

The Advocacy Handbook

A Guide for Implementing Recommendations of the
Criminal Justice/Mental Health Consensus Project



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People with mental illness are falling through the holes of this country's social safety net and landing in the criminal justice system at an alarming rate.¹

During the past decade, the advocacy community has mobilized to reverse this disturbing trend. Individuals with mental illness and family members, many of whom have experienced firsthand the trauma of criminal justice involvement, have led the charge to train police officers, institute jail diversion programs, launch mental health courts, improve transition planning from jails and prisons, and make a host of other improvements in how the criminal justice and mental health systems respond to their shared population. Their efforts have borne considerable fruit. In nearly every community that has made strides to address the problem, advocates have been a driving force for change.

Indeed, the combined efforts of advocates and their committed partners in law enforcement, courts, adult and juvenile corrections, and the mental health system have sparked a growing, nationwide movement to reduce the overrepresentation of people with mental illness in the criminal justice system. From this momentum, hundreds of new city- and county-based initiatives have emerged, as well as landmark state and federal legislation addressing the issue.

But for every community that has taken steps in the right direction, there are dozens that have yet to act, and where the passion and commitment of advocates is sorely needed. This handbook is intended to help advocates in those communities follow in the footsteps of their peers and galvanize reforms that stem the influx of people with mental illness into the criminal justice system.

The seeds for this handbook were sown with the development of the *Criminal Justice/Mental Health Consensus Project Report*. Published in 2002, the *Consensus Project Report* offers a 400-page blueprint for how the mental health, criminal justice, substance abuse treatment, and related systems can collaboratively improve their responses to people with mental illness.

If the *Consensus Project Report* outlines a vision for where we should be, then this handbook offers a roadmap for how advocates can help us get there. Based on information from the *Consensus Project Report*, and interviews with dozens of successful advocates, the *Handbook* examines five crucial steps that should underlie any advocacy effort to reverse the overrepresentation of people with mental illness in the criminal justice system:

Steps



¹ The Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York: Council of State Governments, 2002).

A close-up photograph of a person with light-colored hair, wearing a grey long-sleeved shirt, sitting on a blue couch and reading a book. The book is green and white. The background is a plain, light-colored wall.

step

1

Understand the Issue

MANY ADVOCATES COME TO CRIMINAL JUSTICE issues in response to personal experiences or local events, such as the arrest of a family member or an increase in suicides at the local jail. What they may not appreciate is that these problems are part of a broad, nationwide trend that has been escalating for several decades: the U.S. Department of Justice reports that about 16 percent of the population in prison or jail has a mental illness, compared to 5 percent of the U.S. population.^{2,3} As they become active in this area, advocates' first step should be to learn about the extent of this problem and its implications, sources, and solutions.

Extent of the Problem

People with mental illness are overrepresented in all parts of the criminal justice system—in their contact with law enforcement, in the courts, in jails and prisons, and in parole and probation caseloads across the country. The problem affects both rural and urban communities, and is prevalent in both large and small states.

Reports in the media tend to focus on sensational, violent crimes committed by people with mental illness. But the majority of people with mental illness who are arrested and incarcerated are low-level,

nonviolent offenders who are essentially exhibiting in public the symptoms of untreated mental illness. Nearly half the people in state prison with a mental illness were incarcerated for a nonviolent crime.³

On the other hand, advocates should always remember that there are people with mental illness who commit serious crimes for which arrest, adjudication, and incarceration are necessary and appropriate, as are adequate treatment and sufficient planning for their reentry into the community.

Learn More

For a more in-depth discussion of the extent of the problem, consult the introduction to the *Consensus Project Report* and the fact sheets located at <http://www.consensusproject.org>.



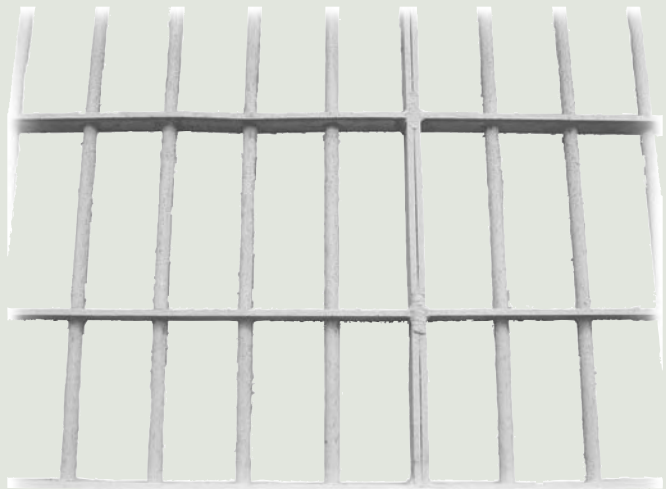
2 R. C. Kessler et al., "A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness," In *Mental Health United States 1999*, edited by R.W. Manderscheid and M.J. Henderson (Rockville, MD, Center for Mental Health Services).

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

Implications of the Problem

The overrepresentation of people with mental illness in the criminal justice system has implications for people with mental illness, their families, criminal justice and mental health systems, and communities in general.

- >> **Lives**—Interactions between people with mental illness and law enforcement officers can be dangerous or even fatal for both parties. Once incarcerated, people with mental illness have difficulty obtaining adequate treatment, are at high risk for suicide, and may be preyed upon by other inmates. After release, these individuals may struggle to adhere to conditions of community supervision, lose access to essential benefit programs, and have trouble reconnecting with treatment providers. In the meantime, families suffer the trauma of seeing loved ones arrested and incarcerated, and struggle to provide ongoing, and much needed, support.
- >> **Community safety**—The repeated arrest and incarceration of low-level, non-violent offenders whose mental health needs are not adequately addressed perpetuates a cycle of criminal justice involvement, diverts attention from more serious crimes, and does not necessarily respond to the underlying causes of the offense(s).
- >> **Administration of the criminal justice and mental health systems**—Many criminal justice agencies are unprepared to meet the comprehensive treatment and other needs of individuals with mental illness. Poorly trained law enforcement officers can be put in danger when interacting with individuals in crisis, and may spend crucial labor hours trying, often unsuccessfully, to connect these individuals to treatment. Jails and prisons require extra staffing and treatment resources for inmates with mental illness, and community corrections agencies strain to provide the added supervi-



sion and support that individuals with mental illness need. Similarly, criminal justice involvement interrupts continuity of care and raises safety concerns for mental health agencies.

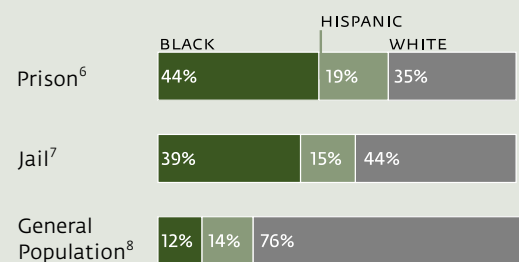
>> **Tax dollars**—It is less expensive to provide mental health treatment in communities than in correctional facilities.⁴ Furthermore, programs targeting those involved with, or at risk of involvement with, the criminal justice system have been shown to significantly reduce the use of costly jail and hospital stays.⁵

Disproportionate Minority Representation

The percentages of African-American and Hispanic people in the nation's prison and jail populations are disproportionately higher than in the general population. One in three African-American males born today will spend some part of their life in prison.

Similarly, people with mental illness who are in prison or jail are disproportionately people of color.

Percentage of African-American, Hispanic, and White People in Incarcerated Populations Versus the General Population



4 Two such programs illustrate this point: the Thresholds Jail Program (Cook County, IL) resulted in nearly \$19,000 in reduced jail/hospital costs for each of 30 individuals participating over a two year span; Project Link (Monroe County, NY) decreased jail/hospital costs by nearly \$40,000 for each of its 44 participants over a one year span. Threshold's statistics are available at www.thresholds.org; Project Link's statistics were provided by J. Steven Lamberti, MD, Associate Chair for Clinical Programs, University of Rochester Medical Center.

5 Ibid.

6 Paige M. Harrison and Allen J. Beck, "Prisoners in 2003," Bureau of Justice Statistics Bulletin (Washington, D.C.: Bureau of Justice Statistics, 2004).

7 Paige M. Harrison and Allen J. Beck, "Prison and Jail Inmates at Midyear 2004," Bureau of Justice Statistics Bulletin (Washington, D.C.: Bureau of Justice Statistics, 2005).

8 United States Census Bureau, 2003 American Community Survey Summary Tables, accessed online at <http://factfinder.census.gov/servlet/MYPTTable>.



Sources of the Problem

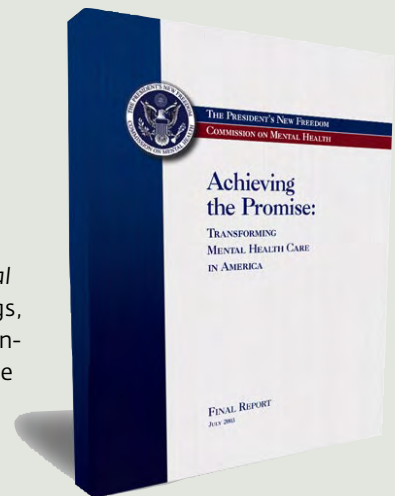
Reasons for the high numbers of people with mental illness who are involved in the criminal justice system are complex and interrelated. While some suggest that the problem is the direct result of deinstitutionalization, the research does not support this simplistic explanation. There is no doubt that the shift away from institutional mental health care, and the associated underfunding of community-based mental health services, is at the heart of the problem, but there is little evidence

that those formerly housed in institutions have been shifted to jails and prisons.⁹

Other sources of the problem include the lack of affordable housing, discrimination based on stereotypes associating mental illness with violence, crackdowns on “public nuisance” crimes, and tough prosecution of drug offenses.¹⁰ These forces, together with the inability of the criminal justice and mental health systems to recognize and address the problem, all contribute to this disturbing trend.

Learn More

Consult the *Report of the President's New Freedom Commission on Mental Health* for a comprehensive account of the status, and many failings, of mental health care in the United States. For more on the relationship between deinstitutionalization and the involvement of people with mental illness in the criminal justice system, advocates should review “The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations 1968–78.”¹¹



⁹ Henry J. Steadman and others, “The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations 1968–1978,” *Journal of Criminal Law & Criminology* 75, no. 2 (1984): 474–90.

