U.S. Department of Justice
National Institute of Corrections

Report of the National Institute of Corrections Advisory Board Hearings

Improving the Response to Offenders with Mental Illness Through Mental Health and Criminal Justice Collaboration

November 15-16, 2005
Columbus, Ohio

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INTRODUCTION

The National Institute of Corrections (NIC) Advisory Board periodically convenes planning meetings that bring together a variety of points of view to address critical issues likely to confront, or currently confronting, the criminal justice system and corrections. The goal of these "public hearings" is to engage NIC stakeholders in discussions designed to assist NIC in its planning process. NIC gives considerable weight to the testimony of participants at these meetings in developing new initiatives and revising current ones. This report summarizes an NIC Advisory Board hearing that was held November 15-16, 2005, in Columbus, Ohio.

This hearing focused on a specific issue, collaboration between mental health and criminal justice, a significant issue confronting jails, prisons and community corrections.

The hearing was held in Ohio for several reasons: First, Ohio has been in the forefront of a number of significant mental health initiatives. Second, the Chair of the NIC Advisory Board, Reginald Wilkinson, Ed.D., is the Director of the Ohio Department of Rehabilitation and Correction. Third, Michael Hogan, Ph.D., Director of Ohio's Department of Mental Health, is also a national figure on this topic as the recent chair of the President's New Freedom Commission on Mental Health. Fourth, Judge Evelyn Lundberg Stratton, an Ohio Supreme Court Justice, has been very active nationally in developing and advocating an improved system of collaboration between criminal justice and mental health. Judge Stratton arranged for the first day of these hearings to be held at the Ohio Supreme Court building and she participated on one of the panels.

NIC has had significant involvement with this topic for 20-plus years through training, technical assistance, documents, previous collaborative initiatives and, more recently, through a cooperative agreement with the Council of State Governments with the *Criminal Justice/Mental Health Consensus Report* as a foundation.

At the January 24-25, 2005 NIC Advisory Board meeting, a subcommittee of the Board was formed to look at the topic of mental health. This committee was comprised of the NIC Board Chair, four Board members, and staff from NIC and the Council of State Governments.

At a subsequent Board meeting, the recommendation was made to hold a public hearing focusing on mental health/criminal justice issues. The timing of this hearing was significant, given some of the following national initiatives – the report by the President's New Freedom Commission on Mental Health; two reports from the U.S. Surgeon General on mental health with youth and one entitled *Mental Health: Culture, Race and Ethnicity*; and the passage of federal legislation (HR 2862) with $5 million subsequently appropriated for the Mentally Ill Offender Treatment and Crime Reduction Act.

NIC recently entered into a Memorandum of Understanding (MOU) with the Office of Justice Programs (Bureau of Justice Assistance and Office of Juvenile Justice and Delinquency Prevention) within the Department of Justice, Substance Abuse and Mental Health Services Administration (Center for Mental Health Services and Center for Substance Abuse Treatment). The MOU provides a framework for the federal agencies to plan, coordinate, and share the design and implementation of interagency efforts in responding to "public safety-public health" issues surrounding substance abuse, mental illness, and co-occurring disorders within criminal justice.

It was determined that the hearing should have representation from the judiciary, national and federal entities, state and local criminal justice and correctional mental health care, community mental health, consumers of mental health services with criminal justice involvements, advocacy organizations, researchers, and the legal community. The list of participants in this hearing is attached as Appendix A.

The proposed objectives and outcomes of the hearing would assist NIC in creating products and delivery strategies to improve collaboration between criminal justice and mental health systems and help forge working partnerships between a variety of federal and national organizations with criminal justice/mental health as a mission.

How This Report is Organized

- This document reports the results of the hearing held November 15-16, 2005 in Columbus, Ohio.
- An Executive Summary precedes the report of proceedings.
- An Outline of Proceedings which lists the panel presentations held with a description of each panel's focus, together with page references to the full report of proceedings, follows the Executive Summary.
- The main body of the report summarizes the panel presentations and the discussions that followed each presentation.
- Following the main body of the report is Attachment A, a list of hearing participants, followed by a list of all Appendices referred to in the proceedings. Hard copies of the appendices are available from NIC for those interested. The electronic version of the proceedings does not have the appendices (except the list of participants) attached.

We would like to express our sincere thanks and appreciation to those who gave so generously of their time and expertise to assist NIC in this endeavor.

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EXECUTIVE SUMMARY

The mission statement of the National Institute of Corrections (NIC) provides:

> We are a center of correctional learning and experience. We advance and shape effective correctional practice and public policy that respond to the needs of corrections through collaboration and leadership and by providing assistance, information, education, and training.

The NIC vision statement is as follows:

> NIC will be a model of excellence that puts its *customers* first. Knowledgeable, skilled, and motivated employees will provide quality and value in all areas of correctional services. We will be a facilitator for policies, services, and consultations that produce significant changes in the field of corrections. We will partner with federal, state, and local governments and other public and private organizations to provide safety, opportunity, and hope for the correctional community and the public at large.

Consistent with its vision and mission, the NIC Advisory Board, with the help of the Council of State Governments, held the hearing that is the subject of this report on November 15-16, 2005 in Columbus, Ohio. During that hearing, several major themes emerged with respect to the need for collaboration between mental health and corrections in serving the needs of offenders with mental illness. These themes, together with their implications for NIC in planning its services for the next few years, can be summarized as follows:

- Whether the numbers of people with mental illness who are under corrections supervision has increased in recent years, due to the closing of mental health hospitals or for other reasons.

- The need for strategic collaboration between the judiciary, criminal justice, and mental health agencies in diverting persons with mental illness from correctional institutions, when appropriate.

- The need for a recognition on the part of government agencies and the public of the significance of the problem of offenders with mental illness and allocating targeted community-based interventions and resources for those appropriately diverted from the criminal justice system.

- When offenders with mental illness are not deemed appropriate for diversion and are then incarcerated, correctional agencies must provide them with a constitutional level of treatment.

- The need for collaboration among all the various stakeholders affected by persons with mental illness in planning for, and assisting with, offenders' reentry into the community following release from correctional facilities.

Strategies for addressing needs such as housing, employment, medication, treatment, and initiation or reinstatement of public benefits must be addressed.

- The critical role advocacy groups and families of persons with mental illness play in effective systems of collaboration.
- The need for research and evaluation with respect to the effectiveness of existing collaborative initiatives in addressing the needs of offenders with mental illness.
- The need for widespread dissemination to the mental health and criminal justice fields of information concerning effective systems of collaboration.

OUTLINE OF PROCEEDINGS

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Provide Board members with: a sense of how collaboration between corrections and mental health systems is manifesting itself in different jurisdictions; an understanding about what corrections administrators need in order to increase collaboration with their counterparts in mental health; and a sense of what NIC has done to date, and should consider undertaking in the future,

to meet those needs.

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November 15, 2005
8:30 a.m.

OPENING REMARKS AND INTRODUCTION

- **Welcome:** The Chair of the NIC Advisory Board, Reginald Wilkinson, welcomed everyone to Ohio. The hearing today is being held in this beautiful Ohio Supreme Court building. The Chief Justice of the Ohio Supreme Court, Tom Moyer, will be here later this morning and we are honored to have him. We are also pleased to have Justice Evelyn Stratton, Associate Justice of the Ohio Supreme Court, here as a panel participant, as well as Michael Hogan, Ph.D., Director of the Ohio Department of Mental Health and Chair of President Bush's New Freedom Commission on Mental Health.

- **Participants/Background/Location:** NIC has a history of conducting hearings such as this, but this is the first to be held in Ohio. We wanted to provide Ohio with a chance to talk about the things happening here with respect to mental health and criminal justice.

  Dr. Wilkinson introduced Morris Thigpen, Director of NIC. Morris Thigpen welcomed everyone and said he hoped this would be informative, challenging and enjoyable. The original legislation creating NIC included a provision for a 16-member Advisory Board, ten appointed by the U.S. Attorney General and six *ex officio* members. Director Thigpen introduced the Board members here today: Chair Reginald Wilkinson, Director of the Ohio Department of Rehabilitation and Correction; Michael S. Carona, Sheriff of Orange County, California; Norman A. Carlson, former Director of the Federal Bureau of Prisons, now retired; Diane Williams, CEO of the Safer Foundation; and Colonel David Parrish of the Hillsborough County Sheriff's Office in Tampa, Florida. Norm Carlson is the longest-serving member of the Board. Director Thigpen also recognized Dr. Walter Menninger, who is here from Kansas: he was an original member of the NIC Advisory Board and served four years as Chair of the Board.

  A list of hearing participants is attached to these proceedings as Appendix A.

- **Acknowledgments:** Director Thigpen expressed appreciation to those who helped arrange this hearing, including Dr. Wilkinson; Diane Williams, who chairs the Advisory Board's subcommittee on hearings; Mike Thompson from the Council of State Governments (CSG); and two NIC staff, Maureen Buell and Fran Zandi. Another NIC staff member, Kathie Frey, will be recording these proceedings. The minutes will be furnished to everyone after the hearing and a version of them will be made available on the NIC website at www.nicic.org.

  Reggie Wilkinson expressed appreciation to the Ohio Supreme Court for helping with the arrangements to meet here. Justice Stratton's staff helped us secure this beautiful room and we will have lunch here today – it will be catered in by the Ohio Corrections Academy. Dr. Wilkinson acknowledged Amy Hollingsworth from his staff, who helped to arrange the hearing and this setting. He asked everyone in the audience to introduce themselves, and they did so. Tomorrow's session will be at the Concourse Hotel.

- **Ohio Supreme Court Chief Justice:** Dr. Wilkinson introduced the Chief Justice of the Ohio Supreme Court, Tom Moyer, who has been a good friend of justice in this state. Chief Justice Moyer welcomed everyone and provided some history concerning the Supreme Court building where the first day of the hearing was held.

  Chief Justice Moyer said Ohio has been successful in getting the three branches of government to collaborate with respect to offenders with mental illness. The drug courts began in 1995 and Ohio was among the first states to implement one -- it now has 65. Many offenders have mental health problems: it was felt that judges had a role to play in helping get people into treatment and Justice Evelyn Stratton has been very involved in that.

  Chief Justice Moyer said Dr. Wilkinson is the most effective, most respected corrections person in the country. He also thanked Mike Hogan, Director of the Ohio Department of Mental Health, who is here, for recognizing the benefits that can come from collaboration.

- **Attendees:** Dr. Wilkinson introduced Tom Stickrath, Director of the Ohio Department of Youth Services (DYS). Joe Andrews is also here from the Governor's office.

- **Summary of the Problem Confronting Mental Health and Criminal Justice:** Dr. Wilkinson said mental health issues in criminal justice, corrections, and law enforcement, are extremely complicated and important: there are over two million people incarcerated throughout this country, and it is estimated that about 16% of them have a documented mental illness.

  It is a major challenge for corrections to provide mental health treatment and services. Another significant issue is transition of offenders with mental illness from correctional institutions to the community. Issues related to addiction, co-occurring disorders, housing, and employment are all complicated enough for persons with mental illness who haven't committed a crime, but when that stigma is added, it complicates the problems exponentially.

PANEL PRESENTATIONS

Hearing Panel (Setting the Context): ***The Increasing Number of People with Mental Illness Under Corrections Supervision: Origins of the Problem and Key Strategies for Addressing It***

Reginald A. Wilkinson, Ed.D., Director
Ohio Department of Rehabilitation and Correction
Columbus, Ohio

- **Offenders With Mental Illness: State vs. Local Corrections:** Dr. Wilkinson was in New York City yesterday, talking to staff of the city's Department of Health and Hygiene on issues related to mental health in the city's jail system, which is among the largest in the country.

The problems for jails are different than those for prisons because of the high turnover rate. The average turnover rate in New York City is 45 days -- compare that to several years for offenders in the adult state corrections system. That makes it very tough to do anything for offenders with mental illness in jails, but many of the issues are the same.

- **Staffing:** There are issues related to staffing – i.e., recruiting clinicians to work with offenders is very difficult, and that is particularly true in rural areas. The Ohio Department of Rehabilitation and Correction (ODRC) is constantly recruiting people to provide those kinds of services and ensuring that they are trained to identify types of behaviors unusual enough to require referrals to other staff for mental health assessments, etc.

- **Funding:** Funding related to mental health services is also very complicated, as are issues related to substance abuse and co-occurring disorders. At least 75-80% of offenders with mental illness also have substance abuse issues. Developmental disability is another huge issue -- Ohio has a special unit that deals with offenders who are developmentally disabled.

- **Medications:** Medications are hard to find at low cost. The Ohio Department of Mental Health (DMH) operates the central pharmacy for institutions and the Ohio Department of Correction and Rehabilitation (ODRC) buys medications through the DMH at a bulk rate, so costs are kept relatively low.

- **Management:** Management issues with respect to offenders with mental illness are complicated, as well. The California and New York Departments of Corrections are among the biggest *de facto* mental health systems in the country. Providing mental health services has become an integral part of the duties of correctional agencies – they need help from many people and agencies to meet those responsibilities.

- **Ohio's Efforts to Address Problems:** Ohio has tested tele-psychiatry and tele-psychology and those experiments have, thus far, worked well. The ODRC works with the Social Security Administration, SSI, Medicaid, and makes grant applications, etc., in order to raise funds for offenders with mental illness. Ohio also recently received transitional funds from the Substance Abuse and Mental Health Services Administration (SAMHSA).

- **Reentry:** One of the biggest challenges is what happens when offenders are released into the community. In Ohio, they try to secure housing and employment for persons with mental illness. Those corrections staff supervising offenders in the community need education and training in how to deal with persons with mental illness. Federal funding has contributed to much of what Ohio does in this area.

