**Criminal Justice / Mental Health Consensus Project** 

police chiefs | consumers | pretrial service administrators | probation officials | state legislators | substance abuse treatment providers | state corrections directors | judges | district attorneys | family members | parole board members | county executives | public defenders | crime victims | prosecutors | mental health advocates | court administrators | mental health treatment providers | researchers | jail administrators | sheriffs | correctional mental health officials | state mental health directors | victim advocates | parole officials | law enforcement officers

## **Project Overview**

### The Criminal Justice / Mental Health Consensus Project

A national effort to improve the response to people with mental illness who are involved with, or at risk of involvement with, the criminal justice system.

### Coordinated by

Council of State Governments

### **Project Partners**

- Association of State
   Correctional Administrators
- Bazelon Center for Mental Health Law
- Center for Behavioral Health, Justice & Public Policy
- National Association of State Mental Health Program Directors
- Police Executive Research Forum
- Pretrial Services
   Resource Center

Tel. (212) 912-0128 Fax. (212) 912-0549 www.consensusproject.org

Before March 1, 2003: 233 Broadway 22nd Floor New York, NY 10279

After March 1, 2003: 170 Broadway 18th Floor New York, NY 10038

Designed by David Williams





Highlights the dimensions, complexity, and urgency of the **problem** of the overrepresentation of people with mental illness in the criminal justice system.



Provides a comprehensive **report**, with 46 policy statements, more than 200 recommendations for implementation, and over 100 examples of programs and policies developed by jurisdictions working to address the problem.

### An Unprecedented Resource for Agents of Change

Legislators	High-profile, front-page stories regarding people with mental illness and their involvement with the criminal justice system frequently compel elected officials to take action. The Consen- sus Project can help lawmakers respond to these incidents thoughtfully and effectively.
Law Enforcement Personnel	Law enforcement personnel encounter people with mental illness on an increasingly frequent basis. The Consensus Project can help law enforcement officials develop policies that ensure the safety of all involved parties—the officer, the person with mental illness, and the community—while pro- viding fair and just treatment to people with mental illness, and minimizing the likelihood of such contacts in the future.
Court Officials	The Consensus Project seeks to strengthen the decision-mak- ing capacity of judges and other court officials dealing with defendants and offenders who have a mental illness, and to improve prosecutors' ability to discern those defendants with mental illness who pose a threat to public safety from those who would benefit from community-based treatment. Equally important, the project can help defense attorneys guard their clients' rights scrupulously while attempting to stabilize them to minimize their further contact with the criminal justice system.

police chiefs | consumers | pretrial service administrators | probation officials | state legislators | substance abuse providers | state corrections directors | judges | district attorneys | families | parole board members | county executives | public defenders | crime victims | state corrections directors | prosecutors | mental health advocates |court administrators | mental health providers | researchers | jail administrators | sheriffs | correctional mental health providers | state mental health directors |



### Builds on a **bipartisan consensus** among more than 100 leading criminal justice and mental health policymakers, practitioners, and advocates from across the country.



4

Helps policymakers, practitioners, and advocates focus on specific aspects of the problem.



### Offers assistance with the implementation of the report recommendations.

Victim Advocates	Recognizing the complex issues that arise in a criminal case when a defendant has a mental illness, the Consensus Project highlights information, services, and other rights that need to be made available to crime victims to ensure outcomes that are fair to everyone involved.
Corrections Administrators	The Consensus Project can help corrections officials to develop strategies to identify, treat, and monitor individuals with mental illness who are detained in, sentenced to, or released from a correctional facility, and to plan for the successful transition of these inmates back into the community.
Community Corrections Officials	The Consensus Project suggests how community corrections officials can make informed release decisions regarding people with mental illness, encourage and facilitate compliance with conditions of release, and respond swiftly and appropriately to violations of these conditions.
Mental Health Officials and Providers	The Consensus Project underscores the extent to which successful responses to people with mental illness in contact with the criminal justice system hinge on access to comprehensive, individualized mental health services and other supports.
Consumers, Family Members, and Mental Health Advocates	The Consensus Project provides specific policy goals for which consumers, family members, and their loved ones with a high personal stake in the quality and accessibility of mental health services can advocate. Furthermore, the project is a non-controversial, credible resource these stakeholders can tap in their efforts to improve the response to people with mental illness involved in the criminal justice system.

