

Project History / Methodology

The *Criminal Justice / Mental Health Consensus Project Report* is the result of dozens of days of meetings among leading criminal justice and mental health policymakers and practitioners from across the country, surveys administered to state and local government officials in communities in 50 states, hundreds of hours of interviews with administrators of innovative programs, and thousands of hours reviewing materials describing research, promising programs, policies, and legislation. This appendix describes the history and the methodology of this project in greater detail.

PROJECT ORIGINS

The Council of State Governments (CSG) developed the Criminal Justice / Mental Health Consensus Project in response to requests from state government officials for recommendations to improve the criminal justice system's response to people with mental illness. State government officials identified this issue as particularly pressing for several reasons. Practitioners and advocates have approached lawmakers in capitols across the country explaining the urgency of the problem. Newspaper headlines describe tragedies involving people with mental illness that seemingly could have been prevented. And, the current approach to responding to people with mental illness has placed an enormous strain on criminal justice and state budget resources.

On October 28–29, 1999, CSG convened a small, national, bipartisan working group of leading criminal justice and mental health policymakers from across the country. At

that meeting, the policymakers identified key issues regarding people with mental illness involved with the criminal justice system. CSG staff developed a draft document, which, in many respects, served as minutes of that meeting. This draft document also incorporated suggestions that working group members submitted subsequent to the October meeting. The working group met again on January 19–20, 2000 to provide comments and suggestions regarding the draft document.

The two meetings made it clear that the issue was far too complex to explore comprehensively in just two short meetings. Furthermore, the interests represented needed to be expanded considerably to reflect the cross-section of perspectives and professionals who have a significant stake in the issue.

PROJECT ORGANIZATION

To accomplish these goals, CSG partnered with six organizations: the Police Executive Research Forum (PERF), the Pretrial Services Resource Center (PSRC), the Association of State Correctional Administrators (ASCA), the National Association of State Mental Health Program Directors (NASMHPD), the Bazelon Center for Mental Health Law, and the Center for Behavioral Health, Justice & Public Policy. Together, staff from these organizations formed the *Consensus Project* Steering Committee, which two legislators (Rep. Mike Lawlor of Connecticut and Sen. Robert Thompson of Pennsylvania) co-chaired. The Steering Committee designed an 18-month initiative to build on the ideas developed during the first two working group meetings, to broaden the support base for these

recommendations, and to identify efforts in jurisdictions across the country that could help inform the implementation of the recommendations.

The Steering Committee established four advisory boards: law enforcement, courts, corrections, and mental health. PERF, PSRC, ASCA, and NASMHPD, respectively, coordinated these advisory boards. The criminal justice advisory boards included policymakers and practitioners whose focus was either law enforcement, court, or corrections-related. Each of the criminal justice advisory boards also included a cross-section of representatives of the mental health system: a state mental health director, a clinician, a provider, a consumer, and an advocate. Of course, those five perspectives alone could not represent the diverse views of the mental health community. The mental health advisory board provided an opportunity for the mental health experts serving on each of the criminal justice advisory boards to share notes and develop recommendations that targeted the mental health system only.

In forming the advisory boards, each coordinator identified practitioners and policymakers widely respected by their counterparts across the country, ensuring an impressive level of expertise across the project. In addition, coordinators invited people to serve on the advisory board who were leaders in their respective membership associations, such as the National Sheriffs' Association, the National Correctional Health Commission, the American Probation and Parole Association, the National Association of County Officials, the National District Attorneys Association, the National Criminal Justice Association, the National Mental Health Association, the National Alliance for the Mentally Ill, the National Association of County Behavioral Health Directors, the National Center for State Courts, the International Association of Paroling Authorities, and other groups. This provided each advisory board with liaisons to many of the major associations whose members the policy statements would affect.

ROLE OF ADVISORY BOARDS

PERF and ASCA convened their advisory boards three times over the 18-month period. The advisory groups that

NASMHPD and PSRC coordinated met twice. They also established "peer groups." The positions represented on these peer groups were similar to those included on the advisory boards. The establishment of the peer group, however, enabled the coordinators to consult an additional 10-20 leading practitioners.

For each round of meetings, the advisory boards/peer groups adhered to a similar agenda, format, and set of goals. At the first round of meetings, each advisory board reviewed draft policy statements that the first two working group meetings generated, identified additional issues that needed to be considered, and agreed upon a methodology to identify programs, policies, and legislation that might inform further discussion of the policy statements. They also began planning the dissemination of the work product to affiliated professional organizations.

Between the first and second advisory board meetings, coordinators surveyed the field for promising programs and policies. PERF staff asked numerous departments whether they—or any other departments they knew of—were doing something innovative regarding people with mental illness. Using this snowball sample to identify a handful of departments, PERF subsequently interviewed in detail officials and staff at these agencies about their efforts.

Coordinators for the other advisory boards employed different approaches to obtain this information. NASMHPD staff administered an email list serve. ASCA staff distributed a lengthy questionnaire to every state corrections system and numerous jail and community corrections administrators. PSRC staff followed up on leads that advisory board members and the literature provided.

At the second round of meetings, advisory board (or peer group) members met to comment on the policy statements that the advisory board developed, explored the issues that the advisory group had determined needed further consideration, and discussed the programs and policies that the coordinators had identified.

For the third round of meetings, members of the four advisory boards met concurrently, in the same location. There, they reviewed and commented on the final draft of the *Consensus Project Report*. They also had an opportunity to exchange comments on the work of the other advisory boards.

Advisory Board	Coordinator	Meeting I	Meeting II	Meeting III
Law Enforcement	Police Executive Research Forum	October 23, 2000	May 31-June 1, 2001	
Courts	Pretrial Services Research Center	November 14-15, 2000	April 23-24, 2001	
Corrections	Association of State Correctional Administrators	November 30, 2000	May 17-18, 2001	January 10-11, 2002
Mental Health	National Association of State Mental Health Program Directors	January 8-9, 2001	April 17-18, 2001	

REPORT PREPARATION

PERF staff were the primary authors of Chapter II: Contact with Law Enforcement. PSRC staff and ASCA staff were the primary authors of Chapter III: Pretrial Issues, Adjudication, and Sentencing and Chapter IV: Incarceration and Reentry, respectively. NASMHPD staff authored Chapter I: Involvement with the Mental Health System, Chapter VII: Elements of an Effective Mental Health System, and Policy Statement 23: Maintaining Contact Between Individual and Mental Health System. Staff from the Bazelon Center and the Center for Behavioral Health, Justice & Public Policy contributed to the chapters that NASMHPD staff authored. They also provided extensive commentary on the chapters that focused on the various aspects of the criminal justice system.

CSG staff served as editors of the overall document. Although CSG staff were the lead writers of the sections and chapters not addressed above (i.e., Executive Summary, Introduction, Chapter V: Improving Collaboration, Chapter VI: Training Practitioners and Policymakers and Educating the Community, Chapter VIII: Measuring and Evaluating Outcomes, and the appendices), these sections of the report reflect an extensive, collaborative effort among the members of the Steering Committee and the members of the advisory boards.

The project partners developed and maintained a common vision for the report by communicating regularly—often speaking by telephone or emailing each other several times a day. In addition, over the two-year lifespan of the project, the Steering Committee had approximately 10 all-day meetings.

