BREAKING THE CYCLE: MENTAL HEALTH AND THE JUSTICE SYSTEM

- - -

WEDNESDAY, FEBRUARY 10, 2016

United States Senate,

Committee on the Judiciary,

Washington, D.C.

The Committee met, pursuant to notice, at 10:05 a.m., in room SD-226, Dirksen Senate Office Building, Hon. Chuck Grassley, Chairman of the Committee, presiding.

Present: Senators Grassley, Cornyn, Tillis, Franken, Schumer, Whitehouse, Klobuchar, and Blumenthal.

OPENING STATEMENT OF HON. CHUCK GRASSLEY, A U.S. SENATOR FROM THE STATE OF IOWA

Chairman Grassley. Thanks, all of you, for being patient.

Today our Committee will hold a hearing on mental health and the justice system. I will open up the hearing and will later ask Senator Cornyn to preside.

We will hear a broad perspective from our witnesses today about a very complex problem. There was a time when people with severe mental illnesses, like schizophrenia and bipolar disorder, were institutionalized. Times have changed, and people with these illnesses are no longer routinely hospitalized.

New medications and therapies have been developed. For

some people, these new treatments work. For others, however, the new treatments have not worked--because the medicine did not work or because the person simply maybe did not take their medicine. In fact, many of these folks end up homeless or in the criminal justice system, or both, without any treatment at all.

I want to extend a special thank you to our witness Mr. Pete Earley. He is going to share his experiences about his son, Kevin. On a daily basis, individuals like Kevin are literally running into the criminal justice system or a very broken mental health system. And it seems that with the broken mental health system, many will eventually end up in the justice system.

An Urban Institute report published last year confirmed what law enforcement throughout the country tells us. The report concluded that severe mental illness affects nearly one-quarter of the U.S. correctional population. Only a very small percentage of these receive any kind of care for their mental illness. Even more troubling, those who receive mental health services show little change over time. Once incarcerated, a person with severe mental illness faces conditions which often exacerbate mental illness, including overcrowding and abuse.

But there is another side to this discussion, and it is something we all have to be concerned about, and that is the

public safety. Many people have discussed their concerns with me regarding people with mental illness who commit mass murders. Columbine, Virginia Tech, and Sandy Hook are names that have been at the heart of these concerns and push us to prevent future tragedies.

As Chairman of this Committee, I am committed to finding bipartisan solutions to these concerns. Our job then is twofold: first, we must break this mental health/criminal justice cycle; secondly, and just as important, we must provide for public safety.

To accomplish these goals, we must be open-minded to solutions. We need all the cards on the table. We need more information about severe mental illness. We need to understand that severe mental illness often begins before adulthood.

On a side note, one of the reasons that I pushed to reauthorize the Juvenile Justice and Delinquency Prevention Act is because this law is the single most influential piece of Federal legislation to protect young people who come into our criminal justice system.

We need to understand that the treatment of severe mental illness requires well-trained specialists who are committed to the long-term care of these citizens. We need to understand that severe mental illness and drug and alcohol problems often go hand in hand. We need to

understand what therapies work and what therapies do not work. And we need well-trained law enforcement and first responders to recognize and manage crisis situations when they occur.

And we should all have an open mind on this issue, and I do. I think it will take many different ideas to find solutions. Furthermore, I do not think that we can solve these problems by reducing them to silos or sound bites.

In order to accomplish criminal justice reform, we must tackle the mental health crisis, including the shortage of psychiatric beds. We ought to confront the opioid epidemic in our Nation. And we must work together to solve the difficult issues that are at the intersection of mental health and criminal justice. By doing this, we will meet the needs of people with severe mental illness, and we will keep Americans safe.

Today we will look at Senator Cornyn's legislation, the Mental Health and Safe Communities Act.

This bill reauthorizes and strengthens the National Instant Criminal Background Check System. It allows State and local governments to create pretrial screening and assessment programs to identify offenders with mental illness.

It requires the Attorney General to direct Federal judges to operate mental health court pilot programs.

It requires State and local governments to use drug and mental health court funding to develop specialized programs for those with co-occurring mental health and substance abuse problems.

