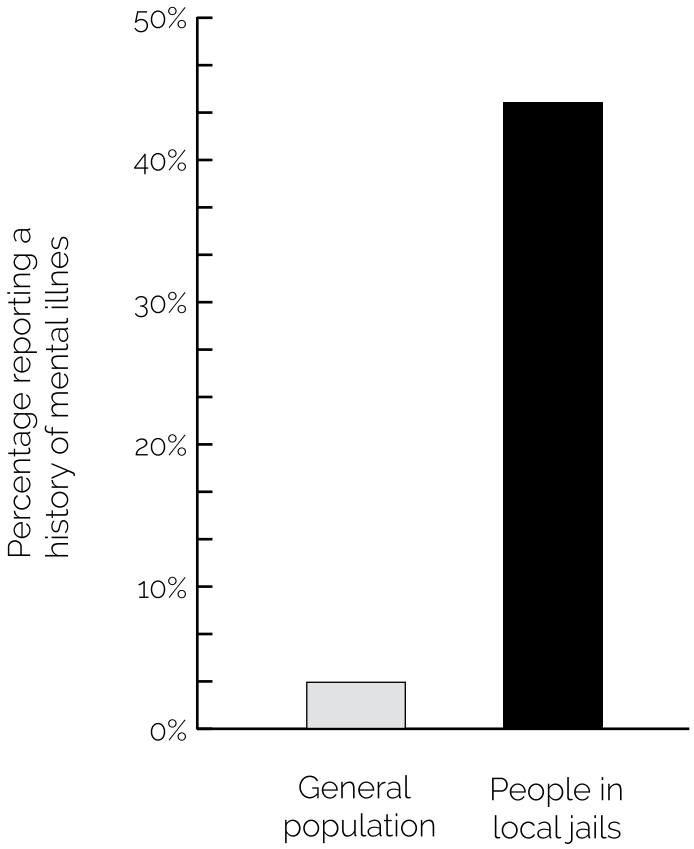
with serious mental illnesses were detained longer than others, in part because of delays connecting them to care.[5]

If you have money or private treatment options, an arrest might serve as a turning point. But if you don't, jail becomes your intervention – and your punishment.

Jails are fundamentally ill-equipped to provide mental health care. Many are overcrowded, underfunded, and lack trained clinical staff. Only 38% of incarcerated people with mental illness receive prescription medication while inside. Even fewer receive therapy.[6]

Instead, jail exacerbates illness. People are cut off from existing treatment, placed in isolation or solitary confinement, and exposed to violence.[7] Suicide is one of the leading causes of death in jails – often within days of admission.[8, 9] After release, many lose access to Medicaid or other services, making long-term recovery even harder.

This isn't just a health crisis. It's a systemic failure of justice.



There's a Better Way: Alternatives in Action

If jail is the wrong response to mental illness, what's the right one?

One widely used model, the **Sequential Intercept Model**, identifies six potential points to "intercept" a person in crisis and connect them with care instead of custody.[10] These interventions fall across three key stages: **before arrest**, **after arrest**, and **before conviction**.

Community-Based Care and Prevention

The most effective diversion happens before a person ever comes into contact with police. This includes:

- **24/7 Crisis Hotlines (including the new 988 line and "warm" lines)**
  Phone-based services provide support or connect callers in crisis with trained response teams instead of police.
- **Mobile Mental Health Teams**
  A team of mental health professionals that provides mental health assessment and acute crisis stabilization in a client's home or another community setting.
- **Community Mental Health Centers and Walk-In Care**
  A short-term service that provides housing and 24-hour observation and supervision paired with community-based support to assist in de-escalating a crisis. One purpose of this service is to avoid unnecessary inpatient hospitalization.
- **Peer-Run Crisis Programs and Short-Term Residential Beds**
  These programs offer an alternative to short-term crisis residential services and inpatient hospitalization. Peer crisis services are run by people who have experience living with mental illness and provide lived expertise and a calming environment to support an individual in crisis.

When these options are available, people can get help before symptoms escalate into emergency situations.

Pre-Arrest Diversion

In many communities, police remain the default – and often only – responders to mental health crises. This model is not only ineffective – it's dangerous. People in crisis are frequently met with force instead of care, escalating trauma and increasing the risk of incarceration. That must change. But until nonpolice crisis response systems are more widely available, law enforcement must be equipped with tools that reduce harm and offer alternatives to arrest.

One commonly utilized approach is the **Crisis Intervention Team (CIT) model**.[11] First developed in Memphis in 1988, CIT programs have now expanded to over 3,000 jurisdictions across the United States. These community-based initiatives bring together police departments, mental health professionals, people with lived experience, family advocates, and other partners to improve how communities respond to behavioral health emergencies. CIT programs typically involve 40 hours of specialized officer training in mental illness recognition, verbal deescalation techniques, and strategies for collaborating with local mental health providers.

Building on the CIT framework, some jurisdictions have adopted **Co-Responder Models**, which take a more collaborative approach.[12] In these programs, law enforcement officers are paired directly with mental health clinicians who respond alongside them to behavioral health calls. Unlike CIT alone, where trained officers still respond solo, co-responder teams embed clinical expertise into the response itself.

In practice, the officer ensures the scene is safe, while the clinician leads the engagement: assessing needs, deescalating the situation, and coordinating services. These teams may ride together in one vehicle or connect by phone or video, depending on the call and resources available.

