

CRIMINAL JUSTICE/MENTAL HEALTH CONSENSUS PROJECT *

Rates of serious mental illness among jail inmates are at least three to four times higher than that the general population. Counties are often overwhelmed with the complexity of issues created when people with mental illness come into contact with the criminal justice system; issues like police contact, jail screening, jail mental health care, and reintegration into the community. In 2002, the Council of State Governments created a report, "Criminal Justice/Mental Health Consensus Project," that specifically makes recommendations to policy makers to improve criminal justice and mental health system's response to people with mental illness.

In California the crisis of mentally ill offenders has not escaped us. Approximately 10% of California's jail inmates have a serious mental illness. A 1996 study conducted by the Pacific Research Institute showed seriously mentally ill individuals involved in the criminal justice system cost California annually between \$1.2 billion and \$1.8 billion. In 1998, state law created the Mentally Ill Offender Crime Reduction Grants (MIOCRG). Twenty-six counties participated in demonstration projects creating some very pioneering, comprehensive programs. Sadly, funding for MIOCRG is over and most counties are unable to continue the programs at the same level provided during the grant. Hopefully some core services will remain. Counties that received the MIOCRG are wondering what to do now that the grants are over. Those counties that were not awarded these grants may be struggling even more.

The Criminal Justice/Mental Health Consensus Project created 46 policy statements. Each statement serves as a guiding principle to improve both systems' response to a person with mental illness.

The California Mental Health Directors Association's Forensic Committee has reviewed this report and believes these policy statements to be strong guidelines for developing a systemic, comprehensive approach to address this problem. The committee further believes that each county can benefit from addressing each of these 46 policy statements. This cannot be adequately accomplished without a partnership between mental health and criminal justice. The Forensic Committee suggests that each county form a team to review the Criminal Justice/Mental Health Consensus Project consisting of at least representatives from the Sheriff's Department, Police Department, County Mental Health and Substance Abuse, Jail Mental Health, consumer, family member, Probation Department, Public Defender's Office, District Attorney's Office, and a Superior Court Judge. During this process, we recommend this team conduct an evaluation of their county's current status; recognize shortcomings, and develop a plan to meet each of the policy statements.

To make this task easier, we have developed a worksheet consisting of the event/issue and the 46 policy statements. Use the follow rating scale for each of the policy statements when evaluating your county’s current status:

- (1) Have not thought of this
- (2) Currently in the planning stage
- (3) Will implement this policy within 6 months
- (4) Beginning to implement this policy
- (5) We do this, but could do it better
- (6) We do this well

Involvement with the Mental Health System

1. Event/Issue Involvement with the Mental Health System:
Policy Statement – “Improve availability of and access to comprehensive, individualized services when and where they are most need to enable people with mental illness to maintain meaningful community membership and avoid inappropriate criminal justice involvement.”

	1	2	3	4	5	6
Comments:						

Contact with Law Enforcement

2. Event/Issue Request for Police Services:
Policy Statement – “Provide dispatchers with tools to determine whether mental illness may be a factor in a call for service and to use that information to dispatch the call to the appropriate responder.”

	1	2	3	4	5	6
Comments:						

3. Event/Issue On Scene Assessment:
Policy Statement – “Develop procedures that require officers to determine whether mental illness is a factor in the incident and whether a serious crime has been committed – while ensuring the safety of all involved parties.”

1 2 3 4 5 6

Comments:

4. Event/Issue On Scene Response:
Policy Statement – “Establish written protocols that enable officers to implement an appropriate response based on the nature of the incident, the behavior of the person with mental illness, and available resources.”

1 2 3 4 5 6

Comments:

5. Event/Issue Incident Documentation:
Policy Statement – “Document accurately police contacts with people whose mental illness was a factor in an incident to promote accountability and to enhance service delivery.”

1 2 3 4 5 6

Comments:

6. Event/Issue Police Response:
Policy Statement – “Collaborate with mental health partners to reduce the need for subsequent contacts between people with mental illness and law enforcement.”

1 2 3 4 5 6

Comments:

Pretrial Issues, Adjudication, and Sentencing

7. Event/Issue Appointment of Counsel:

Policy Statement – “Make defense attorneys aware of the following: (a) the mental health condition, history and needs of their clients as early as possible in the court process; (b) the current availability of quality mental health resources in the community; and (c) current legislation and case law that might affect the use of mental health information in the resolution of their client’s case.”