The Problem

66 My experience as a victim of violent crime has helped me to realize that those of us connected with the criminal justice system have a duty to challenge the system we are a part of, or we may be victimized by our own indifference. As a prosecutor, I recognize that our response to people with mental illness is one of the most pressing issues we face. We're simply not doing enough to improve public safety or to meet the needs of the mentally ill and their loved ones. 99

**BARBARA MISLE**, Prosecutor and Chief of the Mental Health Division, Travis County, TX

# People with mental illness are significantly overrepresented in the criminal justice system.

### Law Enforcement



The New York City Police Department responds to a call dispatched as involving a person with mental illness every 6.5 minutes. [1] Law enforcement officers want to respond effectively to people with mental illness, but they often don't know what to do and don't have enough options. Better training and coordination with mental health providers can make an enormous difference.

CHIEF CHARLES MOOSE, Montgomery County Police Department, MD

### The Courts



The percentage of the 21,000 defendants screened by the Hamilton County, Ohio Pretrial Services Agency during 2001 who were identified as having **a serious mental illness**. [2]

We have basically made mental illness a crime in this country. And it's imperative that we educate judges about this issue. It has a huge impact on the court system, and I don't think most judges appreciate or understand that.

JUDGE STEVEN LEIFMAN, Criminal Division, Miami Dade County Court, FL

### Corrections



The rate of mental illness in state prisons and local jails in the United States is at least **three times** the rate in the general population. [3] Quality correctional mental health care is a constitutional right, makes our prisons safer, and ensures better community safety. This does not mean that persons who commit crimes should not be punished for their voluntary misdeeds. But once they are involved in the criminal justice system, we should provide them the treatment that they need.

**REGINALD A. WILKINSON,** President, Association of State Correctional Administrators and Director, Department of Rehabilitation and Correction, OH

### Mental Health



The increased likelihood that **men involved in the New York public mental health system will be incarcerated** compared to those in the general population.

6:1

The ratio for **women**. [4]

The mental health system needs to recognize that many of its clients are ending up in jail or prison and work together with partners in law enforcement, courts, and corrections to provide effective treatment to this population, and develop strategies to ensure that this population receives services that would minimize their involvement with the criminal justice system in the first place.

**BARRY KAST,** Past President, National Association of State Mental Health Program Directors and Assistant Director, Department of Human Services, Health Services, OR



The human costs, the impact on public safety, and the fiscal implications make it impossible to ignore the growing number of people with mental illness in the criminal justice system.

### Consumers and their loved ones suffer unnecessarily.

52 per 100,000

The rate of suicide in California **county jails** during 2001. [5]

11 per 100,000

The rate of suicide **nationwide**. [6]

When I was suicidal and needed help, I turned to the mental health system and what I got was a law enforcement response. Of four deputies, not one had any training to deal with a mentally ill person in crisis, so I was arrested at gunpoint and jailed. Recovering from mental illness is never easy, but it's made much more complicated by having a criminal record. The response from all systems needs to be a response that helps, not hurts.

TOM LANE, Director of Consumer Affairs, NAMI

### Already overtaxed criminal justice resources are stretched thin.

40,000

The number of times during the year 2000 that law enforcement officers in Florida transported a person with mental illness for an involuntary 72-hour psychiatric examination under the Baker Act. [7] This exceeds the number of arrests in the State during 2000 for either aggravated assault (39,120) or burglary (26,087). [8]

Much is expected of law enforcement, especially post 9/11, and that's appropriate and understandable. But the resources allocated to local law enforcement haven't increased proportionally. Meeting the public's increased expectations requires, in part, improving our efficiency and effectiveness when it comes to routine police duties, including our response to people with mental illness.

