

Building Bridges

*Consumers and Representatives of the Mental Health
and Criminal Justice Systems in Dialogue*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

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Disclaimer

The views, opinions, and content of this publication are those of the dialogue participants and do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or DHHS.

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Introduction

In 2003, the President's New Freedom Commission on Mental Health issued its final report, *Achieving the Promise: Transforming Mental Health Care in America*. The report calls for transforming the way that services are provided for people who experience mental health problems throughout the country. As the lead Federal agency, the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) has designated this transformation as a central focus of its work.

Both personal and systems transformation depend on relationships and connections between people. CMHS sponsors dialogues in which consumers and other stakeholders in mental health provision share their personal and professional experiences with the ultimate goal of forging recommendations that foster recovery models for consumers of mental health services.

On July 26-27, 2004, CMHS sponsored a dialogue among invited consumers of mental health services who have had contact with the criminal justice system and representatives of various sectors of the criminal justice and mental health systems, including service providers, advocates, and policymakers. In an effort to develop improved mutual understanding, respect, and partnerships, the two dozen participants:

- Identified issues involving mental health consumers in contact with the criminal justice system, including diversion from incarceration, prevention prior to consumer entry into jails and prisons, and community reentry efforts;
- Identified factors at both the person level and the system level that promote or hinder recovery from mental illnesses; and
- Developed recommendations regarding systems transformation that can foster recovery and community integration.

The participants' findings and recommendations are summarized in this publication.

Issues of Mental Health Consumers in the Criminal Justice System

The Governor of Virginia expressed dismay that he was “forced to authorize the confinement of [persons with mental illnesses] in the Williamsburg jail, against both his conscience and the law” because of lack of appropriate services. This occurred in 1773. (DHHS, 1995)

More than two centuries have elapsed since Virginia’s colonial governor made his poignant observation, but even today U.S. jails are a “catchall” for persons who are homeless and have mental illness and substance use problems.

When the group of mental health consumers who have had experience in the criminal justice system and mental health and criminal justice professionals, advocates, and policymakers met for dialogue in July 2004, they began by reviewing the facts about mental illness and substance abuse in the criminal justice system. Citing state-of-the-science research findings in its 2004 background paper (New Freedom Commission on Mental Health, 2004), the Subcommittee on Criminal Justice of the President’s New Freedom Commission on Mental Health summarized the scope of the current national problem related to persons with mental health problems who are involved with the criminal justice system:

- Approximately 2 million persons are incarcerated in State and Federal prisons and local jails, and more than 4 million people are under probation or parole supervision in communities.
- About 7 percent of all incarcerated people currently have serious mental illnesses, a rate three to four times that of the U.S. population as a whole.
- The proportion of incarcerated persons with any type of mental illness is significantly higher than 7 percent.

The Subcommittee noted that persons with serious mental illnesses who are involved with the criminal justice system—

- typically are poor and uninsured, are disproportionately members of minority groups, and often are homeless and have co-occurring substance use disorders;

- frequently enter homeless shelters, hospitals, and jails; and
- sometimes, but not typically, receive mental health or substance use services.

Most important, the majority of these persons with serious mental illnesses have committed misdemeanors and do not belong in the criminal justice system (New Freedom Commission on Mental Health, 2004).

Henry J. Steadman, Ph.D., director of the National GAINS Center, asserts that far more people with mental illnesses reside in U.S. jails and prisons (200,000) than in State mental hospitals (61,700). An estimated 3,000 inmates with mental illnesses are incarcerated at New York City's Rikers Island correctional facility at any given time, 800 in hospital beds and the rest in the general population, thus making Rikers the State's "largest psychiatric facility, vying with the Los Angeles County jail for the status of largest inpatient psychiatric facility in the country" (Kamenetz, 2004).

When they are put in jail, people with mental illnesses frequently do not receive appropriate mental health services. Many lose their eligibility for income supports and health insurance benefits that they need after they are discharged to reenter and reintegrate into the community. (New Freedom Commission on Mental Health, 2003).

A critical corollary is that insufficient treatment and other supports are available in the community for persons with mental illnesses, including those who have had contact with the criminal justice system.

The New Freedom Commission on Mental health reported the following: The U.S. Supreme Court's 1999 *Olmstead* decision affirmed the right of persons with disabilities (including mental illnesses) to receive services in the most integrated setting possible. But five years after that historic decision, Bazelon Center for Mental Health Law's legal director Ira Burnim noted:

While many Americans with disabilities have made progress since the *Olmstead* ruling, people with mental illnesses have been largely left behind in efforts to implement the decision. . . .

