



BJA Bureau of Justice Assistance

JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM

People with mental illness are significantly represented in the segment of the population in contact with the criminal justice system. Approximately 5 percent of the U.S. population has a serious mental illness, while according to the [Bureau of Justice Statistics](#) in a 1999 report, about 16 percent of the population in prison or jail has a serious mental illness. Of the 10 million people booked into U.S. jails in 1997, at least 700,000 had a serious mental illness; approximately three-quarters of those individuals had a co-occurring substance abuse disorder. For juveniles, in a study completed by the [National Center for Mental Health and Juvenile Justice](#), two thirds of detained male youth and three quarters of detained female youth have at least one mental health disorder. A study in Utah found that 63 percent of youth suicides statewide from 1996 to 1999 were youth who had been involved in the juvenile justice system.

Criminal justice and mental health practitioners are all too familiar with the impact of cases involving mental illness.

- Police officers returns countless times to a house or to a street corner in response to a call for assistance involving the same person with a history of mental illness and each time the officer is unable to link the person to treatment often resulting in arrest and detainment and exacerbating the problem.
- A prosecutor charges the same person with committing a different public nuisance crime, and each time, the defendant with mental illness pleads guilty to time served.
- Jail and prison administrators see the same people spin through the revolving door of the institution. Upon release, freedom for many is temporary unless they are among the few for whom reentry has meant planning and linkage with community supports and ongoing treatment, including medication management.
- A parole officer struggling to link a recent parolee with mental illness to a community-based mental health treatment program but unable to do so. The parolee is rearrested and returned to prison for a new crime related to a psychiatric emergency and symptoms of his untreated mental illness.
- Juvenile justice administrators find their systems overwhelmed by young people with mental health problems that have not been adequately addressed in the community by the mental health or education systems. Without treatment and appropriate services, these juveniles will continue to engage in behaviors or find themselves enmeshed in circumstances that increase the likelihood that they will continue to repeatedly cycle through the justice system.

In 2002, the President created the [New Freedom Commission on Mental Health](#) to study the mental health service delivery system. One of the recommendations from the Commission's report was for widespread adoption of adult and juvenile diversion and reentry strategies to avoid the unnecessary criminalization and extended incarceration of non-violent adult and juvenile offenders with mental illness. The Bureau of Justice Assistance (BJA) has been a critical partner in working with the Department of Health and Human Services' Center for Mental Health Services (CMHS) to support this call for transformation of the mental health system in the United States.

The Justice and Mental Health Collaboration Program is a key part of the Department of Justice's efforts—in partnership with other federal agencies—to enhance the identification of justice-involved adults and juveniles with mental illness entering the system and linking them with services to reduce recidivism. The program is funded through the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 ([Public Law 108-414](#)). The purpose of the program is to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems to increase access to treatment for this unique group of offenders. The goals of the program are to:

- (1) Protect public safety by early intervention to treatment for people with mental illness or a co-occurring disorder who become involved with the criminal or juvenile justice system. This includes strategies (to the extent practicable) to address development and learning disabilities and problems arising from a documented history of physical or sexual abuse.
- (2) Provide courts, including existing and new mental health courts, with appropriate mental health and substance abuse treatment options.
- (3) Maximize the use of diversion from prosecution and use of alternative sentences through community supervision and use of graduated sanctions, as appropriate for the client, in cases involving nonviolent offenders with mental illness.
- (4) Promote adequate training for criminal justice system personnel about mental illness and substance abuse disorders and the appropriate responses to people with such illnesses, including those with development and learning disabilities.
- (5) Promote adequate training for mental health and substance abuse treatment personnel about criminal offenders with mental illness or co-occurring substance abuse disorder and the appropriate response to such offenders in the criminal justice system.
- (6) Promote communication among adult or juvenile justice personnel, mental health and co-occurring mental illness and substance abuse disorder treatment personnel, nonviolent offenders with mental illness and co-occurring mental illness, and substance abuse disorders and support services such as housing, job placement, faith-based and community services, schools, child welfare, transportation, and crime victims' organizations.
- (7) Promote communication, collaboration, and intergovernmental partnerships among municipal, county, and state elected officials with respect to mentally ill offenders.

BJA's role is to provide (1) training and technical assistance and (2) grants to support planning and implementation and enhancement of strategies. Technical assistance will be provided to by the Council of State Governments Justice Center, coordinator of the Criminal Justice/Mental Health Consensus Project. For more information, see <http://consensusproject.org/>. For grants to local or state jurisdictions, BJA seeks a single, collaborative application (between a qualified mental health agency and a unit of government with responsibility for criminal justice activities) seeking to either plan, implement, and/or expand an adult or juvenile collaboration program that targets preliminarily qualified offenders in order to promote public safety and public health.

Specific activities that can be funded under the grants include:

- Mental Health Courts and other diversion and alternative sentencing programs.
- Training for justice system personnel to identify and respond appropriately to the unique needs of those with mental illness.
- Training for mental health and substance abuse system personnel to respond to the treatment of those with mental illness.

- Provide services that promote public safety to those with mental illness, including:
 - Early, validated needs assessments.
 - Plans for access to services at the time of release, even after-business hours.
 - Access to appropriate substance abuse treatment.
 - Determining eligibility for federal benefits.
 - Ensuring adequate supervision and continuity of care, including for co-occurring disorders.
 - Enhancing access to other wrap around services to ensure successful reintegration into the community (such as housing, education, job placement, mentoring and healthcare, which can be provided by faith based partners).
 - Strategies that, to the extent practicable, address developmental and learning disabilities and problems arising from a documented history of physical or sexual abuse.

For more information on the Justice and Mental Health Collaboration Program, contact Rebecca Rose, BJA Policy Advisor, at rebecca.rose@usdoj.gov or 202-514-0726, or go to www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html.