¹⁰ The Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York: Council of State Governments, 2002).

¹¹ Henry J. Steadman and others, “The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations 1968–1978,” *Journal of Criminal Law & Criminology* 75, no. 2 (1984): 474–90.

Solutions to the Problem

There is no one solution to the problem. Rather, at each juncture of the criminal justice process—from before arrest to after release from a correctional facility—there are steps that the criminal justice and mental health systems can take to improve their response to people with mental illness. In addition to improving availability and access to effective mental health services—particularly those that are evidence-based—improvements include better training, improved screening procedures, pre-arrest and post-arrest diversion programs, enhanced treatment during incarceration, and better transition planning.

No single strategy is sufficient, and only a continuum of responses across the criminal justice and mental health systems can address this systemic problem. However, one common denominator among all of these strategies is their basis in collaboration between at least one criminal justice and one mental health agency.

The preceding overview of the problem is brief, and advocates should access the information sources mentioned above and the many others available for a fuller understanding. To that end, the Consensus Project (<http://www.consensusproject.org>) and GAINS Center for Evidence-Based Practices (<http://www.gainscenter.samhsa.gov>) provide detailed policy recommendations, examples of promising programs, publications, training information, and technical assistance.

It is just as important for advocates to reach out to police officers, mental health practitioners, consumers of mental health services, judges, corrections officials, and others with firsthand knowledge of the problem in their own communities. As they do, advocates will not only develop a broader understanding of the problem, but also begin to see where their advocacy is most needed.

Learn More


For a step-by-step account of 23 events along the criminal justice continuum at which improvements can be made, advocates should consult Part I of the *Consensus Project* report. For examples of specific initiatives, advocates should consult the Consensus Project Program Database at <http://www.consensusproject.org/programs>.



A graphic consisting of a white arrow pointing right, partially overlapping a dark red arrow pointing right. The number '2' is centered in the dark red arrow, with the word 'step' written in small white text above it.

step
2

Anticipate Frequently Asked Questions

A close-up photograph of several hands raised in a meeting or conference setting. The hands are of various skin tones, and one hand is holding a pen. The background is a blurred dark red color.

AS ADVOCATES REACH OUT TO POLICYMAKERS and practitioners in the criminal justice and mental health systems, they will find many who are intimately familiar with the problems posed by the influx of people with mental illness into the criminal justice system. They will also encounter those with little knowledge of the problem, who may also harbor common stereotypes and misconceptions. Regardless of their level of initial knowledge, all of these officials and staff members represent potential partners, and advocates must be prepared to educate them by anticipating and answering their most frequently asked questions. Some of these questions are described below.

Q: How many adults with mental illness are in the criminal justice system?

A: Most experts agree that there are *two to three times* as many people with mental illness in the criminal justice system as there are in the general population.¹² According to the U.S. Department of Justice, 16 percent of state prison and local jail inmates have a serious mental illness.¹³ It should be noted, however, that there is no *definitive* study or expert consensus regarding the percentage of people with mental illness who come into contact with police, appear as criminal defendants, are incarcerated, or are under community supervision. Furthermore, the scope of this issue varies across jurisdictions. Accordingly, advocates should rely as much as possible on statistics collected by local and state government agencies.

Q: Are people with mental illness likely to be violent?

A: The stereotype that people with mental illness are likely to be more violent than the general population is not necessarily consistent with the evidence. Several large-scale research projects have found a weak statistical association between mental illness and violence.¹⁴ Serious violence among people with mental illness is concentrated in a small subset of the population—namely those with a co-occurring substance abuse disorder or inadequate access to effective services.¹⁵ But while people with mental illness are not more violent than the general population, they are far more likely to be victims of crime.¹⁶

Q: Don't most people with mental illness charged with a crime use the insanity defense?

A: Contrary to popular belief, the use of the “insanity defense” (i.e., entering a plea of not guilty by reason of insanity or NGRI) is extremely rare, and usually unsuccessful.¹⁷ In practice, far less than one percent of all defendants use the insanity defense, and of those only a fraction are found NGRI.¹⁸ In most cases, successful use of the insanity defense happens when both the prosecution and defense agree on the appropriateness of the plea.

¹² Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, “Health-Related Issues in Prisoner Reentry,” *Crime & Delinquency* 47, no. 3 (2002): 390–409.

¹³ Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (Washington, D.C.: July 1999).

¹⁴ Henry J. Steadman and others, “Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods,” *Archives of General Psychiatry* 55 (1998): 393–401.

¹⁵ *Ibid.*

¹⁶ James Marley and Sarah Buila, “Crimes Against People with Mental Illness: Types, Perpetrators, and Influencing Factors,” *Social Work* 2, 2001.

¹⁷ Jeffrey S. Janofsky and others, “Insanity Defense Pleas in Baltimore City: An Analysis of Outcome.” *American Journal of Psychiatry* 153:1 (1996): 1464–68.

¹⁸ John P. Martin, “The Insanity Defense: A Closer Look,” *Washington Times*, February 27, 1998.



A: The notion that inmates of correctional institutions feign mental illness is a common myth with little basis in fact. National, statewide, and local studies have repeatedly found that a large percentage of the jail and prison population have a serious, diagnosable mental illness.¹⁹ If anything, mental illness is underreported in correctional facilities, either due to inadequate screening mechanisms, or individuals' unwillingness to publicize information about their conditions because of stigma.

Q: How do we make sure someone who is a danger to the community doesn't fake mental illness as a way of being placed in a facility that is not secure?

Q: What about kids in the juvenile justice system who have a mental illness?

A: Mental illness is as prevalent, if not more so, in the juvenile justice system as it is in the adult criminal justice system. Of the nearly 109,000 juvenile offenders held in residential placement on a given day, between 50 to 75 percent have a mental disorder of some variety; 20 percent suffer from a serious mental disorder as defined by the federal government.^{20,21}

A: Many policymakers recognize the significance of the problem, but fear that responding will require significant investments. The appropriate question, however, is how can we afford to maintain the status quo? Jails and prison officials, while trying to ensure proper care and treatment for people with mental illness, often find themselves doing little more than “warehousing” this population. The fiscal implications of such a practice are extraordinary. For example, King County (Washington) and Summit County (Ohio) each found that in the course of one year they spent more than \$1 million on just 20 people, who were repeatedly committed to hospitals for 72 hours, jailed, or put in detoxification facilities.²² As high as they are, these figures don't take into account significant added costs—for example, the time law enforcement officers lose transporting people to and waiting at treatment facilities; additional court time as dockets are clogged with low-level public nuisance crimes; and the heavy costs of providing treatment in jail and prison. Programs that target this population have repeatedly been shown to reduce jail and hospital days, saving millions in per-diem expenses.

Q: Where will we get money for new programs?

¹⁹ Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (Washington, D.C.: July 1999).

²⁰ Coalition for Juvenile Justice, *Handle with Care: Serving the Mental Health Needs of Young Offenders* (Washington, D.C.: Coalition for Juvenile Justice: 2000).

²¹ U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, “Youth with Mental Health

Disorders: Issues and Emerging Responses,” *Juvenile Justice*, Vol. VII, No. 1 (2001).

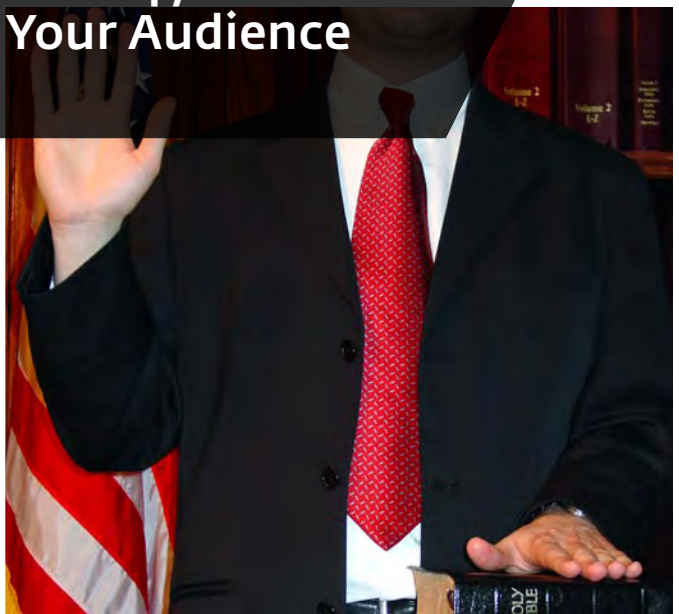
²² The King County statistic is courtesy of Patrick Vanzo, Administrator, Cross Systems Integration Efforts, Department of Community and Human Services, King County, WA; the Summit County statistic is courtesy of Dr. Mark Munetz, Chief Clinical Officer, Summit County, OH, ADM Board.





step
3

**Identify and Know
Your Audience**



THE HIGH PREVALENCE OF PEOPLE with mental illness in the criminal justice system affects dozens of agencies, each with its own priorities, practices, and protocols. Even the most committed and knowledgeable advocates will quickly be overwhelmed if they try to tackle the entire problem at once. Instead, advocates should focus on a particular aspect of the criminal justice and mental health systems, gradually engaging all community stakeholders and investing them in the process. For example, an advocate may initially focus on improving police responses to people with mental illness, enhancing judges' training on mental health issues, or encouraging mental health providers to better engage people leaving prison and jail.

Regardless of where they choose to focus, advocates must take the time to understand their prospective partners in the criminal justice and mental health systems. This includes understanding their

perspectives on the problem, identifying reasons why it is in their interest to address the problem, and proposing specific initiatives that will appeal to them. This section of the handbook helps advocates do that for whichever component of the criminal justice, juvenile justice, and mental health system they choose to focus on initially.

Along with appreciating the specific interests of different criminal justice, mental health, and juvenile justice agencies, advocates should remember the importance of collaboration, both between the justice and mental health systems and across different criminal justice agencies. As the *Consensus Project Report* makes clear, collaboration within and across systems is the single greatest common denominator in communities that have taken the lead in addressing this problem. Without collaboration, any initiative, regardless of which agency takes the lead, is destined to fail.