SHERIFF DAN CORSENTINO, Pueblo County, CO

### Public safety is jeopardized.



The percentage of people with mental illness who were **re-arrested within 36 months** of their release from the Lucas County, Ohio Jail. [9]

When I discovered that mentally ill inmates were dropped off in the middle of the night with two subway tokens and a few days' worth of medication, I thought it was a joke. After all, what kind of system could be that apathetic to the needs of the mentally ill and society alike?

KIM WEBDALE, Victim Advocate, NY

### State and county budgets are overwhelmed.

# \$1.1 million

What King County, Washington taxpayers spent on **just 20 people** who had been repeatedly hospitalized, jailed, or admitted to detoxification centers over the course of only one year. [10]

As a member of the Senate Appropriations Committee in Pennsylvania, I am acutely aware of the unsustainable rate at which the budgets for our county jail system and Department of Corrections are growing. We want to continue ensuring that we throw away the key when we lock up violent offenders. We cannot afford to maintain that practice if we continue incarcerating nonviolent offenders or misdemeanants who are in prison or jail only because they have a mental illness.

SENATOR ROBERT THOMPSON (R), Chair, Appropriations Committee, PA





### The Criminal Justice / Mental Health Consensus Project Report

is a comprehensive blueprint that local, state, and federal policymakers, and criminal justice and mental health professionals can use to improve the response to people with mental illness who are involved with, or at risk of involvement with, the criminal justice system.

> This issue is so complex – you really need an outline to frame the discussion and to approach a comprehensive response. This report provides that outline.

**SENATOR LINDA BERGLIN**, Chair, Health, Human Services & Corrections Budget Cmte, MN

### What the Report Says

The findings of the Consensus Project are divided into two sections.

Part One: Select Events—Before Arrest, Through Incarceration, and After Re-entry

Identifies **23 discrete events**—including the initial call placed to the police for assistance, a judge's decision to detain, and a person's release from jail or prison and reintegration into the community—at which policymakers and practitioners could improve the response to a person with mental illness.

### Part Two: Overarching Themes

Highlights four elements common to any successful effort to improve the response to people with mental illness who are involved with the criminal justice system.

- Improving Collaboration
- Training Practitioners and Policymakers and Educating the Community
- Establishing an Effective Mental Health System
- Measuring and Evaluating Outcomes

### How the Report is Organized

The Consensus Project Report is organized around policy statements, recommendations for implementation, and examples.

- Forty-six policy statements, each of which can guide or prompt an initiative to improve the response to people with mental illness involved with the criminal justice system. Together, the policy statements present a vision for mental health and criminal justice systems that respond effectively and collaboratively to people with mental illness.
- More than 200 specific recommendations provide useful, practical suggestions for the implementation of each policy statement.
- **Over 100 examples** of programs and policies from around the country illustrate how officials in a particular jurisdiction have attempted to implement a particular policy statement.

### How to Get the Report

- **Online:** The Consensus Project Report can be viewed online at www.consensusproject.org. Site visitors can also download each policy statement, chapter, or the entire report in PDF format.
- **Hard Copies:** Hard copies of the Consensus Project Report can be purchased for \$20 plus shipping and handling. The reports can be purchased online, or by calling 1-800-800-1910.
- Bulk Orders: Discounts are available for orders of 25 reports or more. Interested parties should call (212) 912-0128 to learn more.