And it will mandate specialized training and the use of new technology to ensure that those who work in the criminal justice system are properly equipped to respond to individuals with mental illness and the crisis we are in.

I support this legislation and encourage my colleagues to do so as well.

Now I will turn the meeting over to Senator Franken.

OPENING STATEMENT OF HON. AL FRANKEN, A U.S. SENATOR FROM THE STATE OF MINNESOTA

Senator Franken. Thank you, Mr. Chairman, for calling this incredibly important hearing, a consensus panel. This is something that we all care about.

I just want to respond to something just about the--you brought up the public safety side of this--and, of course, that is a very important part of this--and the concern that I hear from people regarding the mass shootings that you referred to. And there is no question that the people who have done that have been deranged. And when we had all of our hearings on guns, I think one of the worst things we can do is stigmatize people with mental illness. And I think that is a danger we have when we start making that kind of

link in a way that is a little misleading.

I think, Mr. Osher, in your testimony, at least in your written testimony, you talked about people who are mentally ill are no more likely to be violent than the rest of the population and also are the victims of violence more often than the rest of the population. And I just want to really underscore that.

Also, this is one of the reasons that I think that in all those cases, if those people had gotten some care beforehand, we might have prevented that. I cannot say that in every case, but I think that one of the reasons that we have seen that is that we do not have early diagnosis and treatment in schools. Some people become--do not demonstrate these symptoms until after they are out of school. But I have promoted mental health in schools, partly because early detection and treatment is extremely important.

So I just wanted to--we have a long overdue conversation that we need to have about gun safety when we talk about that issue as well. And I just do not want to--a CDC report that a perpetrator diagnosed with a mental illness was responsible for fewer than 5 percent of all American gun killings between 2001 and 2010. And I know what you were saying was that you were responding to the concerns of the public, and that is why I am saying this

here because I want the public to hear this.

But I want to thank you, Mr. Chairman, for calling this hearing on an incredibly bipartisan issue. Senator Cornyn and I were just talking beforehand about how we have a consensus panel here. I want to thank you all for your expertise. And this is a bipartisan issue. Last year, I reintroduced legislation called the "Comprehensive Justice and Mental Health Act" to improve access to mental health services for people who come into contact with the justice system. My bill has always enjoyed broad bipartisan support. Senator Cornyn agreed to serve as my lead Republican cosponsor. It passed the Senate in December. I understand it was recently approved by the Judiciary Committee in the House and stands ready to soon pass the House as well. Speaker Ryan has identified it as one of the consensus bills that he wants to move. So I am heartened that this issue is getting the attention that it deserves from both sides of the aisle and both sides of the Capitol.

The United States has 5 percent of the world's population but 25 percent of the world's prison population, in large part because we have institutionalized mental illness. People with mental health conditions disproportionately are arrested and incarcerated, and as we will hear today, that is because the United States lacks the infrastructure necessary to help them find stability. We do

not provide people who suffer from mental illness with the care, the community support, or the housing assistance that could help them avert a crisis, and we do not provide them with treatment. Instead, we let them fall through the cracks and often languish in prison.

As Hennepin County Sheriff Rich Stanek from my home State has said, "Local jails are the largest mental health facilities in the State of Minnesota." And this holds true across the Nation. Sheriff Stanek called it "society's dirty little secret."

Right now, in most jurisdictions in our country, we are using our criminal justice system as a substitute for a fully functioning mental health system. That just simply does not make sense. It does not make sense for law enforcement officers who often put their lives at risk when they are called upon to intervene in a mental health crisis. It does not make sense for courts, which are inundated with cases involving people with mental illness. It does not make sense for people who have mental health conditions who would often benefit more from treatment and intensive supervision than from incarceration. And it certainly does not make sense for taxpayers who foot the bill for high incarceration costs and overcrowded correctional facilities. And they must pay again when untreated mentally ill prisoners are released back into society, often in worse

shape than when they were first locked up.