Law Enforcement

Understand Their Perspective

In most communities, a disproportionately large number of calls to law enforcement involve people with mental illness. When responding to these calls, some of the difficulties that officers face include the following:

- >> Few officers receive training about the signs and symptoms of mental illness, local mental health resources, or proper strategies for responding to individuals in crisis.
- >> Traditional law enforcement strategies can confuse and threaten people with mental illness, which can lead to erratic behavior that sometimes results in injury (or worse) to these individuals or officers.
- >> Some officers are aware that many of the individuals with mental illness with whom they come into contact would be best served by treatment, not jail, but the officers may not be aware of, or easily be able to access, appropriate crisis facilities in the community.
- >> Even when crisis facilities are available, lack of coordination between law enforcement and mental health care providers often means that connecting an individual to treatment takes many hours of an officer's time.²³
- >> Calls involving people with mental illness often are prompted by low-level, repeat offenses, which reflect the signs and symptoms of untreated mental illness more than they demonstrate criminal intent.

Specialized and General Responses

Differing policing philosophies impact law enforcement agencies' receptiveness to certain initiatives to improve the response to people with mental illness. Whereas some police agency leaders believe that select officers should be trained to specialize in responding to people in crisis situations, others conform to a generalist approach in which all officers should be prepared to address all types of problems they encounter. Generalist agencies believe developing specialized teams to address certain problems will breed an "it's not my problem" attitude among patrol officers, which can be both dangerous and ineffective. Consequently, initiatives that rely on "teams" may be less appealing to these agencies.

²³ Henry J. Steadman and others, "A specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs," *Psychiatric Services* 52 (2001): 419-422.



Explain Why Addressing the Issue Is in Their Interest

Besides providing better services to people with mental illness and their family members, there are numerous reasons why law enforcement agencies should be interested in improving their response to this population. Below are just four of them:

- >> **Increase public safety**—Time spent responding to low-level public nuisance crimes takes officers away from their core responsibilities of preventing violent crime and promoting homeland security. Likewise, connecting individuals with mental illness to long-term treatment can help prevent future crimes, whether low-level offenses or more serious ones.
- >> **Enhance officer safety**—Training officers to respond properly to people with mental illness has been proven to reduce officer injuries.²⁴
- >> **Improve efficiency**—Partnerships between law enforcement and mental health care providers help officers rapidly connect appropriate individuals to treatment, allowing the officers to return quickly to their patrol. Departments with specialized programs to respond to people with mental illness have also seen sharp drops in their use of SWAT teams.²⁵
- >> **Strengthen community relations**—Improved outcomes for individuals and their families increases community confidence in police, and thus makes every officer's job easier.
- >> **Reduce arrests**—Arresting individuals consumes a good deal of an officer's time. In addition, when arrestees are released back into the community—often within hours—officers can become frustrated about their lack of efficacy.



²⁴ Randolph DuPont and Sam Cochran, "Police Responses to Mental Health Emergencies—Barriers to Change," *Journal of the American Academy of Psychiatry and Law* 28, No. 3 (2000). The rate of injuries to officers during mental illness-related calls fell to .007 per 1,000 incidences in the first three years of the program, from .035 per 1,000 incidences in the three prior years.

²⁵ Ted Gest, "Criminal Justice and the Mentally Ill: New Remedies for a Vexing Problem," unpublished paper, available online at http://www.sas.upenn.edu/jerrylee/programs/fjc/paper_sept02.pdf.



Propose an Initiative

Advocates able to interest potential law enforcement partners in dialogue about these issues should be prepared to discuss concrete strategies with them such as the ones described below.

- >> **Enhanced training**—Training about the signs and symptoms of mental illness, de-escalation techniques, and local mental health resources should be at the heart of any law-enforcement-focused advocacy initiative. This includes training for new recruits, periodic refresher training for the entire force (including dispatchers and other support personnel), and in some cases advanced training for select officers.
- >> **Crisis Intervention Teams (CITs)**—Cadres of specially trained officers who serve as first or second responders, are growing in popularity among police and sheriffs' departments. Developing a CIT, which generally involves 40 hours of training for specialized officers, requires close collaboration with mental health agencies to ensure that officers have treatment facilities to which they can divert appropriate individuals.
- >> **Mental health co-responders**—Another popular specialized law enforcement response to people with mental illness are teams of officers and mental health providers who respond to incidents jointly.

Learn More

For more on the practical aspects of launching a CIT, mental health co-responder unit, or other specialized law enforcement responses, advocates should consult "A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness," by Melissa Reuland; and "Enhancing Success of Police-Based Diversion Programs for People with Mental Illness," by Melissa Reuland and Jason Cheney. Both are available online at <http://www.gainsctr.com/html/>.



Courts

Understand Their Perspective

To be successful in the court system, advocates must appreciate the different viewpoints of judges, prosecutors, defense attorneys, probation and pretrial services officials, and court administrators—and how each of these actors can influence case processing and disposition. When it comes to processing cases involving a defendant with mental illness, the same challenges frustrate each of these stakeholders, namely the lack of sufficient and timely information about defendants' mental health conditions and inadequate options beyond the traditional criminal justice process.

Judges

- >> Judges rarely receive information about a defendant's mental illness before making decisions such as whether a defendant will be released before his/her trial, what level of bail will be set, and what sentence will be handed down.
- >> Many judges are willing to consider alternatives to traditional criminal sanctions, but most lack knowledge of the mental health resources available in the community. Without established relationships with mental health service providers, many judges feel uncomfortable recommending community treatment instead of jail or probation.

Judges as Advocates

As an advocate searches for leaders in the criminal justice system to shepherd the development and implementation of new programs and policies, they will find that judges can be uniquely effective allies and leaders. The power of judges to spearhead systemic change is explained well by one judge:

"When I was a public defender trying to address this problem, I called a meeting of all the key stakeholders, and no one came. When I became a judge I called the same meeting. Everyone was five minutes early."²⁶

But it is not just the ability to convene stakeholders that puts judges in a unique leadership position. Judges also determine how individual cases proceed, and whether alternatives to incarceration will be considered. In addition, judges, with the mandate of the court, have the ability to hold accountable other criminal justice agencies, and even non-criminal justice agencies such as mental health and substance abuse treatment providers. It is not surprising, then, that numerous judges have been at the forefront of change in their communities, and many of the most prominent national spokespeople on the need to address the influx of individuals with mental illness into the criminal justice system are members of the bench.



²⁶ Honorable Steven Leifman, Associate Administrative Judge, Miami-Dade County Court, Criminal Division, FL.



Prosecutors

- >> Prosecutors are understandably likely to be skeptical of advocates' efforts to reduce the number of people with mental illness in prison or jail, particularly those charged with serious offenses; after all, they are responsible for protecting the public, and in most states, they are independently elected officials.
- >> While they are responsible for protecting the public, many prosecutors recognize that repeatedly cycling people with mental illness through jail for low-level crimes does little to improve public safety and diverts attention from more serious crimes.

Defense Attorneys

- >> Defendants with mental illness tend to have few resources at their disposal and are typically represented by court-appointed defense attorneys.
- >> While many public defenders are keenly aware of a client's mental illness, in some cases a defender's enormous caseload may make it difficult to learn about elements of his/her client's background, such as their mental health history.
- >> Even when defense attorneys are aware of a client's mental illness, some may prefer not to bring that information before the court, as they may see it as detrimental to the case. For example, a defense attorney may feel it is in their

client's best legal interest to plead guilty and receive a minimal sentence for a low-level offense rather than agree to several months or even years of supervised treatment.

Probation and Pretrial Services

- >> Some agency in every court, usually either probation or pretrial services, is charged with providing information to the judge to inform decisions such as pretrial release or sentencing. Without close collaboration with mental health service providers, and effective screening tools that target mental health issues, these agencies have enormous difficulty identifying the mental health needs of defendants or providing judges with options to supervise a defendant awaiting trial (other than jail).

Court Administrators

- >> Court administrators are responsible for the overall functioning of the court; their interest in this issue stems, in part, from the number of low-level, repeat offenders with mental illness clogging court dockets and hampering efficiency.
- >> Court administrators may be open to new strategies for responding to defendants with mental illness, but are concerned about reallocating staff or adding new responsibilities for existing staff, especially in small jurisdictions.



Explain Why Addressing the Issue Is in Their Interest

Improving the response to defendants with mental illness will appeal to different court officials for different reasons. Some of the arguments that advocates can use to encourage court officials to address this issue are described below:

Judges

- >> **Get more just outcomes**—Judges are concerned first and foremost with seeing justice served. Repeatedly sentencing low-level offenders to short jail terms or probation, with no attention to the mental health conditions that are the cause for the involvement with the criminal justice system, often has little to do with serving justice, and everything to do with the status quo.
- >> **Improve efficiency**—Along with arbitrating over individual trials, judges are concerned with managing court dockets, and improving the information about and options available for defendants with mental illness will increase the efficiency and effectiveness of the entire court process.

Prosecutors

- >> **Reduce future crime**—Improving the response to defendants with mental illness can improve public safety by ensuring that all defendants receive

the services they need to help prevent their repeat involvement in the criminal justice system.

- >> **Improve public safety**—Prosecutors can pursue alternative strategies for defendants with mental illness without threatening public safety, and can allow resources to be devoted to prosecuting violent crime and other priorities.

Defense Attorneys

- >> **Help defendants receive needed services**—Defense attorneys are, above all, advocates for their clients, and most will support initiatives that seek to ensure that their clients receive much needed treatment and other supports.
- >> **Get more just outcomes**—Similar to judges, many defense attorneys agree that a jail sentence—with no attention paid to the mental illness underlying criminal behavior—is not an appropriate or effective response for some individuals who have committed low-level offenses.

Probation and Pretrial Services

- >> **Provide more useful information**—Identifying the mental health needs of defendants and proposing options for community treatment provides much needed information for other court professionals.



Court Administrators

- >> **Make better use of resources**—Providing services targeted towards defendants with mental illness can decrease their repeated involvement in the court system, which will free up resources for other court priorities.
- >> **Improve court functioning**—Defendants with mental illness struggle to navigate the court process and are more difficult for court employees to serve. Reducing their involvement in the courts will improve court functioning in general.