- **Mentally Ill Offender Treatment and Crime Reduction Act:** Funding in the amount of $5 million was recently appropriated to the Mentally Ill Offender Treatment and Crime Reduction Act, federal legislation that was sponsored by Ohio's Senator Mike DeWine and Representative Ted Strickland – we are pleased about that, but hope there will be more. A summary of that act (Public Law 108-414) is attached to the full proceedings as Appendix B.

Judge Evelyn Lundberg Stratton
Supreme Court of Ohio
Columbus, Ohio

- **Judge Stratton's Background/History With this Issue:** Judge Stratton received her Juris Doctor Degree from Ohio State University. Before joining the Supreme Court, she served on the Court of Common Pleas in Franklin County. Five years ago, she secured permission from Chief Justice Moyer to form a Supreme Court Advisory Committee on Mentally Ill in the Courts and she has been involved in these issues nationally. She has a family member who has suffered with mental illness and she has a passion for the issue.

- **Ohio Supreme Court Advisory Committee on Mentally Ill in the Courts:** The following materials: 1) Advisory Committee's Mission; 2) one entitled, *The Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts: A Catalyst for Change*; and 3) another entitled *What is a CIT?*, and 4) an article by Judge Stratton entitled *Solutions for the Mentally Ill in the Criminal Justice System,* are attached to the full version of these proceedings as Appendix C.

- **Advisory Committee Membership:** The committee initially consisted of about ten people. It met once a month for the first four years, then went to quarterly meetings. The National Alliance for the Mentally Ill (NAMI) has representatives on the committee, as does ODRC. Other members have included advocates from mental health, service providers, lawyers, judges, etc. The committee now has about 50 members. They have huge turnouts at task force meetings.

- **Local Task Forces:** The Advisory Committee is now working to establish local task forces in each county to bring similar local representatives together to collaborate on issues related to persons with mental illness in the criminal justice system. Local judges have told Justice Stratton that, through the committee's activities, she has given them "permission" to do the same things at a local level. Judges are often the most appropriate people to convene these task forces. They are neutral – non-partisan – and when they call meetings, people tend to come. The judges and others who attend these meetings "check their egos at the door."

- **California Tax, Proceeds to go to Mental Health:** Judge Stratton described a meeting she attended recently in Los Angeles regarding mental health and the courts. California had imposed a 1% tax on millionaires that was all to go to mental health. The original plan was to give all mental health agencies a portion of that funding, while continuing to do things the old way. The mental health people said everything was going okay, but sheriffs' representatives said they needed help in dealing with offenders with mental illness – as a result, a decision was made to think outside the box and come up with some new solutions.

- **Council of State Governments:** Justice Stratton said Mike Thompson from the Council of State Governments (CSG) does a great job with their groups. He will be

presenting to the chief justices from throughout the country to try to get them to start advocating for this.

- **Advisory Committee's Efforts to Address Problem:** The Advisory Committee advocates three components for effective criminal justice/mental health systems: 1) collaboration with respect to reentry; 2) crisis intervention teams (CIT) and 3) mental health courts:

  - **Mental Health Courts:** Mental health courts address what can't be taken care of with collaboration and CIT. Around the time the Advisory Committee was formed, there were two mental health courts in Ohio and the Ohio Department of Mental Health issued grants to communities to establish programs for offenders with mental illness with the goal of diverting them from the criminal justice system, where appropriate, and linking them to community mental health services. Now, mental health dockets operate in seven additional counties; mental health/criminal justice programs have been established in five counties; and planning initiatives are under way in another fourteen counties.

  - **Crisis Intervention Teams:** The Advisory Committee encourages Crisis Intervention Team (CIT) training, which is a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving people with mental illness. This is the first line of defense in diverting persons with mental illness from entering the criminal justice system. Volunteer patrol officers receive 40 hours of training in mental illness. In 50 months, this group responded to 1,500 calls. Under the old system, they would have arrested about 800 of those -- instead, they arrested only 102. The others were diverted. They are now training college and university police in CIT, and a special program is being developed for probation and parole officers and juvenile probation officers. This has resulted in collaboration between police and the mental health community that didn't exist previously.

  - **Collaboration With Respect to Reentry:** The Advisory Committee encourages collaboration with the Ohio Department of Mental Health and other agencies involved with reentry to address the needs of offenders with mental illness, e.g., housing, Social Security, SSI, disability, and employment.

Michael Hogan, Ph.D., Director
Ohio Department of Mental Health
Columbus, Ohio

- **Dr. Hogan's Background/Experience:** Dr. Wilkinson introduced Mike Hogan, the Director of the Ohio Department of Mental Health. He has 28 years of experience in the mental health field in several states. He came to Ohio in 1991.

  Dr. Hogan is Past President of the National Association of State Mental Health Program Directors. He is also an academic, having published one book and many articles. He has received a number of awards, including the Distinguished Service Award from the National Governors' Association.

Dr. Hogan was also Chair of President Bush's New Freedom Commission on Mental Health. Dr. Wilkinson commented that the New Freedom Commission just published a report that is honest and hard-hitting – it says the mental health system in this country is broken and needs to be fixed. A copy of the Executive Summary and the Commission's goals and recommendations is attached to the full proceedings as Appendix D.

- **Collaboration Between ODRC and DMH:** Mike Hogan said the perspectives of corrections, the judiciary, and the mental health community are similar in Ohio. He appreciates Dr. Wilkinson and Justice Stratton. He and Dr. Wilkinson worked closely on these issues initially – trying to improve prison mental health care. They shared responsibilities, but did not do a good enough job early on. Later, as a result of a lawsuit, they addressed this head-on and very aggressively put a plan (called the *Ohio Plan*) together. It was agreed that there must be one master within the corrections system, but that corrections should follow standards developed from a mental health point of view.

- **President's New Freedom Commission on Mental Health:** Dr. Hogan chaired the President's New Freedom Commission on Mental Health, which established a subcommittee that focused on criminal justice and mental health. Mental illness imposes a huge burden on everyone, from law enforcement to the courts to corrections. In many state and local jurisdictions, there are untrained police officers or judges or correctional officers who don't know what to do about offenders with mental illness. Often, people with mental illness end up incarcerated due to a lack of care up front. In many cases, they should be diverted to care and treatment, instead of institutions.

- **Extent of Problem:** As to the cause of these issues, there is a simple answer in general circulation that is wrong – that the de-institutionalization of those with mental illness resulted in most being incarcerated. There is a huge burden at every level of the criminal justice system and the issue is far more serious in the juvenile justice context -- there is some degree of mental illness in about 60% of juvenile offenders. Further, offenders with mental illness offenders are a more serious problem in jails than in prisons.

- **Mental Health Care Audit:** The President's Commission audited mental health care in this country and found that mental illness is the major cause of death and disability throughout the world. It is the fastest growing cause of Social Security Disability – there has been a 60% increase in SSI recipients due to mental illness. Of those youngsters who drop out of schools, many have mental illness. About 50% of those admitted to hospitals for any cause have some degree of mental illness and mental illness is the greatest cause of homelessness.

- **Strategies for Addressing the Problem**: Three broad courses of action are suggested by all this:

    - where possible and appropriate, people with mental illness ought to be intercepted and diverted into supervised care;
    - when incarcerated, those with mental illness must be provided with a constitutional level of treatment; and
    - the problem must be addressed on reentry – those being released must have access to community mental health treatment, housing, employment, etc.

- **Collaboration:** The two systems (criminal justice and mental health) must collaborate in order to do those three things; however, many of the problems are beyond the scope of corrections and mental health, e.g., housing is a core problem.

- **Housing and Medicaid:** Government involvement in developing low income housing is 80% lower than it was in the 1980's. Medicaid reimbursement is wonderful for those who are eligible for it, but it is inflexible in its eligibility requirements and is not responsive to many who need it.

- **Funding:** The criminal justice field is entitled to expect the mental health community to do more, but it should be mindful of the demands. The budget of the Ohio DMH has shrunk from 3.7% to 2.2% over the last several years.

- **Advocacy Effort:** The presence of the advocacy effort (such as the National Association for the Mentally Ill) is as critical to all this as what government does.

- **Report of the President's New Freedom Commission:** Dr. Hogan said the President's Commission completed its report in July 2003. It contained the message that the system is broken, but there is hope for recovery from mental illness. These issues must be addressed in collaboration. These messages resonated in many communities, e.g., with Judge Stratton's Advisory Committee.

- **Collaboration Among Federal Agencies:** The federal government has started to respond affirmatively -- SAMHSA released a report that represented a collaborative effort among six or seven cabinet agencies.

- **Campaign for Mental Health Reform:** The advocacy community in Washington, D.C. has launched a Campaign for Mental Health Reform.

- **SAMHSA's Grant Program:** SAMHSA has a major grant program (called the Transformation Incentive Grant program) to provide aid to states that are willing to work collaboratively to address the problems and Ohio is one of the recipients. There are good federal and local responses emerging from this.

DISCUSSION WITH BOARD MEMBERS

- **Numbers With Mental Illness Under Corrections Supervision:** NIC Board member, Colonel David Parrish from Hillsborough County, Florida, asked Mike Hogan for clarification on his statement about the impact on corrections of closing mental health hospitals. Dr. Hogan said the numbers of people with mental illness are high in jails and prisons and that reflects a failed approach to mental illness in general, rather than just the closing of mental hospitals. In general, we lock up a lot more people than we used to, and naturally, there are more offenders with mental illness incarcerated as a result.

  Colonel Parrish asked what happened to those who were in the state mental hospitals before they were closed. Mike said about half of them went to nursing homes – that trans-institutionalization started in about 1954 and was completed in about 1980. The

problem with mentally ill in jails and prisons started to emerge about five years after that as a result of a failure to address this issue in the community.

Morris Thigpen asked if we are saying that the mentally ill have always been in the corrections population, and we're just doing a better job of identifying them. Dr. Hogan said we are doing a better job of identifying them, but he thinks the biggest reason there are more mentally ill in jails and prisons is because we are incarcerating more people.

Justice Stratton commented that the original plan was to create community mental health centers when the state mental health hospitals closed, but there was no one to see that the mentally ill were transferred to those centers -- as a result, they started closing the community mental health centers due to lack of utilization.

Board member, Norm Carlson, former Director of the Federal Bureau of Prisons, noted that when he started out in corrections, the prevalence rate of offenders with mental illness in prisons was about the same as it is today – about 18-20%. The percentage hasn't changed much, but the absolute numbers have increased with the overall increase in the numbers of those incarcerated.

Board member, Sheriff Mike Carona of Orange County, California, said this is the first he has heard that the numbers were static. Dr. Hogan said the first good national study on this was done a couple of years ago and it showed that 16% of the adult correctional population has mental illness. The study indicated the problem is proportionally much worse in the juvenile area. Sheriff Carona asked whether that is due to an increase in the juvenile population overall, a change in philosophy from punishment to rehabilitation, or something else. Dr. Hogan said those youth currently in juvenile facilities aren't old enough to have been around when the state mental health institutions were in existence -- it reflects a societal failure with respect to care of those with mental illness.

- **Extent of Problem:** Dr. Hogan said there is a deluded perception that this is a small problem – it is actually a broad, significant problem. Mental health institutions that have stood for generations are unable to survive. This reflects a societal malaise. We behave as if mental problems are not as significant as physical problems.

- **Need for Collaboration Between Mental Health and Criminal Justice:** The mental health field has historically tended to turn its back on corrections. Justice Stratton's encouragement is very important and critical. Those in the criminal justice field should be holding the mental health community accountable for a higher level of collaboration. Justice Stratton noted that the vast majority of mental health agencies deal with people who would not have been hospitalized in the old state mental health hospitals – their illnesses are not that serious. They cycle in and out of jails. When they get a job, they lose their Medicaid and can't get their medications. As a result, they re-offend and return to jail.

- **Judges' Leadership Initiative:** Board member, Diane Williams from the Safer Foundation in Chicago, commented that Ohio always seems to be doing great things – it leads to a bit of jealousy on the part of us from other states. She asked Justice Stratton if she is involved in any activities designed to spread the concepts of the Advisory

Committee to other jurisdictions in the nation. Justice Stratton said they have put together a Judges' Leadership Initiative (JLI) to provide a support system for states that want to reform mental health and corrections. Mike Thompson from CSG has been helpful with that. Most states have only one judge in one mental health court in one county who is committed to this. JLI will have a meeting in Washington, D.C. in early December.

- **GAINS Center:** The GAINS Center has been providing a lot of help – they have a great Website, which can be found at www.gainsctr.com/html/default.asp. The *Mental Health Court Manual*, which shows how to start such a court, is available there.

- **Effort to Disseminate Knowledge of Ohio's Advisory Committee:** Judge Stratton is also trying to inspire the other chief justices in the country to create the same type of Advisory Committee that Ohio has. A meeting held In Minnesota last month was attended by 20 chief justices and 35 state supreme court justices. Judge Stratton gave a speech in which she challenged them to become leaders and make a difference. A two-hour presentation will also be made at the Chief Justices' Conference in January concerning how they can set up mental health committees in their states. Work is being done with the Jett and Conrad Hilton Foundations to try to get funding for this.

- **Crisis Intervention Teams:** Judge Stratton also organized a conference on mental health and corrections for CIT officers. Representatives from 40 states attended. NAMI and a small technical assistance center have contributed to this in Ohio. The Bureau of Justice Assistance (BJA) has provided some funding for a national CIT effort. They have formed an advisory board and have had a couple of meetings – they plan to develop a standardized curriculum, provide technical assistance for training in CIT, and so forth. That will help spread the message on a national basis. The next conference will be in Florida.

  Morris Thigpen asked to what extent CIT training is reaching out to where the need is. Can the effort be expanded to small jails in rural areas? Justice Stratton said she promoted it by talking to law enforcement about how important CIT is. Dr. Hogan's mental health department funded CIT in Ohio so it could be offered free of charge. Columbus is now offering the fourth CIT training session, after initially balking at the idea of 40 hours of training. She explained to them how much time they would save if they experienced the anticipated reduction in arrests. There was a ripple effect where police officers have started collaborating with other systems -- they form an integral part of the task forces.