Congress recognized this to be a problem in 2004 when it passed the Mentally Ill Offender Treatment and Crime Reduction Act, or MIOTCRA. MIOTCRA supports innovative programs that bring together mental health and criminal justice agencies to address the unique needs of people with mental health disorders. My bill to reauthorize MIOTCRA, again, the Comprehensive Justice and Mental Health Act, would continue Federal support for mental health courts, crisis intervention teams, and corrections-based services for people with mental illness. And it would expand on the law to invest in veteran treatment courts and to train local, State, and Federal law enforcement officers on how to recognize and respond appropriately to mental health crises, training that protects police officers and saves lives.

These programs are important not just because they make it possible for State and local jurisdictions to better shoulder the burden that mentally ill offenders place on their facilities and their officers, but because research has shown that these programs work. Police officers who have received crisis intervention training report being more prepared when they are called to the scene of a mental health crisis. Jurisdictions that connect law enforcement with mental health professionals and training opportunities experience a decrease in arrests and an increase in access

to treatment for people with mental illness--treatment that reduces recidivism and, therefore, reduces costs.

But it is important to note that the grant opportunities supporting this work, the programs that would be reauthorized by my bill, are the only programs at the Department of Justice that address how our criminal justice system meets the needs of offenders with mental illness. So it is long past time for Congress to take action. Enacting the Comprehensive Justice and Mental Health Act is an important first step and will ensure that these programs remain available.

The Senate passed my bill in December, and I was pleased to see that it was unanimously approved by the House Judiciary Committee last month, as I said, but I look forward to hearing from today's witnesses about the good work being done in their States and their communities--I thank Bill Ward for being here from Minnesota--

Chairman Grassley. Senator Cornyn.

Senator Franken. --and learning--

Chairman Grassley. Oh, I am sorry. I did not mean to interrupt.

Senator Franken. I had one-half of a sentence left.

Chairman Grassley. I am sorry.

Senator Franken. It is a sentence fragment.

[Laughter.]

Senator Franken. It may now not make sense, so I am going to read the whole--can I read the whole sentence?

[Laughter.]

Senator Franken. But I look forward to hearing from today's witnesses about the good work being done in their States and communities and learning how Congress can better support those efforts.

Thank you, Mr. Chairman.

Chairman Grassley. I did not see the word "and." I am sorry.

Senator Franken. Yeah, it is a compound sentence. It is not two sentences. It is a compound sentence.

Chairman Grassley. Senator Cornyn.

OPENING STATEMENT OF HON. JOHN CORNYN, A U.S. SENATOR FROM THE STATE OF TEXAS

Senator Cornyn. Well, thank you, Chairman Grassley, for holding this very important hearing. We have the privilege and the honor of serving our constituents all across this great country and addressing a lot of really important issues. But I cannot think of many that are more important than the subject matter of this particular hearing, which is reforming our broken mental health system. And I, too, want to thank the witnesses. I want to shout out a couple of them in particular. One is my friend of longstanding, Sheriff Susan Pamerleau of Bexar County,

Texas, San Antonio. She is going to talk about some of the great things that Bexar County is doing which helped open my eyes to this issue. And then my newer friend, Pete Earley, who has shown great courage, along with his son and his wife, in telling their story, which, again, has helped inform the policymakers in a really significant and important sort of way. So thank you for everything that you have contributed to our knowledge and opening our eyes and our hearts to this important issue.

I want to also thank Senator Franken for working with me on the Comprehensive Justice and Mental Health Act, and he has described it well. And I join him in hoping the House will pass that legislation soon.

According to a 2015 poll conducted by Public Opinion Strategies, 66 percent of Americans believe mental health conditions in our country pose a "very serious public health problem," and 71 percent of Americans support making radical or significant changes in the way we address mental health in the United States.

Though the Judiciary Committee is not the Committee of primary jurisdiction over this subject, we have a significant role to play in this issue. That is because over the last three decades America's prisons, jails, and criminal justice system have become the de facto mental health care provider in America.

According to a 2010 study published by the National Sheriffs Association and the Treatment Advocacy Center, at least 16 percent of inmates in the United States have serious mental illness. And I know you will hear different numbers, and perhaps we will hear a range of numbers today. But this number is even higher if we consider earlier or less aggravated stages of mental illness. For example, in Texas, the Council of State Governments estimates that 34 percent of prison and jail inmates have some form of mental illness, and that most of these individuals also have, as the Chairman said, substance abuse disorders because they tend to medicate themselves with drugs or alcohol, compounding their problems.