Budget pressures have closed psychiatric hospitals across the country, but few appropriate community services have been adequately funded to help people with mental illnesses live successfully in the community. . . . Thousands wind up in jail or prison because chronically underfunded

community mental health systems fail to provide meaningful support. (Bazelon Center, 2004)

The dialogue participants shared the understanding that recovery from mental illnesses is now considered a possibility—even an expectation. Persons with mental health diagnoses can expect to achieve satisfying, hopeful, purposeful, and contributing lives—despite any limitations their illnesses may cause. The efforts of a large cadre of consumer advocates and peer supporters across the country have been critically important in fostering hope and the means and methods for consumers to set and achieve their goals for a meaningful life in the community.

Before developing their recommendations, the dialogue participants discussed the need for decriminalization of mental illnesses, improved availability and quality of mental health care within correctional facilities, pretrial diversion programs, transition services into the community, anti-stigma and anti-discrimination campaigns, recognition of the role of trauma in mental illnesses and retraumatization within the criminal justice system, and recognition of the value of peer support programs. *Peers* in this context are individuals with mental and behavioral problems who have experienced involvement in the criminal justice system and who provide supportive services.

Dialogue Themes and Findings

Judges release persons with mental illnesses, but housing providers are the most difficult barrier. Our program has resources for evidence-based practices, but we have to advocate to get people into housing in order to do the evidence-based practices.

—Service provider

In Their Own Words

To start the dialogue, participants shared relevant personal experiences related to the recovery of persons with mental health problems who have had contact with criminal justice systems.

Some participants described how the symptoms of their mental illnesses have led to trouble with police and then to jail, despite their having engaged in no criminal behavior:

People are incarcerated simply because they are sick. When a family calls 911 because a person has not taken his or her meds, police officers arrive first and try to talk to the person. But a paranoid person, for example, does not want to talk when he sees the badge, the gun, the stick. He slams the door to his room and then is cited for resisting arrest. So a person who the family wanted to go to the hospital is going to jail instead.

—Consumer advocate/former consumer/former addict

Many spoke about how their experiences have led to meaningful work as peer support workers and providers of consumer-operated services:

After 15 years in prison, and having earned five undergraduate and graduate degrees, I own and operate two ex-offender agencies that offer services to clients. We help them get housing, educational opportunities, and employment, and assist them in moving from poverty to self-sufficiency within one year.

—Consumer-operated service provider/former offender/trauma survivor

Peers can help policymakers decide who should get mental health services. The quality of services should be adjudicated rather than a person judged as noncompliant. To preserve people's rights, judges should hear mental health consumers as well as providers.

—Service provider

Other participants discussed their work as consumer advocates:

As a member of a statewide justice coalition, I speak before the State legislature on reinstating voters' rights for offenders and for in-school suspension instead of out-of-school suspension, which leads progressively to delinquency and adult criminal behavior.

—Service provider/trauma survivor/former offender/former addict

The therapeutic intervention of empowerment gives consumers a place. They are the experts. They have street knowledge. We need to collaborate and to educate.

—Service provider/former addict/consumer

Some participants described experiences with trauma and then retraumatization within the criminal justice system:

We provide services to women who are incarcerated for nonviolent crimes. I see the cycle of violence and trauma, and hope to derail it for myself and my family. . . . I watch women in our program for the first time experience what it is like to be a parent, to hold their babies and feel worthy of having that child in their arms—and to begin to feel that they deserve something and that they are worthwhile human beings.

—Trauma survivor/service provider/consumer advocate

Issues of Personhood

Participants identified a series of person-level factors that promote and that hinder recovery. These factors are listed below.

Person-Level Factors That Promote Recovery

Participants agreed that ***overarching person-level factors*** include drawing on individuals' *resilience*, fostering *hope for recovery*, and providing *adequate services*. They noted additional recovery-promoting factors that fall in the general categories of personal circumstances, mental health services, community reintegration, and advocacy.

Factors related to personal circumstances include—

- secure economic status, including decent, permanent, safe housing (In surveys and at regional and national meetings, consumers of mental health services across the Nation for years have universally identified the need for housing and jobs as top priorities in their recovery process.);
- “a life in the community”—activities and interests beyond just work and treatment, including recreation and socialization, educational opportunities, supports for spirituality, and the opportunity for association with a faith community (DHHS, 2004);
- self-esteem and empowerment as components of recovery; and
- positive personal relationships established between consumers and local law enforcement.