  Mike Hogan said National Institute of Health (NIH) statistics suggest that it takes about 17 years between the time a good invention is created and the time it comes into general use. The same is true with CIT. The program was developed in 1999, but growth was initially very slow. It takes a small amount of money to identify someone to do the training -- it is critical to get the right officer to do that. Families and people who have been through this speak with a passion about this issue. Resources or other forms of support to NAMI or mental health associations will create advocates for change. If the police department is going to change, the mental health system has to change, too. Getting them to the table is critical.

- **Potential NIC Involvement:** Director Thigpen said NIC has very limited resources, but it has used videoconferencing (sometimes as much as 32 hours over a several-day period) to provide training to large audiences. Would that be appropriate for this CIT training? Dr. Hogan said yes, it could be for a small community, although some of the training should be done face to face.

- **Suicide Prevention:** Dr. Wilkinson said, last year, the ODRC had a record number of suicides and asked Dr. Hogan if the science of suicide prevention is expanding at all. Mike said the science is evolving, but we need more awareness of the significance of this problem. 30,000 lives a year in this country are lost to suicide, and there are 20 attempts for every successful suicide. This is very difficult to prevent, due to the silence and stigma surrounding it. The best approach to suicide prevention comes from the United States Air Force, which discovered that suicide was the number two cause of death in that branch of the service. They determined that the Air Force culture unintentionally mitigated against intervention – the culture said they were supposed to "suck it up" and that they might not be promoted if they admitted to a problem. In addressing this issue, officers were told they were to communicate to their troops that admitting problems was a sign of strength, not weakness. That strong message permeated the organization, as a result of which they achieved a 40% reduction in suicide. It also reduced incidence of domestic violence, DUI's, etc.

  Dr. Hogan said the impact of suicide is significant. His department gives mini-grants to counties that form coalitions to address this problem. An Ohio Suicide Prevention Foundation is being created and the Ohio Department of Mental Health will be providing them with some resources.

- **Juveniles With Mental Illness:** Tom Stickrath, Director of the Ohio Department of Youth Services, said he appreciates Justice Stratton's work and the fact that she has made sure juvenile services are included in her initiative. 50% of DYS's female offenders are on psychotropic medications. This is a huge issue. Most have suffered abuse. There is much collaboration through the Kitchen Cabinet and the Governor's ABC initiative, etc.

  Judge Stratton said the Advisory Committee has a juvenile subcommittee. They have a Red Flags program, which is an educational program for parents and teachers. They had a meeting with the Department of Education recently and started developing ideas about training teachers to recognize the signs of suicide. There is also a Psychiatry in the Courts subcommittee. Ohio has had a huge reduction in resources for mental illness treatment for juveniles and that subcommittee is developing a plan to get more child psychiatrists and psychiatric nurses to work on this.

- **Potential Solutions and NIC Involvement:** Dr. Hogan said he appreciates the fact that NIC is here and focusing on this now. We're in the fourth quarter with this problem and we have been down a lot. There appears to be a comeback in the works – as earlier mentioned, a few days ago, we heard that Senator DeWine got some funding for the mentally ill offender bill. The appropriation ($5 million) is small, but more than last year's, which was nothing. He suggested that NIC stay the course and provide continued leadership. The Ohio DMH would be happy to assist in that effort. They have set aside several million dollars to divert mentally ill juvenile offenders into treatment and they are

expecting to learn some things that could be valuable to other jurisdictions.

- **Court System Involvement:** Judge Stratton described the handouts she brought (Appendices A through C). It is important to involve the court system – that has been done in Ohio. Often, the court system is very isolated, but it can bring great clout to the issue. The chief justice of each state's Supreme Court should be encouraged to get involved in this. The lessons being learned from the reentry initiative with respect to such issues as housing, SSI, Medicaid and employment, should be conveyed to the court system.

Dr. Wilkinson thanked Justice Stratton and Dr. Hogan for being here today.

Break

HEARING PANEL: *Collaboration Among Federal Partners*

Dr. Wilkinson introduced the panelists: Michael Guerriere, Senior Policy Analyst for the Bureau of Justice Assistance (BJA), a division of the Office of Justice Programs (OJP) within the Department of Justice. Domingo Herraiz is the Director of BJA – he was unable to attend today, but Mr. Guerriere will make a presentation on Mr. Herraiz's behalf, as well. Cheri Nolan is the former Deputy Assistant Attorney General for OJP. She recently left OJP to go to the Substance Abuse and Mental Health Services Administration (SAMHSA), where she is Senior Policy Advisor to Administrator Charles Curie, who couldn't attend today. Morris Thigpen, Director of NIC, also participated on this panel.

Michael Guerriere
Senior Policy Advisor on Substance Abuse and Mental Health
Bureau of Justice Assistance
Washington, D.C.

- **Bureau of Justice Assistance (BJA) and Mental Health Courts:** Mike Guerriere described BJA's involvement with offenders with mental illness and what they want to accomplish in this area during FY 2006. Until last week, they were to receive a total of $7 million for mental health courts and a small technical assistance (TA) program. The number of mental health courts in the country has increased from a handful in the 1990's to 125 today. BJA only funded 37 courts – it provided seed money with the expectation that communities would match it with other resources. This is a very flexible program. BJA provides TA and a series of tools or policy briefs explaining the mental health court concept, navigating the mental health court system, etc.

- **Technical Assistance:** CSG has helped BJA with its TA program. In 2006, mental health court learning sites will be identified and they will have experts go to those sites. A policy brief will be released soon on the elements of a mental health court. The courts in the learning sites will receive focused TA from BJA's advisors and will host courts from around the country who want to learn from them.

- **Mental Health Court Conference:** In June, they convened 400 representatives from 80 courts for the second Mental Health Court Conference. NIC and SAMHSA participated and coordinated some workshops.

- **Documents Concerning Law Enforcement/Mental Health Partnerships:** In 2006, BJA will be producing some documents for law enforcement/mental health partnership programs. These were validated through a series of focus groups that were held with law enforcement and corrections to help determine the directions we need to move. Curricula will be developed to train mental health and law enforcement in how to form such partnerships.

Cheri Nolan
Special Assistant to the Administrator
Substance Abuse and Mental Health Services Administration (SAMHSA)
Rockville, Maryland

- **SAMHSA's Involvement in Federal Collaboration:** Cheri Nolan said Charlie Curie, Director of SAMHSA, is sorry he couldn't attend, but she is pleased to represent him. With respect to SAMHSA's activities in this area, earlier this year, they released the first annual federal action agenda in response to the President's New Commission on Mental Health. Six cabinet-level departments detailed 70 steps to begin the process of transforming the mental health care system in this country. They are collaborating with federal, state and local agencies and organizations such as CSG, persons with mental illness and their families, etc. There is a federal steering committee and DOJ is the latest to join in that effort. In order to transform mental health care, collaboration between public and private sectors and within and between the various levels of government is crucial. This involves multiple, complex issues that cut across a number of agencies.

  Many nonviolent offenders could be diverted into less expensive community services. For those who are incarcerated, there is a need to provide housing, treatment, and other such services upon release. People with mental illness and substance abuse disorders can recover and live productive lives.

- **Grant Programs:** SAMSHA, in collaboration with its federal partners, will be providing grant programs, TA, and knowledge dissemination. $92.5 million was awarded to five states in September: they will be platforms for learning what activities do and do not work in transforming mental health and criminal justice.

  SAMSHA also provides co-occurring grants (COSIG's) to assist with offenders with co-occurring (both substance abuse and mental health) disorders. Thus far, 15 grants totaling $15 million have been awarded. Last month, they awarded $7.2 million in new grants to divert individuals from local criminal justice systems to mental health treatment. The awardees are required to use evidence-based practices in collaboration

  between mental health and criminal justice. There is a SAMHSA study on diversion that shows positive results.

  Another grant program provides vouchers so those with mental illness can receive treatment.

- **Youth Offender Reentry Program:** Under the Youth Offender Reentry program, $23.3 million was awarded in FY 2004 to treat substance abuse, promote recovery, and

prevent recidivism.

- **National GAINS Center:** SAMHSA also funds the National GAINS Center for people with co-occurring disorders. The GAINS Center and NIC, with assistance from CSG, sponsored the first meeting of the Judges' Leadership Initiative – they met to share lessons learned and to hear about new mechanisms for judges to help with collaboration.

- **National Policy Academy - Youth With Co-Occurring Disorders:** SAMHSA has also sponsored a national policy academy on improving services for youth with co-occurring disorders who are involved in the criminal justice system.

- **Information Dissemination:** A significant part of what SAMHSA does is disseminating science-based information to those who need it. In the area of substance abuse treatment for adults in the criminal justice system, SAMHSA has proposed the expansion of a program to provide information on effective programs. Also, a five-step strategic prevention framework has been developed.

- **Resilience and Recovery:** Ms. Nolan said Charlie Curie has hope: he knows people with mental illness and addictive disorders can and do recover. It is possible to help them successfully transition back into the community and, in fact, that is happening every day. We can do the right thing for adults with mental illness who come into contact with the criminal justice system.

Michael Guerriere (on behalf of Domingo Herraiz, Director of BJA)
Senior Policy Advisor on Substance Abuse and Mental Health
Bureau of Justice Assistance
Washington, D.C.

Mike Guerriere made this presentation on behalf of Domingo Herraiz, Director of BJA, who was unable to attend.

- **Memorandum of Understanding (MOU):** Mr. Guerriere reported that an interagency work group has been formed among several federal agencies to develop a Memorandum of Understanding (MOU) and that is nearing completion. The agencies joining in that MOU include:

  - From the Justice Department:

    - National Institute of Corrections (NIC)
    - The Office of Justice Programs (including the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Bureau of Justice Assistance (BJA))

  - From the Department of Health and Human Services:

    - Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Center for Mental Health Services

- **Tools to Determine Extent of Collaboration:** BJA will be developing a set of tools to enable jurisdictions to determine to what extent their corrections and mental health agencies are collaborating. They have a draft of the essential elements for courts in dealing with persons with mental illness and will be developing something similar for the other elements of law enforcement and the community, including correctional agencies and community-based treatment systems. The plan is for the collaborating federal agencies to select a cadre of learning sites. Each federal agency is currently investing in individual locations they feel are promising.

- **Network of Programs:** BJA also plans to develop a consolidated and comprehensive network of programs – where someone in mental health or criminal justice can readily communicate with other jurisdictions. This Internet-based catalog would help promote a greater sense of collaboration/cooperation.

Morris Thigpen
Director
National Institute of Corrections

- **Collaboration Among Federal Agencies:** Morris Thigpen, Director of NIC, said collaboration has been a necessary component of NIC throughout its history. NIC is a small agency with very limited resources. It has a little over $21 million per year, so it must leverage its work with that of other agencies. He read NIC's mission statement. The NIC Advisory Board has selected mental health as one of our areas of focus. When new Board appointments were made about a year ago, we talked about issues we might want to address in the next couple of years and this was one of the areas identified.

  It is important to partner with other agencies in addressing this issue. Often at the federal level, we find that agencies don't talk and work together as much as they should. The MOU is a clear effort, on the part of the federal agencies involved, to say we will try to change that. NIC's Prisons, Jails and Community Corrections Divisions have worked in this area for a long time. NIC has a history of working with CSG and the latter's involvement with the MOU is critical.

DISCUSSION WITH BOARD MEMBERS

- **Collaboration Among Federal Agencies:** Dr. Wilkinson commented that we heard what Ohio is doing this morning and we hope similar things can take place in the other states. This collaboration among federal agencies is a major breakthrough. It had its

genesis in the Serious and Violent Offender Initiative, which started with three federal agencies and, eventually, went to seven.

- **Mentally Ill Offender and Crime Reduction Act:** The Mentally Ill Offender and Crime Reduction Act will require grantees to collaborate. If all politics are local, we have to get law enforcement, county agencies, probation, parole, juvenile detention, etc., to work together.

- **HUD's Role in Providing Housing for Persons With Mental Illness:** NIC Board member, Norm Carlson, said we heard about the importance of housing this morning. What is the Department of Housing and Urban Development (HUD) doing? Will they be a partner in any of this? Dr. Hogan said HUD is a member of Ohio's substance abuse federal partnership committee. They also serve with BJA on problem solving in mental health. Norm asked if HUD has a grant program. Cheri Nolan said they have been a loyal and faithful partner in reentry, even though they have some statutory limitations on whom they can provide with resources. Congress didn't appropriate any money to HUD for transitional housing. Local public housing authorities have a lot of power to make their own rules.

  Norm Carlson noted that a number of years ago, that was a serious impediment: HUD was putting out unofficial word that they didn't want to provide housing where former offenders would live. Ms. Nolan agreed that has been a "hard nut to crack." Dr. Wilkinson pointed out that HUD's authorizing legislation provides that some types of felony offenders cannot access public housing: these are called "collateral sanctions." In Ohio, there are some 400 such collateral sanctions that prevent offenders from accessing certain benefits. In connection with the reentry legislation, one of the discussions they had was to try to modify some of those prohibitions. Housing is one of the toughest areas.

- **Community-Based Organizations:** Advisory Board member, Diane Williams, observed that collaboration is really important: it has been suggested that collaboration needs to be brought to a local level, involving community-based organizations -- how do we best do that? Dr. Hogan said he worked at a community mental health center in Miami and they were on the receiving end from Florida State. There were no systems of care. Today, that mental health center has a crisis intervention team, are working with law enforcement to intercept those with mental illness at the first sign of mental illness, and they have case management practices. Community treatment providers must be at center stage, along with law enforcement, to ensure that they are receiving such information as the types of medications those with mental illness are taking. It would be helpful to provide them with the tools and resources so they will know where to look for guidance, e.g., information on other communities that have done this effectively.

