

# MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION ACT

## Background

According to a study by the Council of State Governments Justice Center, researchers documented *serious mental illnesses* in 14.5 percent of the men and 31 percent of the women in jails, which taken together, comprises 16.9 percent of those studied—rates in excess of three to six times those found in the general population.<sup>†</sup>

## Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA)

MIOTCRA was signed into law by President Bush in 2004 and authorized a \$50 million grant program to be administered by DOJ. This law created the Justice and Mental Health Collaboration Program (JMHCPC) 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 also expanded training for law enforcement to identify and respond appropriately to individuals with mental illnesses, and supported the development of law enforcement receiving centers as alternatives to jail booking, to assess individuals in custody for mental health and substance abuse treatment needs.

## About the Grant Program

The JMHCPC grant program was designed to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, and mental health and substance abuse treatment systems to improve access to effective treatment for people with mental illnesses involved with the justice system.

Grants can 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 offenders with mental illnesses, community reentry services, and cross-training of criminal justice and mental health personnel. The grants also will allow for increased training of local law enforcement on how to identify and address encounters with people with mental illnesses. While, to date, court-based interventions (usually mental health courts) are the most common program implemented by jurisdictions with JMHCPC funds, each grantee is given the opportunity to tailor their responses to best fit their particular location and the needs of their target population.

Three types of grants are awarded through the JMHCPC: planning grants with a maximum award of \$50,000 for 12 months, planning and implementation grants with a maximum award of \$250,000 for 30 months, and expansion grants with a maximum award of \$200,000 for 24 months.

All grants require a joint application from a mental health agency and unit of government responsible for criminal and/or juvenile justice activities. This stipulation underscores the collaborative nature of this grant, which is intended to bring the criminal justice and mental health systems together to improve outcomes for people with mental illnesses in the justice system.

## Funding History

- MIOTCRA appropriations were \$5 million in fiscal years 2006 and 2007
- MIOTCRA appropriation was \$6.5 million in fiscal year 2008
- MIOTCRA appropriation was \$10 million in fiscal year 2009
- MIOTCRA appropriations were \$12 million in fiscal year 2010

### Key Facts and Figures

- Currently, there are over 2 million people incarcerated in US prisons or jails; approximately 9 million people are booked into US jails over the course of the year.\*
- Prevalence estimates of serious mental illnesses in jails range from 14.5 percent for men and 31 percent for women.<sup>†</sup>
- About three-quarters of jail prisoners who were identified as having a mental illness also met the criteria for substance abuse or dependence.\*
- A 2006 BJS study found that state prisoners who had mental health problems were twice as likely as those without to have been homeless the year before their arrest.\*
- Per capita aggregate federal, state and local corrections spending has increased by over 400 percent since 1982.\*

\*Source: U.S. Department of Justice, Bureau of Justice Statistics.

† Source: Council of State Governments Justice Center

## Programs Funded by Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA)

The grants available through the MIOTCRA are in high demand. Of the 250 grant applications submitted in 2006, only 11 percent were funded due to the availability of funds. In 2007, again only about 11 percent of grant applications were funded. In 2008, out of 211 applicants, BJA awarded funds to 11 percent of applicants.

In FY 2006, DOJ awarded 27 grants in 19 states and the District of Columbia under the program.

- Thirteen communities received planning grants, seven received planning and implementation grants, and seven received expansion grants.
- Two of the grantees developed specialized law-enforcement based programs, while roughly 10 focused on mental health courts. The remaining grantees considered either corrections programs or multiple approaches.
- While most of the grantee programs targeted adults, 6 focused on juveniles, and several others looked at both populations.

In FY 2007, BJA awarded 26 grants in 16 states.

- Of these awards, 13 communities received planning grants, seven received planning and implementation grants, and six communities received expansion grants.
- Of the grantees that received planning and implementation or implementation and expansion grants, roughly six focused on mental health courts.
- Several of the grantees targeted juveniles but most concentrated on programs for adults.

In FY 2008, BJA awarded 23 grants in 18 states.

- Of these awards, three communities received planning grants, 10 received planning and implementation grants, and 10 received expansion grants.
- The majority of jurisdictions focused on corrections or court-based programs, or a combination of corrections, courts and law enforcement.
- Seven of the grantees targeted juveniles, while the rest of the grantees focused on adult populations.

In FY 2009, BJA awarded 43 grants in 30 states.

- Of these awards, 10 communities received planning grants, 20 communities received planning and implementation grants, and 13 communities received expansion grants
- While many 09 grantees are in the early stages of their grant, the majority of jurisdictions are focused on courts-based programs or corrections-based programs with an emphasis on pre-trial diversion or aftercare planning.
- Ten of the grantees are targeting juveniles, two are looking to target both juvenile and adult, and the rest are focused on adult populations.

## Program Examples

### • **Mental Health Court**

The Orleans Parish (LA) Mental Health Court has used grant funding to rebuild its program after Hurricane Katrina. Despite the significant disruption of community-based mental health treatment, the mental health court staff is succeeding in connecting court participants with services and intends to expand the number of people under court supervision. The court is also integrating an evidence-based practice into their program, motivational enhancement therapy, to help participants feel invested in their own recovery.

### • **Juvenile Court-Based Diversion Program**

Project SAFE (Serving Adolescents and Families Effectively) in Douglas County, Georgia is a court-based diversion program targeting juveniles with behavioral health challenges between the ages of 13 and 17 who are charged with an offense and referred to the Douglas County Juvenile Court or Department of Juvenile Justice. The program is designed to help prevent incarceration or re-incarceration of juveniles and address previously unidentified and untreated mental health concerns. The program offers mental health treatment, creative interventions, and support and coordination services to youth who have court involvement and behavioral health concerns. Interventions include screening, assessment, and a variety of treatment options.

### • **Specialized Law Enforcement Responses**

Building on a positive working relationship with the Department of Behavioral Health, the Philadelphia Police Department has used a 2006 JMHCP grant to formalize this relationship and implement a Crisis Intervention Team (CIT) pilot program. The grant supported hiring a CIT Project Coordinator, whose responsibilities included managing program logistics, collecting data on CIT encounters, and serving as a liaison between the police and mental health leadership. As part of this project, the RESPONDS Coalition that coordinated the grant implementation, also organized a program evaluation to be conducted by a local university.

- **Jail – Based Intervention**

The project team in Cass County, N.D., has used MIOTCRA grant funds to assess opportunities for responses to justice involved persons with mental illnesses in their community, and developed a jail-based response program. They found that while the jail staff has been adept at recognizing signs and symptoms of mental illnesses and making referrals, not all individuals referred for an assessment received one due to limited on-site mental health personnel. In response, they have used JMHCP grants funds to hire a Clinical Mental Health Coordinator to conduct assessments, and to recommend diversion for treatment when appropriate.

**Notes**

<sup>1</sup> Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of Serious Mental Illness among Jail Inmates. *Psychiatric Services* 60: 761–765.