

Support funding for the The Justice and Mental Health Collaboration Program

Please join us in supporting continued funding of the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) for FY 2014 by signing the attached letter to the Commerce, Justice, Science Appropriations Subcommittee. The Justice and Mental Health Collaboration Program, under which MIOTCRA is administered, has expanded training for law enforcement to identify and respond appropriately to individuals with mental illnesses, supported the creation and expansion of mental health courts, and has provided cross-training of criminal justice and mental health personnel.

Large numbers of people with serious mental illnesses become caught up in the criminal justice system, often with tragic results for these individuals, their families, and the communities in which they live. In fact, prisons and jails have become the de facto state hospitals. As one former executive director of the National Sheriffs Association recently observed, “in many jurisdictions in the nation, the county’s jail holds more people with severe psychiatric illnesses than any psychiatric facility in that county.”

- According to the Department of Justice, approximately 45 percent of federal inmates, 56 percent of state inmates, and 64 percent of jail inmates displayed symptoms of a mental health condition. Additionally, female inmates have a higher rate of mental health conditions than male inmates.
- The President of the Major County Sheriffs Association recently estimated that up to 30 percent of inmates under his supervision have mental health conditions and that many belong in treatment programs, not behind bars.
- Iowa Department of Corrections officials state that about three in ten inmates in Iowa’s prison system have a serious mental illness. In most of these cases, the inmate has both a serious mental illness and substance abuse disorder.

MIOTCRA authorizes a \$50 million grant program to be administered by the United States Department of Justice. State and local governments can use the grants for a broad range of activities, including mental health courts, mental health and substance abuse treatment for individuals who are incarcerated or involved in the criminal justice system, community reentry services, and cross-training of criminal justice, law enforcement, and mental health personnel. The grants also promote training of local law enforcement to help them identify and improve their response to people with mental illnesses.

Please help us ensure funding in the FY 2014 appropriations bill for this important initiative. By doing so, we will help law enforcement and corrections officials whose jails, prisons, and juvenile holding facilities have become our country’s largest mental health institutions. **Please contact Ashley McDonald at Ashley.McDonald2@mail.house.gov or at 5-6906 before Monday, April 8th, to sign the letter or for any additional information.**

Sincerely,

/s/

Robert C. "Bobby" Scott
Ranking Member

Subcommittee on Crime, Terrorism, Homeland Security, and Investigations

/s/

John Conyers, Jr.
Ranking Member

House Committee on the Judiciary

March XX, 2013

The Honorable Frank Wolf
Chairman
Subcommittee on Commerce, Justice, Science,
and Related Agencies
Room H- 310, The Capitol Building
Washington, DC 20515

The Honorable Chaka Fattah
Ranking Member
Subcommittee on Commerce, Justice, Science,
and Related Agencies
Room H- 310, The Capitol Building
Washington, DC 20515

Dear Chairman Wolf and Ranking Member Fattah,

We write to express our strong support for funding of the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) in FY 2014. This program provides states and local governments with resources to plan and implement initiatives for people with mental illnesses involved with the criminal justice system in order to increase public safety, reduce state and local spending, and improve the lives of people with mental illnesses and their families.

Unfortunately, our nation's prisons and jails have become the "de facto" mental care provider in our country. According to a Department of Justice report, approximately 45 percent of federal inmates, 56 percent of state inmates, and 64 percent of jail inmates displayed symptoms of a mental health condition. People with mental illnesses 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 costs are high—to families, communities, law enforcement, and courts. For example:

- Studies have found that people with mental illnesses stay in jail longer, return often and cost more to house than other inmates, or drain law enforcement resources.
- The Los Angeles County Jail spends \$10 million per year on medications for people with mental illnesses.ⁱ
- In Miami-Dade County, Florida, it costs \$125 per day to house inmates with mental illnesses, compared to \$18 per day for inmates in the general population.ⁱⁱ
- People with mental illnesses booked into the New York City Department of Correction had an average length of stay of 112 days, almost double that of the general jail population (61 days).ⁱⁱⁱ
- Between June 2010 and December 2011, Tulsa, Oklahoma police officers made 286 trips to move 357 mental health patients to crisis centers and hospitals. They drove more than 65,700 miles, at a cost of 2,880 hours and \$81,335 in salary.^{iv}

The Justice and Mental Health Collaboration Program has made tremendous strides in improving responses for people with mental illnesses involved in the criminal justice system. And we have learned that interventions and treatments can result in significant cost benefits.

Specialized Law Enforcement-Based Response Programs

- Since employing its crisis intervention team (CIT) program, the Albuquerque Police Department has seen a **58-percent decrease in the use of high-cost SWAT call-outs** for mental health crisis interventions.^v CIT officers are specially trained in identifying and responding to people with mental illnesses.
- In Memphis, the number of calls for the Tactical Apprehension Containment Team (similar to a SWAT team) has **decreased by nearly 50 percent** since the implementation of its CIT program.^{vi}

- The Los Angeles Police Department’s co-responder program pairs specially trained officers with mental health professionals to respond to encounters with people with mental illnesses. In 2010, the department reported that the co-responder model had saved **5,483 hours of patrol time** in the previous year.^{vii}

Mental Health Courts

- Nashua, NH officials reported that the Hillsborough County’s Community Connections Mental Health Court diverted 235 people from jail and into treatment programs in 2010—**averting an estimated 12,000 days in jail, which translated to \$60,000 in savings.**^{viii} The following year, more than **28,000 days were avoided, saving the county over \$141,000 in medication costs.**^{ix}
- According to a 2010 study of four different mental health court programs across the country, mental health court participants were **significantly less likely to have been arrested** in the 18-month period following enrollment compared to non-participants (49% versus 58%).^x
- A 2007 study of the Allegheny County (PA) mental health court suggested that the program may result in **net savings in the long term** due to decreases in the most expensive types of mental health treatment and in criminal recidivism.^{xi} In the short term, the program did not substantially increase costs over traditional court processing.