Propose an Initiative

Much improvement can be made in the court process for defendants with mental illness simply through better communication between different court agencies and the mental health system. In addition, many courts have launched specific initiatives to improve their response to individuals with mental illness.

- >> **Training**—Many judges, attorneys, and probation officers are unaware of the prevalence of mental illness among defendants and lack even a basic understanding of the types of illnesses, available treatments, and alternative court-response strategies. These gaps in knowledge are an important target for any advocacy initiative in the courts.
- >> **Jail diversion programs**—A judicial decision that pretrial release or probation is more appropriate than incarceration, jail diversion entails removing defendants from the traditional criminal justice process and placing them in some form of treatment or support. Every community uses diversion differently. Some attempt to divert defendants at their first hearing before the court. Others wait longer, until more information about the defendant’s mental health needs and available services is gathered (see sidebar, “Language Matters”).

Language Matters

Advocates should be aware that the language they use to describe new initiatives to potential criminal justice partners makes a difference. Prosecutors, judges, or other community leaders particularly sensitive to the impact a policy shift may have on public safety (and the political risks involved in supporting such a shift) may be immediately wary of a program labeled as “jail diversion.” Advocates should therefore talk about increasing the availability of “sentencing options” and information to judges and prosecutors (which is likely to be received positively) and avoid talking about initiatives in terms, such as jail diversion, that might be mistakenly interpreted as enabling defendants to avoid jail or prison simply because they have a mental illness (which is likely to be received negatively).



>> **Mental health courts**—Mental health courts are a specific form of diversion using specialized court dockets that hear only cases involving defendants with mental illness; eligible defendants allow their case to be transferred to mental health court, where they agree to some form of community treatment and supervision for a period of time in exchange for having their charges reduced or dismissed. Mental health court participants generally report to the court on a regular basis. More than 100 jurisdictions nationwide have established mental health courts, with dozens more being planned, and advocates have often helped to spur their creation.

>> **Improved information sharing**—Court personnel need information about the mental health needs of defendants; the sharing of this information, however, is complicated and controversial. Advocates should work with court officials to understand what kind of mental health information they need, to whom that information should be provided, and how the information can be shared while respecting the privacy rights of defendants.



BUREAU OF JUSTICE ASSISTANCE MENTAL HEALTH COURTS PROGRAM

The Consensus Project, in its role as technical assistance provider for the Bureau of Justice Assistance Mental Health Courts Program, provides a variety of resources both for people working in established mental health courts and representing communities considering developing such a court. A series of policy briefs addresses the development and sustainability of a mental health court and other key aspects of court operation. The document “Essential Elements of a Mental Health Court,” developed by a panel of experts with input from practitioners, promotes best practices by identifying what makes a mental health court successful. Consensus Project staff also provide technical assistance by coordinating national mental health court conferences, conducting on-site training, and maintaining a call-in center and Web site. For more information and access to Mental Health Court Program resources, visit <http://consensusproject.org/mhcourts/>.



Corrections

Understand Their Perspective

There are three basic types of corrections agencies: jails, prisons, and community corrections. Jails, which are almost always run locally, are used to detain people after arrest while they await trial, and for short sentences (generally less than one year). Prisons, usually run by states, provide long-term incarceration (generally one year or longer) for more serious crimes. And community corrections agencies, such as probation and parole, supervise people in the community, either in lieu of or in addition to jail and prison time. While the contexts in which these corrections agencies encounter people with mental illness vary, they all struggle to provide adequate services to the growing number of people with mental illness under their supervision. Some of the obstacles corrections agencies face are described below:

Jails

- >> Because most people stay in jail for a relatively short time, the jail staff has difficulty identifying those detainees with mental health needs before they are released.
- >> The rate of suicide in jails in one state is as much as five times as high as in the general population, and jails there spend considerable resources on 24-hour supervision for detainees on suicide watch.²⁷
- >> For many jail detainees, advance notice of their discharge comes, if at all, only days or even hours before their release. With such short notice, jail officials struggle to develop adequate connections to mental health treatment providers and other resources to help detainees successfully reenter the community.



²⁷ Unpublished statistics courtesy of the Ohio Department of Corrections, Bureau of Adult Detention, 2002.



Prisons

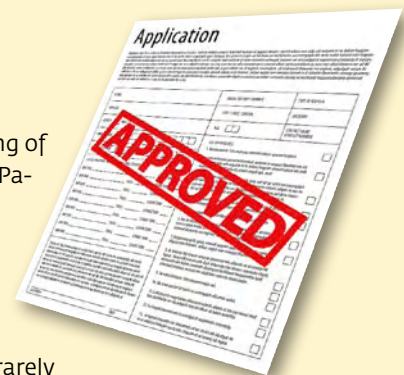
- >> To maintain safety and order, prisons are rule-driven, restrictive environments. Due to their condition, individuals with mental illness (especially untreated mental illness) may have trouble adhering to prison regulations; this leads to frustration among corrections officers who may lack the training to recognize this behavior as the signs and symptoms of mental illness.
- >> The unusual behavior that many people with mental illness exhibit can draw the attention of other inmates who may take advantage of their perceived weakness, thus undermining the fundamental mission of a corrections administrator: maintaining a safe and secure institution.
- >> Because of their treatment needs (and longer average stays), people with mental illness are considerably more expensive to incarcerate than other inmates. One state estimates that inmates with mental illness cost nearly twice as much per day.²⁸

Probation / Parole

Although probation and parole are often combined under the heading of “community corrections,” their functions are significantly different. Parole is typically a state function; in some states, it is an independent state agency, and in others it is part of the department of corrections. Someone on parole typically has served part of his or her sentence in prison, and is now finishing the sentence on community supervision. Probation is typically administered at the local level, often as part of the court system. Someone sentenced to probation rarely was released from prison. If anything, he or she was released to probation from jail.

Community Corrections

- >> Community corrections officers typically have large caseloads and little time to provide extra support to individuals with mental illness who have difficulty adhering to the many conditions of community supervision.
- >> People with mental illness on probation or parole are usually required to participate in some form of mental health treatment. Effective supervision thus requires community corrections officers to work together with mental health providers, which makes supervision for people with mental illness more complicated and more costly.
- >> When people with mental illness violate conditions of their supervision, community corrections officers feel caught between two extreme options—doing nothing (and risking a more serious crime later on) or sending the person back to jail. Community corrections agencies often lack intermediate sanctions, especially options that are tailored to people with mental illness.



²⁸ Unpublished statistic courtesy of John Shaffer, Ph.D., Pennsylvania Department of Corrections.



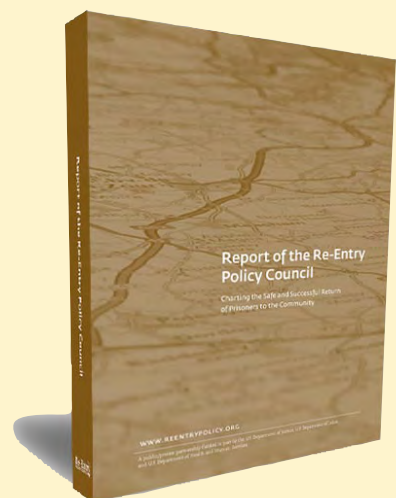
Explain Why Addressing the Issue Is in Their Interest

Although the settings in which jail, prison, and community corrections agencies encounter people with mental illness vary, many of the same reasons for improving their response to people with mental illness may appeal to these agencies. Four such reasons are described below:

- >> **Improve public safety**—Identifying people with mental illness when they come under the supervision of corrections agencies, ensuring they receive appropriate treatment, and preparing them for reintegration into society will help to prevent future crimes and thus improve public safety. Studies show that as few as 30 percent of people with mental illness leaving correctional facilities receive mental health services upon their release.²⁹
- >> **Improve officer and inmate safety**—People with untreated mental illness are more likely to commit infractions and to be preyed upon by other inmates.³⁰ This can cause unrest and tension in the general population and jeopardize the safety of both corrections officers and other inmates.
- >> **Lower costs**—People with mental illness require extensive treatment and medication in jails and prisons, stay longer than other inmates, and sometimes need costly 24-hour supervision. Reducing the percentage of people with mental illness in jails, prisons, and in community corrections caseloads can help lower costs for corrections agencies, whose budgets are being squeezed at the local and state level.
- >> **Reduce recidivism**—Corrections agencies are increasingly being measured

Learn More

For more on improved facility-based treatment and transition planning for people with mental illness, advocates should consult the *Report of the Re-Entry Policy Council*. Providing a series of recommendations for improved reentry from an individual's admission to the facility through their supervision in the community, the report has information specifically focused on people with mental illness. The Re-Entry Policy Council, like the Consensus Project, is coordinated by the Council of State Governments. For more information, visit <http://www.reentrypolicy.org/>.



²⁹ Washington State Institute for Public Policy Study, cited by Reggie Wilkinson in Congressional testimony.

³⁰ The Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York: Council of State Governments, 2002); American Psychiatric Association, *Psychiatric Services in Jails and Prisons* 59 (2d ed. 2000).



on how well they prevent people under their supervision from returning to the criminal justice system. Attending to the specific needs of people with mental illness can help lower the astronomical recidivism rates for this population.

Propose an Initiative

There are many options that should appeal to corrections administrators seeking to improve their response to people with mental illness, including, but not limited to, those described below:

>> **Jail diversion**—Jail diversion programs, which identify people with mental illness soon after they are booked into jail and connect them to community-based treatment services in lieu of incarceration, have been one of the most successful tools for advocates working in the corrections system.

Most jail diversion programs are restricted according to clinical and legal criteria (i.e., only those with certain types of illness and charges are eligible) and require participants to adhere to treatment and other conditions for a certain amount of time, after which their charges are dismissed. (See sidebar, “Language Matters.”)

>> **Improved screening and assessment**—Many jails, prisons, and community corrections agencies lack even basic information about the mental health needs of those under their supervision. To respond to this lack of knowledge, some advocates have encouraged agencies to improve their screening and assessment protocols, which also entails developing better communication mechanisms with the mental health system and other criminal justice agencies.

The Importance of Training

Mental health issues are rarely covered during pre-service or in-service training for law enforcement, courts, or corrections professionals. Likewise, education for mental health providers on the criminal justice system and how to work with criminal justice-involved individuals is unusual.