Factors related to mental health services include—

- culturally competent services that reflect consumers' preferences and needs (for example, race, ethnicity, gender, language, neighborhood characteristics, mental health and criminal justice background);
- holistic approach to wellness and recovery;
- trust in service providers;
- peer-provided services;
- focus on family as part of the recovery team; and
- recognition and assessment of, and comprehensive services for, trauma, addictions and other co-occurring disorders, and mental health recovery.

Consumers can be valuable members of provider staff. Providers see us at our worst. It's important for providers and others who aren't consumers to see us at our best.

—Consumer-operated service provider/consumer

Factors related to community reintegration include—

- forgiveness and second chances in the community;
- individualized discharge planning prior to community reintegration;
- multidisciplinary transition teams that link persons to community-based services;
- supported housing irrespective of diagnosis or treatment status; and
- training, education, and assisted employment opportunities that lead to competitive employment.

I was raised in the mental health and judicial systems. My “family” has been doctors, family workers, case workers, and my peers. . . I saw a sign on a wall: “Are you mentally ill? Looking for a job? Arrested before? We want you.” I joined the staff of a nonprofit company whose 360 of 480 employees are in recovery.

—Supervisory peer support specialist/consumer advocate

Advocacy promotes empowerment of consumer advocates. Telling one's recovery story helps facilitate others' recovery.

For close to 14 years I have been active in the consumer movement, and my passion is to help encourage, support, develop, and mobilize communities to include ex-offenders in the movement.

—Consumer advocate/family member

Person-Level Factors That Hinder Recovery

Dialogue participants also identified a number of factors that hinder recovery. They considered the broad area of *stigma and discrimination, racism, NIMBYism* (Not In My BackYard), and *lack of cultural competence* in service provision to be **overarching negative factors**. Other factors fall into the general categories of personal circumstances, mental health services, and contact with the criminal justice system.

Factors related to personal circumstances include—

- lack of means to earn a living;
- lack of means to live in decent, safe, and permanent housing; and
- lack of opportunities for education or training.

Factors related to mental health services include—

- lack of access to, or inadequate quality or duration of, mental health services and
- inappropriate assessment or treatment, particularly related to trauma.

Factors related to contact with the criminal justice system include—

- arrest by police due to symptoms of mental illness, and
- ineligibility for services (for example, housing and education) due to one's criminal record.

There is a difference between serious mental illness and criminality, and persons with serious mental illness are not exempt from criminal behavior. I've never broken the law, although I have been mistreated by police and placed in jail. Now I make sure that I know police officers and that they know that I am not violent. . . . The real issue is stigma.

—Consumer advocate

Issues Related to Systems

Participants identified a number of system-level factors that they know to promote or hinder recovery. *System* refers to a broad range of jurisdictions—Federal, State, and local departments of corrections and mental health, as well as specific institutions and facilities, and communities in general.

System-Level Factors That Promote Recovery

Dialogue participants identified a series of recovery-promoting factors related to service provision to consumers, mental health practices in criminal justice systems, and community reintegration services, in addition to several other factors that promote recovery.

Factors that promote recovery in service provision to consumers include a spectrum of services for consumers, such as prevention, diversion from incarceration, treatment, and community reintegration. Specific factors include—

- routine screening and services related to persons' trauma histories;
- recognition of the role of faith and/or spirituality in recovery;
- collaborative, comprehensive pretrial services to avert incarceration and/or facilitate reintegration;

- preentry social services for women with children;
- jails that serve as places of last resort to obtain services (for example, shelter, treatment, a bath) in the absence of access to housing and/or mental health services;
- peer support specialist services that are Medicaid billable;
- education of and collaboration with the business community to promote peer support;
- peer support specialists trained and integrated into criminal justice systems; and
- consumer-run, community-based organizations engaged to support transition into communities.

Many people enter the criminal justice system and are not diagnosed for trauma, post-traumatic stress disorder, and depression. My life changed when I learned about trauma, and it clicked about what goes on for most women and how they need to be treated to recover.

—Service provider

Mental health practices in criminal justice systems promote recovery when they—

- reflect recognition of the cost effectiveness, compared with incarceration, of the prevention and treatment of mental illnesses and promotion of mental health;
- focus on the needs and contributions of families of persons who are incarcerated (including provision of children’s services); and
- provide trauma-related services, including early contact with family members when trauma survivors enter treatment and culturally specific group treatment for trauma (for example, groups that focus on domestic violence, other trauma, fathering, and couples support).