- **Faith-Based Organizations:** Cheri Nolan commented that when she started working on the reentry issue, she met with a group that represented a ministerial alliance. They said "we've been doing this long before you came and we will be doing it long after you leave." We want to provide the tools and resources to improve their capacity to address these needs.

- **Competition for Resources:** There has been a tension between treatment providers

and those who provide support services at the local level that has likely come out of a competition for resources. It isn't clear what the solution is – that is a barrier at the local level.

- **Continuity of Care/Reentry:** Reggie Wilkinson said among the toughest issues in adult corrections finding some continuity of care in the community, once a person is released. Sometimes, working with mental health providers is difficult. There is a cultural difference between the mental health world and the corrections world. He would like to see more leadership from the federal government in terms of the ways the corrections world can access avenues into the mental health world so there can be continuity of care. Ms. Nolan said that exactly states her position description, i.e., she is to help improve those connections because they are very weak, at best, right now.

  Mike Hogan said the mentally ill offender act is a collaboration act – we may be able to promote collaboration through planning grants, i.e., provide facilitation to help educate and cross-pollinate systems. Reentry begins on day one, not at the end: community mental health has to be involved with jails from the beginning.

- **Confidentiality Issues and Their Impact on Collaboration:** Dr. Wilkinson pointed out that when offenders with serious mental illness are arrested, jails are often unable to access information about their illnesses. It is very difficult to establish the clinical collaboration essential to treatment.

  Michele Saunders from Florida said this issue of information sharing and confidentiality is a critical one. There are privacy issues (e.g., HIPAA) -- how can federal agencies help with this? That's an important piece of collaboration.

  Margie Phelps said that in Kansas, they have a state law that was amended to provide that all corrections agencies can share information with local agencies upon release. Discharge planning starts at inception. The legislation doesn't say they "shall" share the information, but that they "can."

  An audience member said in her jurisdiction, once a week, the sheriff sends a list of everyone arrested that week to the local mental health agency, which then checks to see if the inmates have received services at the community mental health center. Inmates are asked to sign a waiver of confidentiality to allow that.

- **HIPAA:** Judge Stratton said a lot of HIPAA doesn't apply to law enforcement, but it does apply to the mental health side. We need a clear policy statement from the federal agencies on the HIPAA issue in this area, as there is a chilling effect.
  Despite the fear out there, there has not yet been a prosecution under HIPAA.

  Tammy Seltzer, Senior Staff Attorney for the Bazelon Center on Mental Health Law, said Bazelon gives TA advice and when the HIPAA issue is raised, they advise agencies to get a waiver of confidentiality from the offender. No problems have arisen as a result of that advice; however, she agreed with Judge Stratton there is a lot of fear about this.

- **BJA Documents on Essential Elements of Collaboration:** NIC Advisory Board

member, Mike Carona, asked whether the series of papers with essential elements of collaboration between mental health and corrections will be out in 2006. Mike Guerriere said yes – over the next year, BJA will be studying that. They will give law enforcement and mental health people a chance to review the elements.

- **Advocacy Concerns About Mental Health Courts:** Tammy Seltzer commented that the document on essential elements for law enforcement described by Mike Guerriere sounds very broad. Advocates have some concerns about mental health courts -- not all judges like specialty courts and some communities are too small for them. Also, there is a feeling that you shouldn't have to go to a special court to get treatment. She suggested that BJA expand the piece on essential elements to talk generally about collaboration with courts, not just mental health courts. Mike Guerriere said BJA will be putting out something on the principles of problem solving this year, promoting the best concepts of this for small jurisdictions.

  Justice Stratton said some people end up in the court system because they committed a crime, but they may have an underlying mental health condition. The crime may not relate directly to the mental health issue. No one is forced into the mental health court program – it has to be voluntary. People who have been through the mental health court system in Ohio have indicated they felt it was less coercive than anything they had experienced before. The smaller counties have been as successful as the larger counties with this.

  The mental health court is a docket issue – it may be held only one or two afternoons a week. Judges don't see themselves as social services providers, but many courts have been moving to a different model – this is a different mind set for judges. Not all judges see this as their role, but those who do are inspired to get involved. It is a more efficient use of resources. Ms. Seltzer said some mental health courts are very different from what Justice Stratton described – some have very different notions of their purpose. She welcomes BJA's essential elements information because that might lead to more consistency.

- **Intervention in Lieu of Conviction:** Dr. Wilkinson said in Ohio, there is a sentencing classification called "intervention in lieu of conviction" and he would like to see that used more often. The sentence is held over the offender's head but because they haven't been convicted, they don't face the collateral sanctions mentioned earlier.

- **Juvenile Rule 29:** Judge Spicer, an Ohio juvenile court judge in the audience, said they have a number of options, including Juvenile Rule 29, which allows them to refrain from adjudicating a youngster as delinquent. Instead, the youth are diverted out of the official system. They not had any court challenge to their family and drug courts since 2000, when they began. The key to treatment dockets is the individual who is hearing it, i.e., the judge. Almost without exception, the judges who do this have compassion.

- **Mental Health Courts:** In Ohio, there is no statute that specifically provides for drug or mental health courts. Instead, they rely on Rule 36, which is a superintendent's rule that

refers to a specialized docket. That is the only thing on paper that allows them to hold these specialized courts.

Justice Stratton pointed out that the mental health court is the last resort – offenders with mental illness should receive crisis intervention, diversion, etc., first. They prefer to keep them out of the system if they can. At the serious felony level, however, that is much more difficult to do.

- **Suicide Prevention and Juveniles With Mental Illness in Detention:** Julio Abreu, Senior Director of Governmental Affairs for the National Mental Health Association, said with respect to suicide and suicide prevention efforts, there was an act named after Senator Smith from Kansas who lost his son to suicide this past year and it received funding. Also, Senator Susan Collins from Maine issued a report in September 2004 that said that on any given evening, 2,000 juveniles with mental illness are held in detention centers due to a lack of community mental health facilities. That was helpful in pointing out to Congress that we are spending money in the wrong place at the wrong time.

- **Collateral Sanctions:** Morris Thigpen said in some areas of the country, a former offender still has problems with respect to fees and the fact they have been convicted. Are people turned away in Ohio because they can't pay a fee? Justice Stratton said they have an indigency statute so people can't be turned away due to failure to pay fees; however, there are many housing and employment barriers, which the reentry committee is tackling. Dr. Wilkinson said those are called "collateral sanctions" and under consideration is legislation that would do away with those restrictions, except where there is a clear nexus between the crime and the thing being restricted (e.g., a child molester working in a day-care center). Ohio collateral sanctions are so broad, for example, that they prevent former offenders from working in junkyards, shoveling snow, etc. It doesn't make a lot of sense, for example, that an offender who learns cosmetology in prison is prevented from getting a cosmetology license upon release.

  Judge Stratton pointed out that the legislation restricting former sex offenders is making it increasingly difficult to figure out where they can still legally live. Dr. Wilkinson agreed and said Ohio has housing for seriously mentally ill offenders, but sex offenders are prohibited from living there.

  Amy Kroll, Director of Forensic Services for the Allegheny County Department of Human Services, said they have a pilot project in Pennsylvania. When an offender enters county jail, his/her medical assistance is not terminated for the first 36 months. Thus, there isn't the drain on local resources that normally exists in those situations. Ms. Kroll said they have a small population of offenders with developmental disabilities, most of whom are sex offenders. It is hard to place them. A representative from Allen County, Ohio said they have problems with that, too -- they have housing for the mentally retarded, but not for sex offenders.

  Margie Phelps said that in Kansas, a committee has proposed legislation that would provide for issuing a certificate of rehabilitation – in Kansas, most of the restrictions on employment say, "unless you have been rehabilitated, you can't do such and such."

- **Recovery and Resilience:** A member of the audience said she appreciated Cheri

Nolan's comments about recovery and resilience. They are starting to drop the recovery model of how you deliver services in prisons. "Empowerment" and "self determination" aren't terms you normally use in prisons -- it's a whole different type of mind set. That might be something to promote – best-evidence practices with regard to recovery and resilience for correctional systems.

- **Community-Based Providers:** Another audience member said it is important to have community-based providers be part of the collaboration. In Columbus, they run a 25-bed mental health unit for offenders who are being released from correctional facilities. Nationally, over a third of the population in halfway houses have mental health issues because there is no place else for them to go.

  Recently, they looked at the location of charter schools in their communities. Under new rules, sex offenders can't live within 1,000 feet of a school. They found that many of their sex offenders had to be moved because of those rules – they are homeless because there is no place they can live. Dr. Wilkinson said he hopes something can be done about that – he has heard people say they would rather sex offenders are homeless than live near them. In other words, they would prefer offenders live where the community is unaware of their location, rather than in a place where the community can keep tabs on them. That makes no sense.

Lunch Break

HEARING PANEL: *Case Studies of State and Local Mental Health and Corrections Collaboration*

Dr. Wilkinson introduced Mike Thompson from the Council of State Governments (CSG). CSG has provided significant leadership in this area and Mike has kept this issue at the forefront. The Mental Health Consensus Project, which was developed by BJA and CSG, was a couple of years in the making – focus groups, etc., were held and, eventually, a document came out of it that contains amazing information about what is going on in the mental health area. Many things have come out of CSG that Dr. Wilkinson is in awe of -- they succeed in getting Congress's attention. Mr. Thompson will lead this discussion.

- **Introduction to Panel:** Mike Thompson turned it back to Sheriff Mike Carona, NIC Advisory Board member from Orange County, California, to introduce this discussion. Sheriff Carona said he appreciates the opportunity to frame this, as he has a passion for it. He became an apostle because of an event that happened seven years ago when he became sheriff. At that time, the Mentally Ill Offender Crime Reduction Grants required sheriffs to apply for grants in California -- this was an attempt to force sheriffs to take a leadership role. It forced collaboration and it changed his view of how to do business. They created a working group in his county to apply for the grant. The working group included the mental health community and those who had been through his jail as offenders with mental illness. Orange County received the largest grant in California. They started the IMPACT program, which had an aftercare element. They had partners in the community and all worked together. The recidivism rate for offenders with mental

illness dropped dramatically. He sees the benefit of keeping them out of his jail, to the extent possible.

Sheriff Carona said Proposition 63, an initiative passed in 2004 in California, created a funding mechanism to deal with offenders with mental illness. It provides $25.5 million per year for his county to augment mental health treatment. It will be used for mental health courts and to provide treatment for inmates.

Fran Zandi
Correctional Program Specialist
NIC, Jails Division
Longmont, Colorado

- **NIC's Services With Respect to Those With Mental Illness in Corrections:** Fran Zandi, NIC Correctional Program Specialist, said NIC has had a lengthy commitment to mental health service delivery. Many of those efforts were accomplished in collaboration with local community mental health agencies that NIC works with through TA and training.

  NIC is about to enter the third year of a cooperative agreement with CSG to work on this issue. As part of that agreement, we have been working with jurisdictions that wanted to improve their collaborative efforts around offenders with mental illness.

Mike Thompson
Director of Criminal Justice Programs
Council of State Governments
New York, New York

- **Collaboration Among Federal Agencies:** Mike Thompson said CSG is grateful to NIC. They can't say enough about their relationship with NIC and the same is true of BJA and SAMHSA. The collaboration between federal agencies on this issue is pretty extraordinary. Much significant activity is going on in this area in both Ohio and California.

- **Council of State Governments:** Mr. Thompson said CSG is a membership association of state governments. It includes all three branches of those governments.

- **Consensus Project:** CSG and NIC worked together to promote collaboration as described in the Consensus Project report. They talked about a vision for what significant, meaningful collaboration would look like. The hope was that there could be integration between mental health and corrections. Of those jurisdictions that applied for assistance, 13 were selected. We discovered there wasn't much more than just talking going on out in the field: in most cases, the "collaboration" consisted of some corrections director having had some conversation with a mental health director, and it hadn't gone beyond that.

- **Tool to Determine Extent of Collaboration:** At a CSG-sponsored meeting of state legislative leaders, a chair of the corrections committee in her state asked what questions she could ask to determine whether collaboration was really occurring in her

state. As a result, CSG tried to get a better sense of what kinds of measures we could use to determine the extent of collaboration. Monica Anzaldi of CSG has a draft of the tool they developed, a copy of which is attached to the complete version of these proceedings as Appendix E. They identified four areas:

< ***System issues:*** Here, we examine what kind of government structure is in place to manage collaboration – the typical answer is a task force that meets monthly. What kind of work is being done on the management level? Is there dialogue at all levels of the organization?

< ***Services issues:*** This involves looking, for example, at how target populations are defined and whether there is agreement on that by both corrections and the mental health field. We have found that, often, there are totally different meanings to integrated services – what corrections people are talking about is often very different from what mental health people are talking about.

< ***Knowledge and data***

< ***Funding and resources:*** Here, we look at whether money is passing back and forth between corrections and mental health and whether mental health is assigning treatment providers to corrections institutions.

Mr. Thompson introduced the panel members from Kansas; Orange County, Florida; and Allegheny County, Pennsylvania.

Amy Kroll
Director of Forensic Services
Allegheny County Department of Human Services
Pittsburgh, Pennsylvania

- **Allegheny County Prison to Community Project:** Amy Kroll, Director of Forensic Services for the Allegheny County Department of Human Services in Pennsylvania, started out as a correctional officer. Soon after she was hired, she saw a mentally ill offender being dragged out of jail because he didn't want to leave. She decided she would try to address that.

- **Project Components:** Ms. Kroll said they have six programs: 1) forensic diversion, 2) support, 3) mental health court, 4) drug court, 5) CRISA, and 6) a state Department of Corrections reentry program. All offenders with mental illness are offered the same services. Jail inmates apply for medical assistance behind the walls. Everyone receives $200 worth of new clothing when they leave and they are taken to the medical assistance office, the probation office, and are provided with three months of bus passes and three months' rent. The offenders are helped to decide where they want to live.