Yves Ades, Director, Mental Health Programs, Center for Alternative Sentencing and Employment Services, NY | Hon. Pamela G. Alexander, Hennepin County District Court, MN | Dolly Allison, Director, South Central Programs, Portals Mental Health Rehabilitation Services, CA | Sheriff John Wesley Anderson, El Paso County, CO | B. Jaye Anno, Consultant, Consultants and Correctional Health | Assemblyman Jeffrion L. Aubry, Chair, Corrections Committee, NY | Richard Baker, Superintendent, Anne Arundel Department of Detention Facilities, MD | Senator Linda Berglin, Chair, Health, Human Services, and Corrections Budget Division, MN | Robert Boruchowitz, Executive Director, Seattle-King County Public Defender's Association, WA | Collie Brown, Senior Director of Justice Programs, National Mental Health Association | Senator Ginny Burdick, Chair, Joint Interim Judiciary Committee, OR | Sandra Cannon, Chief of the Office of Forensic Services, Department of Mental Health, OH | Steve Chaney, Commander of Professional Development Unit, State Police, MD | William B. Church, III, Public Defender's Office, Hamilton County, OH | John H. Clark, Chief Medical Officer, Los Angeles County Sheriff's Office, CA | Howard Conyers, Administrator for the Courts, OK | Senator Catherine W. Cook, Chief Deputy Minority Leader, CT | Brian Coopper, Senior Director of Consumer Advocacy, National Mental Health Association, VA | Sheriff Dan L. Corsentino, Pueblo County Sheriff's Department, CO | Captain Gary E. Cox, West Jordan Police Department, UT | Robert Donohoo, Assistant District Attorney, Milwaukee County District Attorney's Office, WI | Hon. William Dressel, President, The National Judicial College | John DuPree, Assistant Court Administrator, 7th Judicial Circuit, FL | Senator Robert E. Dvorsky, IA | Toby Ewing, Project Manager, Little Hoover Commission, CA | Jacqueline Feldman, Director of Public Psychiatry, University of Alabama at Birmingham, AL | Representative Michael E. Festa, MA | Gary Field, Administrator, Counseling and Treatment Services, Department of Corrections, OR | W. Lawrence Fitch, Director of Forensic Services, Mental Hygiene Administration, MD | Helen Geyso, Alliance for the Mentally III, WI | Joan Gillece, Director, Division of Special Populations, Mental Hygiene Administration, MD | Hon. Larry Gist, Superior Court District Judge, Beaumont, TX | Hon. Dennis Graves, Circuit Court of Oregon for the County of Marion, OR | Sheldon Greenberg, Director, Police Executive Leadership Program, Johns Hopkins University, MD | James J. Gregart, Kalamazoo County Prosecuting Attorney, MI | Gordon Griller, Court Administrator, Superior Court, AZ | Ellen Halbert, Director, Victim Witness Division, District Attorney's Office, Travis County, TX | Tom D. Henderson, Director, Violent Crime Prosecution Unit, Shelby County District Attorney's Office, TN | Senator Cal Hobson, Vice-Chair, Appropriations Committee, OK | Ron Honberg, Director of Legal Affairs, National Alliance for the Mentally III | Ruth Hughes, Executive Director, International Association of Psychosocial Rehabilitation Services | Barry S. Kast, Associate Director, Health Services, Department of Human Services, OR | Dee Kifowit, Director, Texas Council on Offenders with Mental Impairments, TX | Chris Koyanagi, Director of Government Affairs, The Bazelon Center for Mental Health Law | Tom Lane, Director, Forest Park Drop In Center, The Peer Center & Atlantic Shores Healthcare at South Florida State Hospital, FL | Representative Michael Lawlor, Co-Chair, Joint Judiciary Committee, CT | Tom Liebfried, Vice President of Government Relations, National Council for Community Behavioral Healthcare | Representative Thomas Little,

# Among more than 100 leading criminal justice and mental health policymakers, practitioners, and advocates from across the country.