What can we do in our system, in our jail, that will create the likelihood for recovery? A transition team is needed whose members know what community support groups are available. Recovery can be measured in reduction in incarceration days and homeless days and in days employed. We need to define employment—does it include volunteerism, school attendance? The idea is to measure, to enable us to document the components of recovery, and to decide how to pay for them.

—Consumer advocate/former offender/family member

Community reintegration services that promote recovery include—

- services that provide customized services;
- comprehensive, co-located services (“one-stop” facilities);
- services available during convenient hours (for example, noon to 8 p.m.);
- supported housing that does not discriminate against mental health consumers or persons with experience in the criminal justice system; and
- a living wage, businesses owned and operated by former offenders and consumers, and employment commensurate with individual abilities and/or limitations.

In a 13-year partnership with wardens, we make policy to break system barriers that deny community services to persons from the criminal justice system. We address housing barriers by providing rental assistance. The State matches Federal funding with services, and people can get dignified permanent housing. . . . My position allows me access to systemic changes and access to people for whom I have a passion. . . . We have trained thousands of correctional officers. Wardens are our biggest allies.

—Policymaker/advocate/family member

Additional system-level factors that promote recovery include—

- advocacy in the criminal justice system for persons with mental health issues;
- community-based advocacy and action;
- those in the criminal justice field embracing the possibility of recovery; and
- people of color assuming more leadership roles in the consumer movement.

System-Level Factors That Hinder Recovery

Overarching systemic factors that hinder recovery are a chronic lack of mutual understanding between criminal justice and mental health professionals and policymakers of the priorities and constraints of each field; and, in communities, stigma, discrimination, NIMBYism, and lack of cultural competence. In addition, participants identified a long list of system-related factors that impede recovery, including issues related to inadequate

mental health and other community services, criminal justice issues, and a number of other concerns.

Factors related to mental health services that hinder recovery include—

- fragmentation of the mental health system;
- limited access to services in rural (and other) areas;
- a “revolving door” process in mental hospitals, with discharge unrelated to readiness to live in the community;
- treatment and other services by mental health and/or substance use providers denied for persons with co-occurring disorders; and
- a lack of personal outcome measures.

On my reservation, 48 percent of incarcerated persons have mental illnesses.

—Corrections officer

Factors related to criminal justice issues that hinder recovery include—

- facilities’ insufficient resources to provide proper mental health assessment and services;
- overrepresentation of minorities in jails and prisons;
- the absence of linguistic and other aspects of cultural competence in prisons and jails;
- conflicting priorities between public safety and public health, favoring security over health concerns;
- dependence by former offenders on government agencies for services;
- “pleading out” of the criminal justice system by consumers;
- seclusion and restraint and other traumatizing (and retraumatizing) practices;
- intergenerational effects of incarceration of persons with mental and behavioral disorders, whereby children and other family members become secondary victims.

Monolingual staff in prisons ask people to sign documents they do not understand, and when the people don’t comply, it’s termed refusal and resistance—and there are consequences.

—Consumer advocate/former consumer/former addict

Inadequate community services that hinder recovery
include—

- lack of transition teams in communities;
- little collaboration between traditional service providers and peer-run programs in communities;
- lack of services in rural and other geographical areas;
- denial of services (for example, housing and employment) due to mental health and/or substance use status; and
- lack of services for pregnant women in criminal justice systems.

Barriers include no job to support themselves, a felony or drug conviction that rules out eligibility for financial assistance, lack of family supports to earn a living, and lack of direct services.

—Service provider/former consumer/former addict

Recommendations for Action: Highlights

People with mental illness involved in the criminal justice system have similar needs to other individuals with mental illness. Serving this population is simply the right thing to do (Massaro, 2004).

Dialogue Participants' Vision

Dialogue participants prefaced their recommendations for action in the future with a consensus statement of their vision:

We envision a consumer-driven prevention and recovery support system for individuals and families in the criminal justice system who are affected by trauma and mental illness, and for individuals at risk of involvement in the system.

The support system the participants envision would span a continuum that includes prevention, diversion from incarceration, treatment, education, and community reintegration services. Peer support would be available within a mental health recovery unit at correctional facilities, and a transition team would ease community reintegration.