Allegheny County started the forensic task force about 10 years ago and it included representatives from the state Department of Corrections and community providers and gave them an opportunity to try to address the issues.

- **Handouts:** Ms. Kroll provided handouts on the Allegheny County State Forensic Program, including a pamphlet describing the program, an article from *The Innovations in American Government Awards*, and a pamphlet on the Allegheny County Mental Health Court. Copies are attached to the complete version of these proceedings as Appendix F.

Lance Couturier, Ph.D.
Chief of Psychological Services
Pennsylvania Department of Corrections
Camp Hill, Pennsylvania

- **Pennsylvania Department of Corrections' Involvement in Prison to Community Project:** Dr. Lance Couturier, Chief of Psychological Services for the Pennsylvania Department of Corrections, provided copies of the following handouts: 1) an article he co-wrote entitled *Discharging Inmates With Mental Illness and Co-Occurring Disorders Into the Community: Continuity of Care Planning in a Large, Statewide Department of Corrections*; 2) an article he co-wrote entitled, *Releasing Inmates With Mental Illness and Co-Occurring Disorders Into the Community* [not available from NIC in hard copy for copyright reasons]; 3) a flyer on mental health services put out by the Pennsylvania Department of Corrections; and 4) a PowerPoint presentation entitled, *Continuity of Care/Re-Entry Issues for Inmates with Mental Illness and Substance Abuse Moving from Prison to the Community.* Hard copies (except as indicated) are attached to the complete version of these proceedings as Appendix G.

Michele Saunders
Vice President of Community Relations
Lakeside Alternatives
Orlando, Florida

- **Orange County, Florida - Central Receiving Center:** Michele Saunders, Vice President of Community Relations for Lakeside Alternatives in Orange County, Florida, provided some handouts on their program, which is for adult offenders with mental illness. Copies are attached to the full version of these proceedings as Appendix H.

  Orange County, Florida has a single point of entry -- the Central Receiving Center (CRC) – which came into existence as a result of the local jails being crowded with people with mental illness who were generally charged with low-level offenses. CRC is a government and private partnership. Before the CRC came into existence, hospital emergency rooms were considered an entry point into the corrections system. Law enforcement officers, who were the first to interact with mentally ill offenders, were often required to wait for them to be processed as much as 8-10 hours in emergency rooms.

- **Funding:** Funding for the CRC came from local government, state government and two private hospitals. The hospitals were willing to invest because they felt there would be some diversion from their emergency rooms.
- **Leadership:** Current leadership is critical to this program: the mayor has endorsed it

and many community leaders and consumer advocates wanted to be part of the process. All the right people were at the table – everyone the person with mental illness touches. The commitment to success was focused on the betterment of the community. Egos were checked at the door. They also had strong leadership from one of the local judges. They allowed the clinical people to put the system together.

- **Barriers:** The barriers they faced included lack of trust – that was a big one – and changing the mind set from one of competition to one of consensus.

- **Outcomes:** The outcomes include: 1) having an oversight governing board with elected officials, 2) reducing duplication, and 3) saving 1,000 hospital emergency room days and 1,400 jail days per year.

Margie Phelps
Director of Release Planning
Kansas Department of Corrections
Topeka, Kansas

- **Kansas Department of Corrections Release Planning/Reentry:** Margie Phelps, Director of Release Planning from the Kansas Department of Corrections, said they have 9,000 offenders in Kansas. They had a study showing that 75 to 80% of the prisoners who recidivated had a mental illness and they decided they needed to address that. A description of their project is attached to the full version of these proceedings as Appendix I.

- **Funding:** They did some creative things with funding. About 15% of their prison population is severely and persistently mentally ill (SPMI) and another 10% are severely mentally ill. Both corrections and mental health agreed on the definition of SPMI.

- **Collaboration and Staffing:** They brought together NAMI, the parole board, corrections, health services, and counselors; they increased their discharge planners from 2.5 positions to 8.5; and they started sharing information by conquering the confidentiality issues.

- **Transition Planning:** They found a mental health center and hammered out an agreement – folks from the mental health center do the transition planning. Now, they're looking for a way to evaluate that – something that would measure the quality of life, benefit to the community, etc.

DISCUSSION WITH BOARD MEMBERS

- **Exemplary Programs:** Mike Thompson said these are special programs -- CSG thinks they are exemplary in many ways. They are quick to tell us what they want to improve and that's good – they have not become complacent.

- **Medicaid and Other Public Benefits:** The governors have been talking about Medicaid swallowing their budgets and here we're talking about getting more people on Medicaid. Mr. Thompson asked the Allegheny County representatives to talk about that. Amy Kroll explained how the collaboration in Allegheny came about. All parties came to the same table. They realized there was a need to get differing computer systems to talk to one another. Dr. Couturier said computers that belonged to welfare were put into correctional facilities so application can be made for food stamps, Medicaid, etc., from those computer terminals before the inmates are released. Not all facilities had Internet access, so this was challenging.

- **Staffing:** Mr. Thompson said there is always a need for more discharge planners and he asked how Kansas created those positions. Margie Phelps said since about 60% of people leaving the criminal justice system touch some other state systems, SRS pulled together some administrative funds and sent them to the Kansas DOC, which then matched those funds.

  Mr. Thompson said a team from NIC was very impressed with a Kansas parole officer who was always out tracking people down – what happens if she leaves? Ms. Phelps said they now have two additional people (who were self-selected) doing the same thing. They are doing an analysis to show whether this has made a difference.

- **Community Treatment:** Mike Thompson asked how they ensure that they are staying true to the model for ACT and FACT community treatment. Michele Saunders said in Orange County, Florida, they have both a FACT and a PACT team. They have a triage/evaluation process that identifies the mentally ill as they come in through the door. Some go to diversion, some go through the whole court system. There is a person who acts as the contact for the FACT or PACT team, whichever applies. They have structures within the jails that allow all this to happen every day. Mental health line people are working together, meeting by telephone conferences – it is an integrated, living, breathing, collaborative effort.

- **Performance Measurement:** Mike Thompson asked about performance measurement – in Florida, the leaders have appropriated a lot of money – what did they get for it? The jail population continues to grow. Ms. Saunders said this has been challenging. How do we know the numbers have been reduced in the emergency rooms? They are selecting significant data that is being used with governing boards and county commissioners to show they are saving bed days and emergency room days. The current turn-around time for police officers is 10-12 minutes, instead of the hours they previously spent in the emergency rooms. They are seeking assistance in developing a more sophisticated evaluation process that will let them know how effective this is and what pieces of the system are most effective.

- **Target Populations:** Mr. Thompson asked, with respect to target populations, how these jurisdictions make sure they are connecting the right person with the right kind of initiative. Amy Kroll said in Allegheny County, they sat down with the courts and the mental health social workers in jail to develop continuity of care. They create a file that remains there even after the offender leaves. They have a forensic diversion team that gets charges continued for 90 days and puts together a plan for the offender with mental

  illness with the hope that the charges will be dropped. If the offender chooses to go to

mental health court, they will.

Everyone talks to everyone else. There is only one case management chart. Those who go to the regular court system still get a mental health specialist to follow them. They walk the offenders through all the systems so they get everything they need by the time they are released into the community.

- **Getting Word to the Field About Effective Collaborative Programs:** Mike Thompson noted that these are special programs. CSG thinks other jurisdictions can learn from these stories. NIC can continue to learn from them and help them increase their

  collaborative efforts. NIC has developed a sophisticated understanding of what collaboration looks like. It needs to determine how best to get that word out to the field.

- **Leadership:** Reggie Wilkinson asked if we can do certain very positive things even without money, why aren't we doing it? Is it lack of leadership? Mike said it is frustrating. We hear about a lot of crises that have nothing to do with this issue. It is very rare where someone with a lot of juice says we are going to do something about this. He agrees with Judge Stratton that judges are well positioned to do this. Corrections administrators should get involved more often, but they are in a tough position. NIC has a good opportunity to use the $5 million appropriated under the mentally ill offender act (if it receives any of it) to have some leaders emerge and get some plans off the ground.

- **Funding:** Dr. Wilkinson pointed out that state and local governments sometimes wonder whether to apply for federal dollars because they must have some way to continue the programs after the dollars go away. Sheriff Carona said people are reading the consensus project report. In California, the initial funding dried up but they are continuing the project because it is successful. There are empirical data sets that say there is a return on investment. Are criminal justice and mental health agencies sharing money back and forth? That's a sign of true collaboration. That is happening. We are at the tipping point because of all the work we are doing.

- **Case Studies:** Morris Thigpen asked what is being done to gather the knowledge from this project. Mike Thompson said they are developing case studies that describe the processes. They hope to make them Web-based so they can be updated regularly. The self-assessment tool, which will also be Web-based, will have great utility – they might offer a videoconference to teach people how to use it.

  Margie Phelps noted that Allegheny County has done a great job of getting the application process pinned down and suggested that Kansas needs to do a better job of that. Dr. Wilkinson said sometimes you have to go out on a limb, too -- Allegheny is describing a kind of case management approach. Ms. Kroll said they explain to the offenders what they will be doing the first week and what they will be doing the second week, etc. Many have lived their whole lives thinking they will go in and out of jail. They try to keep it simple and give people a future. If these offenders are given something they could lose if they return to jail, they think twice about re-offending.

- **Employment:** With respect to what resources they draw on for employment, Ms. Kroll said they show the offenders how to do day labor, etc. In Orange County, Florida, they

pair people for job coaching. In Kansas, they have seven or eight staff who have taken the NIC Offender Workforce Development Specialist training.

- **Orange County, Florida - CRC:** Norm Carlson asked if Orange County's CRC is a 24-hour operation. Ms. Saunders said yes. If there is a felony charge, the offender must go to the jail first. They have some medical exclusionaries – i.e., if they aren't walking or talking, they have to go to the hospital first. They take substance abusers, as well as those with severe mental illness.

- **Family Involvement:** Dr. Wilkinson asked if there are counseling sessions for families -- it seems that would be critical. Ms. Saunders said in Orange County, where there is an assigned case worker, part of his or her assignment is to work with the family concerning how to deal with the offender. NAMI also provides programs for families.

  Dr. Wilkinson said Ohio is going to experiment with developing volunteers to talk to families before inmates are released. Ms. Kroll said in Allegheny County, they use peer counseling.

- **Corrections as Part of Mental Health Community:** An audience member said she works with the Orange County Jail Division of Health Services in Florida. Corrections people need to be understood and recognized as part of the mental health community. Orange County looked at all the mental health agencies and asked who their top users were. They found that 20% of the people were using 80% of the resources. We're all spending the same dollars -- why not have one of us spend those dollars in an effective way?

- **Criminal Charges in Orange County, Florida:** Colonel Dave Parrish asked how the criminal charges are handled in Orange County. Ms. Saunders said the police are told to take people with mental illness to the CRC first. Sometimes, the charges are dropped at that point. The number of people police officers bring in with charges against them are very few -- they're using their discretion.

- **CSG/NIC Draft Evaluation System:** Cheri Nolan asked with respect to the four things Mike Thompson talked about that are included in the draft evaluation system, whether they can exist independently. Are they all required? Is there any sequencing? Mike said they have been discussing that a lot. The draft system is a way of probing the issue so we can have more sophisticated discussions.

- **Allegheny County Project: Housing/Clothing Upon Reentry:** Ms. Nolan asked Amy Kroll about the rent and clothing Allegheny County provides. Ms. Kroll said they do everything by walking the clients through – they don't provide vouchers. They help the client shop for the clothing, drive them back home, work with their landlords, etc. There are 13 landlords that are more than willing to rent to their clients because they know they will get three months rent and that they will get immediate help if the tenants misbehave. They have a case manager to call if they run into problems. Clients say they

don't want to live in a group home for those with mental illness -- they want a choice as to where to live.

- **Prosecutorial Involvement:** Ms. Nolan asked what role the district attorneys play in diversion in lieu of incarceration. Ms. Kroll said in Allegheny County, the DA's office has been great. They have been setting their own parameters on public safety, and they work with the victim and police officer to get charges dropped if the offenders show that they are serious. Ms. Saunders said they had some issues in Orange County, but they kept the prosecutors at the table and things have improved -- they have to show the prosecutors how public safety is still being addressed.

- **Handling Money for Clients with Mental Illness:** Ms. Kroll said money is a major trigger for many offenders with mental illness, so her agency handles money for its clients. Their administration has always looked at these people as community members. All the programs are funded from their base mental health dollars -- they get their money from the state.

- **Relational Assessment Tool:** Maureen Buell of NIC's staff said NIC has been working with New York City -- they are developing a relational assessment tool where they are working with the client and family. They are empowering the case managers and the client in terms of determining their case plans. Ms. Kroll said, as they tell their clients, "recovery is a process, not a destination."

- **Allegheny County Project:** Ms. Kroll said she is a county employee – they have eight community providers to whom they broker the clients. They act as advocates for offenders with mental illness who are released from prisons/jails. They have 24 staff members and they cover their county and everyone in the state system. They have 25 to 40 clients. They spend an average of six months with each client. After they are out and stable, the clients are passed on to a community case manager.

- **Congressional Awareness of Model Programs:** An audience member asked how many of these model programs have had visits from federal legislators.
  Ms. Saunders said in Orange County, Florida, they have representation on the CRC Board from the federal level, a state legislator, etc. Federal, state and county representatives have been given tours of the CRC.

  Dr. Couturier said Pennsylvania has a Governor's Reentry Task Force and they are looking at how the Allegheny program could be replicated in other counties in the state.

  Margie Phelps said Kansas is fortunate to have Senator Smith, who has an interest in mental health, but their whole federal delegation needs to know more about what is going on. Mike Thompson said Senator Brownback has been talking about this topic. There are a lot of good things going on.