Advocates should promote training as an important first step for any of their partners in these systems, as it is relatively inexpensive, helps build familiarity with the issues, and is an area where advocates can provide direct assistance through contributing their own time and expertise. Cross-training, through which criminal justice and mental health professionals educate each other about their priorities and concerns, is particularly important.

Familiarity with cultural issues is also critically important to ensure that every criminal justice and mental health professional who comes in contact with a person with mental illness is well-prepared to recognize cultural clues in the person’s presentation and response to offered services. Likewise, training is always enhanced if informed by the experiences and perspectives of individuals with mental illness and family members. So, while training is not mentioned as a potential initiative in every section of Step Three, it should always be a strategy promoted by advocates.



>> **Better transition planning**—Advocates have been at the forefront of the recent push to enhance the services that corrections agencies provide to help people with mental illness who are incarcerated reintegrate into the community. These services include providing mental health treatment while the person is incarcerated, connecting them with a service provider in their community before they are released, assisting with the application for and enrollment in federal benefit programs, and facilitating access to housing.

>> **Specialized caseloads**—Some probation and parole agencies have established small, dedicated caseloads for people with mental illness staffed by specially trained officers. These specialized caseloads help to ensure that affected individuals receive the support they need, and that community supervision is closely coordinated with mental health treatment.



Juvenile Justice

Understand Their Perspective

There is a growing awareness in the juvenile justice community of the need to respond to the increasing numbers of youth with mental illness in the juvenile justice system. Many juvenile justice administrators feel, often rightfully, that their facilities are becoming the service system of last resort for many youth. Among their specific concerns are the following:

- >> Providing treatment to youth with mental illness in juvenile detention and correctional facilities is expensive and complicated. Not surprisingly, investigations by the U.S. Department of Justice have found many instances of inadequate screening, assessment, treatment, and use of medication in facilities across the country.³¹
- >> Youth with mental illness are at higher risk for suicide and thus require close observation.³²
- >> Perhaps most frustrating for juvenile corrections administrators, some youth are sent to juvenile facilities solely because they could not access services elsewhere. A recent study by the U.S. General Accounting Office found that in 2001, parents placed over 12,700 children in the child welfare or juvenile justice systems in order to access mental health services.³³
- >> Many juvenile court and corrections officials are open to substituting community-based treatment alternatives for detention or incarceration in some cases, especially considering the high numbers of youth incarcerated for non-violent offenses. Sadly, those options are scarce. According to a recent survey of more than 300 juvenile justice administrators, approximately eight percent of youth in detention were there only because mental health services were not available in the community.³⁴

³¹ National Center for Mental Health and Juvenile Justice, "Key Issues," available at <http://www.ncmhjj.com/faqs/default.asp>.

³² D. Shaffer and L. Craft, "Methods of adolescent suicide prevention," *Journal of Clinical Psychiatry*, 60 (1999): 70–74.

³³ General Accounting Office (April 2003). *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States reduce the Number of Children Placed Solely to Obtain Mental Health Services*. <http://www.gao.gov/new.items/d03397.pdf>

³⁴ "Out of Luck & Behind Bars: The Unnecessary Incarceration of Children and Youth Who are Awaiting Community Mental Health Treatment and Supports," testimony of Tammy Seltzer, Senior Staff Attorney, Bazelon Center for Mental Health Law before the Committee on Governmental Affairs, United States Senate, July 7, 2004.



Explain Why Addressing the Issue is in Their Interest

Because youth with mental illness and co-occurring substance abuse disorders often present difficult treatment and supervision issues, many juvenile justice administrators will be willing allies for advocates. In fact, the national membership organization of juvenile correction administrators has launched an initiative specifically targeting this issue. Nevertheless, it is important for advocates to prepare clear arguments, such as those below, for why addressing the issue is in their interest:

>> **Improve functioning of facilities—**

Reducing the number of youth with mental illness in the juvenile justice facilities, and improving their identification, treatment, and transition back

to the community, will lead to calmer, better functioning facilities, and better outcomes for the youth.

>> **Lower costs—**It is often the case that, because of their treatment needs, youth with mental illness are significantly more expensive to detain and incarcerate, and promoting the use of community-based alternatives can lead to real savings in juvenile justice budgets.³⁵

>> **Lower recidivism—**Diversification of youth with mental illness to effective community-based alternatives, improving preparation for youth with mental illness in the juvenile justice system for their transition back to the community, and ensuring that adequate services are available there, can reduce recidivism rates.

Learn More

Advocates interested in juvenile justice issues should familiarize themselves with the many resources available through the National Center for Mental Health and Juvenile Justice (NCMHJJ), which is operated by Policy Research Associates, Inc. in conjunction with the Council of Juvenile Correctional Administrators. Founded in 2001, with a grant from the MacArthur Foundation, the Center provides publications, technical assistance, and training related to all aspects of the involvement of youth with mental illness in the juvenile justice system. More information is available at <http://www.ncmhjj.com>.



³⁵ Jack Kresnack, "Lack of mental help keeps kids locked up," *Detroit Free-Press*, July 7, 2004.



Propose an Initiative

- >> **Screening and assessment**—One of the major difficulties that juvenile justice facilities face is the proper identification of youths' mental health needs. Several new screening tools have been developed specifically for this task.
- >> **Diversion**—Diversion of appropriate youth from the juvenile justice system to community-based alternatives is widely recommended by experts, and advocates should discuss this option with their local juvenile justice administrators. In doing so, they should remember that diversion programs require close and effective collaboration with mental health providers to ensure that appropriate services are available in the community.
- >> **Evidence-based and promising community treatments**—Evidence-based treatments for youth with mental illness are being targeted at those in the juvenile

justice population with promising results. For example, Multi-Systemic Therapy (MST), a family and community-based treatment model, has been shown as a cost-effective and clinically successful alternative to incarceration. Promising practices that involve partnerships among multiple community agencies are also emerging.

- >> **Treatment in facilities**—Youth in the juvenile justice system have treatment needs similar to those in the community, yet treatment in facilities is often insufficient or simply nonexistent. Advocates should work with juvenile justice administrators to ensure that treatment and medications consistent with community norms are available in detention and corrections facilities.

For additional information on the above topics, advocates should consult the National Center for Mental Health and Juvenile Justice (<http://www.ncmhjj.com>).



Mental Health

Understand Their Perspective

As most advocates are aware, the influx of many of its clients into the criminal justice system is just one of numerous problems facing the overtaxed and underfunded mental health system. But the system's general disarray is not the only reason why mental health agencies struggle to provide services for those involved in, or at risk of involvement in, the criminal justice system. Other challenges the mental health system faces include the following:

- >> Individuals with mental illness involved in the criminal justice system are often the toughest to serve. They may resist initial efforts at treatment engagement, and require mental health providers to reach out to them in homeless shelters, jails, or other non-clinical locations.
- >> Many mental health agencies have experienced incidents in which a client with criminal justice history threatened or harmed a service provider, raising concerns about staff safety.
- >> Long waiting lists and chronic budget shortfalls lead some providers to feel that they should focus on the vast majority of their clients who have not been involved in the criminal justice system, as they may be easier to serve and "more deserving."

Explain Why Addressing the Issue Is in Their Interest

In many communities, mental health providers are the last group willing to focus on the criminal justice population. Their reticence stems from the reasons mentioned above, and from the perception that once involved in the criminal justice system, individuals with mental illness essentially become someone else's responsibility. Some arguments advocates can use to get mental health providers on board include the following:

- >> **They are already mental health system clients**—Most individuals with mental illness in the criminal justice system are already clients of the mental health system. Providing services to them is part of the mental health system's core mission, regardless of where those individuals reside.
- >> **Enlist criminal justice allies**—Addressing the problem can help mental health providers to enlist powerful allies in the criminal justice system who, together with mental health administrators, can



raise awareness of the need for improved community-based mental health services.

- >> **Improve continuity of care**—Providing effective services to criminal-justice-involved clients can help prevent their future arrest and incarceration, which makes it easier for mental health agencies to provide continued effective treatment to their clients.
- >> **Elected officials are demanding accountability**—Elected officials are increasingly demanding measurable results from mental health providers, including proof that they can prevent criminal justice involvement of their clients.

Propose an Initiative

Every initiative mentioned in this handbook requires close collaboration between criminal justice agencies, mental health treatment providers, and advocates, and should strive to engage representatives of both systems as they propose new strategies. At the same time, there are some efforts that the mental health system is particularly well positioned to spearhead on their own and are promising areas for advocacy. In particular, advocates can work to ensure that the mental health system implements evidence-based practices, or mental health services for which consistent scientific evidence demonstrates their ability to improve outcomes for individuals with mental illness.

- >> **Forensic Assertive Community Treatment Teams**—Mental health agencies have recently begun to adapt the Assertive Community Treatment (ACT) model to target individuals with mental illness involved in the criminal justice system.³⁶
- >> **Integrated co-occurring disorder treatment**—More than three-quarters of the individuals with mental illness in the criminal justice system have co-occurring substance use disorders, which are most effectively treated in an integrated fashion.³⁷ Unfortunately, integrated treatment is not consistently available for any person with mental illness, let alone those with criminal histories, and this service gap contributes greatly to the high numbers of people with mental illness in the criminal justice system.
- >> **Supportive housing**—Recognizing the critical importance of stable housing linked closely with services in recovery, some mental health agencies have taken the lead in developing supportive housing for all clients, especially those involved with or at risk of involvement with the criminal justice system.
- >> **In-reach**—Some mental health providers committed to engaging clients prior to their reentry from jail and prison are conducting “in-reach”—visiting clients while they are still incarcerated and developing a relationship and plan for treatment when they are released.

³⁶ J. Stephen Lamberti, Robert Weisman, and Dara I. Faden, “Forensic Assertive Community Treatment: Preventing Incarceration of Adults with Severe Mental Illness,” *Psychiatric Services* 55, no. 11 (2004).

³⁷ Karen M. Abram and Linda A. Teplin, “Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy,” *American Psychologist* 46 (1991): 1036–1045.