Chair, House Judiciary Committee, VT | Officer Joan M. Logan, Coordinator, Crisis Intervention Team, Montgomery County Police Department, MD | Senator Jeanine Long, Ranking Member, Human Services and Corrections Committee, WA | Daniel Malloy, Mayor, Stamford, CT | Gary J. Margolis, Chief/Director of Police Services, The University of Vermont Police Services, VT | Michael D. Marino, Chairman, County Commissioners, Montgomery County, PA | Hon. Tomar Mason, Superior Court Judge, San Francisco County, CA | Steve Mayberg, Director, Department of Mental Health, CA | Senator Michael J. McAlevey, Chair, Criminal Justice Committee, ME | Hon. E. Michael McCann, District Attorney, Milwaukee County, WI | Jacki McKinney, National People of Colour Consumer/Survivior Network, PA | Hunter McQuistion, Medical Director, Project Renewal, Inc., NY | Chief Bernard Melekian, Pasadena Police Department, CA | Maurice Miller, Chief Executive Officer, Northern Arizona Regional Behavioral Health Authority, AZ | Brian Mock, Assistant Public Defender, Broward County, FL | Andrew Molloy, Criminal Justice Program Analyst, Department of Criminal Justice Services, VA | Chief Charles A. Moose, Montgomery County Police Department, MD | Wendy Niehaus, Director, Hamilton County Pretrial Services, Cincinnati, OH | Edward Nowak, Public Defender, Monroe County, NY | Chief Robert Olson, Minneapolis Police Department, MN | Fred C. Osher, Director, Center for Behavioral Health, Justice & Public Policy MD | Senator Kathleen K. Parker, Chair, Mental Health Evaluation Task Force, IL | Ann B. Perrin, Program Officer, Substance Abuse, The Health Foundation of Greater Cincinnati, OH | Charles Ray, President and CEO, National Council for Community Behavioral Healthcare | Kenneth A. Ray, Director, Department of Corrections and Security, Yakima County, WA | Erik Roskes, Director, Forensic Treatment, Springfield Hospital Center, MD | Michael Ryan, Staff Attorney, Mental Health Division, Public Defender Service, DC | Mike Schappell, Clinical Coordinator, Department of Health and Human Services, MD | Wayne Scott, Executive Director, Department of Criminal Justice, TX | Tammy Seltzer, Staff Attorney, Bazelon Center for Mental Health Law | Risdon Slate, Associate Professor of Criminology, Florida Southern College, FL | Lt. Colonel Cynthia Smith, State Police, MD | Deborah Spungen, Speaker, Trainer, Author, and Researcher, Anti-Violence Partnership, PA | Mark Spurrier, Director, Office for Law Enforcement, NOAA, MD | William W. Sondervan, Commissioner, Division of Correction, MD | John R. Staup, Executive Director, Butler County Mental Health Board, OH | Henry J. Steadman, President, Policy Research Associates, NY | Altha Stewart, Executive Director, Wayne County Community Mental Health Agency, MI | Pamela Stokes, Research Analyst, National Association of State Alcohol and Drug Abuse Directors Commissioner James L. Stone, New York State Office of Mental Health, NY | Representative John E. Tholl, Jr., Vice-Chair, Criminal Justice and Public Safety Committee, NH | Senator Nancy P. Thompson, NE | Senator Robert J. Thompson, Chair, Appropriations Committee, PA | Senator Maggie Tinsman, IA | Charles Traughber, Chair, Parole Board, TN | Nancy Turner, Project Coordinator, International Association of Chiefs of Police | Cecelia Vergaretti, Vice President, Community Services & Advocacy, National Mental Health Association | Chief Mary Ann Viverette, Gaithersburg Police Department, MD | Jo-Ann Wallace, Director, National Legal Aid & Defender Association | Arthur Wallenstein, Director, Department of Corrections, Montgomery County, MD | Billy Wasson, Probation Consultant, Juneau Court, OR | Paul Weaver, Office of Consumer Advocacy, KY | Kim Webdale, Victim Advocate, NY | Hon. John West, Judge, Hamilton County Common Pleas Court, OH | Carl Wicklund, Executive Director, American Probation and Parole Association | Reginald A. Wilkinson, Director, Dept. of Rehabilitation and Correction, OH | Howard Zonana, Professor, Department of Psychiatry, Yale University, CT

# A Tool to Focus on Specific Aspects of the Problem

The diagram below illustrates how to use the policy statements, recommendations, and examples in the report to focus on particular issues, develop goals, determine how to proceed, and learn from relevant initiatives in other jurisdictions. The left side of the diagram shows how a jurisdiction can use the first part of the report to focus on a particular event at which the response to people with mental illness involved with the criminal justice system could be improved.

### Part One: Select Events



What part of the system is your focus?



Step 3 What should you do?

Step **4** 

How should you do it?