- **Potential Replication of Allegheny County Project:** Dr. Wilkinson asked why what is going on in Allegheny County can't happen in the other counties in the state.
  Dr. Couturier said that's a serious problem – they are having problems with small rural counties. Ms. Kroll said they just told the Governor's Task Force it only takes one

  committed person in each county to start such a program, and the Allegheny people

would be willing to train them.

- **Diversion and Housing:** An audience member asked what steps are taken to ensure availability of mental health services in the community for those diverted from the criminal justice system. Margie Phelps said in Kansas, their biggest issue has been housing -- they have inmates building their own houses. Often, she would hear from the substance abuse and mental health providers that they couldn't take on any more clients. Her theory is that if you do good assessments, establish good connections before inmates get out, then those providers would be able to take on more people. We weren't connecting to the services in the right way.
  Ms. Saunders said that in Orange County, when they put the CRC together, one issue was where people were and who was paying for it. They did a "day in the life" study that followed the system for a 24-hour period. At the beginning, they had 40 people at an emergency room waiting to get treatment and by the end of the day, there were still 35 or 40 there. They were different people – some had left and others had come in. The hospitals were concerned about the people coming in. Private hospitals did see a savings to their institutions, so they were willing to contribute to the CRC. Housing is one of the key pieces for everyone.

- **Network for Exemplary Programs:** Director Thigpen asked Mr. Thompson if it would be beneficial to have a network where these people can stay in contact with each other – to share successes, etc. Mike said yes, peer interaction is best. The cadre of learning sites is exciting – it would be a shame if each federal agency has learning sites for its own initiatives. We should develop common definitions, make sure we are confident of quality control, and create a network that everyone else can learn from.

  Cheri Nolan said SAMHSA is putting together a National Repository for Effective Public Policy. This will include evaluated programs -- programs that have demonstrated cost savings or other measures of successes. Dr. Wilkinson said that could be cross-referenced to a lot of different areas and suggested that the $5 million from the mentally ill offender act might be better spent on infrastructure rather than grants. Mike Thompson said he doesn't envy BJA trying to divide up that money, but it will have to go to the field. There should be some type of comprehensive vision on the part of all the federal agencies – one big database, or learning sites, etc. – where that money could be used.

- **Research and Evaluation**: There is a Special Education Law, funded by the Department of Education, that provides funds to three universities to conduct research on model programs around positive behavioral choice. They have standardized an evaluation model, which can be found at www.pbis.org. We might consider developing something similar for the criminal justice field.

  Diane Williams asked how people will be able to visit the learning sites. Mike Thompson said we use that term because it goes both ways: the sites are continuing to learn and they are also teaching sites – they're willing to have people come from other jurisdictions to learn from what they are doing.

  Margie Phelps pointed out that in corrections, we're not very good at capturing the broader, impact type of research where not everyone had to do their own data collection.

Mike Thompson said we need to constantly challenge sites to get better -- often, some complacency emerges if sites become star sites. Mike Guerriere agreed and said we should have a term limit on those sites – they shouldn't go on in perpetuity.

Ms. Saunders said that in Orange County, one thing that prevents them from conducting research is that they don't have a structure such as an Internal Review Board (IRB) they can go to for basic research. If they could have research that would say this is legitimate, it would be great.

Cheri Nolan said the National Institute of Justice (NIJ), an agency within the Department of Justice, does research. Dr. Wilkinson said John Jay College in New York is studying reentry; the University of California-Irvine will be studying some of the evidence-based practices in California and elsewhere; the University of Cincinnati did a premiere study on community-based options; and the University of Pennsylvania has the Jerry Lee School that is starting to research many areas. There's no one place that has a monopoly. The University of Chicago has been doing a lot of research on women offenders.

Mike Thompson noted that there are two totally different research fields here -- corrections vs. mental health. How do you bring the two domains of research together and have them work in partnership? Morris Thigpen said NIC will have a full-time researcher on staff within the next month or so.

Dr. Wilkinson commented that university research is often too theoretical to be of use. We need good rigor and research that is applied. Dr. Walter Menninger asked whether schools of social work would do this type of thing. Reggie said no, they haven't been very involved.

The University of Kansas is doing a study on reentry. Fran Zandi said Margaret Segerson is doing that study and she did a similar study on identifying suicide risk in the Native American population.

Norm Carlson said this type of research is often done by an individual faculty member who gets a grant and the discussions are so esoteric they have little practical application.

An audience member recommended checking the evaluation model developed by the Department of Education (www.pbis.org). That has had a large impact on schools -- in fact, Maryland has adopted the model for all schools in the state.

Summary of the Day's Proceedings

Reggie Wilkinson said this was a wonderful discussion and thanked Fran Zandi and Michael Thompson. This far exceeded his expectations. We have hope about what can happen on the

federal level. He's excited about what he sees happening at the local level. We should catalog these best practices and evidence-based options so everyone can know what they are. We look for silver bullets, but there aren't any.

Morris Thigpen thanked everyone and commented that this has been very interesting.

Adjourned - 3:50 p.m.

November 16, 2005
8:30 a.m.

OPENING REMARKS

Chair of the NIC Advisory Board, Reginald Wilkinson, welcomed everyone to day two of the hearings. Yesterday was a wonderful day, filled with a lot of good discussion. Today will be equally interesting. He introduced Diane Williams, CEO of Safer Foundation, and Chair of the NIC Advisory Board's Hearings Committee.

- **Research and Evaluation:** Diane Williams said yesterday, there was much discussion about research with respect to mental health, e.g., the prevalence of those with mental illness. We discussed whether closing mental health institutions had an impact on the population in correctional institutions. Whether that's true or not, it doesn't really matter. About 15-16% of the correctional population have mental health issues. A nurse who works in the Cook County Jail estimates that about 25 -30% of their inmates have mental health issues. We get different numbers at different times depending where and when you look at it.

  Yesterday, we talked about program evaluations. There is research that says there are some programs that reduce recidivism and improve quality of life for those with mental illness, but that research isn't terribly extensive. There is a study on the impact of specialized caseloads upon parole and probation officers, but we don't have the results yet.

  While some programs have succeeded at reducing recidivism, determining how much money they save has been difficult to establish. There is no industry standard for doing that type of research. We need to find additional support for research so we can prove the validity of programs.

  We have studies about individual jurisdictions which show that offenders with mental illness have cost implications for corrections.

  We know we're moving in the right direction. We need to make sure there are more dollars available to do research. We have to have evaluations and rigorous research studies to allow people to continue to support this work.

HEARING PANEL: ***The Role of Family Members, Advocates, and Consumers in Corrections and Mental Health Collaboration***

Dr. Wilkinson introduced the panel: Blair Young from NAMI-Ohio, William Emmet from the National Association of State Mental Health Program Directors; Karim Bey from the Prison to Community Project in Southeastern Pennsylvania; Tammy Seltzer from the Bazelon Center for Mental Health Law; and Julio Abreu from the National Mental Health Association.

William Emmet
Project Director
National Association of State Mental Health Program Directors
Alexandria, Virginia

- **Mental Health Advocacy:** William Emmet, Project Director for the National Association of State Mental Health Program Directors, said it is great to be here and thanked NIC and CSG for making this possible.

  It is important for us to be here to demystify mental health advocacy. The panel will give an overview of that world that will, we hope, spark a discussion about how we can work together. We are different voices from different viewpoints. There is strength in that, but also some weakness. Some are family members, committed administrators, and/or advocates. In the past, there were many differences among those groups but, more recently, they have found they can work together very effectively.

- **Consensus Project:** One seminal project was the consensus project – Mike Thompson and the people at CSG had the idea you could bring us all together in one room to discuss this. It took a lot of discussion and debate to arrive at a consensus as to the goal or what should be achieved. That was a very important event.

- **National Association of State Mental Health Program Directors:** Mr. Emmet's brother has schizophrenia and Bill was involved in NAMI for many years, so he has the perspective of being an advocate and now understands the challenges faced by state mental health directors. He is Project Director for the National Association of State Mental Health Program Directors (NASMHPD). The average tenure of state mental health directors is only one-and-a-half to two years. Mike Hogan in Ohio is a real anomaly because he has been here about 13 years.

  As a result of the relatively short tenures, mental health directors don't have a lot of institutional memory -- advocates, while they can be difficult, are really necessary because they can help get new commissioners up to speed on what their priorities should be. They can also go the legislature, advocate for funding, advocate with the media, they can make commissioners look bad (or good), and they can help move the ball forward. They are an auxiliary arm for commissioners.

  Mental Health Advocacy: In many states, mental health authorities provide some funding for NAMI or other advocates. There is an important symbiotic relationship that corrections could draw upon. At the national level, there has been a lot of movement recently to bring these different advocacy organizations together and that is unprecedented. In Washington, D.C., in the 1980s and 1990s, there was a lot of jockeying between the groups, but he doesn't see that any longer. They have worked together on many TA projects through SAMHSA funding. They meet monthly to consider TA requests from states -- those requests must relate to the whole transformation agenda that grew out of the President's New Freedom Commission, and many of those are in the criminal justice world.

- **Campaign for Mental Health Reform:** The advocacy groups are also working

together on the Campaign for Mental Health Reform, which also came out of the President's Commission. This is a once-in-a-generation opportunity to make a mark. The advocates realized it would help to work together on message points to which they all agree. This campaign consists of 16 major national organizations working together to try to spur federal action. In July 2005, they issued a report entitled, *Emergency Response*: *A Roadmap for Federal Action on America's Mental Health Crisis*, a copy of which is attached to the full proceedings as Appendix J.

The report sets out seven steps with a number of recommendations under each. Many of them relate to the work NIC is looking at, including trying to get funding for the Mentally Ill Offender Act. They are thrilled at the $5 million dollars that was just appropriated, but they are hoping that can be increased to the $50 million mentioned in the Act. Housing and employment issues are also being addressed in the Campaign for Mental Health Reform – they are trying to ensure that the right services get to the right people at the right time.

- **Advocacy Handbook:** An advocacy handbook (an online tool) is being developed. The advocacy organizations have worked together to develop that for grass roots organizations as a part of the Consensus Project.

- **Advocacy Organizations:** The various advocacy organizations are very different voices coming from varying experiences. There is a great compassion, commitment, and dedication to what they are doing. People feel this is their life's work – to improve the lives of everyone with mental illness, regardless of where they are. There is a belief in recovery and hope, as set forth in the President's New Freedom Commission report.

Blair Young
Director of Development
National Association of the Mentally Ill-Ohio
Columbus, Ohio

- **National Alliance for the Mentally Ill - Ohio:** Blair Young, Director of Development for the National Alliance for the Mentally Ill (NAMI) in Ohio, said they have eight full-time and five part-time staff, which makes them the largest NAMI branch in the country.
- **Jail Diversion:** In the area of jail diversion, they motivate local advocates to promote particular models. They work in partnership with the Ohio Department of Mental Health, the Office of Criminal Justice Services, the Ohio Supreme Court, and the Ohio Department of Rehabilitation and Correction to educate and support local advocates. They started this about three years ago.

- **Crisis Intervention Teams:** NAMI-Ohio also talks about why CIT is important and educates people about the process. They have a number of documents and a Website that help explain and support CIT. He has a massive mailing list broken down by county. They hold what are called "Buy-In Luncheons" where NAMI representatives talk about what CIT is and why communities can no longer ignore this issue. At the end of

  the luncheon, someone announces that a steering committee meeting is to be scheduled and they talk about how, as a community, they can implement this program.

Today, there are CIT's in 25 Ohio communities, with 1,500 officers trained. Those numbers will double in the next year. They have many experts around the state to lean on.

At the initial steering committee meeting, they bring someone in from local law enforcement and mental health in communities that already have a CIT program and help guide the group along. This process has shortened to three months from initiation to implementation. Three years ago, this took six to nine months.

- **Collaboration On Local Level:** NAMI-Ohio works with the Supreme Court and their staff to get judges involved where communities have interest in this. An Ohio Bar Association grant was used to develop a training session for correctional personnel to educate correctional officers on CIT for correctional settings – they are taught what mental illness is, how to de-escalate situations involving offenders with mental illness, etc. Corrections has welcomed that guidance. The Department of Mental Health has helped them to deliver this curriculum, but they are also giving the curriculum to communities so they can run it themselves.

  With the Supreme Court's assistance, they have adjusted the model and delivered it to probation and parole officers, as well.

- **Bridging the Gap Project:** NAMI-Ohio also has staff who help communities pull folks together to talk about how better to address reentry and encourage communities to talk about how they can reduce problems using existing resources – how they can better serve these folks as they come out of prisons and jails. This project is called "Bridging the Gap" and it helps communities develop strategic plans.

Karim Bey
Care Coordinator
Prison to Community Project
Philadelphia, Pennsylvania

- **Prison to Community Project:** Karim Bey, Care Coordinator for the Prison to Community (PTC) Project in Philadelphia, Pennsylvania, said the PTC Project is a comprehensive reentry program. PTC provides case management to adults in prisons who have been diagnosed with major mental illness and a co-occurring substance abuse disorder. The PTC project works through peer support.

  Mr. Bey was an inmate in Kentucky and is a 19-year recovering cocaine and heroin addict so he understands these issues from the inmate perspective. He shares with PTC's clients some of his experiences and how he kept from returning to prison and offers suggestions on what they can do. He has worked in this field since the 1970's. After initially working with Vietnam veterans, he worked for a model pre-release program in Iowa. In the 1990's, he worked with Credenza, an inpatient program. These experiences have changed his whole attitude about mental health and being a role model for these people. He is able to relate to the offenders because of his past experience.

- **PTC Project: Components and Staffing:** They have two teams of peer coordinators

who work with inmates while they are in prison – they work on establishing housing for them before they get out. Transitional case managers work with inmates once they are released from prison – they take them to Social Security and helps them get SSI, medications, etc.