Dialogue participants proposed a series of recommendations for action. Highlights are listed below; see Appendix A for the entire set of recommendations.

Policy

- Address fragmentation in mental health service systems (for example, by creating one-stop service centers that engage in outreach and follow-up).
- Circumvent criminal history as a barrier to employment and assist rehabilitation by appropriate expunging and sealing records and by providing certificates of rehabilitation.
- Engage AmeriCorps to provide transition services.

Program Development

- Address language barriers (for example, confusion and/or stigma regarding “consumer,” “ex-offender”).

- Establish local forensic intervention consortia composed of mental health service providers, law enforcement personnel, and judges (and create broader, multistakeholder partnerships) in order to establish trust, transform adversarial criminal justice systems, and promote more humane alternatives.
- Develop individualized safety plans to avoid seclusion and restraint.
- Infuse consumer/peer support services into criminal justice systems.

Training and Education

- Educate professionals and the public on the role trauma plays in mental health problems and criminal justice involvement.
- Focus on compassion to enable families to help the person who is incarcerated.

Appendix A.

Recommendations

The table below presents dialogue participants' recommendations for action by policymakers, service providers, consumers, and researchers to improve the situation for mental health consumers involved in criminal justice systems. The participants' priority issues are arranged by category: policy, program development, training and education needs, research, and rights protection. Within each category, recommendations are grouped by subject matter: mental health services, criminal justice issues, housing and employment, peer support, community reintegration, families of persons who are incarcerated, and discrimination and stigma. (Not all topics appear within all tables.)

Policy	
Mental health services	1. Address fragmentation in mental health service systems (for example, by creating one-stop service centers that engage in outreach and follow-up).
	2. Improve/establish mental health services in rural and other underserved areas.
	3. Focus on individuals' behavioral and attitudinal outcomes.
	4. Remove bureaucratic and other barriers to treating co-occurring disorders jointly.
	5. Update vocational rehabilitation programs to accommodate persons with mental illnesses (for example, provide training prior to job placement).
	6. Provide funding for trauma-related services.
Criminal justice issues	1. Address the needs of persons in criminal justice systems with co-occurring substance use and mental illnesses.
	2. Use pretrial services for diversion from the criminal justice system.
	3. Reduce the use of seclusion and restraint for problems related to mental illnesses.

	<ol style="list-style-type: none"> Engage the U.S. Department of Labor to establish and enhance services at one-stop centers to ease the transition from incarceration into communities.
Housing and employment	<ol style="list-style-type: none"> Circumvent criminal history as a barrier to employment and assist rehabilitation by expunging and sealing records and by providing certificates of rehabilitation.
	<ol style="list-style-type: none"> Work to remove restrictions on housing and educational opportunities.
	<ol style="list-style-type: none"> Take a holistic approach to housing and employment.
	<ol style="list-style-type: none"> Ensure that housing is provided independently of treatment.
	<ol style="list-style-type: none"> Permit families to live together in HUD (and other supported) housing.
	<ol style="list-style-type: none"> Increase funding and scope of the Social Security Administration's PASS program for education and vocational development, without loss of benefits.
	<ol style="list-style-type: none"> Increase funding for employment training and internships.
	<ol style="list-style-type: none"> Develop outcome measures to improve accountability of programs.
	<ol style="list-style-type: none"> Promote business development, microenterprise, and niche markets for consumers.
Peer support	<ol style="list-style-type: none"> Ease regulations to permit peers to provide services in correctional facilities.
	<ol style="list-style-type: none"> Provide funding for peer support services in the criminal justice system.
	<ol style="list-style-type: none"> Permit Medicaid reimbursement for peer support services.
	<ol style="list-style-type: none"> Promote consideration by judges of testimony by mental health consumers as well as providers.
	<ol style="list-style-type: none"> Increase accountability of government-funded programs by hiring consumer staff.

Community reintegration	1. Engage AmeriCorps to provide transition services.
	2. Establish standards for prosecutors, judges, and attorneys regarding expectations surrounding mental illnesses.
	3. Establish and implement outcome measures for community reintegration services.
	4. Define expectations and develop standards for criminal justice personnel regarding discharge planning and community reintegration of persons with mental illnesses.
	5. Make set-aside funding available for transition services.
	6. Create one-stop transition centers.
Families of incarcerated persons	1. Reform the Aid to Families with Dependent Children Program.
	2. Set family reunification as a priority.
	3. Focus on prevention of mental disorders for children of persons who are/have been incarcerated.
Discrimination and stigma	1. Work to eliminate discrimination in employment related to criminal history.
	2. Increase funding for programs for former offenders.

