



# Overarching Themes

# Improving Collaboration

**P**eople with mental illness who have become involved (or are at risk of becoming involved) with the criminal justice system frequently have multiple needs that can be addressed only through the collaborative efforts of several agencies working within the constraints of diverse systems. The failure of these systems to connect effectively endangers lives, wastes money, and threatens public safety—frustrating crime victims, consumers, family members, and communities in general.

For these reasons, the policy statements and implementation recommendations in this report stress repeatedly the importance of agencies, departments, and organizations working together, across systems. In fact, many of the policy statements do not address a criminal justice or mental health entity exclusively, but straddle the two systems, requiring the systems to respond jointly.

This report recognizes at the outset that an essential first step toward implementing any of the policy statements is to develop some degree of cooperation among stakeholders in the criminal jus-

tice and mental health systems. (See the section of the report’s Introduction entitled “Getting Started,” which explores this point in detail.) But cooperation—such as getting people to the table to define the problem and identify shared goals—is only a first step toward collaboration. Stakeholders need to get beyond informal handshake agreements largely dependent on personalities and unlikely to survive staff turnover or changes in leadership. To ensure the lasting, systemic change that this report contemplates, criminal justice and mental health policymakers will need to improve upon initial cooperative efforts, begin to collaborate, and, ultimately, enter into *partnerships*.<sup>1</sup>

The impetus for collaboration can come from a variety of sources.<sup>2</sup> Sometimes, it is a tragedy involving an individual with mental illness that forces representatives of the criminal justice and mental health systems to recognize the need for working together more closely. This was the case in Seminole County, Florida, where a tragic shooting of a deputy by an individual with mental illness sparked cooperation among various stakeholders, which in turn prompted the creation of a task

1. Coalition-building experts stress the differences between coordination, cooperation, and collaboration, which reflect distinct degrees of commitment. In practice, however, these terms are used almost interchangeably. This report places a premium on partnerships, while recognizing the oftentimes difficult-to-distinguish dif-

ferences among coordination, cooperation, and collaboration.

2. A useful discussion of the elements of good coalition building, especially as they relate to the integration of criminal justice, mental health, and substance abuse systems, is provided in *The Courage to Change: Communities to Create Integrated*

force designed to improve system coordination.

Legislatures can also be extremely powerful in encouraging improved collaboration to address the issue of individuals with mental illness in the criminal justice system. In 1998, the California Legislature established the Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program. The program provided \$50.6 million in grant monies for demonstration projects in 15 different counties that, collectively, target approximately 12,500 offenders with mental illness.<sup>3</sup> To be eligible for a demonstration grant, the legislation requires counties to establish a Strategy Committee comprising criminal justice and mental health stakeholders.

At the local level, the success of cross-system collaboration often depends on strong leadership from high-ranking officials in both the criminal justice and mental health systems. These individuals can bring participants to the table, deal with conflicts that arise, and generally ensure that the partnership can overcome the inherent difficulties attendant to cross-system collaboration. One example of numerous such collaborative efforts is the Mental Health Coordinating Council in Travis

County, Texas. The Coordinating Council is headed by the probate judge and includes representatives from the local mental health agency, emergency services, the sheriff's office, the police department, the county attorney's office, social workers, consumer advocacy groups, the state hospital and others. The council meets once monthly to address issues of common concern to the participants. The probate judge develops meeting agendas, facilitates the meetings, mediates conflicts, and helps clarify legal issues.<sup>4</sup>

This report is replete with numerous, inspiring cases of stakeholders collaborating closely, across systems, and forming successful partnerships. In these cases, the stakeholders have cleared initial barriers to cooperation and coalition building, which are addressed in the introduction to this report. Furthermore, they have addressed three key issues, reviewed in this section, to ensure the long-term viability of the collaboration: obtaining and managing the resources to sustain the initiative; establishing guidelines for information sharing; and institutionalizing the partnership.

*Services for People with Co-Occurring Disorders in the Justice System*, National GAINS Center for People with Co-Occurring Disorders in the Justice System, December 1999.

3. California Board of Corrections, *Mentally Ill Offender Crime Reduction Grant*

*Program: Annual Report*, June 2000, available at [www.bdcrr.ca.gov/cppd/miocrg/miocrg\\_publications/miocrg\\_publications.htm](http://www.bdcrr.ca.gov/cppd/miocrg/miocrg_publications/miocrg_publications.htm).