Elected Officials

Understand Their Perspective

State legislators and county supervisors tend to be generalists, who regularly juggle dozens of public policy issues. Advocates should be prepared for several concerns these elected officials are likely to have about tackling the issue of people with mental illness in the criminal justice system:

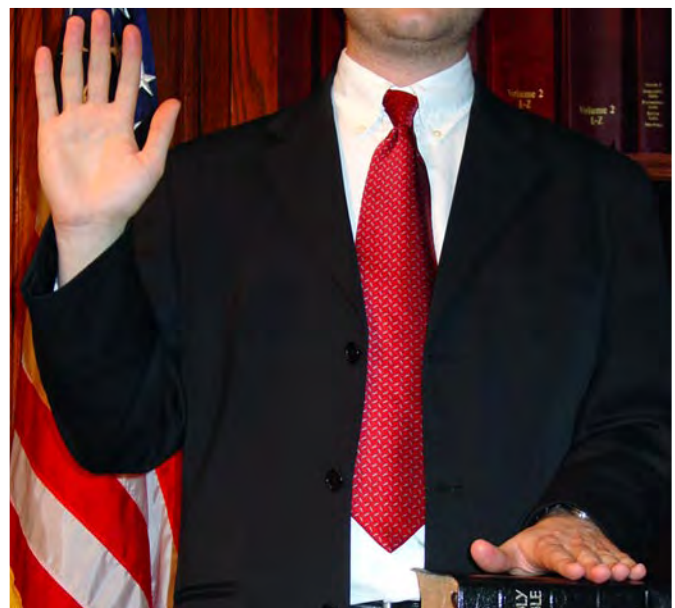
- >> Elected officials may equate mental illness and the criminal justice system as primarily an issue of violent crime or people who use the rare but well-publicized “insanity” defense.
- >> Many politicians are wary of getting involved in criminal justice issues for fear of being labeled “soft on crime.” At first blush, proposals for alternative responses for offenders with mental illness will appear politically risky.
- >> When the political hurdles about public safety are cleared, advocates will usually

face questions about the cost of addressing this issue. Officials with broad responsibility over multiple areas of government are constantly forced to weigh priorities and apportion limited resources.

Explain Why Addressing the Issue Is in Their Interest

To engage elected officials, advocates should focus on county and state legislators and executives with a history of working on mental health issues, or with a personal connection to the issue. With these and any other elected officials, some of the arguments below may be particularly effective:

- >> **A bipartisan issue**—Advocates should take pains to make clear that people across the political spectrum are concerned about the overrepresentation of people with mental illness in the criminal justice system. Coming to elected



officials hand-in-hand with a bipartisan group of criminal justice and mental health practitioners can help drive this point home.

- >> **Improve public safety**—Making clear that responding to this problem will, along with improving the lives of individuals with mental illness and family members, enhance public safety can ease concerns that elected officials will look “soft on crime.” Again, close collaboration between advocates and criminal justice officials speaks volumes about the importance of public safety.
- >> **Save money**—Advocates should also emphasize that the current way of doing business is costly for all involved, and that improved responses to this population have been shown to make better use of taxpayer dollars.

Propose an Initiative

Elected officials can be instrumental in supporting advocacy efforts in a number of ways. They can make changes to state laws to facilitate the development of innovative strategies, encourage reticent stakeholders to come to the table, and perhaps most importantly, ensure long-term funding of new programs. In addition, there are some initiatives that elected officials have historically pioneered to address the problem.

- >> **Convene a task force**—Momentum in many counties and states has begun with the formation of a cross-systems task force, convened by a key elected official, which brings together advocates, people with mental illness, and representatives of criminal justice, mental health, and other related systems.
- >> **Provide seed funding**—Some state legislatures have taken leadership by



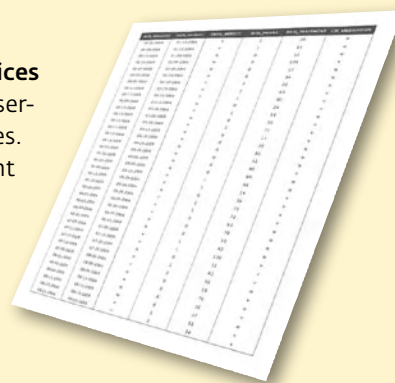
providing grants for communities interested in developing new responses to people with mental illness involved in the criminal justice system.

>> **Analyze the problem**—Especially in times of fiscal crises, the most elected officials may be able to do is commission an analysis of the

problem. Such an analysis may provide data that makes a compelling case to the previously unconvinced that further inaction is irresponsible. Furthermore, such information may demonstrate the positive impact of a pilot project that could be expanded or replicated elsewhere in the state.

The King County Department of Community and Human Services

conducted a cross-system examination of the costs of providing services to a group of high utilizers of drug and alcohol acute services. This evaluation included costs associated with jail time, inpatient psychiatric services, substance abuse crisis services, involuntary treatment costs, and emergency room admissions. To minimize information-sharing obstacles, the Mental Health, Chemical Abuse and Dependency Services Division first collected information concerning the use of mental health and substance abuse services under their supervision. The division then asked the jail and local emergency room to provide information that was cross-referenced with the initial list to determine which individuals were utilizing multiple services during a one-year period. Through this evaluation, the county learned that in the course of one year it had spent more than \$1 million on just 20 people, who were repeatedly committed to hospitals for 72 hours, jailed, or put in detoxification facilities.³⁸



38 Courtesy of Patrick Vanzo, Administrator, Cross Systems Integration Efforts, Department of Community and Human Services, King County, WA.





step

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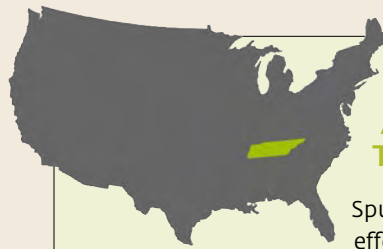
Take Action

ONCE ADVOCATES HAVE FAMILIARIZED themselves with the issue and begun to understand the interests of their partners in the criminal justice and mental health systems, there are a variety of concrete strategies that they can undertake to spearhead reform. Each of these strategies involves partnering with the criminal justice and mental health systems in order to translate the passion of advocacy into the reality of systems change.

Many advocates have used multiple strategies at once, and the options described in this section are not meant to be mutually exclusive. Rather, they are tools that can be adapted and combined in a manner appropriate to a given community, as shown by the examples included below.

Document the problem

Many successful advocacy initiatives have begun with careful analyses of the scope of the problem in a particular community. Advocates on their own, or with the help of local and state agencies, can document the frequency of contact between law enforcement and people with mental illness, the prevalence of mental illness in the local jail, or some other aspect of the problem. Concrete statistics can often lead to important policy or staffing changes that improve services and begin to address the root causes of the problem.



EXAMPLE:
Mental Health Association of Tennessee

Spurred by a powerful advocacy effort, the Tennessee Department of Mental Health commissioned a study of the prevalence of mental illness in local jails. This study led to funding in every county jail for a mental health liaison responsible for screening and diverting appropriate individuals from jail into the community.

Engage the media

Sustained interest by the media in this issue can be a very effective means of getting the attention of policymakers and practitioners. Few things are more powerful instigators of change than hard-hitting media reports. Advocates should reach out to local newspapers, radio stations, or other outlets, especially to reporters who have shown interest in mental health or criminal justice issues, and encourage them to chronicle the extent of the problem. The right story may be enough to spur dialogue or even action among key criminal justice and mental health officials. Similarly, the press can be an ally in lauding the accomplishments of new programs that address the problem,



EXAMPLE:
NAMI Kansas City

Among its many efforts related to criminal justice issues, NAMI Kansas City, along with its partners in the criminal justice community, has developed a media package to promote its work related to CIT and mental health courts. Because of their proactive, professional effort, state media have come to trust Kansas City NAMI and now turn to them for information about a variety of issues related to mental health policy.

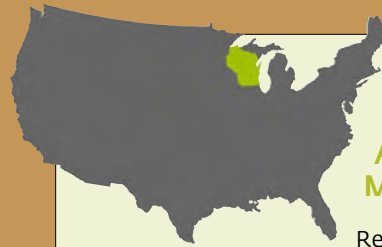
helping to ensure that those programs remain well-funded. (For more information, see “Working With the Media” in the supplemental resources section.)





In-Kind Contributions

One of the best ways for advocates to demonstrate their commitment to collaboration, and to alleviate the cost of new initiatives, is to offer their own services. The most common in-kind donation is for consumers of mental health services, family members, or mental health professionals to serve as trainers for criminal justice staff.

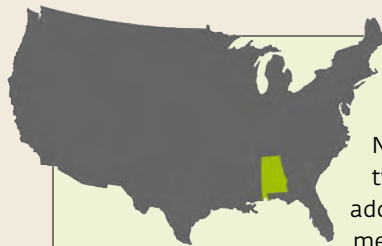


EXAMPLE:
**NAMI Wisconsin
and Mental Health
Association of
Milwaukee County, WI**

Recognizing the need for increased judicial education about mental illness, NAMI Wisconsin teamed with the Mental Health Association of Milwaukee County to present at the state's annual judicial training conference. The advocates convened a panel of two psychiatrists, a defense attorney, a prosecutor, and an advocate to speak to judges on a range of issues related to mental illness in the courts.

Hold a local or statewide forum

Conferences, public meetings, or other forums can be important first steps in engaging policymakers on the issue of people with mental illness in the criminal justice system. Such events should bring together a wide array of stakeholders and provide plenty of opportunity for discussion.



EXAMPLE:
NAMI Alabama

NAMI Alabama has convened two statewide conferences to address the criminal justice and mental health issues. The conferences combined nationally known speakers with county-based breakout groups during which attendees planned advocacy efforts for their communities. As a result of the conferences, eight criminal justice/mental health task forces were established across the state, each with a different, locally determined focus.



