



Addressing Mental Health in the Justice System

By Richard Williams

Criminal justice systems face significant challenges in addressing the mental health needs of the people they serve. According to a report from the [Bureau of Justice Statistics \(BJS\)](#), more than half of those incarcerated in the United States have mental health issues. These individuals, says BJS, are more likely to have previous convictions and to serve a lengthier sentence than those who do not have mental health needs. Without treatment, mental health conditions can [linger or worsen](#), increasing the likelihood of further involvement in the justice system. To achieve better results for both systems and individuals, legislators are considering and enacting policies to enhance access to mental health services at [multiple stages](#) in the criminal justice system.

Did You Know?

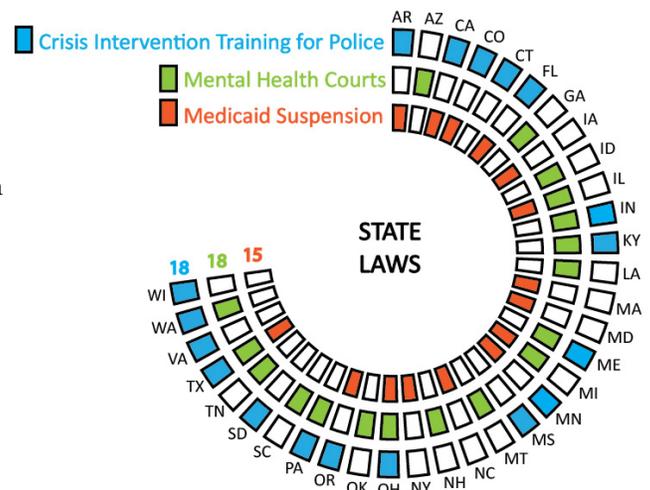
- Fifty-six percent of state prisoners and 64 percent of jail inmates have had a mental health issue.
- Currently, 2,954 crisis intervention teams—where law enforcement collaborates with mental health services—operate in 46 states.
- At least 15 states have adopted Medicaid suspension policies while inmates are incarcerated.

State Action

Specific approaches that are being adopted by states to improve mental health treatment for justice-involved people include training for law enforcement personnel, court diversion programs and improved access to health care during reentry to the community.

Pre-Arrest Intervention. A law enforcement official responding to a call may be the first to identify a person's behavior as an indicator of a mental health issue. Crisis intervention teams (CITs) are formal partnerships among police departments and mental health providers that ensure responding personnel are trained to identify, assess and de-escalate mental health crisis situations. According to the National Alliance on Mental Illness, the [benefits of CITs](#) include reduced arrest rates, increased use of diversion programs that provide alternatives to traditional arrest and booking procedures, and a reduced number of injuries to responding officers.

Laws in at least 18 states [address CITs](#) or mental health training for law enforcement personnel. The laws prescribe which criminal justice and mental health entities must collaborate, the resources and policies they must develop, and minimum standards for police training. [Kentucky's law](#), for example, requires that CIT training include instruction on recognizing, interviewing, assessing and negotiating with a person who may have a mental illness. It also requires that teams be able to identify the effects of psychotropic medica-



tions, apply suicide prevention techniques and understand available community treatment resources. Kentucky's law further requires that its CIT training follow the [Memphis model](#), developed by the Memphis Police Department, which established the first CIT in 1988. [Currently, 2,954 CITs](#) operate in 46 states.

Diversion. The first appearance in court is an opportunity to route defendants with mental health needs away from the traditional criminal justice process. [Mental health courts](#), for example, coordinate the expertise of judicial officers, prosecutors, defense counsel, and treatment and supervision personnel to address defendants' mental health needs, while still holding them accountable for their actions. Mental health courts can be used prior to or after a guilty plea, and the successful completion of the program may result in clearing defendants' criminal records. The first mental health court was established in 1997, and more than 300 currently operate in the United States. A [longitudinal study](#) of four mental health courts operating in California, Indiana and Minnesota found that participants were less likely to be rearrested (49 percent vs. 58 percent) and spent fewer days incarcerated (82 days vs. 152 days), compared to those with similar needs who did not enter a treatment court.

Laws in at least 18 states authorize mental health courts. The laws create new or expand existing programs, set eligibility requirements, employ best practices and grant authority for administering the program. Georgia's law ([Ga. Code §15-1-16](#)), for example, directs the state's [Judicial Council](#) to establish standards for mental health courts based on research that shows reduced recidivism for defendants with mental illness. The law also prohibits certain defendants charged with serious crimes from participating in the program. In [2013 and 2014](#), Michigan lawmakers expanded the use of mental health courts after a [pilot study](#) found they reduced recidivism and increased use of treatment services by program participants.

Reentry. Legislatures also are enacting policies that improve [access to health care](#) upon [release from prison or jail](#). At least 15 states have allowed Medicaid coverage to be suspended, rather than canceled, upon incarceration. [According to the National Association of Counties](#), Medicaid suspension for those incarcerated can reduce—by two to three months—delays in access to benefits upon their release. Other states, including Connecticut, Massachusetts, Oklahoma and Washington, are [implementing measures](#) to improve Medicaid enrollment upon release for inmates who have mental health needs. Oklahoma created a program in 2007 to help eligible inmates apply for Medicaid. A [study of the program's impact](#) found that it increased Medicaid enrollment by 14.5 percent. Policies that facilitate access to Medicaid, in coordination with other services, can have a positive impact on recidivism.

NCSL Contacts and Resource

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Additional Resource

Kim, KiDeuk and Miriam Becker-Cohen. *The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System*. Washington, D.C.: The Urban Institute, April 7, 2015.