

Summary of Forum Held on September 20, 2002: How the Criminal Justice System in Montgomery County, Maryland, Responds to People With Mental Illness

Summary's Highlights

Note: Hosted by the University of Pennsylvania's Jerry Lee Center of Criminology, this Forum was the seventh in a series highlighting promising and pioneering state and local efforts to address crime.

About 17 percent, or 1.7 million people, of the 10 to 12 million who reenter communities from county jails each year have chronic mental illnesses, according to recent statistics cited at the Forum. Montgomery County, Maryland, is one of relatively few jurisdictions in the country exemplifying how criminal justice agencies can take specific steps to address this challenge.

The Montgomery County Police Department operates a Crisis Intervention Team consisting of patrol officers trained to respond quickly and knowledgeably to incidents involving individuals with mental illness and to divert them, as appropriate, to community mental health providers—in contrast to arrest, booking, and jail. Such a strategy is said to reduce injury to officers and others, help eliminate barricade situations, decrease inappropriate jailings (only 5 percent of the mentally ill encountered by officers are jailed), and reduce vulnerability to lawsuits. For its part, the county jail system screens incoming inmates, provides full-time psychiatric nurses, and provides other services—many of which should be supplied outside the jail system, according to the county corrections director.

Forum presenters included Forum co-moderator and advisory board member Dr. Alan I. Leshner, Chief Executive Officer, American Association for the Advancement of Science; Fred C. Osher, M.D., Associate Professor and Director, Center for Behavioral Health, Justice, and Public Policy, University of Maryland; Chief Charles A. Moose, Ph.D., Montgomery County Police Department; Arthur Wallenstein, Director, Montgomery County Department of Correction and Rehabilitation; and Officer Joan M. Logan, Crisis Intervention Team Coordinator, Montgomery County Police Department.

Persons with mental illness constitute probably one of the most misunderstood, most stigmatized, and difficult groups to work with, according to Dr. Alan I. Leshner, Forum co-moderator. They have difficulty maneuvering through fragmented service systems, which lack sufficient frontline personnel possessing skills to deal with the multiple needs of the mentally ill, he said. Those needs, in his opinion, involve not only mental health issues but also housing, legal, criminal justice, and substance abuse considerations, among others. For decades, he noted, the need for improved case management and integration of services in the mental health field has been voiced but rarely implemented effectively; Montgomery County's approach, however, can serve as a model for many other jurisdictions.

¹The Forum summarized here was one in a series to afford Capitol Hill and Executive Branch staff, selected representatives from the practitioner and research communities, and key interest-group leadership an opportunity to hear innovative perspectives of state and local frontline criminal justice practitioners and researchers. The Forum was held in Washington, D.C. University of Pennsylvania Senior Fellow Laurie Robinson serves as Executive Director of the Forum on Crime & Justice and was co-moderator of the Forum reported here. William D. Falcon prepared this summary. Comments of Forum participants are paraphrased unless placed between quotation marks.

Why Are So Many People With Mental Illness in the Criminal Justice System?
Comments by Fred C. Osher, M.D., Associate Professor and Director, Center for Behavioral Health, Justice, and Public Policy, University of Maryland

Five factors explain the large numbers of persons with mental illness in the criminal justice system.

First, individuals with mental illness are arrested at a disproportionately higher rate than are others because:

- Substance abuse and related disorders co-occur in those with mental illness three times more frequently than in the general population. A Bureau of Justice Statistics survey indicates that 60 percent of inmates with mental illness reported being high at the time of their offenses. Such co-occurrence often results in crime and subsequent incarceration.
- Though rare, violence by persons with mental illness can be traced frequently to noncompliance with medication instructions and/or to the co-occurrence of a substance abuse problem. The latter often drives violent behavior resulting in jail or prison time.
- Jails and prisons often become housing of last resort. When criminal justice personnel face inadequate or insufficient community treatment or residential options, “mercy bookings take place.” A California study found that persons from homeless settings comprise 35 percent of all jail bookings. Of an estimated 2 million homeless in the U.S., about one-third experience serious mental illness. During the year preceding arrest, 30 percent of jail inmates and 20 percent in state and federal prisons reported periods of homelessness.

The second factor explaining the large numbers of persons with mental illness in the criminal justice system is that they spend more time in jail and prison—15 months longer, according to one study—than others charged with the same crimes and serving similar sentences. Inmates with mental illness do not follow rules well, get into altercations, and thus often max out their sentences. Third factor: the pathogenic nature of incarceration. Inmates with mental illness are more likely to be victimized and to experience periods of administrative and punitive segregation resulting in prolonged isolation from social and environmental stimulation. Further, inmates with only a vulnerability to mental illness sometimes display symptoms of mental illness when put in the stressful confines of jail.

Fourth, when released with too few skills, inadequate resources, no connection with community providers, little family or social support, and inadequate discharge planning, persons with mental illness are prone to relatively high recidivism rates. Finally, when released to the community, they do not receive good care because of fragmented provider systems for people with complex needs. Indeed, about two-thirds of all people diagnosed with mental illness receive no treatment. The gap between what is known about treatment and what people get “is incredible.”