Program Development	
Overarching principle	1. Address language barriers (for example, confusion and/or stigma regarding “consumer,” “ex-offender”).
Mental health services	1. Facilitate collaboration between mental health consumer-friendly and traditional criminal justice programs.
	2. Incorporate consumers in meaningful program planning and services provision.

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	<ol style="list-style-type: none"> 3. Monitor mental health and other services for quality and accessibility by consumers. 4. Facilitate the connection to services when individuals move to new jurisdictions.
Criminal justice issues	<ol style="list-style-type: none"> 1. Establish local forensic intervention consortia composed of mental health service providers, law enforcement personnel, and judges (and create broader, multistakeholder partnerships) in order to establish trust, transform adversarial criminal justice systems, and promote more humane alternatives.
	<ol style="list-style-type: none"> 2. Develop individualized safety plans to avoid seclusion and restraint.
	<ol style="list-style-type: none"> 3. Facilitate collaboration between mental health consumer-friendly and traditional criminal justice programs.
	<ol style="list-style-type: none"> 4. Create links among the criminal justice system, traditional service providers, and peer-run programs in communities.
	<ol style="list-style-type: none"> 5. Encourage jail diversion programs to recruit consumers as staff, volunteers, and policy board members.
	<ol style="list-style-type: none"> 6. Establish mental health recovery units in prisons that include peer support, educational opportunities, and anti-stigma activities.
Housing and employment	<ol style="list-style-type: none"> 1. Convene dialogue(s) with Federal policymakers and legislators to discuss how to ease restrictions on education and housing.
	<ol style="list-style-type: none"> 2. Take a holistic approach to housing and employment.
	<ol style="list-style-type: none"> 3. Enlist directors of corrections departments, sheriffs, wardens, and others to plan and advocate together with the mental health community for housing solutions.

	4. Develop alternative pathways to employment, in addition to vocational rehabilitation, including development and support of consumer-run businesses, microenterprise, and niche markets for consumers.
	5. Offer support services intensive employment training and supported employment, with subsequent transition to competitive employment.
	6. Provide the services of job coaches, retraining educators, business mentors, and consumer-run employment agencies.
	7. Provide support services to facilitate employment (for example, transportation, child care).
	8. Address trauma issues to facilitate clients' readiness for work.
	9. Develop peer supports for a continuum of jail diversion and/or reintegration services that rely on self-determination and choice.
Peer support	1. Infuse consumer/peer support services into criminal justice systems.
	2. Professionalize the peer specialist role and standardize guidelines for peer support.
	3. Establish training and certification programs for peer specialists nationwide.
	4. Promote recovery-oriented, self-determined, individualized service plans.
	5. Broaden the peer support community to include consumers with criminal justice experience.
	6. Provide services aimed to sustain individuals' desire to change, despite family cultures that do not support breaking the cycle.
	7. Hire consumers as staff in jail diversion programs.

Community reintegration	1. Engage transition teams that include consumers in discharge planning.
	2. Mobilize communities to facilitate reintegration.
	3. Constitute transition teams whose members understand multiple community systems.
	4. Focus on meaningful activities in the community, not just public safety or mental health treatment.
	5. Establish and disseminate guidelines for family services.
	6. Create jobs to avoid the burden of poverty.
	7. Provide wraparound services in the community that include mental health and drug rehabilitation services.
	8. Provide opportunities to learn to manage/balance one's life responsibilities in addition to employment.
Discrimination and stigma	1. Mount a national campaign against discrimination and stigma(for example, in collaboration with the National Institute on Judicial Training and other relevant organizations).
	2. Recognize that discrimination and stigma impact service availability and quality.

Training and Education	
Overarching principle	1. Establish or enhance collaboration among technical assistance centers, governmental associations, and professional associations in the criminal justice and mental health fields.
	2. Reach out to and educate allied groups at their meetings (for example, National Governors Association, corrections unions).