All told, experts estimate that there are between 300,000 and 500,000 mentally ill individuals locked up in prisons and jails across the country. That is a shocking number.

So how did we get where we are? And why should we be so concerned? Well, I think the facts demonstrate the reason for our concern, but as Chairman Grassley pointed out, in the mid-1960s our country radically shifted away from hospitalization of the mentally ill. Due to the failures and inhumane conditions of State and mental health hospitals, we began released large numbers of mentally ill individuals back into the community where we hoped that they

would recover and restore their lives. We thought we were actually doing them a favor by doing that.

Sadly, this did not occur, the treatment part, the recovery and restoration of lives, because we simply dropped the ball. Instead of focusing on identifying and treating mental illness, we de-institutionalized the mentally ill, forgot about treatment, and hoped that the problem would solve itself. Well, it has not. And the result has been a four-decade-long explosion in the growth of mentally ill individuals in our jails and prisons because untreated mental illness will often result in criminal conduct and tragedy.

The problem is our criminal justice system is not adequately equipped to treat individuals with mental illness. In fact, it is one of the worst places imaginable for these individuals. Our Nation's law enforcement and correctional officers are the best in the world, but they are not mental health practitioners.

So it should come as no surprise that mentally ill individuals who enter the criminal justice system generally become more sick, more likely to reoffend, and more likely to become violent, and, obviously, as Senator Franken said, more expensive to the taxpayer and less likely to get well and restore their lives.

Our current system of warehousing the mentally ill is

not working, and it is our duty to address the problem so we can improve public safety, protect civil rights, and save taxpayer dollars. And across the country we are beginning to see promising signs of reform, and that is where Sheriff Pamerleau and my home town of San Antonio come in. And I know there are many other stories, but if you will permit me to focus on Bexar County for a moment, because it really did open my eyes up, Sheriff, to see the collaboration that is taking place, where it is not a matter of politics, it is not big egos, it is people working together to try to address a very real problem and making an important difference.

By screening people with mental illness and diverting them to evidence-based treatment instead of jail, Bexar County has saved millions of dollars per year, reduced crime rates, increased public safety, and given mentally ill individuals a chance to break the cruel cycle of their illness. That model for mental health treatment has become a beacon of success, and I know you have had a lot of people visit San Antonio over the last decade to learn more about it. And I am proud to say that State and local governments across the country are catching on.

But at the Federal level, less than 1 percent of the approximately $2 billion that the Federal Government spends on State and local law enforcement assistance is used to

address the mental health crisis in our criminal justice system. One percent of the $2 billion the Federal Government spends on State and local law enforcement assistance is used to address mental health issues, and that is where my legislation comes in, hopefully.

We do need to do more to target our existing Federal resources to repair the broken mental health system. The legislation that Chairman Grassley mentioned, the Mental Health and Safe Communities Act, which I have sponsored, is a product of hard work, not just from me and my staff and the Senate but also the National Alliance on Mental Illness, the National Association of Police Organizations, the Council of State Governments Justice Center, the American Correctional Association, and the National Sheriffs Association, just to mention a few. It is modeled really on the successes we have seen around the country, not just in Bexar County but around the country. And I am pleased that Senator Alexander--Senator Franken had mentioned the fact that there are a number of different committees that have jurisdiction of this issue, but Chairman Alexander of the Health, Education, Labor, and Pensions Committee and Senator Cassidy are working hard on legislation that would tackle the non-judiciary aspects of mental health reform. And, of course, what I hope we will ultimately do and I have talked to Senator Alexander about is putting together these various

pieces in a piece of consensus legislation that we might be able to pass with good results.

So I hope my colleagues on both sides of the aisle will listen to the lessons of this hearing and work with all of us in a bipartisan manner to address this issue. And, again, I would just close by saying, Mr. Chairman, this is, as I told the panel members, the first time that I have had a panel or been at a hearing where we have a consensus panel. I think that speaks volumes about this issue. Republicans did not just pick their witnesses and Democrats pick theirs and come out and butt heads, but actually have a consensus panel of really the world-class experts to be able to enlighten us and the American people on the nature of this problem and solutions.

