

Collaborative Responses to People with Mental Illnesses Involved in the Criminal Justice System

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The Criminal Justice/Mental Health Consensus Project is a national effort coordinated by the Council of State Governments (CSG) to help local, state, and federal policymakers; criminal justice professionals; and mental health service providers, consumers, and advocates improve the response to people with mental illnesses who become involved with—or are at risk of involvement with—the criminal justice system. The landmark Consensus Project Report was released in June 2002. Since then, CSG and its project partners have launched a number of initiatives, described below, to translate the report’s recommendations into policy and practice.¹

I. Law Enforcement/Mental Health Partnership Program

Law enforcement officers often respond to repeat calls for service involving people whose mental illnesses appear to be a significant factor in the incident. These officers must decide whether to arrest the individual or divert the person to community treatment and supports.

The U.S. Department of Justice Bureau of Justice Assistance (BJA) and CSG, in partnership with the Police Executive Research Forum (PERF), are helping law enforcement and mental health professionals develop and enhance collaborative programs. Such programs enable officers to acquire special expertise in responding to encounters with people with mental illnesses, de-escalate tensions on the scene, minimize the use of force, and link individuals to treatment and supports when appropriate. CSG is producing training resources, describing the essential elements of any specialized police-based response to people with mental illnesses, identifying some promising statewide efforts to coordinate local law enforcement programs, and facilitating peer-to-peer assistance through an online database of specialized law enforcement-based programs.

II. Mental Health Courts Program

Many people with mental illnesses are familiar faces in courtrooms across the country, often brought in on low-level charges that may be the result of untreated mental illnesses.

Since 2003, CSG has been BJA’s technical assistance provider for mental health courts across the country. Mental health courts provide judicially supervised treatment in the community in lieu of incarceration for a particular group of defendants with mental illnesses; one study found that such participation resulted in comparatively fewer new jail admissions and greater use of treatment supports and services.² CSG provides on- and off-site assistance to mental health court professionals, publishes policy briefs, coordinates conferences, maintains a website, and helps collect information on existing mental health courts. CSG has also established a network of mental health court learning sites to facilitate peer-to-peer assistance. In just three years, CSG has helped courts in more than 120 jurisdictions improve their knowledge base and obtain access to resources that can help them improve their operations.

III. Increasing Collaboration between Corrections and Mental Health Organizations

An estimated 16 percent of the nation’s state prison population has a mental illness.³ These individuals tend to stay incarcerated longer than the general corrections population and often recidivate.⁴

The Justice Department’s National Institute of Corrections (NIC) and CSG are working together to foster partnerships between corrections and mental health agencies. NIC and CSG believe that such partnerships will improve the continuity of care for people with mental illnesses returning to the community after incarceration or under community supervision, and that these partnerships will ultimately reduce recidivism and make communities healthier. Teams of corrections administrators and mental health officials from 13 jurisdictions received initial technical assistance during the first year of this project. CSG and NIC are now working intensively with four municipal, county, and state sites: Philadelphia, PA; Orange County, FL; Kansas; and Rhode Island. Through the experiences gained from these learning sites, CSG is publishing case studies describing the successes realized and challenges confronted in each site. In addition, CSG has developed an online tool (available at www.consensusproject.org/assessment/) that helps jurisdictions determine the level of collaboration between their corrections and mental health systems.

IV. Victims of Crime Committed by People with Mental Illnesses

Victims of crimes committed by people with mental illnesses often feel that the criminal justice system leaves them uninformed, without opportunities for meaningful participation, and angry about an apparent lack of accountability.

CSG has entered into a cooperative agreement with the Justice Department's Office for Victims of Crime (OVC) to help state and local government officials better serve people victimized by individuals with mental illnesses. Working with a broad-based, bipartisan group of leading practitioners and policymakers, CSG and OVC will suggest services, policies, and laws that should be in place to protect the rights of, and ensure delivery of services to, this group of crime victims and translate these recommendations into policy and practice. CSG is also working with partners to develop a handbook on how to involve crime victims in the planning and implementation of mental health courts.

V. Violence against Women with Mental Illnesses

Although women with mental illnesses are significantly more likely to be victims of violent crime than other women, in many communities few resources are available to help protect, inform, serve, and treat this population and minimize the likelihood of revictimization.

CSG, through a grant from the Center for Mental Health Services (CMHS), is coordinating a project that will draw attention to the unmet needs of women with mental illnesses who are crime victims and construct a core set of policy and practice recommendations for serving this population within both the criminal justice and mental health systems. CSG has released an issue brief (available at www.consensusproject.org/downloads/vaw-brief.pdf) that reviews existing literature, provides information on programs and resources, and recommends the elements of a national agenda to be advanced by federal agencies. CSG is also developing policy recommendations for victim services providers and mental health professionals to improve collaboration in order to better serve women with mental illnesses who have been recent victims of crime.

VI. Promoting Research-Based Policy and Program Design

Various federal and private grant makers have been active in funding research on the large numbers of people with mental illnesses who are arrested and incarcerated, but they must often navigate around institutional barriers and gain the long-term assistance of a diverse group of policymakers, public safety partners, and others who are key to the success of their efforts.

CSG will convene prominent researchers, along with policymakers and practitioners, to identify and integrate the most compelling research findings, determine how these findings can be used by agents of change to help design effective programs and promote sustainability, and pinpoint gaps in the knowledge base. The initiative emerged from conversations with federal and private funding agencies, including the John D. and Catherine T. MacArthur Foundation (MacArthur Foundation), the National Institute of Justice (NIJ), National Institute of Mental Health (NIMH), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA), and BJA.

VII. The Advocacy Handbook

Mental health advocates have been a driving force for improving responses to people with mental illnesses involved in the criminal justice system, but they must often gain the long-term assistance of a diverse group of policymakers, public safety partners, and others who are key to the success of their efforts and navigate around institutional barriers.

CSG, working with NAMI (the National Alliance for the Mentally Ill) the National Association of State Mental Health Program Directors (NASMHPD), the National Mental Health Association (NMHA), and the Bazelon Center for Mental Health Law, has developed a handbook to help mental health advocates reach out to potential criminal justice, mental health, and legislative partners to collaboratively address this problem. The handbook is available at www.consensusproject.org/advocacy/.

VIII. Criminal Justice/Mental Health Information Network

The diverse groups working to improve outcomes for people with mental illnesses in contact with the criminal justice system lack easy access to comprehensive information about their colleagues' experiences across the country, as well as ongoing research, media, and legislative activity.

CSG is working closely with the GAINS Center to compile a single, national inventory of efforts designed to improve outcomes for people with mental illnesses involved in the criminal justice system. With support from BJA, NIC, the Center for Mental Health Services, and the MacArthur Foundation, the Criminal Justice/Mental Health Information Network will provide a single, web-based point of access for criminal justice/mental health information and resources.

1. The 400-page report can be accessed and searched online at www.consensusproject.org/the_report/toc/. Report recommendations and related text can be viewed by criminal justice and mental health disciplines or through a visual flowchart representing the sequence of events that may occur for an individual with mental illnesses who comes into contact with the criminal justice system.
2. Statistics provided by Clark County (WA) Mental Health Court, from an ongoing outcome evaluation conducted by Heidi Herinckx, senior

researcher, Portland State (OR) University, accessible online at www.consensusproject.org/programs/one?program_id=227#documents.

3. Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, July 1999.
4. Ditton, *Mental Health Treatment of Inmates and Probationers*, 1999.

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