4. Barbara Misle, assistant county attorney, Mental Health Division, Travis County, Texas, interview, April 18, 2002.

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## Obtaining and Sharing Resources

## POLICY STATEMENT # 24

**Determine how the partners will make resources available to respond jointly to the problem identified.**

An essential first step for communities or states interested in addressing mental health issues as they relate to the criminal justice system is to bring prospective partners to the table, define the problem, and establish which individuals will shepherd the partnership. After these issues have been resolved, however, numerous decisions remain before

the partnership can be launched. What will be the costs (both direct and in-kind) of operating this joint venture? Where will these resources come from? How will they be administered? The following recommendations serve as a guide to agents of change struggling with these questions.

## RECOMMENDATIONS FOR IMPLEMENTATION

- a Identify the number of clients whom the prospective partners, under the current system, are serving in parallel systems and determine the nature of this overlap.**

Before the partners can develop a budget describing the costs of the joint venture, they will need to identify the number of people they will target and the needs of those individuals. To that end, they should analyze how their clientele overlap and then quantify that overlap. For example, the courts may work with the local mental health centers to identify a number of jail detainees who meet criteria for pretrial release and, prior to being charged, were receiving mental health services in the community.

**Example:** Department of Community and Human Services, Crisis and Engagement Services, Mental Health, Chemical Abuse and Dependency Services Division, King County (WA)

In an effort to lay the groundwork for collaboration between different service agencies, officials in King County collected data concerning the overlap between high utilizers of

substance abuse and mental health services and the jail population. By facilitating the cross-referencing of information between separate databases (with the appropriate protections for the privacy of identifying information), the Division of Crisis and Engagement Services discovered that, in fact, many of the individuals who were spending considerable time in substance abuse and mental health treatment facilities had also been arrested and incarcerated in the county jail multiple times. Though these individuals seemed to be benefiting very little from their involvement in these services, the cost of providing those services was high—approximately \$1.1 million for 20 individuals. Gathering this data helped officials throughout the mental health and criminal justice systems in King County to better understand their shared clientele and helped spur improved collaboration there.

"I believe there must be alignment between the mental health community, law enforcement, the courts, and corrections if we are to have any ability to deal with this ever spiraling issue of mental illness in our communities. Collaboration at the local level can only enhance problem solving."

**SHERIFF DAN  
CORSENTINO**  
*Pueblo, CO*

**Source:** Personal  
correspondence

## **b** Share resources among organizations to ensure an effective and efficient response.

Obtaining new dollars to support a partnership is difficult. Even when jurisdictions are successful in securing appropriations or a grant, this funding assistance is unlikely to cover all of the costs associated with the initiative. Accordingly, the partnering organizations will need to review their existing resources to determine how they can be shared or shifted to make the partnership work. In many cases, staff, space, equipment, or expertise donated by one or more of the partnering organizations is as good (if not better) than a contribution of actual dollars.

### **Example: King County (WA)**

Partners in King County, Washington, each made considerable in-kind contributions to make their joint effort to develop a prebooking diversion program work. The Seattle Police Department, without new staff or resources, identified more than 100 volunteers from the existing ranks of the police force, who agreed to receive 40 hours of specialized training regarding people with mental illness, drug and alcohol problems, and developmental disabilities. Representatives of the treatment systems, consumers, and family members conducted the training, donating their time. For its part, the King County Hospital provided the space and part of the staffing required to reconfigure an existing psychiatric emergency room into a Crisis Triage Unit capable of managing pre-booking diversion referrals made by police officers.<sup>5</sup>

## **c** Shift savings generated by the new response—or a related initiative—to the partnering organization in need of additional resources.

When the criminal justice and mental health stakeholders begin to implement a joint response to a segment of the population with mental illness in contact with the criminal justice system, the new approach is likely to generate

5. See "Creating Integrated Service Systems for People with Co-Occurring Disorders Diverted from the Criminal Justice System: The King County Experience," The Na-

tional GAINS Center for People with Co-Occurring Disorders in the Justice System, Summer 2000.

some costs savings for the criminal justice partner. For example, a small study of 46 participants in Project Link in Monroe County, New York, found that the partnership among various mental health organizations in the county and county government officials reduced the mean number of jail days per month for the program participants from 9.1 to 2.1 and the mean number of hospital days per month from 8.3 to 3. Based on per diem costs, this translates to a savings of more than \$23,000 in jail costs and more than \$155,000 in hospital costs for the 46 program participants.<sup>6</sup>

Partners should work together (ideally, before the costs savings are even realized) to redirect the resources saved to the organization or agency assuming the expense incurred by absorbing the additional clients. Moving fund balances to different state or county agencies is usually complex, and it often requires the involvement of a state budget authority and the legislature.

