Tom Lane was depressed and despondent when he made a call to a suicide hotline from his trailer home in rural California. When he wouldn’t promise the hotline operator not to kill himself, four sheriff’s deputies with laser-sighted shotguns were dispatched to take him into custody. Lane, who is legally blind, said his glasses were smashed during the arrest, and that he was not allowed to take his prescribed seizure medication during the four days he was in custody. He was eventually released to a hospital emergency room with no money, no medication, and no way home.

Though media reports tend to focus on the rare instances when a person with mental illness commits a violent, high profile crime, Lane’s story illustrates a more common consequence of what experts say is a systemic problem: An alarming number of people with mental illness are falling through the social safety net and landing in jail. This failure exacts devastating human costs and drains scarce and expensive public safety resources.

Today, Lane operates a consumer-run mental health drop-in center in Florida, and is part of The Council of State Government’s Criminal Justice/Mental Health Consensus Project. This landmark coalition of senior lawmakers, judges, law enforcement officials, mental health administrators, advocates, and crime victims has been meeting for more than two years to recommend ways in which the criminal justice system might improve its response to individuals with mental illness. The group will release its final report of comprehensive recommendations on June 1.

“We need to do a much better job of integrating law enforcement and mental health services,” said Pennsylvania Sen. Robert Thompson, chair of the CSG/ERC Criminal Justice Board of Directors. “We simply can’t afford not to.”

Change needed

The National Mental Health Association says that 16 percent of the nation’s jail and prison population has a serious mental illness.

The statistics tell the story: Of the 10 million people booked into U.S. jails in 1997, at least 700,000 had a serious mental illness, according to the Bureau of Justice Statistics. The same report states that though only five percent of Americans have a serious mental illness, offenders with mental illness make up 16 percent of the nation’s jail and prison population, and recidivate at rates as high as 60 percent, says the National Mental Health Association. On any given day, the Los Angeles County Jail holds more individuals with mental illness than any state hospital or mental health institution in the country, according to an article in the Sacramento Bee on March 17, 1999 (Treatment not jail: A plan to rebuild community mental health).

Criminal justice officials readily concede they are often ill equipped to...
respond effectively to individuals with mental illness, and that as a result, they face high financial, legal, and safety costs. One recent example is the $5.4 million judgment issued against a Wisconsin jail administrator in 1999 for holding a schizophrenic detainee in solitary confinement for 65 days.

“We know that we have handled this issue poorly, and we can do a better job,” said Chief Charles A. Moose of Maryland’s Montgomery County Police Department. “It is embarrassing and there is room for improvement.”

Moving toward reform

Federal, state, and local efforts to address the problem have accelerated over the last 15 years with a string of successful pilot projects and initiatives. In 1987, the City of Memphis created an innovative partnership between law enforcement and local mental health officials after a burglary suspect with mental illness was shot dead by police. The partnership facilitated effective training for police officers responding to calls involving suspects with mental illness. Similar partnerships were later created in other cities, including Seattle, Albuquerque, Portland, Ore., and Waterloo, Iowa.

In 1992, Congress created a Center for Mental Health Services within the Department of Health and Human Services. The Center was charged with identifying the most effective methods for providing mental health services in the criminal justice system, and to help coordinate federal efforts to collect data, provide technical assistance and facilitate policy development. The federal government also just concluded a nine-site study assessing the impact of jail diversion programs on individuals with mental illness and co-occurring substance abuse problems. The study, which took four years to complete, was funded by the Substance Abuse and Mental Health Services Administration, and tracked the progress of specific individuals as they moved through the system.

An often-cited model program in Maryland established Community Criminal Justice Treatment programs in 18 local jurisdictions, and was implemented by the state Mental Hygiene Administration.

In Florida, the Eleventh Judicial Court won CSG’s 2001 Innovations Award for its Criminal Mental Health Project. Associate Administrative Judge Steve Leifman said the court’s project grew from meetings of stakeholders in Dade County, which he said has the highest urban concentration of individuals with mental illness.

“We got all the major players together to discuss the system, and realized what a complete and utter joke it was,” Leifman said. “There was no coordination, cooperation, or, what we all fantasize about, a continuum of care system in place.”

The court set up a pre-arrest diversion program, and trained officers to de-escalate potentially volatile situations. So far, the program has diverted 270 suspects from jail and has brought considerable savings to the county in psychiatric evaluations and bed nights. Leifman said recidivism rates for mentally ill offenders in the Court’s jurisdiction have fallen by 40 percent.

Building a national coalition

The Florida Court’s program and other pilot projects have provided helpful models for communities to follow, but the Council of State Governments’ Criminal Justice/Mental Health Consensus Project marks the first time a coalition of all major state and local stakeholders has been brought together on a national level. The group, which began meeting in 1999, was divided into four Advisory Groups that formulated recommendations in their areas: corrections, law enforcement, mental health, and courts. The Project was directed by a Steering Committee made up of representatives from each of CSG’s project partners (see sidebar).