Jail Diversion Programs

- A study of six jail diversion programs indicated that those who were diverted spent **more time in the community** than those who were not diverted.^{xii} More time in the community means less time in prisons, jails, psychiatric hospitals, or residential treatment—all of which suggest savings over time.
- Researchers found that post-booking jail diversion in New York City resulted in a **net savings of \$6,260 per person** by reducing the need for high jail costs.^{xiii}
- The Colorado Division of Mental Health reported that since it adopted its ACT model for individuals at risk for involvement with the criminal justice system, it has avoided significant costs through **an overall reduction in the number of days spent in prisons, jails, or inpatient treatment.**^{xiv}

Recognizing the need for these initiatives, Congress set out to provide funding to jurisdictions to create collaborative programs to address the needs of justice-involved individuals with mental illnesses. As a result, MIOTCRA was signed into law in 2004 and authorizes a \$50 million grant program that is administered by the United States Department of Justice. The bill received unanimous, bipartisan support in both chambers of Congress and is supported by a broad spectrum of leaders from law enforcement, corrections, the courts and mental health.

The grants promote innovative responses to improve the outcomes of people with mental illnesses in the criminal justice system, such as training of local law enforcement officers and mental health courts. Jurisdictions across the country are implementing strategies to improve the outcomes of these encounters that include training and tools that can provide a response that prioritizes treatment over incarceration when appropriate. Examples of these strategies include crisis intervention teams (CITs), police-mental health co-responder teams, and case management models. And mental health courts have been established to make more effective use of limited criminal justice and mental health resources, to connect individuals to treatment and other social services in the community, to improve outcomes for offenders with mental illness in the criminal justice system, and to address jail overcrowding and the disproportionate number of people with mental illness in the criminal justice system.

To date, MIOTCRA has funded 99 mental health courts and other court-based initiatives, supported 68 local police and county sheriff departments, and provided 255 grants to 46 states, plus the District of Columbia, Guam, and American Samoa.

It is clear that we need to redirect resources from containment to treatment of people with mental illnesses. MIOTCRA has helped law enforcement officers, judges, corrections officers, and mental health professionals develop more compassionate and cost-effective approaches to incarceration. Thus, we are requesting continued funding in the FY 2014 appropriations bill for this important program.

Sincerely,

ⁱ “Helping People Off the Streets: Sheriff Social Worker,” *Los Angeles Times*, November 20, 2001, <http://articles.latimes.com/2001/nov/20/local/me-6278>

ⁱⁱ Katherine Fernandez Rundle and Don L. Horn, “Mental Illness and the Criminal Justice System: A Recipe for Disaster/A Prescription for Improvement,” Final Report of the Miami-Dade County Grand Jury, 2004, http://www.miamisao.com/publications/grand_jury/2000s/gj2004s.pdf.

ⁱⁱⁱ Council of State Governments Justice Center, *Improving Outcomes for People with Mental Illnesses Involved with New York City’s Criminal Court and Correction Systems* (New York: Council of State Governments Justice Center, 2012).

^{iv} Cary Aspinwall and Casey Smith, “Sometimes a 461-mile road trip: Moving mental health patients a drain on law enforcement,” *TulsaWorld.com*, January 30, 2012, http://www.tulsaworld.com/news/article.aspx?subjectid=11&articleid=20120130_11_A1_Weusoi985959

^v Deborah L. Bower and W. Gene Pettit, “The Albuquerque police department’s crisis intervention team: A report card,” *The FBI Law Enforcement Bulletin* (2001).

^{vi} Randall Dupont and Sam Cochran, “Police response to mental health emergencies—barriers to change,” *Journal of the American Academy of Psychiatry and Law* 28.3 (2000): 228-244.

^{vii} Los Angeles Police Department, personal communication with Laura Draper, May 7, 2010.

^{viii} Joseph G. Cote, “Decline in Hillsborough County inmate population linked to Mental Health Court,” *NashuaTelegraph.com*, April 25, 2011, accessed January 23, 2013, <http://www.courts.state.nh.us/drugcourts/Decline-in-Hillsborough-County-inmate-population-linked-to-Mental-Health-Court-NashuaTelegraph.pdf>

^{ix} Susan Stearns, Regular Meeting of the Hillsborough County Board of Commissioners, February 22, 2012, <http://www.hillsboroughcountynh.org/amm/02-22-12-BOCMIN.pdf>

^x Henry Steadman et al., “Effect of Mental Health Courts on Arrests and Jail Days,” *Archives of General Psychiatry* (2010): E1-E6. Accessed October 4, 2010. doi: 10.1001/archgenpsychiatry.2010.134.

^{xi} M. Susan Ridgely, John Engberg, Michael D. Greenberg, Susan Turner, Christine DeMartini, Jacob W. Dembosky, *Justice, Treatment, and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court*, RAND No. TR-439-CSG (Santa Monica: RAND Corporation, 2007).

^{xii} TAPA Center for Jail Diversion, *What Can We Say About the Effectiveness of Jail Diversion Programs for Persons with Co-Occurring Disorders?* (Delmar, NY: National Gains Center, 2004).

^{xiii} A.J. Cowell, A.M. Stewart, and S.W. Ng, *Assessment of the cost-effectiveness of New York’s Jail Diversion Program: Final report* (Research Triangle Park, NC: RTI International, 2002).

^{xiv} Roger Przybylski, *What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs* (Denver: Colorado Division of Criminal Justice, 2008).