Involvement with the Mental Health System





Contact with Law Enforcement

Request for Police Service On-Scene Assessment On-Scene Response Incident Documentation Police Response Evaluation



Pretrial Issues, Adjudication, and Sentencing



Incarceration and Re-entry

### Policy Statment

Provide dispatchers with tools to determine whether mental illness may be a factor in a call for service and to use that information to dispatch the call to the appropriate responder.

### **Recommendations for Implementation**

- a. Provide dispatchers with questions that help determine whether mental illness is relevant to the call for service.
- b. Provide dispatchers with tools that determine whether the situation involves violence or weapons.
- c. Provide dispatchers with a flowchart to facilitate dispatch of the call to designated personnel.
- d. Use designated codes and appropriate language when dispatching the call.



### Example: Houston (TX) Police Department

The Houston Police Department provides specialized training to its dispatchers to enable call takers to determine if the call involves a person with mental illness. This program has been combined with officer training to significantly reduce the time between the call for service and the officer arrival at the scene and to decrease the average time that people with mental illness spend in police custody.

The right side of the diagram highlights how the second part of the report can help jurisdictions address the overarching themes of improving collaboration, training, building an effective mental health system, and measuring and evaluating outcomes.



# Assistance with the Implementation of the Report Recommendations

**The Consensus Project** is working to support jurisdictions interested in implementing the report recommendations. Along with making the report available online, the Consensus Project Web site will provide valuable information and powerful interactive tools for policymakers, practitioners, and advocates across the country. Educational presentations from project representatives can help frame the issue. And, technical assistance will be available to select jurisdictions.

### THE WEB SITE

# <complex-block>Access the Source Sour

· Order a hard copy of the report

### **EDUCATION**

Representatives of the Consensus Project have already made numerous educational presentations at conferences, hearings, and other meetings of criminal justice and mental health practitioners, policymakers, and advocates.

### **Demonstrating Consensus**

Presentations from representatives of the Consensus Project, who include leading law enforcement executives, consumers, mental health administrators, court officials, legislators, crime victims, corrections and community corrections officials, and many others, can help demonstrate the emerging consensus regarding the measures that criminal justice and mental health policymakers and practitioners can implement to improve the response to people with mental illness who become involved with the criminal justice system.

### **TECHNICAL ASSISTANCE**

Technical assistance will be made available to select jurisdictions interested in translating aspects of the Consensus Project Report into programs, policies, and practice.

### Focus on a Particular Aspect of the Problem

In some jurisdictions, officials from the criminal justice and mental health system need help determining where to start. Policymakers and practitioners working with the Consensus Project can help stakeholders in such a jurisdiction focus on a particular aspect of the problem, and begin developing a response plan.

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Criminal justice, mental health, and local government officials, including representatives of the Consensus Project, testify before the U.S. Senate Judiciary Committee on June 11, 2002.

### Search Database of Example Programs

Program Examples Database	Select State:	Type of Program pre-booking diversion vith related legislation? ] Yes	⇒ No ⊻Shov	Keyword:		
Search Alphabetically by State       A   B   C   D   E   F   G   H   I   J   K   L   M   N   O   P   Q   R   S   T   U   V   W   X   Y   Z         Elemingham Police Department, Alabama         PROGRAM TITLE: Community Service Officer Unit         POLICY STATEMENT(S):       On-Scene Assessment and On-Scene Response         TYPE OF PROGRAW: FreeBooling diversion         OVERVIEW: The Community Service Officer Unit responds to calls involving individuals in crisis, including people with mental liness, survivors of Violent crimes, and missing persons.						
<ul> <li>Search other fig</li> </ul>	· ·	issue area, prog	ram titl	e, organization name, ar		

- Suggest new examples for inclusion in the database
- Communicate with program administrators and other stakeholders

### **Communicate with Colleagues**

Ask the

Experts Ouestions The issue of pe



- Interact with counterparts from across the country
- Ask questions of panels of experts
- The Consensus Project has brought together individuals from across the political spectrum and from all parts of the criminal justice and mental health systems. Whoever your organization or agency needs to hear from, be it a conservative Republican sheriff from the West or a liberal Democratic legislator from the East, the Consensus Project can bring them there.

