

## Facts and Trends

- At the end of 2014, federal, state, and local corrections facilities held more than 2.2 million people, and another 4.7 million people were on probation or parole.<sup>i</sup>
- In a five-site study of jail populations, researchers found that the rates of serious mental disorders—15 percent of the men and 31 percent of the women<sup>ii</sup>—were three to six times higher than those found in the general population.
- Of people under probation supervision, individuals with mental disorders are nearly twice as likely as those without mental disorders to have their supervision revoked, furthering their involvement in the criminal justice system. Reasons for revocation may be related, either directly or indirectly, to a person's mental disorder.<sup>iii</sup>
- The Bureau of Justice Statistics found that of the people in prisons and jails who had a mental disorder, about three-quarters also had a co-occurring substance use disorder.<sup>iv</sup>

## Federal Funding of MIOTCRA

FY2006	\$5 million
FY2007	\$5 million
FY2008	\$6.5 million
FY2009	\$10 million
FY2010	\$12 million
FY2011	\$9.9 million
FY2012	\$9 million
FY2013	\$8.8 million
FY2014	\$8.2 million
FY2015	\$8.5 million
FY2016	\$10 million

# The Mentally Ill Offender Treatment and Crime Reduction Act

## Background

The number of people with mental disorders who come in contact with our criminal justice system is high. A 2006 U.S. Department of Justice study showed that approximately 45 percent of people in federal prison, 56 percent of people in state prison, and 64 percent of people in jail displayed symptoms or had a history of a mental disorder; among female inmates in state prisons, the rate was nearly three out of four. In comparison, according to the National Institute of Mental Health, roughly one out of four adults in the general U.S. population is diagnosed with a mental health disorder in a given year.

## The Mentally Ill Offender Treatment and Crime Reduction Act

In 2004, Congress authorized the Justice and Mental Health Collaboration Program (JMHCPC) through the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA). This \$50 million grant program, administered by the U.S. Department of Justice's Bureau of Justice Assistance, was created to help states, local government, and tribal organizations improve responses to people with mental disorders who are involved with the criminal justice system. The program facilitates collaboration among the criminal justice, juvenile justice, and mental health and substance use treatment systems to better serve individuals with mental disorders and to increase public safety.

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

## About JMHCPC Grants

Since 2006, 349 JMHCPC grants have been awarded to agencies and organizations in 49 U.S. states and territories and the District of Columbia. Each grantee is given the opportunity to tailor its responses to best fit their particular location and the unique needs of their community. Grants may be used for a broad range of activities, including:

- Specialized law enforcement-based programs and training for law enforcement officials on safely resolving encounters with people experiencing a mental health crisis
- Mental health courts
- Mental health and substance use treatment for incarcerated individuals
- Community reentry services
- Cross-training of criminal justice and mental health personnel

# MIOTCRA Making a Difference: Examples of Grant-Funded Initiatives

**Specialized Law Enforcement Responses:** The Bend (OR) Police Department collaborates with local criminal justice, behavioral health, and health agencies to operate the Deschutes County Crisis Intervention Team program. As of January 2016, the program has successfully completed seven 40-hour trainings for local law enforcement officers and first responders to better equip them to respond to calls involving people experiencing a mental health crisis. In addition, the Bend Police Department is establishing a behavioral health unit within the department to further improve its responses for community members with mental disorders.

**Prison-Based Interventions:** The Minnesota Department of Corrections partners with the National Alliance on Mental Illness of Minnesota to implement one of only a few crisis intervention team (CIT) programs offered in a state prison system. The partners work together to provide 40-hour CIT trainings to teach staff how to recognize the symptoms of mental illnesses, safely de-escalate a mental health crisis, and connect people to appropriate mental health resources. They also work to continuously improve policies and responses to adults with mental illnesses in prisons. As of January 2016, the MN DOC has more than 350 active CIT-trained staff and is well on its way to its goal of training 25 percent of security staff in each of the department's 8 adult facilities.

**Juvenile Diversion Programs:** The L.I.F.E. Program in Montgomery County, OH, provides youth in the juvenile justice system and their caregivers with clinical and home-based services with a goal of decreasing admissions to the Ohio Department of Youth Services. The program offers a continuum of care that incorporates Functional Family Therapy, and includes

behavioral health screening, home-based treatment, access to pro-social opportunities and mentoring, and, if needed, residential placement. Since its inception in 2006, and with grant funds awarded in 2012, the program has been successful in steadily expanding the population it serves to address specific needs in the community.

**Court-Based Initiatives:** The first of its kind in the country, Philadelphia's Project Dawn Court is a problem-solving court serving women with repeat prostitution offenses. A project of the First Judicial District of Pennsylvania and the Philadelphia Department of Behavioral Health and Intellectual Disability Services, the court offers treatment and recovery services, GED preparation, parenting classes, job training, and other services. The program aims to help women with co-occurring substance use and mental disorders access therapeutic and reentry services, and reduce incarceration costs for taxpayers.

**Strategic Planning:** In Maryland, representatives from state and Baltimore city child-serving agencies formed the Collaborative for Targeted Aftercare Planning (C-TAP) to improve care for youth who are involved with the juvenile justice system who have mental and/or co-occurring substance use disorders. To inform its initiatives, C-TAP hosted forums with youth and their families, examined local data, and reviewed evidence-based and best practices. The process culminated in a strategic, collaborative plan to establish cross-agency, trauma-informed protocols that facilitate the transition of youth discharged from facilities, with an emphasis on care and coordination services for youth with co-occurring disorders.

---

## 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:

The **County Justice and Behavioral Health Systems** initiative works with local leaders to develop data-driven policies at the intersection of the criminal justice and behavioral health systems. It is part of a larger national effort to utilize a research-based framework to assist policymakers in prioritizing scarce local resources to promote both public safety and individual recovery outcomes. In-depth technical assistance supports work with local stakeholders to analyze data and existing policies, processes, and resources to identify opportunities to improve systems coordination through the use of information about risk of reoffense and behavioral health needs. Projects have been completed in Bexar County (TX), Franklin County (OH),

Johnson County (KS), Hillsborough County (NH), New York City, and Salt Lake County (UT).

The DOJ's Bureau of Justice Assistance and The Council of State Governments Justice Center have also identified four 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: Bonneville County Mental Health Court (ID), Dougherty Superior Court Mental Health/Substance Abuse Division (GA), New York EAC's Mental Health Diversion Program, and Ramsey County Mental Health Court (MN); 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).

## Notes

i. Danielle Kaeble, Lauren Glaze, Anastasios Tsoutis, and Todd Minton, *Correctional Populations in the United States, 2014* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2015), available at [bjs.gov/content/pub/pdf/cpus14.pdf](https://bjs.gov/content/pub/pdf/cpus14.pdf).

ii. Henry J. Steadman, et al., "Prevalence of Serious

Mental Illness among Jail Inmates," *Psychiatric Services* 60 (2009): 761–765.

iii. Jennifer L. Skeem and Jennifer Eno Loudon, "Toward Evidence-Based Practice for Probationers and Parolees Mandated to Mental Health Treatment," *Psychiatric Services* 57 (2006): 333-342.

iv. Doris J. James and Lauren E. Glaze, *Mental Health Problems of Prison and Jail Inmates* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2006), available at [bjs.gov/content/pub/pdf/mhppji.pdf](https://bjs.gov/content/pub/pdf/mhppji.pdf).