**Example: Connecticut Jail Diversion Project**

In Connecticut, in 2000, the General Assembly authorized the statewide replication of a successful jail diversion pilot program based in New Haven. To provide the state mental health agency with the resources necessary to expand the program, legislators worked with the state corrections department (which also operates all facilities in the state that house pretrial detainees), whose commissioner recognized that the expansion of the program would save a number of corrections beds and thus save the agency money.<sup>7</sup> The General Assembly, with the consent of the corrections commissioner, effected the shift of approximately \$3.1 million from the corrections budget into the state mental health agency's budget.<sup>8</sup>

Partners may also decide to apply savings generated by another initiative to an effort regarding people with mental illness in contact with the criminal justice system.

**Example: King County (WA)**

In King County, Washington, partners used savings generated from the managed care system to fund the diversion programs they developed. The managed care system, when held accountable to its stated goal of promoting increased client choice and individualized and tailored care, can support jail diversion efforts. System integration advocates argued that a portion of the systems savings (“fund balance”) generated by the managed care model could be reinvested in services targeting those for whom the managed care paradigm worked least well—including people with co-occurring disorders involved in the justice system. This meant that fund balance dollars produced by the managed care process could be applied to supplementing the staffing needed to create the hospital's Crisis Triage Unit and the mental health court.

For services provided to custodial parents who qualify for Temporary Assistance for Needy Families (TANF) cash assistance or TANF-funded services, this entitlement may be an important resource. Generally speaking, TANF-funded services are more readily available than cash benefits, especially when

6. “Prevention of Jail and Hospital Recidivism Among Persons With Severe Mental Illness: Project Link, Department of Psychiatry, University of Rochester, Rochester, New York,” *Psychiatric Services* 50:11, November 1999, pp. 1477-80.

7. In fact, the state corrections system was so short on bed space that they contracted with the Commonwealth of Virginia to house 500 inmates in that state.

8. Ellen Webber, director of the Connecticut Jail Diversion Project, interview, March 16, 2002.

the eligible recipient is or recently has been incarcerated. Tapping TANF funds facilitates state and local government officials' efforts to make services such as case management, vocational rehabilitation, mental health and substance abuse counseling, and job training, search, and placement services available. Indeed, TANF funds have the potential to ease a financial burden for corrections budgets while putting little new strain on the mental health service budget.<sup>9</sup>

**d Identify one of the partnering organizations—or establish a new entity—to serve as the locus for grants, new appropriations, and other resources contributed to the partnership.**

Deciding which of the partnering organizations will be the recipient of a new appropriation or the share of a grant can be a thorny and divisive process. In some cases, it may make sense for the partners to establish an independent, not-for-profit organization, with representatives from each of the partnering organizations would help to govern, to receive and administer these funds.

**Example: PERT, Inc., San Diego County (CA)**

In San Diego County, in 1993, mental health and law enforcement professionals, consumers, and family members of consumers established a task force in response to several high-profile shootings of individuals with mental illness. The task force developed a series of Psychiatric Emergency Response Teams (PERT) to improve the response of the criminal justice system to individuals with mental illness. County and state agencies agreed to fund part of the initiative with a portion of the jurisdictions' share of federal block grant that the Substance Abuse Mental Health Services Administration administers. Members of the task force could not agree on which organization should receive the grant, so they formed an independent organization: "PERT, Inc." PERT, Inc. supervises the PERT staff and coordinates billing for services rendered. The board for PERT, Inc. is made up in part by NAMI board members and board members from the Community Research Foundation, the largest private, non-profit mental health service provider in the county.

9. See *Getting to Work: How TANF Can Support Ex-Offender Parents in the Transition to Self-Sufficiency*, Legal Action Center, Washington, D.C., April 2001; and *Finding the Key*, Bazelon Center for Mental Health Law, March 2001.