Montgomery County Police Department Crisis Intervention Team From the Perspective of Chief Charles A. Moose, Ph.D.

Having implemented the Crisis Intervention Team (CIT) model, the Department is handling people suffering from mental health crises in an improved fashion. If a police department handles

a mental health situation poorly, the involved family will never recover. If a police department does not have a CIT, the community needs to “yell and scream” and change the department.

Police can do a better job if officers are trained to address people with mental illness. Doing so improves performance, saves time and money, and enhances a department’s reputation. The county’s mental health community now collaborates with the Department in training officers to deal with mentally ill persons. That is needed all over America.

CIT Insights: Officer Joan M. Logan, CIT Coordinator, Montgomery County Police Dept.

Failure to train officers on how to handle mental illness calls is a disservice to officers and the community. About 20 percent of patrol officers have received 40 hours of mental health training, including options and skills related to handling incidents involving mentally ill persons, such as de-escalation techniques, use of voice, and other nonlethal measures. Training also entails learning about mental health resources in the community and attending periodic refresher workshops. Such training reduces barricade situations, injuries, and lawsuit vulnerability.

The CIT is decentralized: patrol officers and others perform regular duties but have additional skills to resolve mental health incidents so that force at the scene and damage to the affected family is minimized. Officers emphasize prebooking diversion of the mentally ill to community resources. Only about 5 percent of mentally ill persons encountered by officers are incarcerated.

Mentally Ill Persons and Jails: Remarks by Arthur Wallenstein, Director, Montgomery County Department of Correction and Rehabilitation

The nation’s local jails are increasingly human service providers of last resort, replacing what was intended to be supplied by community mental health systems after deinstitutionalization, which instead resulted in the diversion of mentally ill patients from state hospitals to streets to jails. Mentally ill inmates comprise about 17 percent of the jail population, whose offenses stem more from their mental condition than from criminal intent. Of the 10 to 12 million persons who leave county jails each year, 1.7 million are essentially chronically mentally ill and nonviolent.

The Department of Correction and Rehabilitation screens everyone entering jail to identify the mentally ill before they act out. It also employs psychiatric nurses. The Department does not need money for more people to treat the jailed mentally ill who should be treated in the local mental health system. Rather, agencies funding mental health should put dollars into diversion and community-based programs, ask what providers are doing for the mentally ill in the incarcerated population, and refuse funding to providers who will not follow clients from the community to the jail situation. To assist the reentry of the mentally ill from jail into the community, funders should mandate collaboration between the criminal justice system (including courts and prosecutors), community mental health system, private providers, and other stakeholders. For their part, jails should give mental health practitioners 24-hour access to their clients.

Questions and Answers

Can the public be assured that the CIT procedures will keep the community safe? Moose: Those

procedures can do wonders to keep the public safe. Police with the right skills react to a mental health incident quicker, deal with it smarter, and get a mentally ill person off the street safely.

How can treatment after jail be obtained to help reduce recidivism in terms of a person's illness and criminal behavior? Moose: Montgomery County's Crisis Response Team (mental health workers, not police officers) makes daily visits to mentally ill persons on the street and in the home and checks on whether medications are taken, etc. Police are exploring making follow-up visits to those who had attempted suicide. Osher: The ticket to treatment after jail or prison is insurance. Steps should be taken to ensure that incarcerated mentally ill persons with insurance maintain it and those who qualify for it but do not have it get it.

What is the role of affordable housing? Could not public housing leases be changed to provide a housing entitlement for the mentally ill? Wallenstein: Maryland has a shelter-plus-care program using federal Housing and Urban Development (HUD) money for special populations. Mentally ill persons should constitute a valid group for public housing purposes, and federal housing officials should recognize that. Without housing, dealing effectively with the mentally ill population will not be possible. Moose: Perhaps property managers could receive special training—much as do CIT police officers— so that they can recognize that certain tenants are out of control, make the proper referrals, and de-escalate the situation, in contrast to putting tenants' housing at risk.

What can courts do regarding mentally ill persons? Logan: The biggest frustration has been the court system—getting prosecutors and judges engaged in this crisis. One would think court caseloads would be reduced if managed better, such as through a mental health court or at least some sort of screening process. Mentally ill persons get more jail time than others. If caught trespassing, a person not mentally ill would likely get out on bond and perhaps be sentenced to 10 days in jail; a mentally ill person would probably be denied bond, spend 30 days in jail awaiting a hearing, and sentenced to time served. Wallenstein: Judicial leadership has been essential in the establishment of every mental health court now operating. Courts should insist on the presence in court of representatives from the criminal justice system and mental health community to make recommendations in cases involving mentally ill persons. Nothing is more important than the judiciary insisting on a response from the mental health system.

For More Information...

- For information on improving the criminal justice system's response to people with mental illness, see the report *Criminal Justice/Mental Health Consensus Project* (June 2002), accessible at www.consensusproject.org or from the Council of State Governments, 2760 Research Park Drive, P.O. Box 11910, Lexington, KY 40578-1910.
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