Research has shown that both CIT and co-responder models can:[13, 14, 15, 16]

- Improve officer preparedness and confidence in handling mental health calls;
- Reduce arrests of people with mental illness;
- Increase referrals and linkages to community-based treatment;
- Improve safety for both officers and community members;
- Lower the time officers spend on behavioral health calls; and,
- Boost the chances that people in crisis are diverted to care rather than booked into jail.

While these models are not a substitute for fully funded, nonpolice crisis response systems, they represent meaningful steps toward reducing criminalization and increasing access to care – especially in communities where police are still the frontline response.

> ***The most effective diversion happens before a person ever comes in contact with the police.***

Court-Based Diversion and Alternatives

If someone is arrested, that doesn't mean jail is the only option. Courts can and should intervene with care. **Mental Health and Treatment Courts** allow judges, prosecutors, and defense attorneys to divert individuals with serious mental illness or substance use disorders into treatment plans rather than traditional prosecution. Participation in these alternative courts can lead to reduced sentences or case dismissal in exchange for treatment compliance. **Pretrial Diversion Programs** offer reduced sentences or case dismissal in exchange for treatment compliance.

One innovative example is the **Behavioral Care Center (BCC)** in Davidson County, Tennessee.[17] Launched in 2020, the BCC is a 60-bed residential treatment facility operated by the sheriff's office that diverts individuals with mental illness or substance use disorders away from jail and into short-term, gender-responsive behavioral care. Participants are referred after a review of their charges and history, and upon successful completion of the program, their misdemeanor charges are dismissed and expunged. Though small in size, the BCC is estimated to impact up to 2,000 people annually – demonstrating how targeted investments in therapeutic alternatives can reduce recidivism, improve outcomes, and decriminalize mental illness.

These interventions can provide stability, reduce court costs, and create better outcomes than incarceration. However, they are not without their faults. Treatment court and diversion program participants must often adhere to strict requirements that run counter to optimized treatment plans, and can limit long term success. Mental health courts may also require individuals to plead guilty in order to participate, resulting in a lifelong criminal record that further impedes education, employment, and housing opportunities.

Support After Jail

For individuals who end up in jail – even briefly – discharge planning is crucial. Programs that begin during pretrial detention can focus on discharge planning for individuals with behavioral health needs, even before conviction. These programs support continuity of care by connecting people to mental health and substance use treatment, reinstating benefits like Medicaid, and securing housing to stabilize them upon release.

At The Bail Project, our **Community Release with Support** model supports timely release from jail so individuals can reconnect to care and stabilize post-release. Referrals and connections to services

(where available) may help those struggling to engage with services that support mental and behavioral health. In turn, individuals are better positioned to resolve their court cases, (re)engage in their recovery process, and prevent future arrest.

One promising model is the **Diversion Hub** in Oklahoma County, which provides robust post-release support to help individuals successfully reenter their communities.[18] Through Justice Navigation, released individuals receive court reminders, legal advocacy, and guidance to prevent re-arrest and promote compliance. Paired with case management, clients also get practical support, such as help with housing, employment, education, and healthcare, based on a strengths-focused approach. This strengths-based, wraparound approach has shown meaningful results: by mid-2024, Diversion Hub served over 2,000 clients, and evaluation data indicate it has reduced recidivism and improved court compliance and stability.

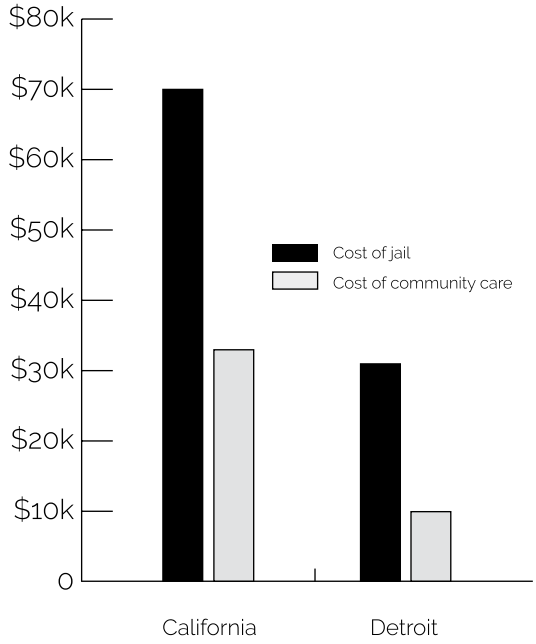
The Cost Case: Care Saves Money

Together, these models reflect a "treatment-first" approach to public safety, offering support in place of punishment and increasing the odds of recovery and court compliance for those living with mental illness or addiction.

Investing in treatment isn't just humane – it's cost-effective.

- In California, the cost of incarcerating one person is over $70,000 annually. Community-based mental health care costs just $22,000.[19]
- In Detroit, the price tag for jailing someone with mental illness is $31,000 per year. The same person could be treated in the community for about $10,000.[20]

When people are treated, not jailed, it saves lives – and money.



Jail is not a Place for Healing

These programs represent a meaningful shift, but they're not a cure-all. True transformation requires investment in infrastructure: crisis beds, peer-run services, mobile response units, and outpatient treatment that is accessible, affordable, and rooted in community.

We must stop expecting jails and police to solve a crisis they were never meant to manage – and restore responsibility to healthcare systems and communities.

Jails are dangerous places for people with mental illness. They deny care, compound trauma, and create long-term barriers to stability. But this is not inevitable. Across the country, communities are building something better: crisis response systems that prioritize support over punishment, and courts that recognize recovery is more effective than incarceration.

If we want a justice system that reflects our values, it's time to stop using jail as a substitute for mental health care – and to start treating people with the dignity and care they deserve.

Endnotes

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