Mental health services	1. Educate professionals and the public on the role trauma plays in mental health problems and criminal justice involvement.
	2. Promote recognition of the difference between severe mental illness and criminality.
Criminal justice issues	1. Describe the population (of mental health consumers with involvement in the criminal justice system) succinctly to lawmakers in order to secure State resources.
	2. Train first responders in crisis intervention methods using updated curriculum.
	3. Establish technical assistance centers to guide professionals and consumers on issues at the intersection of the mental health and criminal justice fields.
	4. Provide technical assistance to women's programs on evidence-based practices.
	5. Educate personnel in the criminal justice system on recovery.
	6. Train transition teams to address access to housing, substance use and mental health treatment, and employment.
	7. Coordinate meetings on the criminal justice system and mental health with criminal justice professional groups (for example, judges, corrections directors, sheriffs).
	8. Train criminal justice personnel on inappropriate use of "quiet rooms" and "special housing units."
	9. Train corrections and mental health staff on alternatives to seclusion and restraint.
	10. Create a national organization of persons with mental health problems and experience with the criminal justice system in order to educate advocates and serve as a clearinghouse for information and practice models.

	11. Build trust between justice officials and consumers.
Housing and employment	1. Educate employers about Federal hiring incentives (for example, fidelity bonding, tax credits, certificates of rehabilitation).
	2. Educate the business, faith, and general community about Equal Employment Opportunity regulations.
	3. Educate legislators on the need to eliminate restrictions on educational support (for example, Pell grants and student loans) for former offenders.
	4. Educate employers about recovery, using peers as educators.
	5. Train a cadre of workforce-readiness instructors to recognize and to help to resolve individuals' issues (including, for example, pre-job readiness concerns such as managing family needs, time, and priorities).
Peer support	1. Develop and implement mechanism(s) by which peers educate criminal justice personnel on recovery.
	2. Cross-train providers on the value of peer supporters and their life experiences, the importance of peer supporters in program planning, and ways to engage peer supporters in the work.
	3. Update professional education to include modules on peer support and forensic mental health issues.
	4. Educate consumers on the importance of establishing personal relationships with local law enforcement to avoid discrimination, stigma, and criminal justice involvement.
	5. Create a national mentoring program for peer supporters.
Families of incarcerated persons	1. Focus on compassion to enable families to help the person who is incarcerated.

	2. Address family issues of adults and children within the criminal justice system.
	3. Keep families of persons who are incarcerated informed and provide supports for them.
	4. Recognize the need for services that sustain individuals' desire to change, despite family cultures that do not support breaking the cycle.
	5. Educate mental health and criminal justice professionals about attachment and bonding, and about women with trauma issues.
Community reintegration	1. Create and disseminate State/community guides for transition opportunities and resources.
Discrimination and stigma	1. Establish educational teams (mobile or other) in communities to counter discrimination and stigma.
	2. Disseminate anti-stigma materials to State corrections officials and unions.
	3. Educate personnel in State mental health systems on consumer inclusion.
	4. Mandate anti-discrimination/anti-stigma education for professional mental health provider associations and for unions.
	5. Develop courses that award continuing education units (CEUs) on issues relating to mental health and the criminal justice system.
	6. Use people-first language (for example, people with mental illnesses, people who have committed crimes).
	7. Address the NIMBY (Not In My BackYard) problem related to housing and job creation.
	8. Establish a consumer-run technical assistance center (investigate Department of Justice programs).

Consumers and Representatives of the Mental Health and Criminal Justice Systems in Dialogue

	9. Replicate dialogues at the State and local levels.
	10. Develop standard presentations to educate community stakeholders.
	11. Disseminate dialogue monographs to mental health providers, corrections officers, judges, police, tribal governments, legislators, and other stakeholders.

Research	
Mental health services	1. Identify and create evidence-based practices and promising practices.
	2. Identify and implement linguistically and culturally competent, gender-specific service models of practice.
	3. Develop measures for recovery that will lead to reimbursement for mental health services.
	4. Determine evidence-based practices regarding mental health courts.
Housing and employment	1. Develop an understanding of the underlying issues and needs of clients in workforce programs, and devise ways to help clients work through them.
Peer support	1. Engage in research that investigates (and supports) the credibility of peer support programs.

Rights Protection	
Criminal justice issues	1. Address institutionalized racism, including overrepresentation of minorities in the criminal justice system.
	2. Support SAMHSA’s goal of working with States, consumers of mental health services, advocates, service providers, and provider organizations to eliminate the use of seclusion and restraint.

	3. Recognize racial issues; people of color disproportionately experience seclusion and restraint.
Housing and employment	1. Educate the business, faith, and general community about Equal Employment Opportunity regulations.

Appendix B.