Form a community-wide coalition

To address the complex issues at the intersection of the criminal justice, mental health, and substance abuse treatment systems, some advocates have helped to create community-wide coalitions. Such groups typically bring together consumers of mental health services and family members with representatives of law enforcement, the courts, adult and juvenile corrections, the mental health and substance abuse treatment systems, elected officials, and other relevant stakeholders. Coalitions can be important vehicles to raise awareness of the problem, prioritize solutions, and ensure ongoing coordination and commitment. By engaging community groups that represent members of minority communities, they can also help ensure that stakeholders share a regard for and attention to the dynamics of cultural difference. They also provide advocates with the



EXAMPLE:
Mental Health Association in Marion County, Indiana

In 1994, after concern from criminal justice officials about the high rates of mental illness in their system, staff of the Mental Health Association (MHA) in Marion County convened a group of local judges, prosecutors, jail staff, and service providers to talk about the problem. Over the course of many meetings, the stakeholders planned a diversion program targeting defendants with mental illness charged with misdemeanors. To alleviate concerns among court officials about maintaining contact with diverted defendants, MHA agreed to monitor participants' compliance. The planning group then evolved into a weekly roundtable in which all relevant parties discuss cases. The trust and communication between service providers, MHA staff, community corrections personnel, the prosecutor, and the public defender remains essential for the program's smooth functioning.

opportunity to impact policy decisions on a regular basis.

Launch a campaign or organization

Some advocates have seen the need in their communities to launch a comprehensive campaign or a new organization to address criminal justice issues. Such

dedicated efforts can offer a powerful locus of energy and expertise to urge reform in multiple communities.



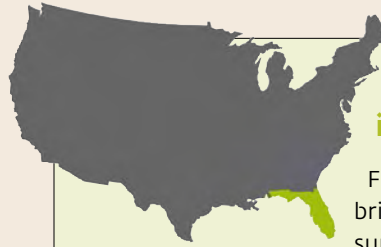
EXAMPLE:
Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE)

Launched in 2003, CABLE is a grassroots organization of community members and police officers dedicated to enhancing officer and community safety. One of CABLE's central goals is to build collaboration between law enforcement and community organizations, particularly mental health providers. CABLE helps local police departments develop partnerships with their local mental health providers, helps to coordinate CIT training across the state, and provides other support services to police departments. CABLE's promotion of CIT is coordinated with Connecticut NAMI.



Build advocacy alliances with criminal justice partners

Mental health advocates are increasingly teaming up with representatives from the criminal justice and mental health system to offer a unified voice on the need to improve mental health services and address the problem of mental illness in the criminal justice system. These broad-based coalitions can add significant power to advocates' efforts.



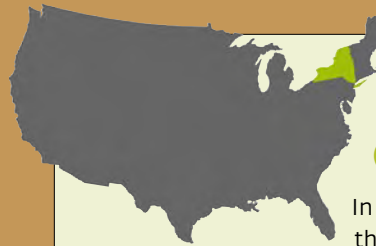
EXAMPLE:
**Florida Partners
in Crisis**

Florida Partners in Crisis (PIC) brings together advocates, consumers of mental health services, judges, law enforcement and corrections officers, prosecutors and public defenders, service providers, hospital administrators, and family members to advocate for increased funding and resources for the community mental health and substance abuse treatment systems, and to promote specific policy issues related to this population. One of the motivating forces behind its creation was the growing concern of criminal justice professionals about the overrepresentation of people with mental illness in the criminal justice system. PIC leaders have met with the Governor, the Speaker of the House, and the Senate President.



Peer and Family Support Services

Providing peer and family support is a core activity for many advocates, and some advocacy organizations have begun to focus those efforts on the families of individuals who have been arrested or incarcerated. That includes education for family members about how to help their loved ones avoid criminal justice involvement and how to assist if they are arrested or incarcerated. Similarly, peer services to help individuals leaving prison and jail are increasingly being seen as essential to their successful reintegration.



EXAMPLE:
**Howie T. Harp
Advocacy Center
(New York)**

In 2000, at the request of the New York State Department of Corrections, the Howie T. Harp Advocacy Center launched the STARR program (Steps To A Renewed Reality), which offers employment training and placement assistance to individuals with mental illness who have criminal histories. Howie T. Harp is operated entirely by individuals with mental illness, and half of the participants in the STARR Program receive training to become peer specialists.





step
5

Leverage Resources

THERE ARE MANY RESOURCES THAT advocates should leverage in their efforts to address the overrepresentation of people with mental illness in the criminal justice system. In fact, sometimes it may feel like there are too many, as the volume of reports, Web sites, and organizations working on this issue can be overwhelming. This section explains some of these available resources, but advocates interested in criminal justice and mental health issues should pay particular attention to two initiatives that are directly targeted at this issue: The Criminal Justice/Mental Health Consensus Project and the GAINS Center for Evidence-Based Practices.

Though the Consensus Project and GAINS Center are administered separately, the two initiatives are closely coordinated, and advocates should be able to identify the resources they need by contacting either

one. Becoming familiar with their Web sites and signing up online for their regular email updates is the best way for advocates to stay abreast of developments in this field. The remainder of this section describes some of the reports, technical assistance, information about promising programs, and funding sources of which advocates should consider making use.

The Consensus Project
COORDINATING ORGANIZATION
Council of State Governments
www.consensusproject.org
(212) 482-2320

The GAINS Center
COORDINATING ORGANIZATION
Policy Research Associates
www.gainscenter.samhsa.gov
(800) 311-GAIN

Reports

There are several landmark reports and other materials with which advocates should familiarize themselves, some of which are described below:

Criminal Justice/Mental Health Consensus Project Report

Published in 2002, the *Consensus Project Report* outlines 23 events, or decision points, along the criminal justice continuum at which communities can take steps to better respond to people with mental illness, and discusses at length the four overarching issues of collaboration, training, building an effective mental health system, and evaluation.

Courage to Change

This 1999 GAINS Center publication remains one of the most helpful guides to developing cross-systems collaborations around criminal justice, mental health, and substance abuse treatment issues.

Jail Diversion for People with Mental Illness: Developing Supportive Community Coalitions

This publication, a joint effort between the GAINS Center and the National Mental Health Association that came out in 2003, highlights the role of advocacy organizations in promoting jail diversion in communities across the country.

Finding the Key

This 2001 paper, authored by the Bazelon Center for Mental Health Law, examines the importance of ensuring that people with serious mental illness are enrolled in federal entitlement programs as they leave prison or jail, describing these federal programs' complex and interrelated rules, and providing some ways for state and local officials to use them more effectively.

Surgeon General's Report on Mental Health

Written in 1999, the *Report of the Surgeon General on Mental Health* remains the most comprehensive account of the state of mental illness and mental health care in the United States.

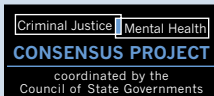
Report of the President's New Freedom Commission on Mental Health

The 2003 *Report of the New Freedom Commission* is the first presidential-commissioned report on mental health care since the late 1970s. The report calls for transformation of a fundamentally broken system, and outlines six key goals to which mental health care in the United States should aspire.



Technical Assistance

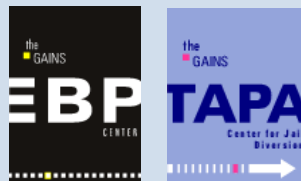
Advocates should tap the technical assistance resources available through the national organizations described below. These organizations can provide materials and information on relevant programs, recommend speakers or other experts, and in some cases even provide on-site consultations:



The Consensus Project

Since the release of the *Consensus Project Report* in 2002, the Council of State Governments (coordinator of the Consensus Project) has provided on-site and off-site technical assistance to jurisdictions across the country including providing materials, funding speakers, and offering guidance in program development.

The Consensus Project
Council of State Governments
40 Broad St.
New York, NY 10004
Tel: (212) 482-2320
Fax: (212) 482-2344
E-mail: editors@consensusproject.org
<http://www.consensusproject.org>



The National GAINS Center

The National GAINS Center, established in 1995 to collect and disseminate information about effective mental health and substance abuse treatment services for people with co-occurring disorders who come in contact with the justice system, provides consultation and technical assistance on a wide array of criminal justice and mental health issues.

National GAINS Center
Policy Research Associates
345 Delaware Ave.
Delmar, NY 12054
Tel.: (800) 311-GAIN
Fax: (518) 439-7612
<http://www.gainscenter.samhsa.gov>



National Center for Mental Health and Juvenile Justice

The National Center for Mental Health and Juvenile Justice promotes improved policies and programs for youth with mental health disorders in contact with the juvenile justice system. Center staff provides materials about various policy issues, identifies best practices across the country, and provides consultants who offer specialized training and expertise on a wide range of topics.

National Center for Mental Health and Juvenile Justice
Policy Research Associates
345 Delaware Ave.
Delmar, NY 12054
Tel.: (866) 9NC-MHJJ
Fax: (518) 439-7612
<http://www.ncmhjj.com>





NAMI

NAMI is one of the largest mental health advocacy organizations in the country. The national office supports affiliates by serving as a clearinghouse and coordinator of state and local activities, and providing resources and technical assistance when needed. Advocates who are not involved in a NAMI affiliate should visit <http://www.nami.org> to find one in their area. NAMI affiliates looking to launch an advocacy initiative related to criminal justice should contact the national office for support.

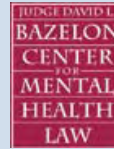
National Alliance for the Mentally Ill (NAMI)
NAMI Support, Technical Assistance, and Resource Center (STAR)
2107 Wilson Blvd, Suite 300
Arlington, VA 22201-3042
Tel.: (703) 600-1108 or
(866) 537-7827
Toll-free TDD: (888) 344-6264
Fax: (703) 600-1112
E-mail: star@nami.org
<http://www.nami.org>



National Mental Health Association

The National Mental Health Association (NMHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans through advocacy, education, research, and service. The national office holds yearly conferences and provides technical assistance to local affiliates and community advocates on a wide range of policy issues. NMHA also manages one of the five federally funded consumer/peer-run technical assistance centers.

National Mental Health Association
2001 N. Beauregard St.,
12th Floor
Alexandria, VA 22311
Tel.: (800) 969-6642
Fax: (703) 684-5968
<http://www.nmha.org/>



Bazelon Center for Mental Health Law

The Judge David L. Bazelon Center for Mental Health Law is the nation's leading legal advocate for people with mental illness. Providing technical support on mental health law issues, policy advocacy, and public education, the Center pursues the following objectives: advance community membership; promote self-determination; respond to - and refocus attention on - the shortcomings of the mental health system; and preserve individuals' rights. Founded in 1972, the Bazelon Center was known as the Mental Health Law Project until 1993.