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## Sharing Information

## POLICY STATEMENT #25

**Develop protocols to ensure that criminal justice and mental health partners share mental health information without infringing on individuals' civil liberties.**

Appropriate information sharing between mental health and criminal justice systems ensures that criminal justice officials make informed decisions regarding a defendant or offender and that providers meet the treatment needs of people with mental illness in the criminal justice system. Nevertheless, line staff and policymakers alike often cite information-sharing restrictions as one of the biggest barriers to collaboration between mental health and criminal justice system officials. Mental health professionals have legal and ethical obligations not to divulge clinical information without consent, unless certain conditions apply, including imposition of a judge's order. Law enforcement officers and prosecutors concerned about safety issues, judges who must make informed pretrial release and sentencing decisions, and corrections officers charged with maintaining safe institutions and providing consti-

tutionally adequate levels of care are all looking for information that will help them in their duties.

In fact, maintaining appropriate confidentiality of a person's mental health records, delivering effective mental health services, and ensuring the safety of the community and the victim are consistent goals. Moreover, partnerships exist in many jurisdictions in which officials have overcome traditional barriers to information sharing without endangering public safety, violating the ethics of providers, or invading the privacy of the individual.

Policy statements appearing elsewhere in this report include specific recommendations that explain how information can be shared appropriately within certain contexts. The recommendations below should serve as general guidelines regarding information sharing.

## RECOMMENDATIONS FOR IMPLEMENTATION

- a** **Ensure that mental health clinicians, law enforcement personnel, officers of the courts, and jail and corrections staff are familiar with and abide by state and federal law and regulations governing the transfer of mental health records and information.**

The laws of every state contain provisions that govern how mental health practitioners may share clinical information. While the statutes are not entirely consistent across state boundaries, they generally call for the patient to provide written consent if information is to be shared beyond the immediate clinical team currently providing services. Mental health providers are generally trained to take a conservative approach to information sharing, and for reasons tied to both ethics and liability many are reluctant to share clinical information without consent. Indeed, licenses for some mental health professions can be revoked if confidentiality rules are not observed. In some states, restrictions on the sharing of clinical information apply even when the patient is moving from one treatment setting to another. In most states provisions exist that allow for information to be shared in a health care emergency. Some states have specific provisions for sharing information with a law enforcement officer or agency if doing so, will benefit the patient.<sup>10</sup>

Federal statute and regulations also cover the transfer of information regarding treatment of someone for mental illness or a substance abuse disorder. Federal statute governing information related to substance abuse treatment is more ironclad than counterpart provisions covering mental illness treatment records.<sup>11</sup>

Routine training for both mental health practitioners and criminal justice staff should include familiarization with laws and regulations covering confidentiality and the transfer of medical information. If possible, criminal justice and mental health trainers should find or create training sessions or other forums where issues of confidentiality and information transfer can be addressed in one place by staff from both fields with the goal of reaching a common understanding of the applicable laws.

Additionally, mental health agencies and criminal justice entities should examine internal policies to ensure that they reflect and encourage compliance with relevant laws and regulations.

"The criminal justice system and the local and state mental health systems are not set up to share information. They are set up to protect an individual's constitutional and statutory rights. The adversarial system currently in place is effective in reaching resolution on criminal cases. It is not a very effective system in resolving issues related to mentally ill defendants."

**HON. MICHAEL D. SCHRUNK**  
*District Attorney,  
Multnomah County, OR*

10. Indiana is an example of a state with such a statute.

11. See (42 U.S.Code §290dd-2).

**b** Obtain an individual's specific, written consent before a mental health agency or provider shares his or her information with criminal justice personnel, except when federal or state law (or a judicial order) supercedes.

Deeply ingrained in the training and ethical code of mental health providers is the principle that the individuals they treat have the right to determine who is to know that they are in treatment and what that treatment consists of. For this reason, the first option whenever there is a request for information or reason for information to be shared is to ask the patient to provide consent. In the majority of cases, individuals will sign a form they understand will help them receive needed or continued treatment. Even in instances where the law does not strictly require providers to obtain consent from a client for information to be transferred, the exercise can be an important way of demonstrating goodwill and building trust between providers and between the provider and the patient.<sup>12</sup>

Written consent should be drafted in a way that indicates the purposes for which the requested information may be used, the period for which consent is valid, and with whom it may be shared. (See Policy Statement 7: Appointment of Counsel for more on the role of defense counsel in obtaining consent.)