1 2 3 4 5 6

Comments:

8. Event/Issue Consultation with Victim:

Policy Statement – “Educate individuals who have been victimized by a defendant with a mental illness, or their survivors, about mental illness and how the criminal justice system deals with defendants with mental illness.”

1 2 3 4 5 6

Comments:

9. Event/Issue Prosecutorial Review of Charges:

Policy Statement – “Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with a mental illness.”

1 2 3 4 5 6

Comments:

10. Event/Issue Modification of Pretrial Diversion Conditions:

Policy Statement: “Assist Defendants with mental illness in complying with conditions of pretrial diversion.”

1 2 3 4 5 6

Comments:

11. Event/Issue Pretrial Release/Detention Hearing:
Policy Statement: "Maximize the use of pretrial release options in appropriate cases of defendants with mental illness so that no person is detained pretrial solely for the lack of information or options to address the person's mental illness."

1 2 3 4 5 6

Comments:

12. Event/Issue Modification of Pretrial Release Conditions:
Policy Statement – "Assist defendants with mental illness who are released pretrial in complying with conditions of pretrial release."

1 2 3 4 5 6

Comments:

13. Event/Issue Intake at County/Municipal Detention Facility:
Policy Statement – "Ensure that the mechanisms are in place to provide for screening and identification of mental illness, crisis intervention and short-term treatment, and discharge planning for defendants with mental illness who are held in jail pending the adjudication of their cases."

1 2 3 4 5 6

Comments:

14. Event/Issue Adjudication:
Policy Statement – "Maximize the availability and use of dispositional alternatives in appropriate cases of people with mental illness."

1 2 3 4 5 6

Comments:

15. Event/Issue Sentencing:
Policy Statement – “Maximize the use of sentencing options in appropriate cases for offenders with mental illness.”

1 2 3 4 5 6

Comments:

16. Event/Issue Modification of Conditions of Probation/Supervised Release:

Policy Statement: “Assist offenders with mental illness in complying with conditions of probation.”

1 2 3 4 5 6

Comments:

Incarceration and Reentry

17. Event/Issue Receiving and Intake of Sentenced Inmates:

Policy Statement – “Develop a consistent approach to screen sentenced inmates for mental illness upon admission to state prison or jail facilities and make referrals, as appropriate, for follow-up assessment and/or evaluations.”

1 2 3 4 5 6

Comments:

18. Event/Issue Development of Treatment Plans, Assignment to Programs, and Classification/ Housing Decisions:

Policy Statement – “Use the results of the mental health assessment and evaluation to develop an individualized treatment, housing, and programming plan, and ensure that this information follows the inmate whenever he or she is transferred to another facility.”

1 2 3 4 5 6

Comments:

19. Event/Issue Subsequent Referral for Screening and Mental Health Evaluation:

Policy Statement – “Identify individuals who – despite not raising any flags during the screening and assessment process – show symptoms of mental illness after their intakes into the facility, and ensure that appropriate action is taken.”

1 2 3 4 5 6

Comments:

20. Event/Issue Release Decision:

Policy Statement – “Ensure that clinical expertise and familiarity with community-based mental health resources inform release decisions and determination of conditions of release.”

1 2 3 4 5 6

Comments:

21. Event/Issue Development of Transition Plan:

Policy Statement – “Facilitate collaboration among corrections, community corrections, and mental health officials to effect the safe and seamless transition of people with mental illness from prison to the community.”

1 2 3 4 5 6

Comments:

22. Event/Issue Modification of Conditions of Supervised Release:

Policy Statement – “Monitor and facilitate compliance with conditions of release and respond swiftly and appropriately to violations of conditions of release.”

1 2 3 4 5 6

Comments:

23. Event/Issue Maintaining Contact Between Individual and Mental Health System:

Policy Statement – “Ensure that people with mental illness who are no longer under supervision of the criminal justice system maintain contact with mental health services and supports for as long as is necessary.”

1 2 3 4 5 6

Comments:

Improving Collaboration

24. Event/Issue Obtaining and Sharing Resources:

Policy Statement – “Determine how the partners will make resources available to respond jointly to the problem identified.”

1 2 3 4 5 6

Comments:

25. Event/Issue Sharing Information:

Policy Statement – “Develop protocols to ensure that criminal justice and mental health partners share mental health information without infringing on individuals’ civil liberties.”

1 2 3 4 5 6

Comments:

26. Event/Issue Institutionalizing the Partnership:

Policy Statement – “Institutionalize the partnership to ensure it can sustain changes in leadership or personnel.”