So thank you very much.

Chairman Grassley. Yes. Before I introduce my witnesses, I would like to make sure that Senator Franken understands--he may have misheard me, but I said that mass murderers have mental illness issues, not that people with mental illness are mass murderers.

Senator Franken. I just want to say I appreciate that is what you said. I just did not want people listening to misunderstand that.

Chairman Grassley. But I think you misunderstood. I am trying to correct you.

Senator Franken. Thank you, Mr. Chairman.

Chairman Grassley. Okay. Thank you. I will introduce four witnesses, and Senator Tillis will introduce the other one.

Mr. Earley is an author who has written 17 books, I am told, including "Crazy: A Father's Search Through America's Mental Health Madness." Prior to that, he was a journalist for 14 years, including 6 years at the prestigious Washington Post. He has an undergraduate degree from Phillips University.

Our second witness is Fred Osher. Mr. Osher is director of health systems and services policy for the Council of State Governments Justice Center. In that position, he oversees the health component of CSG Justice Center's initiatives. He has his undergraduate degree from Harvard and an M.D. from Wayne State University.

Our next witness is Sheriff Susan Pamerleau. She is sheriff of Bexar County, San Antonio, Texas. She was elected as sheriff in 2012, becoming the first woman to be elected to that post. Previously, she served in the U.S. Air Force for a long time, 32 years. Congratulations and thank you for defending. She has her undergraduate degree from the University of Wyoming and a master's degree in public administration from Golden Gate University.

Senator Franken. Can I introduce him?

Chairman Grassley. You want to do that?

Senator Franken. Yes. Thank you. Thank you, Mr. Chairman.

I would like to introduce Bill Ward. He has served as the Minnesota State public defender since July of 2014. Bill oversees the State's public defenders and their work to provide indigent clients with criminal and juvenile legal defense services and has experience representing defendants who have experienced a mental health crisis. Bill also represented public defenders on a work group created by the Minnesota State Legislature to examine the needs of offenders with mental illnesses. Before being appointed as Minnesota State public defender, Bill served as chief public defender in Hennepin County and in Minnesota's 10th Judicial District. Early in his career, Bill also worked in the Cook County public defender's office in Chicago, Illinois. Thank you, Bill.

Chairman Grassley. Senator Tillis.

Senator Tillis. Thank you, Mr. Chair. It is my pleasure to introduce a personal friend, David Guice. He is currently the commissioner of the Division of Adult Correction and Juvenile Justice. He was appointed in January of 2013 after serving as the director of community corrections. David and I literally sat about this far apart from each other in the House chamber in the North Carolina

Legislature for a couple of years, and he comes from the mountains of North Carolina, Transylvania County. He went to Mars Hill College. He served in the Division of Community Corrections for I think about 32 years. Is that right, David? And he was county commissioner, very active in the community. He was elected to the legislature, began that, elected in 2008, began serving in 2009. And in 2011, he demonstrated extraordinary judgment by voting for me as Speaker of the House. He went on to serve as chair on very, very important committees in the North Carolina Legislature--appropriations, justice and public safety, judiciary.

I think probably the most important thing that David did for the folks in North Carolina and for people that we will be talking about today was he was the lead sponsor for the Justice Reinvestment Act, and he was in the unique position of not only getting it passed with broad bipartisan support in the North Carolina Legislature, but he went on to go back into the department and oversee its extraordinary execution. It has--and we have talked about it before--a 14-percent reduction in recidivism, a 50-percent reduction in parole violations, and hundreds of millions of dollars in savings that hopefully we can put to these very important issues that we are talking about today.

David is married to another good friend of mine, Carrie. He has got kids and grandkids. And it is an honor

to have you here, Commissioner Guice, my friend David Guice. Thank you for being here.

Chairman Grassley. Before we start with Mr. Earley, I know that this is such an important issue that all of you have more than 5 minutes to discuss with us, and so that is why we suggest a longer statement being put in the record, and then we have asked you to summarize for 5 minutes. And I never cut anybody off in the middle of a sentence. I do not even want to cut you off in the middle of a thought. But maybe after 6 minutes has passed, if you see me raise my gavel, I hope you will stop right at that point. Thank you all very much.