REP. MIKE LAWLOR (D), Co-Chair, Criminal Justice / Mental Health Consensus Project and Chair, Joint Judiciary Committee, CT

This issue is very complex and it can quickly become overwhelming. A presentation from a spokesperson of the Consensus Project, together with the report itself, has helped our committee tackle this difficult issue in a constructive, bipartisan, and practical way.

SENATOR STEPHEN MARTIN (R), Chair, Joint Study Committee on Treatment Options for Offenders who have Mental Illness or Substance Abuse Disorders, VA

### Engage Key Mental Health or Criminal Justice Officials

In other jurisdictions, leaders in the criminal justice and mental health system may need help encouraging a key official to become involved in an initiative. The national networks of policymakers and practitioners that the Consensus Project has helped to establish can facilitate the engagement of those officials.

### **Implement a Particular Policy Statement**

A jurisdiction may have already identified a particular aspect of the problem on which it would like to focus, and may be interested in implementing a particular policy statement in the Consensus Project report. Representatives of the Consensus Project can make expertise available to help officials in that jurisdiction with their efforts.

### PROJECT SUPPORT

A large, diverse group of federal agencies, private foundations, and representatives of the private sector made the Consensus Project possible.

- The Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice
- The Center for Mental Health Services, Administration, U.S. Department of Health
- The van Ameringen Foundation
- The Robert Wood Johnson Foundation The John D. and Catherine T. MacArthur
- The Open Society Institute

The Council of State Governments Eastern Regional Conference 233 Broadway, 22nd Floor New York, NY 10279

### PRAISE FOR THE CONSENSUS PROJECT

"It is unacceptable that the Los Angeles County and New York jails have essentially become the largest mental health care institutions in our country—these are jails after all, not mental health facilities. The Consensus Project report appreciates the public safety and public health dilemmas that this problem presents, and provides us with thoughtful, practical recommendations that will help us begin to address it."

### U.S. SENATOR MIKE DEWINE, OH

"This report should go to every critical decision maker in both the mental health and criminal justice systems."

# JAMES J. GREGART, Prosecuting Attorney, Kalamazoo County, MI

"The Consensus Report and recommendations are a testament to a commitment to create a new future for people who find themselves at the intersection of the mental health and criminal justice systems."

### CHARLES G. CURIE, Administrator, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

"Every time a person with mental illness is killed by police it has tragic consequences for everyone involved—the person with mental illness, their loved ones, and the police officer. Implementing recommendations in the Consensus Project Report and tapping the Project's resources can save lives and improve communities' confidence in law enforcement."

CHIEF ROBERT OLSON, Minneapolis Police Department, MN

"The Council's report provides a roadmap for our consideration.... we should all agree that it makes sense to help State and local governments improve the availability of mental health services, train their law enforcement personnel to recognize the signs of mental illness in offenders, and give prosecutors more tools to deal appropriately with mentally ill offenders."

### U.S. SENATOR PATRICK LEAHY, VT

"The Consensus Project can be a valuable resource for criminal justice and mental health officials working together to better respond to people with mental illness who become involved with the justice system."

### MICHAEL F. HOGAN, Ph.D., Chair, President's New Freedom Commission on Mental Health and Director, Department of Mental Health, OH

"At the Bureau of Justice Assistance, we know that one of the most pressing problems facing criminal justice practitioners and policymakers is the increasing number of people with mental illness coming into contact with the criminal justice system. 'The Criminal Justice/Mental Health Consensus Project' is an important resource for those on the front-lines, as well as policy and program decision-makers at every level of government."

**RICHARD R. NEDELKOFF, Director, Bureau of Justice** Assistance, Office of Justice Programs, U.S. Department of Justice

"The Consensus Project report pulls together in one document some of the best thinking of researchers, frontline mental health experts, and mental health policymakers on how to improve responses to people with mental illness who come in contact with the justice system."

HENRY J. STEADMAN, Ph.D., Director, Policy Research Associates