PTC has 75-100 people on their caseloads. There are three peer coordinators, four case managers, two supervisors, and a program manager. They are working on building a relationship with corrections in Philadelphia. The correctional officers initially resisted, but PTC staff were eventually allowed to enter the prisons, although they still sometimes have problems getting in. They have found allies in social workers and some correctional officers because PTC made an effort to build a relationship with them and educate them in how this program would save them time and manpower.

Through peer support, inmates with mental illness are assisted with developing social skills, how to have fun upon release without getting into trouble, how to use the library, and so forth.

Mr. Bey provided the following handouts concerning the PTC project: 1) Frequently Asked Questions and Answers Concerning the Prison to Community Project; 2) a document describing the Prison to Community Project; 3) a document entitled *Wellness is a Way of Life . . .'Taking Time for Wellness' Peer Support Group*; and *4) Prison to Community Project Community Resource Handbook* [hard copies not available from NIC]. Copies of the first three handouts are attached to the complete version of the proceedings as Appendix K .

- **PTC Eligibility:** Mr. Bey interviews the offenders with mental illness, asking them three questions: 1) Do you have a major mental health diagnosis, 2) do you have history of substance abuse, and 3) do you have a case manager? If the answers to all three questions are yes, he has them complete an application form. He can then get their psychiatric and behavioral health evaluations. Once inmates are authorized for the program, Mr. Bey starts locating housing for them.

Tammy Seltzer
Senior Staff Attorney
Bazelon Center for Mental Health Law
Washington, D.C.

- **Role of Consumer/Survivors:** Tammy Seltzer, Staff Attorney for the Bazelon Center for Mental Health Law, said she is glad Karim Bey was invited to participate on this panel. It is critical that consumer/survivors are involved in these issues in a meaningful way.

- **Bazelon Center for Mental Health Law:** The Bazelon Center is made up of freelancers – they don't have membership or state chapters. Some people would say their positions are close to those of consumer/survivors.
  There are national organizations of consumer/survivors. Some NAMI chapters have significant involvement by consumer/survivors, some not so much. Some consumers are independent free-lancers.

  Bazelon is able to respond quickly to requests for assistance, as they don't have to run

decisions through a membership. Their Policy Division does lobbying on the Hill. They have a litigation group that brings lawsuits and they provide technical assistance.

The SAMSHA targeted TA grants have been invaluable to them – she learns something every time she gets out into the field about what the challenges are.

- **Bazelon's Public Education Efforts/Publications:** Bazelon is also engaged in public education – they put out many publications. She brought the following three handouts on benefits for people coming out of jail: 1) *Arrested? What Happens to Your Benefits if You Go to Jail or Prison?*; 2) *For People with Serious Mental Illnesses: Finding the Key to Successful Transition from Jail to Community*; and 3) *Building Bridges: An Act to Reduce Recidivism by Improving Access to Benefits for Individuals with Psychiatric Disabilities Upon Release from Incarceration*. See Appendix L [hard copies are not available from NIC but can be obtained from the Bazelon Center (pubs@bazelon.org or www.bazelon.org)].

- **Building Bridges:** The *Building Bridges* publication is a model law about discharge planning based on what Bazelon has learned from litigation in New York and from being out in the field. Some communities are starting to implement part of that. With a grant from the Jett Foundation, Bazelon is working with three states (Maryland, Minnesota and Vermont) to implement it statewide.

  The *Building Bridges* model law tries to assure smoother reentry. Allegheny County is a great example of a county that is doing what the model law recommends.

- **Discharge Planning and Public Benefits:** There is increased interest around discharge planning and benefits and Bazelon has done work in that area for the last five or six years. Ms. Seltzer explained that SSDI is Social Security Disability and SSI is for people who have never worked or haven't worked enough to get Social Security credit. The federal government pays $400 for each person correctional facilities report they have incarcerated within 30 days of admission. In many cases, that money goes to state general funds instead of to the correctional facilities. Ideally, it should be used for discharge planning. The law terminates SSI benefits after 12 months. Inmates don't get paid SSI while incarcerated but they also are not terminated from SSI until after they have been incarcerated for the 12 months. Assuming they are not in the correctional facility long enough to have their SSI terminated, they can get back on it as soon as they are released -- that helps with treatment and housing. It would be helpful if the law could be changed to extend SSI beyond the 12 months -- it is easier to reactivate someone than to have to start all over again.

  There are also issues of suspension and termination with Medicaid. States are not required to terminate persons with mental illness from Medicaid when they are incarcerated. Bazelon advises them of that; however, some states that have tried to keep the offenders on the roles have found there are computer problems -- the computers don't allow them to hold inmates in a suspended state. Maryland said they would only do this if they got $30 million to update their computer systems. Surprisingly, they did get the $30 million but it is uncertain whether they will actually use the money for this.

  Minnesota has said they will focus on re-application instead of suspension. Social

workers do a better job of reapplying than doctors.

Photo identifications are necessary for offenders who are released from correctional facilities in order to get benefits. Often, offenders lose their ID's. New Jersey realized this was a problem and the Department of Corrections decided it would issue its own temporary photo ID's to offenders being released. This doesn't cost very much.

- **Pre-Release Agreements With the Social Security Administration:** Pre-release agreements can be entered into with the Social Security Administration (SSA). SSA often incorrectly informs correctional facilities that inmates can't apply for benefits until they are out of prison. State or local correctional facilities can enter into pre-release agreements with SSA that spell out who will do what – this allows the process to start 90 days before release. Many local SSA offices don't know about this. The regional offices are usually better informed but if even they don't know about it, correctional agencies can go to the national SSA office.

  Corrections facilities may not realize the benefits of pre-release agreements. Once they understand that this is an important piece in keeping people from cycling back into the facility, they're much more willing to do it. There has been litigation around this issue.

- **Legal Issues With Respect to Offenders With Mental Illness:** Ms. Seltzer summarized some recent court cases pertaining to offenders with mental illness:

  - ***Medication:*** the 9th Circuit Court of Appeals has held that there is an obligation to provide inmates with sufficient medication, upon release, to tide them over until they can get a prescription filled.

  - ***Discharge Planning:*** the *Brad H.* case was brought in New York City with respect to discharge planning for inmates with mental illness. Using a New York state discharge planning law, the courts found that the discharge planning requirement applies to jails, as well as hospitals, if they were providing mental health services while the person was incarcerated. It said that jails are required to provide many services for inmates in that situation.

  - ***Discrimination*:** in Chicago, it was found that people with mental illness were being arrested at twice the rate of people without mental illness for the same offenses: that's an area where communities could be open to litigation.

  - ***Continuity of Care:*** often, offenders with mental illness don't get their medications in a timely manner while incarcerated, or their medications are switched or discontinued. In some cases, people are arrested for a misdemeanor and after being incarcerated, they are charged with a felony for assaulting an officer – that sometimes happens as a result of not receiving their medication.

  - ***Access to Pre-Trial Release Programs:*** in Chicago, for example, people are not allowed to be released to a group home if they have an ankle bracelet. As a result, they must stay in jail.

  - ***Access to Diversion Programs:*** Bazelon often hears that substance abuse programs won't accept people with mental illness as their rules prohibit them from accepting people on medication. In most cases, people with mental illness

must take medication.

Julio Abreu
Senior Director of Governmental Affairs
National Mental Health Association
Washington, D.C.

- **National Mental Health Association:** Julio Abreu, Senior Director of Governmental Affairs for the National Mental Health Association (NMHA), acknowledged Paddy Kutz, who is here, a board member of NMHA from Ohio. She has been with NMHA for 24 years and has worked with law enforcement and corrections in Ohio.

- **California's Proposition 63:** Mr. Abreu said that the passage of Proposition 63 in California shows that the community can be an agent for change in all of this. It would have been difficult for a mental health director to take the lead on a tax policy that would increase mental health services in the community. Proposition 63 was passed by the voters and it allows the sheriffs to do much in this area.

- **Juveniles With Mental Illness:** The use of juvenile detention facilities to house youngsters with mental illness is a huge problem. As Mr. Abreu indicated yesterday, on any given night, 2,000 youngsters with mental illness are warehoused in detention facilities in this country due to the lack of mental health facilities. We shouldn't put up with this and we wouldn't if they had physical health issues. The cost is $100 million, which is a very inefficient use of resources. We are making investments in the wrong places.

  What are we going to focus on – the availability of community mental health services so kids can get help there or improving the mental health services available within correctional facilities? Yesterday, we talked about collaboration – that is necessary to accomplish our work.

- **Juvenile Justice Coalition and OJJDP:** He is on the steering committee of the Juvenile Justice Coalition and they get together to talk about these policy issues. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) Act is up for re-authorization next year. He hopes that NMHA will be able to work together with NIC to help get that re-authorization.

- **NMHA Website:** NMHA's Website is www.NMHA.org/children/justjuv/index.cpm and it contains great resources, including a compendium of promising practices. This lists programs that have been proven to work (e.g., functional family therapy, multi-systemic therapy, etc.) and it can be very useful. Among the challenges we face is ensuring that both mental health and education services follow kids into detention facilities.

- **NIMHA Recommendations:** As many as 75% of kids in the juvenile justice system have a mental disorder. NMHA has put together a list of recommendations as to what can be done. There is a widespread failure to provide standardized assessments and there is lack of coordination/communication between systems.

  NMHA, together with the MacArthur Foundation, has been working with local NMHA's with respect to assessing what is happening in communities – they are starting to

improve services in three states.

- **Funding for Juvenile Justice:** As indicated earlier, $5 million has been appropriated for FY 2006 for the Mentally Ill Offender Act. However, at the same time, juvenile programs were cut by $35 million. NMHA tries to focus on prevention and steer kids from entering correctional facilities – it is not right to cut those juvenile justice programs. SAMHSA will potentially experience a cut of about 7% for mental health services -- that will reduce funds for diversion programs.

DISCUSSION WITH BOARD MEMBERS

- **Bazelon Center for Mental Health Law:** NIC Board member, Dave Parrish, asked Ms. Seltzer about Bazelon – the books she brought are excellent. He has never heard of Bazelon before. He said the Large Jail Network (LJN) meets twice a year at the NIC training center in Longmont, Colorado. A couple of years ago, some representatives from the Social Security Administration (SSA) asked that LJN members provide them with statistics. A couple of years later, SSA started providing some economic incentives to provide that data and the sheriffs decided to do it. Subsequently, Colonel Parrish decided to stop submitting that paperwork because his agency never saw the money incentives – instead, they go to the county's general fund. Later, a law was passed requiring them to report these statistics to the State Attorney General's office. Reporting this information is counter-productive for them. The average length of stay in his jail is 24 days. This is an exercise in futility. Ms. Seltzer said Bazelon is working on this and she encouraged Colonel Parrish to see their website.

  Ms. Seltzer said that, through SAMHSA TA grants, they can bring people in to do some education on these issues. Dave Parrish suggested they come to LJN and make a presentation. She indicated they would.

  She said Bazelon has been around for about 30 years but they stayed away from the criminal justice area for a long time – they didn't want to contribute to the public misconceptions about those with mental illness often committing crimes. However, they have decided they can't keep their heads in the sand any longer.

- **NASMHD's Technical Assistance Activities:** Dr. Wilkinson asked Bill Emmet how many of the projects NASMHD is working on relate to criminal justice. Mr. Emmet said the TA activities they have undertaken have involved going to communities and working with multiple stakeholders. Reggie said if those represent best practices or promising programs, it would be good if we could get the word out about them. Mr. Emmet said he can provide that information.

  A number of the TA visits have related to benefits issues, sometimes bringing together appropriate parties and identifying leadership and projects that will start them on the path to solving problems. Julio Abreu said a lot of people in the justice and corrections field have asked NMHA to come out and talk about these issues – i.e., corrections and mental health working together.

  Bill Emmet noted that, in the past, the mental health field said once someone is in the correctional system, they're not ours any longer – we don't want to deal with them. Advocacy groups shied away because they didn't want to contribute to the image of

persons with mental illness being criminals. Progress has been made with respect to both of those issues in the last few years.

- **Providing Mental Health Services in Correctional Facilities:** Morris Thigpen said the President of NMHA issued a statement that a correctional facility is a very bad place to put a person with mental illness. Is the feeling that there are thousands of people with mental illness who shouldn't be in correctional facilities at all, or is the feeling that since they are there, correctional facilities should gear up to provide treatment? That's a real dilemma. Reggie Wilkinson said he has had judges say "I know if I send them to prison, they will get treatment but if I don't, there is no guarantee." Julio Abreu said the Los Angeles County Jail is a large provider of mental health services. If we have a public health issue, let's deal with them in a public health setting, not a correctional setting. Everyone seems to recognize that for many, a correctional facility isn't the appropriate setting.

  Ms. Seltzer said Bazelon focuses most of its resources on prevention and reentry. They haven't spent a lot of time on mental health services in jails and prisons. There are constitutional requirements to provide services for those incarcerated but Bazelon's preference is for diversion. Norm Carlson said that's a real dilemma for someone building a new jail – do you include a modern mental health unit? Bill Emmet said there are examples around the country where construction of new jails has been put off due to diversion programs. Mr. Carlson said if you do build such a unit, it's likely it will be used. Ms. Seltzer agreed -- sometimes, people commit crimes because they want to be incarcerated -- it's the only way they can get treatment. In the past, when mental health and law enforcement/corrections have come to legislatures together and asked for resources, it has been very effective.

  NIC Board member, Mike Carona, said his county got $5.2 million to launch the MIOPRA [phonetic] program – they decided that money was going to the mental health community – it was very successful in providing places in the community for those with mental illness, instead of going to jail.

  Bill Emmet noted that the Consensus Project report talked about what needs to be in place in the mental health system to prevent people from going into the correctional system.

- **Role of Family:** NIC Board member, Diane Williams, noted that the title of this panel references the role of family members. She asked Mr. Bey what role they play in his work. Mr. Bey said families are very important. Mothers are excellent advocates for their sons -- e.g., one inmate had been incarcerated for two months without any medication and his mother came to Mr. Bey, who went to a social worker. Another psychiatric evaluation was done on the person and he received medication the same day.

