GAINS EBP Center for Persons in the Justice System

Notes to the Field

Integrating State MH-CJ Planning: A Time for New Initiatives

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Background

In 44 of the 50 U.S. states, jails are operated by counties and municipalities and prisons are run by states. In the other six (CT, VT, RI, DE, AK, HI) the two systems are integrated (BJS, 2002). Reflecting the common separation of these two systems, typically there is little integration in the planning for mental health and criminal justice systems. The funding streams, the planning processes, and the politics for the two systems are quite discrete.

As with any generality, there are some exceptions to this rule. In about half of the states, the mental health services in state prisons are provided by the state mental health authority either directly or by contracts via private providers. These arrangements require much negotiation and planning between state corrections agencies and state mental health authorities and do bring some mental health and corrections budgeting and planning together.

Another type of exception is in Maryland. Throughout the past 12 years, that state's mental health authority has provided grants directly to counties to develop and operate jail diversion programs. Currently, all counties in the state receive this seed money (Gillece, 2003). In this program, the county plans are reviewed centrally and outcome data is gathered on program implementation by the state mental health authority.

Recently, the states of Texas and Michigan have legislatively mandated the development of jail diversion programs by counties. A statute added to the Michigan State Mental Health Code in 1995 states that "Each community mental health services program shall provide services designed to divert persons with

serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate." A statute added to the Texas Health and Safety Code in 2003 states "The department shall require each local mental health authority to incorporate jail diversion strategies into the authority's disease management practices." These requirements have necessitated some state level oversight and, at the county level, much more integrated planning.

Amidst these developments, what may be the best examples of integrated mental health-criminal justice planning are the three states (Arizona, California, and Texas) that have developed state commissions on mentally ill offenders. The legislative mandate is clearest and most demanding in Texas, but is very influential in the other two states.

Texas Department of Criminal Justice. Council on Offenders with Mental Impairments. Created by the Texas legislature in 1987, the mission of the Texas Council on Offenders with Mental Impairments is to provide a formal structure for criminal justice, health and human service, and other affected agencies and organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs, including serious mental illness, mental retardation, terminal or serious medical conditions, physical disabilities and those who are elderly. The Council, as outlined in statute, is comprised of 21 agencies and organizations with an interest in offenders with special needs. In addition, the Texas governor appoints nine at large members who serve staggered six-year terms.

The Council determines the status of offenders with special needs in the state criminal justice system and identifies needed services, develops community-based alternatives to incarceration, provides training and technical assistance, applies for and receives state, federal and other funding, and distributes funding appropriated by the state legislature to local governments and private organizations, for the development, operation, or evaluation of programs for offenders with special needs. Among the initiatives of the Council are the Special Needs Parole Program and the Continuity of Care system.
See http://www.tdcj.state.tx.us/tcomi/tcomi-home.htm

Arizona Department of Health Services, Division of Behavioral Health Services. Council on Offenders with Mental Impairments. In 1992, the Arizona legislature created the Council on Offenders with Mental Impairments. This Council is charged with determining the status of offenders with mental illness, mental retardation, and developmental disabilities within the State's criminal justice system to identify the services needed by those offenders. Its mission is to shape state and local public policy for the identification, diversion, and quality treatment of all individuals with mental impairments who interact with or are at risk of interacting with the criminal justice system. The Council meets monthly at various behavioral health and correctional sites statewide assessing treatment needs and services for mentally impaired offenders.

The Council provides training and technical assistance to mental health and criminal justice professionals, seeks to increase collaboration and public awareness, advocates for increased funding for services for offenders with

mental impairments, assists in the development of jail diversion programs, and promotes research activities targeting areas that support implementation of the Council's goals.

See http://www.hs.state.az.us/bhs/ocouncil.htm

California Youth and Adult Correctional Agency. Council on Mentally Ill Offenders. In 2001, the California legislature created the Council on Mentally Ill Offenders within the Youth and Adult Correctional Agency. This Council was formed to investigate and promote approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending. The council is composed of 11 members appointed by the Governor, Senate President, Assembly Speaker, and Attorney General, from the areas of law enforcement and mental health. The council addresses the needs of adults and juveniles who have been arrested, detained, incarcerated, or are at a significant risk of being arrested, detained, or incarcerated, and who have a mental disorder as defined by California Code of Regulations.

The council develops strategies for improving the cost-effectiveness of services and identifies incentives to encourage state and local criminal justice and mental health programs to adopt cost-effective approaches for serving offenders with mental health needs. The council improves service coordination among state and local mental health and criminal justice and improves the ability

of offenders with mental health needs to transition successfully between corrections-based and community-based treatment programs.

Action Steps

In order to stimulate planning at the highest levels that impacts on the frontlines, the development of planning processes that create state commissions modeled on the three states in which they currently operate is suggested. The report of the President's New Freedom Commission on Mental Health, issued in July 2003, recommended "widely adopting adult criminal justice and juvenile justice diversion and re-entry strategies to avoid the unnecessary criminalization of non-violent adult and juvenile offenders with mental illnesses." The TAPA Center brief, *Towards a Blueprint to Respond to the President's New Freedom Commission on Mental Health Recommendations on Adult Criminal Justice Diversion* (2003), identifies specific strategies for implementation at the state level, which include:

- Considering the creation of a State commission on mentally ill offenders/detainees modeled on Texas, Arizona, and California; and
- Utilizing the State planning process integrating mental health, substance abuse, and criminal justice; identify incentives to get stakeholders in each system to the table.

Available Support

The recently CMHS funded GAINS Center for Evidence Based Programs in the Criminal Justice System, has the capacity to provide technical assistance

to states interested in integrating the mental health and criminal justice planning processes. This assistance could be in the form of facilitating strategic planning sessions, providing case studies of other successful ventures, convening meetings of representatives from multiple states to focus on these issues, or other ideas that states may generate alone or in partnerships across states from various regions or with similar characteristics.

Contacts

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