**c** Limit access to mental health databases to authorized mental health personnel; provide information about an individual's mental health status and treatment on a case-by-case basis only.

In view of the confidentiality statutes and ethical standards already mentioned, and recognizing the limitations of most mental health system databases, access to them should be limited. Mental health staff should be the only personnel to access information maintained in mental health databases. Protocols should be put in place to ensure that information provided to clinical staff is kept confidential.

By the same token, mental health staff should not present unreasonable roadblocks to information flow that can help law enforcement, courts, and corrections officials make informed decisions about individuals in their custody. If possible, they should set up protocols that can enable an appropriate flow of information to law enforcement, detention, and other criminal justice personnel while preserving the confidentiality and right to privacy of individuals in the system.

Mental health systems in this country maintain databases for a variety of reasons. Some may hold clinical treatment information; many more are main-

<sup>12</sup>. At the same time, providers and criminal justice officials should exercise good judgment. In situations where consent is not required, there is no point in seeking it from someone who is not likely to provide it.

tained exclusively for billing purposes. It should be noted that, currently, few databases can be counted on to provide comprehensive information about the individuals treated in the system. The information usually sought by law enforcement and jail officials, however, can be obtained by development of alternative protocols or practices. (See Policy Statement 13: Intake at County / Municipal Detention Facility.)

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**d** **Ensure that mental health information shared is the minimum needed to address the intended recipient's needs.**

The nature of information that can be shared may be governed by state statute. In some places it may be limited to diagnosis, admission to or discharge from a treatment facility, and the name of any medication prescribed. For many purposes, this limited information may suffice. On the other hand, there may well be instances in which more information would be appropriate and helpful in developing treatment plans for individuals whose needs are not immediately apparent or who have complex histories with a bearing on future treatment decisions.

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**e** **Ensure that information shared for the purpose of arranging appropriate treatment not be used to jeopardize a person's rights in criminal proceedings.**

Information intended to help police or jail officials arrange for appropriate treatment for an individual with mental illness who has been arrested or is in custody may prove harmful if utilized by a prosecutor in criminal proceedings. It is not always in the best interests of an individual for his or her mental illness diagnosis to be generally known. While mental illness may be an obvious factor in many cases, it may not come to the fore immediately in others. In such cases, only the individual (and counsel) should determine whether it is appropriate to bring the fact of mental illness into the case.

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**f** **Encourage consumers to engage in advance planning that includes consent for mental health providers to share specified information with criminal justice authorities if necessary.**

One promising mechanism for allowing a consumer to decide whether and how much information should be divulged is through some form of advance planning. Some consumers now write psychiatric advance directives to govern

their care when they become incompetent or when they are involuntarily hospitalized. A more practical alternative for mental health/criminal justice partnerships is a specific form of advance planning relating to any future contacts with the criminal justice system. Individuals who have had previous contact with the law or individuals whose behaviors put them at significant risk should be offered the opportunity through the mental health system to indicate consent for sharing of certain information. Especially important is the sharing of the name of their case manager or other provider who, once notified, can follow up to ensure appropriate clinical treatment is furnished following the incident.

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**g** Eliminate any reference to the identity of the person with mental illness when turning over information for research purposes or for systemic assessments of criminal justice systems.

There is no need for information collected and used for the purposes of research or data collected to assess the effectiveness of systems to retain identifying information. Data such as name, address, phone number, birth date, social security number, and other information that clearly points to the specific individual should be redacted before such databases are compiled or before mental health system information is shared within criminal justice systems. If the particular analysis to be conducted does require such identifiers, there must be procedures in place to keep these confidential and thus they should be stripped from the analysis and aggregate reports that are eventually prepared and circulated.

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**h** Criminal justice authorities should share information (with consent) with the mental health system in order to facilitate appropriate and quick follow-up services from mental health upon release.

As recommended elsewhere in this document, correctional facilities should engage inmates in pre-release planning, which should include a discussion of the necessity of sharing clinical information with community providers in order to ensure continuity of care. Consent should then be readily obtainable and either a detailed summary or a complete clinical record can be transferred to the appropriate community mental health program. As in other information sharing situations, information shared should be the minimum necessary for the purpose at hand. (See Policy Statement 21: Development of Transition Plan.)