  Ms. Williams asked if the other advocacy organizations work with families.
  Ms. Seltzer said the Federation for Families with Children with Mental Illness is an incredible advocate for kids. They are very involved in corrections, etc. For adult offenders, Bazelon refers families to NAMI or NMHA.

- **Campaign for Mental Health Reform:** Bill Emmet said the Campaign for Mental

Health Reform (www.mhreform.org) focuses on federal advocacy. A very good working relationship has been developed between and among the various advocacy organizations. Families can go to any of them and be referred to an appropriate advocacy organization.

Ms. Kutz, NMHA Board member, said Diane Williams provided some statistics from Cook County Jail to the effect that a nurse who works there thinks 30% of their inmates have mental illness. Ms. Kutz does advocacy work at the jail in Licking County, Ohio -- she screens men and women and she believes that 60% have dual diagnoses. 65% of the kids who drop out of school have mental illness. They do screening in the schools for suicide prevention. In the Licking County Jail, there is a mental health team as a result of Ms. Kutz's advocacy – this team works with inmates in the jails and secures services for them in the community.

- **Funding for Juveniles With Mental Illness:** NIC Board member, Mike Carona, said we need to talk about the juvenile side of this issue. Some money is coming into the pipeline, but more and more funds are being cut from juvenile justice agencies across the country. We need to advocate for more money, not less, to be devoted to this. It's easier to grow a child than to fix an adult. If we do that, we would have a much different configuration in our jails in the future.

Break

Judge Spicer, a juvenile court judge in Delaware County, Ohio, said seeds have been planted in community environments. Ohio has mental health courts, community-based organizations, etc. Ohio has some unique programs -- a lot of it comes out of what one individual can do. Justice Evelyn Stratton pushes all of us. She is a national leader and it shows what one person can accomplish. She talked to their drug court graduation a few months ago and she gave an eloquent talk. She was followed by the mother of a person who had benefitted from the program who gave it a very emotional testimonial.

More than half of the youngsters in the drug court have mental health issues. We need to put a lot more resources into this. John Peterson is a member of the state legislature and he has introduced a bill for mental health parity in health insurance. It has about a 50-50 chance of passing. It will increase insurance costs by 1% to 2%. It's a long shot, but it would be helpful.

Dr. Wilkinson said the Ohio Department of Youth Services (DYS) has 1,700 youth. Delaware County doesn't have any of its youth in DYS custody. The county decided they would not send anyone to DYS – they handle them in the community. A RECLAIM program started in about 1995 – the juvenile courts have dollars assigned to them. For every child sent to DYS, they have to give up some of that money. If the youth don't go to DYS, the county keeps the money to use for services.

OPEN FORUM - W. WALTER MENNINGER, M.D.
REFLECTIONS AND ANALYSIS

Introduction

Dr. Wilkinson said Norm Carlson was the second-longest serving director of the Federal Bureau of Prisons (BOP) – he was there about 17 years. He brought the BOP into the modern era and made it one of the best correctional systems in the world. Since retiring from the BOP, Norm has served as a faculty member and as an expert witness all around the country. He asked Norm to introduce Dr. Walter Menninger. Mr. Carlson said when the Advisory Board talked about who should bring some closure to the hearings, it was decided we should ask Dr. Menninger, who was on the original NIC Advisory Board and has been a key advisor to NIC. He helped write the legislation that created NIC and was an *ad hoc* member of the Advisory Board. He served as Chair of the Board for four years.

- **Dr. Walter Menninger's Background/Involvement With Corrections:** Dr. Menninger said he is a "shrink" who first got involved with prisons when he took a public health commission, in return for which he committed to working in the prison system. As a result, he got exposed to law and psychiatry.

  After he returned to the Menninger Clinic in Topeka, Kansas, he was invited to be part of a group that was to critique the BOP's medical system. When Norm Carlson subsequently became Director of the BOP, he invited Dr. Menninger to consult with architects with respect to a major prison building program. He is a psychiatric consultant to the local police department. He has been asked to comment on these hearings.

- **Reactions to Proceedings:** He has been impressed and excited by all the presentations we have heard – not only with Justice Stratton's leadership in Ohio, but also the work that Reggie Wilkinson and Mike Hogan have done here. They are successful in getting people engaged – "collaboration" has been the theme of these hearings. The commitment by the federal agencies is hopeful -- acknowledging that this is a joint challenge facing the Justice Department and the Department of Health and Human Services.

  The exemplary programs identified by CSG and NIC are encouraging – they show the degree to which agencies are recognizing they can do much more if they integrate resources. Dr. Menninger is on the board of a small foundation (the Kenworthy-Swift Foundation) that has granted funds to the Bazelon Center.

- **Size of the Problem:** This is a significant public health problem. A statistician could give us a better handle on the numbers, but one study found that out of 10,000 youth in Philadelphia, about 639 accounted for over 70% of the contacts with law enforcement for violent crimes. We are dealing with about five to six percent of the population -- our energies get disproportionately directed to that relatively small number.

- **Criminal Justice and Mental Health:** Two systems are challenged to deal with this – criminal justice isn't really integrated except in rare circumstances where someone takes the lead in bringing them together. The criminal justice system is largely public. Mental health has both public and private components. How do you get them to integrate? In corrections, if you develop a good program, people start using it, so there is a quandary – do we develop good mental health systems within prisons or jails? If so, people will use them and they will only get bigger.

- **Funding:** Funding underlies a lot of these issues: *USA Today* had an article yesterday about how our whole economy is headed for disaster. He's one of the few people who would be willing to pay more taxes. We are blessed in this country -- we have to acknowledge we're going to have to pay more. We can't keep cutting the budgets. We can't make the prospect of increasing taxes the death knell for anyone running for public office. Another issue is how to get specialized services to rural areas – we can use technology to help with that.

- **Research and Evaluation:** Psychiatrists have to acknowledge that, at some point, you're going to lose a patient, but there are some things we can do – e.g., in suicide prevention and in addressing juvenile justice. We may lose some kids because of the extent of their impairment, but we can have a significant impact. What is the reliable best practice? How can we establish that? We all have our clinical impressions about what works. We have to find ways to evaluate programs to determine their effectiveness. The Kenworthy-Swift Foundation asks all grantees to build in an evaluation component.

- **Information Dissemination:** Another issue relates to how to get the word out about effective programs. Aftercare is very challenging – but it's critical. In mental health treatment, discharge planning is an important part of treatment planning. We need to figure out how to develop effective aftercare programs. In Kansas, they indicated they reduced recidivism from 70% to 50%.

  How do we implement recommendations of study groups such as the President's New Freedom Commission? How do you get the message out and who will do it? The federal and private agencies should work together on that.

- **Recommendations for NIC:** What can NIC do?

  - This type of hearing is important because it plants a few more seeds and reinforces the enthusiasm of people engaged in this. It allows for cross-fertilization.

  - Facilitating access to data banks is also important so information can be made available to corrections and the mental health fields.

  - We should utilize and engage professional organizations, including the American Psychiatric Association, the American Psychological Association, the Association of Community Mental Health Organizations, etc., and the professional correctional organizations. We should try to get on their professional programs. The panel of representatives from advocacy groups would be a great one for the American Psychiatric Association. The American Association of Directors of Psychiatric Residency Training is another good association.

  - NIC could also help facilitate evaluation research – help identify best practices and funding sources. The Police Foundation has a research advisory panel – academicians who know about that field. Something similar could be developed for corrections.

- NIC could facilitate engaging and utilizing nontraditional sources of support, e.g., families, advocates, etc. Some who have experienced mental illness are magnificent in describing their situation. Training the families of those with mental illness is also a great idea -- studies have shown that the most significant element in reducing recidivism is having a family the inmate can return to. They can be a great resource in setting up programs, as well as helping their own family members.

Dr. Menninger thanked the Board for inviting him and for enlightening him as to the encouraging things going on. Dr. Wilkinson said we appreciate Dr. Menninger's comments and thanked him.

SUMMARY AND CONCLUSIONS

Dr. Wilkinson said this has been a lot of food for thought. NIC doesn't have an infinite amount of resources. If we are to accomplish a lot, it won't happen with NIC alone. We will have to leverage our dollars and resources and continue the collaborative efforts currently going on. We need a clearinghouse of information – Cheri Nolan indicated SAMHSA could help broker that. This is a monumental issue. We have to pay attention to female offenders, juveniles, community corrections, jails, schools, etc. How can we dissect it and trisect it so we can deliver services at the lowest common denominator?

These are some things to be considered in determining what activities NIC should take on in this area:

- We need to have persons who have gone through this, such as Karim Bey, help us.

- If sex offenders have mental illness, we need to pay attention and get them treatment instead of casting them out.

- According to Bill Emmet's document, there is no organization that is dedicated to correctional mental health services. We should look into how we could develop such an association that would include mental health providers in adult correctional facilities, jails, etc. We could do something similar to what NIC and CSG accomplished with respect to the interstate compact.

- We appreciate the availability of the new dollars that Congress has appropriated, but we need to consider what can be done with very little dollars, i.e., how to use current resources more efficiently. That will take a culture change. We need to engage academia in what we're doing so empirical data can be collected to support what works and what doesn't.

- Morris Thigpen, Director of NIC, encouraged anyone to e-mail him at mthigpen@bop.gov with impressions, suggestions, etc., and he'll see that the Board and staff get those. He is very pleased with this hearing. Norm Carlson said this was a very useful, productive hearing: both he and Dr. Menninger are encouraged by what they have heard. Corrections used to be alone with little outside support and it appears that has changed.

Sheriff Mike Carona said this has been a great learning experience. There are good programs going on and NIC has become a sounding board for what is happening across the country. He thanked the chair for allowing us to have this hearing. Diane Williams said she is very encouraged that we had this opportunity. We need to see results come out of it. It is clear that those with mental illness have the same issues anyone else does when they come out of prison. While NIC can't provide housing, it does have an offender employment component, and it may make sense to tie that into this work.

Colonel David Parrish said he has taken advantage of NIC services for the last 25 years. There are no strings attached and it is practical. This was great. He will be going home with practical things he can use. He complimented the Bazelon Center on its publications – they are extremely helpful and informative. He plans to make others in corrections aware of them.

Maureen Buell said once the minutes are approved by the Board, a summary will be put on NIC's website. Morris Thigpen asked everyone to express appreciation to Maureen Buell and Fran Zandi for their work on this. Dr. Wilkinson thanked the panels and expressed appreciation to CSG for all its help.

Adjourned – 11:45 a.m.

APPENDICES TO MINUTES OF
NATIONAL INSTITUTE OF CORRECTIONS ADVISORY BOARD HEARING
ON MENTAL HEALTH AND CORRECTIONS
November 15-16, 2005

NOTE: Except for Appendix A (the Hearing Participant List), none of these are attached to the electronic version of the proceedings; however, for those interested, hard copies are available from NIC (unless otherwise indicated below).

Appendix	Description
A	Hearing Participant List
B	Summary of Public Law 108-414: Mentally Ill Offender Treatment and Crime Reduction Act of 2003
C	(1) Mission of the Ohio Supreme Court Advisory Committee on Mentally Ill in the Courts; (2) *The Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts: A Catalyst for Change*; and (3) *What is a CIT? Why Do You Need One in Your Community?*
D	Executive Summary, Goals and Recommendations of the President's New Freedom Commission on Mental Health
E	Council of State Governments' draft tool to assess collaboration
F	(1) Pamphlet describing the Allegheny County Forensic Services program; (2) Article from The Innovations in American Government Awards concerning the Allegheny County, Pennsylvania State Forensic Program, entitled *Supporting the Passage to Freedom*; and (3) Pamphlet entitled *Allegheny County Mental Health Court*
G	(1) Article co-authored by Lance Couturier, Ph.D., entitled *Discharging Inmates With Mental Illness and Co-Occurring Disorders Into the Community: Continuity of Care Planning in a Large, Statewide Department of Corrections*; (2) Article co-authored by Lance Couturier, Ph.D., entitled *Releasing Inmates With Mental Illness and Co-Occurring Disorders Into the Community* [not available from NIC in hard copy for copyright reasons]; (3) Pamphlet on Mental Health Services put out by the Pennsylvania Department of Corrections; and (4) PowerPoint presentation entitled *Continuity of Care/Re-Entry Issues for Inmates with Mental Illness and*

Substance Abuse Moving from Prison to the Community

H	(1) Document entitled *Improving the Response Of Offenders with Mental Illness Through Mental Health and Corrections Collaboration* concerning Orange County, Florida's Central Receiving Center; (2) Pamphlet on the Central Receiving Center; and (3) Document entitled *Central Receiving Center - Monthly Statistical Report: April 2004 - April 2005*
I	Document entitled *Kansas: Partnership Between Corrections and Mental Health to Promote Transitional Planning for Offenders With Mental Illness*
J	Campaign for Mental Health Reform report of July 2005, entitled *Emergency Response: A Roadmap for Federal Action on America's Mental Health Crisis*
K	(1) Frequently Asked Questions and Answers concerning the Prison to Community Project; (2) Document describing the Prison to Community Project; (3) Document entitled *Wellness is a Way of Life . . . "Taking Time for Wellness" Peer Support Group*; and (4) Prison to Community Project Community Resource Handbook [not available from NIC in hard copy]
L	Booklets by the Bazelon Center for Mental Health Law, entitled as follows: (1) *Arrested? What Happens to Your Benefits If You Go to Jail or Prison*; (2) *Building Bridges: An Act to Reduce Recidivism by Improving Access to Benefits for Individuals With Psychiatric Disabilities Upon Release from Incarceration*; and (3) *For People with Serious Mental Illnesses: Finding the Key to Successful Transition from Jail to Community* [These booklets are not available in hard copy from NIC but are available from the Bazelon Center (pubs@bazelon.org or www.bazelon.org]

APPENDIX A

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