1 2 3 4 5 6

Comments:

27. Training Practitioners and Policymakers and Educating the Community

Event/Issue Determining Training Goals and Objectives:

Policy Statement – “Determine training goals and objectives and tap expertise in both the criminal justice and mental health systems to inform these decisions.”

1 2 3 4 5 6

Comments:

28. Event/Issue Training for Law Enforcement Personnel:

Policy Statement – “Establish new skills, recruit, in-service, and advanced skills training requirements for law enforcement personnel about responding to individuals with mental illness, and develop curricula accordingly.”

1 2 3 4 5 6

Comments:

29. Event/Issue Training for Court Personnel:

Policy Statement – “Provide adequate training for court officials (including prosecutors and defense attorneys) about appropriate responses to criminal defendants who have a mental illness.”

1 2 3 4 5 6

Comments:

30. Event/Issues Training for Corrections Personnel:

Policy Statement – “Train corrections staff to recognize symptoms of mental illness and to respond appropriately to people with mental illness.”

1 2 3 4 5 6

Comments:

31. Event/Issues Training for Mental Health Professionals:
Policy Statement – “Develop training programs for mental health professionals who work with the criminal justice system.”

1 2 3 4 5 6

Comments:

32. Event/Issue Educating the Community and Building Community Awareness:

Policy Statement – “Educate the community about mental illness, the value of mental health services, and appropriate responses when people with mental illness who come into contact with the criminal justice system.”

1 2 3 4 5 6

Comments:

33. Event/Issue Identifying Trainers:

Policy Statement – “Identify qualified professionals to conduct training.”

1 2 3 4 5 6

Comments:

34. Event/Issue Evaluating Trainers:

Policy Statement – “Evaluate the quality of training content and delivery; update training topics and curricula annually to ensure they reflect both the best practices in the field as well as the salient issues identified as problematic during the past year.”

1 2 3 4 5 6

Comments:

Elements of an Effective Mental Health System

35. Event/Issue Evidence Based Practices:

Policy Statement: -- “Promote the use of evidence based practices and promising approaches in mental health treatment, services, administration and funding.”

1 2 3 4 5 6

Comments:

36. Event/Issue Integration of Services:

Policy Statement – “Initiate and maintain partnerships between mental health and other relevant systems to promote access to the full range of services and supports, to ensure continuity of care, and to reduce duplication of services.”

1 2 3 4 5 6

Comments:

37. Event/Issue Co-Occurring Disorders:

Policy Statement – “Promote system and services integration for co-occurring mental health and substance abuse disorders.”

1 2 3 4 5 6

Comments:

38. Event/Issue Housing:

Policy Statement – “Develop and enhance housing resources that are linked to appropriate levels of mental health supports and services.”

1 2 3 4 5 6

Comments:

39. Event/Issue Consumer and Family Member Involvement:
Policy Statement – “Involve consumers and families in mental health planning and service delivery.”

1 2 3 4 5 6

Comments:

40. Event/Issue Cultural Competency:
Policy Statement – “Ensure that racial, cultural, and ethnic, minorities receive mental health services that are appropriate for their needs.”

1 2 3 4 5 6

Comments:

41. Event/Issue Workforce:
Policy Statement – “Determine the adequacy of the current mental health workforce to meet the needs of the system’s clients.”

1 2 3 4 5 6

Comments:

42. Event/Issue Accountability:
Policy Statement – “Establish and utilize performance measures to promote accountability among systems administrators, funders, and providers.”

1 2 3 4 5 6

Comments:

43. Event/Issue Advocacy:
Policy Statement – “Build awareness of the need for high quality, comprehensive services and of the impact of stigma and discriminatory policies on access to them.”

1 2 3 4 5 6

Comments:

Measuring and Evaluating Outcomes

44. Event/Issue Identifying Outcome:
Policy Statement – “Identify outcome measures that will enable policymakers to assess the value and efficacy of the initiative.”

1 2 3 4 5 6

Comments:

45. Event/Issue Collecting Data:
Policy Statement – “Ensure mechanisms are in place to capture data consistent with the process and outcome measures identified.”

1 2 3 4 5 6

Comments:

46. Event/Issue Disseminating Findings:
Policy Statement – “Publicize program successes as appropriate to the media, public, and appropriators.”

1 2 3 4 5 6

Comments:

*The full report can be downloaded or ordered by going to www.consensusproject.org