Mentally Ill Offender Treatment and Crime Reduction Act

Background

Individuals with mental illnesses are significantly overrepresented in the prison and jail population. State and local governments are increasingly finding the need for greater collaboration between criminal justice, juvenile justice, and mental health and substance abuse treatment systems to better allocate resources across systems, increase connections to needed services, and reduce recidivism.

Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA)

MIOTCRA was signed into law by President George W. Bush in 2004 and authorized a $50 million grant program to be administered by the U.S. Department of Justice. The law created the Justice and Mental Health Collaboration Program to help states and counties design and implement collaborative efforts between criminal justice and mental health systems.

In 2008, Congress reauthorized the MIOTCRA program for an additional five years. The reauthorization bill expanded training for law enforcement to identify and respond appropriately to individuals with mental illnesses; it also supported the development of law enforcement receiving centers to assess individuals in custody for mental health and substance abuse treatment needs, as an alternative to jail booking.

About the MIOTCRA Grant Program

Grants may be used for a broad range of activities, including:

- Specialized law enforcement-based programs,
- Mental health courts,
- Mental health and substance abuse treatment for incarcerated individuals with mental illnesses,
- Community reentry services,
- Cross-training of criminal justice and mental health personnel, and
- Training for local law enforcement officials on how to identify and safely resolve encounters with people with mental illnesses.

Each grantee is given the opportunity to tailor its responses to best fit their particular location and the unique needs of their community.

Federal Funding History of MIOTCRA

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Examples of MIOTCRA-Funded Initiatives

**Specialized Law Enforcement Responses:** The Philadelphia Police Department is using a 2010 grant to address a critical need to screen for suicide and mental health at initial detention and to create a jail-alternative plan for people with mental illnesses. This project builds on the relationship that the department forged with the Department of Behavioral Health after receiving a 2006 grant for a CIT pilot program, which has since been expanded throughout the department.

**Key Facts and Figures**

- At the end of 2010, federal and state corrections facilities held over 1.6 million prisoners—or one in every 201 U.S. residents—and another 5 million were on probation or parole.
- In a recent five-site study of jail populations, researchers found rates of serious mental illnesses that are three to six times more than those found in the general population: 15% of the men, 31% of the women.
- Of people under probation supervision, individuals with mental illnesses are nearly twice as likely as others to have their community sentence revoked, furthering their involvement in the criminal justice system.
- Reasons for revocation may be directly or indirectly related to a person’s mental illness.
- About three-quarters of jail prisoners who were identified as having a mental illness also met the criteria for substance abuse or dependence.
- State spending on corrections increased faster from 1988 to 2008 than spending on nearly any other state budget item—increasing from about $12 billion to $52 billion per year.
**Juvenile Diversion Programs**: Project Empower in Weber County, UT is a collaboration between the county’s juvenile court and mental health/substance abuse authority. Originally focused on youth in probation and out-of-home placement, the program was able to expand after receiving a 2010 grant and serve youth with co-occurring mental health and substance use disorders before they engage in serious and delinquent behavior and further enter the criminal justice system.

**Jail-Based Interventions**: The Los Angeles County Sheriff’s Department was awarded a 2009 expansion grant to advance existing in-jail therapeutic services for people with mental health and/or co-occurring substance use disorders. The expansion grant enabled the city to increase the number of treatment hours and add new services, including trauma support groups, co-occurring disorder support groups, education on housing options, employment preparation, and comprehensive release plans for all clients.

**Mental Health Courts**: Fayette County, TX used its FY 2009 grant to develop plans for a pre-adjudication mental health docket that utilizes telemedicine, or the use of interactive technology to provide clinical health care from a distance. Additionally, county leaders have expanded their efforts to trainings for law enforcement officers and implementing telemedicine in the local jail.

**Strategic Planning**: The Virginia Department of Behavioral Health and Developmental Services has received two MIOTCRA grants (2007, 2010) for the Cross Systems Mapping project, which helps local jurisdictions understand how individuals with mental illnesses and co-occurring substance use disorders come in contact with and move through their criminal justice system—enabling them to better allocate resources and identify opportunities for collaboration.

**Additional Initiatives Funded by MIOTCRA**

In addition to providing grants to individual jurisdictions for specific projects, MIOTCRA also funds a number of activities in other sites and initiatives that benefit the criminal justice and mental health fields at large:

**County Systems Flow Analysis (CSFA)** works with local governments to develop data-driven policy approaches to individuals with mental illnesses involved with their criminal justice systems. Using analyses of data such as jail admissions and reasons for release, stakeholders from the criminal justice and behavioral health systems develop a thorough understanding of how these individuals come in contact with the criminal justice system. Following its CSFA work in Johnson County (KS) and Hillsborough County (NH), the Justice Center is currently working with New York City leaders to examine how people with mental illnesses move through the city’s jail system and to identify points of opportunity to improve outcomes for this population.

DOJ’s Bureau of Justice Assistance and the Justice Center have identified five mental health court and six law enforcement learning sites to promote peer-to-peer learning and sharing of expertise. Representing a diverse cross-section of strategies that other jurisdictions may consider when developing their own programs, the sites are: Akron Municipal Mental Health Court (OH), Bonneville County Mental Health Court (ID), Bronx County Mental Health Court (NY), Dougherty Superior Court Mental Health/Substance Abuse Division (GA), and Washoe County Mental Health Court (NV); Los Angeles Police Department (CA), University of Florida Police Department, Portland Police Department (ME), Houston Police Department (TX), Salt Lake City Police Department (UT), and Madison Police Department (WI).

The Justice Center’s Local Programs Database is a comprehensive resource for policymakers, practitioners, program administrators, and others working to improve the response to people with mental illnesses involved with the criminal justice system. The first of its kind, the database is a platform for sharing expertise about program design and organizes programs by the areas at which people encounter the criminal justice system: law enforcement, courts, corrections (prisons, jails), and community corrections (probation, parole).

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