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## Institutionalizing the Partnership

## POLICY STATEMENT #26

**Institutionalize the partnership to ensure it can sustain changes in leadership or personnel.**

Successful partnerships depend on collaboration between individuals. Over time, officials in mental health and criminal justice agencies may develop exemplary working relationships that lead to improved collaboration and better service to individuals with mental illness. It is crucial, however, that the leaders of collaborative efforts make an ef-

fort to institutionalize their partnership, ensuring its longevity beyond their own tenure. The following recommendations suggest some steps that can be taken to ensure the endurance of collaborative efforts between the criminal justice and mental health system partners.

## RECOMMENDATIONS FOR IMPLEMENTATION

- a** Charge an individual with maintaining the vision of the collaborative effort and managing on a day-to-day basis communication among staff working for each of the various collaborating organizations.

Interactions among separate organizations—each with its own goals, policies, jargon, and organizational structures—tend to be extremely complicated. Successful collaboration often requires communication between multiple individuals across organizational lines. Many successful partnerships can be traced to the establishment of a position, sometimes referred to as a “boundary spanner” position, whose responsibility it is to be the traffic cop for the various people responsible for managing this communication on a day-to-day basis.

The organization employing the boundary spanner often depends on a variety of factors, such as local politics, history, economics, and personalities in each community. Nevertheless, researchers have found some common aspects

of successful boundary spanners. A clear conceptualization of the functions of a boundary spanner position is often more important than the exact location of the position. In addition, it is important to find experienced, well-respected individuals to staff these positions; these individuals are often veteran staffers who are familiar with the formal and informal norms of multiple systems. Boundary spanners should be well compensated and given a title that appreciates the importance of their cross-systems work.<sup>13</sup>

**Example: Court Monitor, Mental Health Court, King County (WA)**

The court monitor in the King County Mental Health Court serves as the link between the criminal justice and mental health systems. The court monitor first interviews candidates for the Mental Health Court in an effort to understand the defendant's mental health issues. She then requests approval for the release of information from the defendant and communicates with the case manager who handled the defendant's past treatment. Next, the court monitor prepares a report of the defendant's history and a proposed treatment plan to the court while explaining the workings of the court to the defendant. Finally, the court monitor meets with the public defender and prosecutor to discuss the case.<sup>14</sup>

**b**

**Determine how to share responsibility for positive and negative outcomes.**

Partnerships are often severely tested when the joint initiative draws bad publicity or suffers an unfortunate turn of events. For example, joint ventures are typically dissolved (sometimes appropriately) when a program participant commits a high-visibility crime. In other cases, a lawsuit involving a person working on the initiative can threaten the sustainability of a partnership.

Partners should establish a plan, in advance, to respond to incidents that attract negative publicity in order to ensure that each does not simply engage in finger-pointing. This plan should include an agreement on how to respond to inquiries from the legislature, other state or local governing bodies, the media, or attorneys representing a plaintiff.

Officials working together as part of a collaborative venture should develop a similar plan to respond to positive news trumpeting the success of an initiative. In some cases, failing to share credit or to recognize the value of the partnership publicly can be as destructive as an uncoordinated response to negative publicity.

**13.** Henry J. Steadman, "Boundary Spanners: A Key Component for the Effective Interactions of the Justice and Mental Health Systems," *Law and Human Behavior* 16:1, 1992, pp. 75-86.

**14.** John S. Goldkamp and Cheryl Irons-Guynn, *Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernadino, and Anchorage*, Bureau of Justice Assistance, April 2000.

## **C** Prepare contracts or memoranda of understanding defining the terms of the partnership.

Documents that describe the nature and scope of collaboration between distinct agencies or organizations can be crucial to solidifying a partnership. Contracts or memoranda of understanding (MOU) also provide a guiding document to which partners can turn to resolve confusion or disagreement. The structure of any such agreement will vary depending on the partners involved, the goal and scope of the collaboration, local policies and regulations, and many other jurisdiction-specific issues. Despite these necessary variations, certain elements are consistent across such agreements, and criminal justice and mental health partners should consider referring to the following list when developing written agreements.

Elements of a successful memorandum of understanding:

- Well-defined target population
- Overarching purpose that underlies the agreement
- Discussion of any relevant legislation or regulations
- Elaboration of specific goals, both shared and germane to a particular partner
- Definition of any new responsibilities
- Time lines for the implementation of new initiatives and for review of the implementation process
- Provision for the resolution of disputes

