

## **Policy Recommendations**

### **Pre-Booking Diversion, CIT, and Training of Law Enforcement Officers**

- Resources should be directed from all levels of government (federal, state, and local) to support the development and implementation of Crisis Intervention Team (CIT) programs. CIT programs have been proven to reduce costs associated with incarceration and to increase the safety of law enforcement officers and the people with serious mental illness to whom they are responding.
- Since police today are first responders to people with serious mental illness in crisis, all police officers should be trained to recognize the symptoms of mental illness and to relate effectively to persons with serious mental illness. Additionally, a subgroup of officers (approximately 25%) should receive specialized, intensive CIT training and be designated, whenever possible, to respond to calls involving people experiencing psychiatric crises.

### **Post-Booking Diversion**

- A variety of post-booking jail diversion options should be considered and supported at state and local levels, including Mental Health Courts, diversion programs through regular, non-mental health courts, such as Connecticut's statewide jail diversion project and Memphis' Jericho Project, and Court Appointed Special Mental Health Advocates.

### **Linkages Between Criminal Justice and Mental Health Systems**

- Strong linkages should be established at state and local levels between law enforcement, the courts, corrections and the mental health system to ensure that the mental health and related service needs of incarcerated people with serious mental illness are addressed immediately following release.

### **Mental Health Services and Supports**

- A range of supported, therapeutic, and community-based living options should be available for people with serious mental illnesses involved or at risk of being involved with criminal justice systems. These should include:
  - Permanent supportive housing options;
  - Group homes and other congregate living arrangements; and
  - "Housing first" programs, which provide permanent independent housing and the availability of services on a voluntary basis for individuals with serious mental illness who are homeless.
- Integrated mental health and substance abuse treatment services must be available in one setting for individuals with mental illness involved or at risk of involvement with the criminal justice system. Studies suggest that at least 75% of people with serious

mental illness who are incarcerated also meet DSM-IV-TR criteria for drug and/or alcohol abuse or dependence.

- Family and peer support and educational programs are vital resources in the recovery of offenders with serious mental illnesses and should be available for all who can benefit from them. For example, the Forensic Peer Specialist model developed in New York City offers promise as a model for helping offenders with mental illnesses reintegrate into their communities.
- Adequate numbers of inpatient beds for acute, intermediate and tertiary psychiatric care must be maintained for individuals who need them. It is cruel, inhumane and highly inappropriate to use jails and prisons as substitute inpatient treatment facilities.
- Mobile crisis management teams and crisis stabilization services should be available and easily accessible for individuals in crisis who need immediate assistance. This would significantly reduce burdens on law enforcement as first responders.
- Mental health services should be culturally competent and designed to respond to the unique needs of people of diverse racial, cultural and ethnic backgrounds as well as people of different ages and genders.
- Funding for inpatient and community-based services for people with serious mental illnesses must be increased significantly so that the needs of all individuals with these illnesses are addressed. Adequate funding of mental health services will result in savings for other systems, such as criminal justice, that have in recent years frequently been forced to assume the burdens of responding to people in crisis.

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<sup>1</sup> U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, “Prison Statistics”, available at <http://www.ojp.usdoj.gov/bjs/prisons.htm>. Accessed May 22, 2008.

<sup>2</sup> National Commission on Correctional Healthcare, “Prevalence of Communicable Disease, Chronic Disease, and Mental Illness among the Inmate Population”, in The Health Status of Soon-to-be-Released Inmates: A Report to Congress, Washington, DC, National Commission on Correctional Health Care, 2002, available at [www.ncchc.org/stbr/volume1/chapter3.pdf](http://www.ncchc.org/stbr/volume1/chapter3.pdf). Accessed May 22, 2008.

<sup>3</sup> Lamb, HR and Weinberger, LE, “The Shift of Psychiatric Inpatient Care from Hospitals to Jails and Prisons”, *Journal of the American Academy of Psychiatry and Law* 33: 529-534, 2005.

<sup>4</sup> Human Rights Watch, “Difficulties Mentally Ill Prisoners Face Coping in Prison”, in Ill Equipped: U.S. Prisons and Offenders with Mental Illness, 2003, available at [http://www.hrw.org/reports/2003/usa1003/7.htm#\\_Toc51489457](http://www.hrw.org/reports/2003/usa1003/7.htm#_Toc51489457). Accessed August 29, 2008

<sup>5</sup> Lamb HR and Weinberger, LE, “Persons with Severe Mental Illness in Jails and Prisons: A Review”, *Psychiatric Services* 49:483-492, 1998.

<sup>6</sup> Lurigio, AJ and Fallon, J, “Individuals with Serious Mental Illness in the Criminal Justice System”, The Case of Richard P”, *6 Clinical Case Studies*, 362, 2007.