Go ahead, Mr. Earley.

STATEMENT OF PETE EARLEY, AUTHOR, MENTAL HEALTH ADVOCATE, FAIRFAX, VIRGINIA

Mr. Earley. Thank you very much, Mr. Chairman. Thank you, members.

Senator Franken. Is his mic on?

Chairman Grassley. Can you push the red button?

Mr. Earley. You would think that I would know that. Thank you.

Chairman Grassley. Start him over at 5 minutes.

Mr. Earley. Okay. Thank you, sir. I want to thank the Chairman, Ranking Member, and members of the Committee. I especially want to thank Senator Cornyn for inviting me. It is good to see you again, Senator Franken. I testified before you on your bill, so thank you very much for having me here.

My name is Pete Earley. I am a member of the National Alliance on Mental Illness, and I am the proud father of a son with a severe mental illness. I have come here today to tell you my story, and it begins with a frantic car ride and my son saying these words: "Dad, how would you feel if someone you loved killed himself?"

My son, Kevin, had been diagnosed a year earlier with a mental illness--bipolar disorder. A doctor had put him on medication, but my son had stopped taking his pills. And

when I picked him up in New York, where he was a college student, he had been wandering around the city for 5 days. He was convinced God had him on a special mission. And during that frantic car ride from New York to Fairfax County, Virginia, he would laugh one minute and begin crying the next. And I pleaded with him to take his medication, and he screamed at me: "Pills are poison, leave me alone!"

We went to an emergency room. We were put in a room for 4 hours. Finally, my son said, "There is nothing. I am going to leave." I literally went out, I grabbed a doctor. He came in that room with his hands raised up as if he were surrendering. He said, "I cannot do anything for you. Your son believes pills are poison," and the law at that time said only a person who is in immediate danger, imminent danger, could be required to take medication. And then he looked at me, and he said, "You seem like a nice guy. You bring your son back after he tries to kill you or kill someone else."

I took my son home. Forty-eight hours later, he broke into a stranger's house. He broke in to take a bubble bath. It took five police officers to get him out. And that day, my son entered the criminal justice system. At his case hearing, his mental illness was never mentioned. There was no offer of treatment. We were lucky to plead it down. He had 2 years of probation. He did great under the judge's

thumb. He took his medication, which actually helped him. As soon as that probation ended, he began going off his meds. I could see he was slipping.

I called the Fairfax County Crisis Response Team. I said, "Please come. Help us. My son is becoming delusional." They said, "Is he dangerous?" I said, "No, he is not dangerous." "Well, you cannot judge him on what happened in the past. Call us when he is dangerous."

The night I called, I said, "My son is violent. Please come." And they said, "Is he dangerous or violent?" And I said, "He is violent." And they said, "Oh, we do not come if they are violent. You call the police."

I called the police. They showed up, three officers. They shot my son twice with a Taser, 50,000 volts, said to me, "Do you want to press charges against him?"

A year later, my son had recovered. He again went off his meds. He started slipping. This time, he was afraid I would call the police, so he jumped in the car. He took off for North Carolina. He ran out of gas there. He called me. I said, "I will get you gas. Just go to a gas station." He said, "No. You do not understand. The voices are telling me if I step out of my car, I will die."

Now, we all know that would not happen, but I am telling you, if your mind was telling you right now if we left this hearing room, we would all become very, very good

friends.

He came home. I got him into a safe house. He wanted to go and just think about it. He got in the safe house. He got up in the middle of the night. He took off all his clothes because he thought that made him invisible, and he went walking outside. This time, however, a CIT, Crisis Intervention Team, trained police officer picked him up. He treated my son with respect. My son said, "I got Tasered the last time. I am not a criminal. They wanted to handcuff me. Do not handcuff me." He said, "Fine. Get in the back of the police car." They took him to an emergency room. When that doctor there said, "Well, being naked and walking around does not mean you are dangerous," the officer said, "Really? Well, I think I will drop him off on your front lawn." And all of a sudden, my son was admitted. And then he got a wonderful woman, Cindy Anderson, who is his case manager, and she said to him, "Why don't you take your medication? Let me get you in with a doctor who actually will talk to you," because treating the mind also requires treating the heart. And they found out why he did not like medication. And then she said to him, "You should not live with your father. You are too old. I am going to get you into Housing First, with two guys with schizophrenia."