References and Resources

References

Bazelon Center for Mental Health Law. (2004, June 21). *Legal advocate cites ongoing segregation on eve of Olmstead anniversary: Five years after key decision, Bazelon Center blasts slow movement of people with mental illnesses into the community, lack of services*. Retrieved May 4, 2005, from www.bazelon.org/newsroom/6-21-04olmstead.htm.

Council of State Governments. (2002). *Criminal Justice/Mental Health Consensus Project*. New York: Author. Retrieved May 4, 2005, from www.consensusproject.org

Kamenetz, A. (2004, January 14-20). A mentally ill inmate slips through the cracks—into the path of a subway train: The suicide of Mr. A. *Village Voice*. Retrieved December 21, 2004, from www.villagevoice.com/issues/0402/kamenetz.php

Massaro, J. (2004). *Working with people with mental illness involved in the criminal justice system: What mental health service providers need to know* (2nd ed.). Delmar, NY: Technical Assistance and Policy Analysis Center for Jail Diversion.

New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: U.S. Department of Health and Human Services. Available at www.mentalhealthcommission.gov

New Freedom Commission on Mental Health. (2004). *Subcommittee on Criminal Justice: Background paper*. DHHS Pub. No. SMA-04-3880. Rockville, MD: U.S. Department of Health and Human Services. Available at www.mentalhealthcommission.gov

Technical Assistance and Policy Analysis (TAPA) Center for Jail Diversion. (2004). *Towards a blueprint to respond to the President's New Freedom Commission on Mental Health recommendations on adult criminal justice diversion*. Notes from an expert panel in Annapolis, MD, October 28-29, 2003. Delmar, NY: Author.

U.S. Department of Health and Human Services. (1995). *Double jeopardy: Persons with mental illnesses in the criminal justice system*. Report to Congress. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

U.S. Department of Health and Human Services. (2004). *Building bridges: Mental health consumers and members of faith-based and community organizations in dialogue*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available at www.mentalhealth.samhsa.gov

Resources

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

—*the Federal agency that leads the national system that delivers mental health services to provide the treatment and support services needed by adults with mental disorders and children with serious emotional problems*

1 Choke Cherry Road
Rockville, MD 20857

E-News Alert: www.mentalhealth.samhsa.gov/consumersurvivor
(join the listserv at the bottom of the screen)

Funding opportunities: www.samhsa.gov

Resource Center to Address Discrimination and Stigma:

www.adscenter.org

Elimination of Barriers Initiative:

www.allmentalhealth.samhsa.gov;

www.nuestrasaludmental.samhsa.gov (Spanish)

Bazelon Center for Mental Health Law

—*a national legal advocate for people with mental disabilities*

1101 15th Street, NW, Suite 1212
Washington, DC 20005

www.bazelon.org

Criminal Justice/Mental Health Consensus Project

—a project to define the measures that State legislators, law enforcement officials, prosecutors, defense attorneys, judges, corrections administrators, community corrections officials, victim advocates, mental health advocates, consumers, State mental health directors, and community-based providers agree will improve the response to people with mental illness who are in contact (or at high risk of involvement) with the criminal justice system

Council of State Governments

40 Broad Street, #2050

New York, NY 10004

www.consensusproject.org

National Disability Rights Network

—the voluntary national membership association of Protection and Advocacy Systems and Client Assistance Programs, which constitute the nationwide network of congressionally mandated, legally based disability rights agencies

900 Second Street, NE, Suite 211

Washington, DC 20002

www.napas.org

National GAINS Center for People with Co-Occurring Disorders in the Justice System

—a national center for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the criminal justice system

345 Delaware Avenue

Delmar, NY 12054

800-311-4246

www.gainscenter.samhsa.gov/flash/default.html

Office of Justice Programs, U.S. Department of Justice

—an agency that provides Federal leadership in developing the Nation's capacity to prevent and control crime, improve the criminal and juvenile justice systems, increase knowledge about crime and related issues, and assist crime victims

810 Seventh Street, NW

Washington, DC 20531

202-307-5933

www.ojp.usdoj.gov

**Technical Assistance and Policy Analysis (TAPA) Center for Jail
Diversion**

*—an organization that addresses the technical assistance and
policy analysis needs of communities in developing programs to
divert people with mental illness from jail into community-based
treatment and supports (a branch of the National GAINS Center)*

345 Delaware Avenue

Delmar, NY 12054

866-518-TAPA

518-439-7612 (fax)

www.gainscenter.samhsa.gov/flash/default.html

Appendix C.

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