As part of their deliberations, Advisory Board members also worked closely with high-ranking federal officials. At their final meeting this past January, Board members met with senior Bush Administration officials, including Charles Curie, administrator of the Substance Abuse and Mental Health Services Agency, and Richard Nedelkoff, director of the Bureau of Justice Assistance, Office of Justice Programs.

The Project’s 350-page final report contains summaries of each Advisory Board’s findings, and identifies four overarching themes: improving collaboration, training and education for practitioners and the public, measuring and evaluating outcomes, and creating effective mental health systems. Each section of the report identifies specific policy goals and lays out measures that state and local governments can take to achieve them. Recognizing the complexity of the problems different communities face, the report’s authors avoid prescribing one-size-fits-all solutions. Instead, the report enumerates relevant projects and data in each area so that communities can apply what is most appropriate for the challenges they face.

In New Hampshire, for example, reformers want to change the way police contacts are recorded. “Under current New Hampshire law, if you have someone who’s been taken into protective custody, they are not an arrestee and there is no record of them being there,” said New Hampshire Rep. John Tholl, a retired state trooper. “We want them to keep a non-arrestee record on this person, to require a mental health screening process to hopefully provide services so that they don’t keep coming back.”

Encouraging partnerships

Above all else, the work of Criminal Justice/Mental Health Consensus Project is based on the idea that partnerships and coalitions among different stakeholders is the foundation upon which any successful reform must be built. The report is designed to facilitate the formation of such coalitions.

“We need more cooperation,” said Risdon Slate, a professor of criminology, who has been incarcerated as a result of his manic depression. “The criminal justice system is open ‘24-7’, 365 days a year, and everything gets dumped on it, even if the system is not always ready to handle it.”

Project participants said the greatest strength of their work was that it reflected consensus among Democrats, Republicans, law enforcement, corrections officials, mental health administrators, consumers, and victim advocates.

“I think there’s no question that this
report is going to stimulate a lot interest in legislatures across the country,” added Massachusetts Rep. Michael Festa. “It’s very clear that we had the whole spectrum of thought, politically and experientially. This whole group coming to consensus will create instant credibility and justifiable reliance on some of these recommendations.”

Next steps

To ensure that the Project’s work leads to tangible policy reform, Advisory Board members and CSG staff are actively engaging federal officials and taking steps to encourage implementation of the report’s recommendations. CSG staff has been meeting with senior congressional leaders, as well as high-ranking Bush administration officials in the Departments of Justice and Health and Human Services. CSG was also asked this past February to facilitate a process through which Justice Department officials could receive the recommendations and counsel of practitioners, policymakers, and advocates regarding the mental health court grant program. Congress appropriated $4 million to the grant program this year.

On the state level, the Criminal Justice/Mental Health Consensus Project hopes to work with the array of state commissions and task forces that have sprouted up to address increased cooperation between the criminal justice and mental health systems. Eighteen states have created such groups so far (a list is available on the CSG’s Eastern Office Web site, www.csgeast.org).

In addition, Project participants have plans to independently advance the group’s recommendations in their own states. Rep. Tholl hopes to implement the group’s suggestions both through legislation, and where possible, through administrative action. William Dressel, president of the National Judicial College, said he will use the report as a training tool for judges. Tom Lane expects to organize a similar consensus project on the state level in Florida.

Widespread agreement on need for reform

The greatest source of optimism among those hoping to improve the response of the criminal justice system to individuals with mental illness is the widespread agreement on the need for reform. By bringing together a diverse coalition, and adding momentum to the wave of initiatives that have been implemented over the last 15 years, CSG’s Consensus Project participants are hopeful that the group’s recommendations will provide states and localities with the tools they need to move forward.

“Hundreds of individuals with mental illness are killed by police across the country every year,” said Chief Robert Olson of the Minneapolis Police Department. “The trauma to individuals with mental illness is compounded by the trauma to the officers who are involved in these incidents. This report is critical to helping make a significant difference in this problem.”

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Report available online

The Criminal Justice/Mental Health Consensus Project’s Final Report will be available online by June 1 at www.csgeast.org. The Project is coordinated by the Police Executive Research Forum, the Pretrial Services Resource Center, the Association of State Correctional Administrators, and the National Association of State Mental Health Directors. Project funders include: The John D. and Catherine T. Macarthur Foundation; The Melville Charitable Trust; The Open Society Institute; Pfizer; Eli Lilly; The Robert Wood Johnson Foundation; The van American Foundation; The Center for Mental Health Services, U.S. Department of Health Services, U.S. Department of Health and Human Services, and the Office of Justice Programs, U.S. Department of Justice.