Bazelon Center for Mental Health Law
1101 15th Street, NW,
Suite 1212
Washington, D.C. 20005
Tel.: (202) 467-5730
Fax: (202) 223-0409
Email: webmaster@bazelon.org
<http://www.bazelon.org/>



National Association of State Mental Health Program Directors (NASMHPD)

NASMHPD advocates for the collective interests of state mental health authorities and their directors at the national level; analyzes trends in the delivery and financing of mental health services; and identifies public mental health policy issues and best practices in service delivery. The association apprises its members of research findings and best practices, fosters collaboration, provides consultation and technical assistance, and promotes effective management practices and financing mechanisms.

National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
Tel.: (703) 739-9333
Fax: (703) 548-9517
<http://www.nasmhpd.org/>



Depression and Bipolar Support Alliance (DBSA)

DBSA is a patient-directed organization focusing on the most prevalent types of mental illness—depression and bipolar disorder. The organization provides information about mental illness, supports research, coordinates a grassroots network of more than 1,000 patient-run support groups across the country, and advocates in Washington, D.C. on behalf of people living with mood disorders. DBSA also partners with consumers and service delivery systems on consumer-provider and recovery training through its *Peer-to-Peer Resource Center*.

Depression and Bipolar Support Alliance (DBSA)
730 N. Franklin St., Suite 501
Chicago, IL 60610-7224
Tel.: (800) 826-3632
Fax: (312) 642-7243
E-mail: peersupport@DBSAlliance.org
<http://www.peersupport.org>



National Empowerment Center

The National Empowerment Center is a federally funded organization run by consumers that provides information and support regarding mental health services across the country. The center develops materials, sponsors conferences, sends speakers to conferences and meetings, and maintains a national directory of mutual support groups, drop-in centers, and statewide organizations.

National Empowerment Center
599 Canal St.
Lawrence, MA 01840
Tel.: (800) 769-3728
Fax: (978) 694-9117
<http://www.Power2u.org>





National Mental Health Consumers' Self-Help Clearinghouse

The clearinghouse offers assistance and advice to consumers interested in establishing self-help networks. Their assistance covers topics such as fundraising, how to start a self-help group, and systems advocacy, and is provided online, through events and conferences, and via a regular newsletter.

National Mental Health
Consumers' Self-Help
Clearinghouse
1211 Chestnut St., Suite 1207
Philadelphia, PA 19107
Tel.: (800) 553-4539
Fax: (215) 636-6312
E-mail: info@mhselfhelp.org
<http://www.mhselfhelp.org>



Consumer Organization and Networking Technical Assistance Center (CONTAC)

CONTAC, run by the West Virginia Mental Health Consumer's Association, Inc. (WVMHCA), provides informational materials; on-site training and skill-building curricula; electronic and other communication capabilities; and networking and customized activities promoting self-help, recovery, leadership, business management, and empowerment. CONTAC representatives have expertise in cultural and ethnic diversity, peer-support services, programming, research, evaluation, and other areas.

Consumer Organization and
Networking Technical Assistance
Center (CONTAC)
West Virginia Mental Health
Consumers Association
P.O. Box 11000
Charleston, WV 25339
Tel.: (888) 825-TECH (8324)
(304) 345-7312
Fax: (304) 345-7303
E-mail: usacontac@contac.org
<http://www.contac.org>



Information About Programs

Advocates often find themselves researching strategies from communities across the country in order to inform their local efforts. Their search can be aided by the Consensus Project online Program Profiles database, available at <http://www.consensusproject.org/programs>.



Funding

Perhaps the most common questions advocates face is where to find funding for new initiatives. Providing a comprehensive list of funding sources is impossible, but below are some potential funding sources that may help advocates in this area:

The Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is the lead federal agency for substance abuse and mental health treatment policy. The three SAMHSA centers—the Center for Mental Health Services (CMHS), the Center for Substance Abuse Treatment (CSAT), and the Center for Substance Abuse Prevention (CSAP)—have all provided grants related to criminal justice issues at some point. Most recently, the Targeted Capacity Expansion Jail Diversion Program provided grants in 2002, 2003, and 2005 to a total of 20 jurisdictions to support jail diversion programs. Information about current SAMHSA grants is available at <http://www.samhsa.gov/grants/index.aspx>.

The Bureau of Justice Assistance

The Bureau of Justice Assistance, part of the Office of Justice Programs in the U.S. Department of Justice, has recently begun providing grants related to criminal justice and mental health issues. The Mental Health Courts Program provided funding to more than 35 jurisdictions to launch mental health courts in 2002 and 2003. Although that program has not been refunded, BJA will likely remain committed to criminal justice and mental health issues, and advocates should consult its Web site at <http://www.ojp.usdoj.gov/BJA/>.

Byrne Justice Assistance Grant (formerly the Byrne Grant Program)

Many communities have received funding for criminal justice/mental health initiatives such as jail diversion or new training programs through the Byrne Formula Grant Program. Through that program, the federal government provided funds to state and local agencies to address various criminal justice issues. Those funds were distributed to local communities through



a state administering agency. The Byrne Grant Program has recently been combined with the Local Law Enforcement Block Grant, another formula grant program, to form a new program called the Byrne Justice Assistance Grant. Like the original Byrne funds, these monies will be passed through a specific agency in each state. Information about the administering agency in each state and the procedures for applying for JAG funds is available at <http://www.ojp.usdoj.gov/state.htm>.

Private Foundations

There are two types of foundations that are particularly promising for funding sources for criminal justice/mental health reform:

>> **Community Foundations**—Small, community-based foundations often focus on giving in a particular city or region, and are able to provide small grants that can help get an advocacy initiative off the ground.

>> **Health Care Conversion Foundations**—Health care conversion foundations are established when a health care company switches from non-profit to for-profit status, and their giving usually focuses on health issues, including mental health.

Pharmaceutical Companies

Pharmaceutical companies have also been a major source of funding for advocates in general, and on criminal justice and mental health issues in particular. These companies typically establish foundations to centralize their charitable giving, although they also disperse funding through government-relations departments. The best way for advocates to pursue this funding source is through an existing nonprofit organization, such as an NMHA or NAMI affiliate. Affiliates who are unfamiliar with the process of applying for grants from for-profit companies should consult the national offices for assistance.

Learn More

To find out more about community foundations, health conversion foundations, and other grantmaking organizations, advocates should consult the Foundation Center at <http://fdncenter.org>. The Foundation Center is the largest source of information about foundations across the country.





Conclusion: Advocacy Principles to Keep in Mind

FEW SOCIAL SERVICE SYSTEMS HAVE undergone as significant a transformation as the mental health system in the past 50 years, and advocates have been at the forefront of many of the most positive changes. The power of advocates has been shown repeatedly in the fight for community integration, availability of next-generation medicines, and the reduction in associated stigma, among other activities. There is little doubt that advocates can be equally as successful in addressing problems related to mental illness in the criminal justice system, and this handbook should provide useful guidance.

But the handbook and its authors also recognize that no two advocacy initiatives are the same, and that creative advocates will likely devise many strategies not considered in the preceding pages. For that reason, the authors encourage advocates to remember some key principles, exemplified by others who have been successful in their own communities, as they forge ahead in reversing the overrepresentation of people with mental illness in the criminal justice system.

1.

Do Your Homework

Before approaching any criminal justice or mental health officials, advocates should learn as much as possible. For example, an advocate interested in enhancing law enforcement training on mental illness should know exactly what training is being provided right now, how often, and by whom. General information is helpful, but it is no substitute for information specific to an advocate's city, county, or state.

2.

Find a Champion

Systems change often hinges on whether advocates can identify a key official to take a leading role on criminal justice and mental health issues. This might be a corrections commissioner committed to improving reentry procedures, a judge whose son or daughter has a mental illness, or a high-ranking police officer that has long fought for better mental health training. Among other virtues, these champions can remove institutional barriers that might otherwise stymie advocates.

3.

Listen

The best advocates are able to raise concerns while at the same time understanding the priorities and predicaments of officials they work with. They can hear what policy proposals will be viable, and which will be nonstarters.

4.

Don't Reinvent the Wheel

The experience of the hundreds of community organizations across the country working to improve their responses to people with mental illness in the criminal justice system is an invaluable resource for advocates. Most new programs and policies are adaptations of strategies being employed elsewhere, and advocates should do their best to capitalize on the successes and failures of those in other jurisdictions.

5.

Respect Your Partners

The majority of criminal justice and mental health officials are committed professionals doing the best they can to serve their clients and communities. Advocates can acknowledge this by understanding the protocols and procedures of different agencies, and the budgetary, political, and administrative limitations within which they work. Respect does not mean compromising one's principles; it means appreciating that potential partners have their own principles as well.

6.

Offer Support

Even while they are raising concerns, advocates should also offer support—to find out information, to convene meetings, to provide services—in short, to become a partner in change. In most cases, approaching criminal justice and mental health officials with accusations is counterproductive.

Conclusion

7. Capitalize on Self-Interest

The most successful advocates recognize that criminal justice and mental health officials have numerous competing priorities. While the vast majority will agree that reversing the overrepresentation of people with mental illness in the criminal justice system is the “right thing to do,” that is usually not enough. Convincing them to put energy towards this problem requires making clear what they stand to gain. Their reasons will vary, but advocates should always strive to understand the needs of their partners, and work to meet them.

8. Be Specific

Many criminal justice and mental health officials are well aware of the overrepresentation of people with mental illness in the criminal justice system; they confront the problem every day. Advocates must avoid the pitfall of simply demanding change; if the problem were an easy one to solve, it wouldn't be a problem. The more specific the problems (and potential solutions) highlighted by advocates, the more criminal justice and mental health officials will be able to address them.

9. Set Realistic Goals

Systems are like people: they don't change overnight. Advocates should focus their efforts on specific issues and work to achieve measurable successes. Over time, these small victories can add up to long-term systemic change.

10. Find Allies Everywhere

Advocates should seek allies everywhere they can. Someone connected to the advocacy organization may have an in at the local correctional facility; business owners are often interested in improving community safety and reducing public nuisance crimes, and may be supportive of advocacy goals. Some advocates have found it easier to engage mental health service providers when accompanied by representatives of law enforcement or the courts. Many unlikely partners are attracted to efforts to address problems raised by the contact of people with mental illness with the criminal justice system. Strength, in advocacy, truly does come in numbers.