And then she said to him, "What do you want to do?" And he said, "Well, I cannot do anything. I have a mental

illness." And she said, "Knock it off. Control the illness, do not let it control you."

He said, "I want to help people." She said, "I have got the perfect program, peer-to-peer, a person with mental illness helping other people with mental illnesses.

Today my son works with Cindy in Fairfax County on a jail diversion team, helping people with mental illness.

You have a fabulous panel here, really people I admire and respect. But, quite frankly, I do not need them to tell me that these programs work. I have my son, and I have Cindy.

Thank you very much.

[The prepared statement of Mr. Earley follows:]

Chairman Grassley. You know, if you had gone on for 15 minutes, I probably would have listened to you.

Mr. Earley. I probably could.

[Laughter.]

Mr. Earley. Thank you, sir.

Chairman Grassley. Thank you.

Mr. Osher?

STATEMENT OF FRED C. OSHER, M.D., DIRECTOR OF HEALTH SYSTEMS AND SERVICES POLICY, COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER, JOHNS ISLAND, SOUTH CAROLINA

Dr. Osher. Thank you, Chairman Grassley, Ranking Member Leahy, and distinguished members of this Committee, for the opportunity to talk about the overrepresentation of people with mental illness in our criminal justice systems. I am Dr. Fred Osher, the director of health systems and services policy for the Council of State Governments Justice Center. Each year, there are an estimated 2 million people with serious mental illnesses admitted to jails across the country annually. Those are rates that are three to six times what we find in the general population.

The human toll of this problem--and its cost to taxpayers--is staggering. As a community psychiatrist for the past 35 years, I have had a front-row seat to this growing national tragedy. I work in a mental health center in my hometown in Charleston, South Carolina, and see so many patients who desperately want to avoid criminal justice contact, but find themselves caught in a cycle of arrest, incarceration, release, and re-arrest.

Jails and prisons have a constitutional mandate to treat the mental illnesses of their inmates, yet they are often ill-equipped to assess and meet their needs. Jails

spend two to three times more money on adults with mental illnesses than those without, yet communities do not see a return on those significant investments.

Although States and localities that have made tremendous efforts to address this problem, they are often thwarted by significant obstacles, including inadequate data to inform policy changes, operating with minimal resources, needing better coordination between criminal justice, mental health, substance use, and other agencies.

To develop appropriate responses to persons with mental illnesses, it is important to understand the reasons why they are so prevalent in our criminal justice setting, and there are a number of contributing factors.

First, people with mental illnesses are three times more likely to develop substance use disorders over the course of their lifetime, and arrests for drug-related offenses have skyrocketed since the 1980s. Research has found that nearly three-quarters of men and women with serious mental illness in our jails also have a co-occurring substance use disorder.

Second, people with mental illnesses are overrepresented in our homeless population, very visible in our communities. Their panhandling or shoplifting or public intoxication are frequent causes of calls for law enforcement.

Third, limited access to care from underfunded, overburdened community-based treatment programs leaves individuals disabled by untreated symptoms, increasing the likelihood of their arrest.

Fourth, once in jail and prison, people with mental illnesses stay longer than others charged with similar offenses. Newer research has demonstrated that even short periods of time in jail on pretrial status can have a major impact on an individual's ability to prove their innocence or stay out of jail in the future.

And, finally, once released, without adequate treatment, housing, supports, or supervision, individuals with mental illnesses are more likely to recidivate than those without.

This is in a context of we know what works, and I will highlight a few of those practices.

Effective responses begin with a robust and comprehensive behavioral health system with adequate crisis alternatives to incarceration and treatment that can prevent decompensation. Treatment should include the provision of psychiatric medication when indicated, also include structured cognitive behavioral therapies to address some of the reasons and factors that people find themselves in contact with criminal justice settings.

Law enforcement agencies are training their officers to

de-escalated crises on site--this is the Crisis Investment Team that was mentioned earlier--and divert individuals, when appropriate, when they do not pose a public safety risk, to treatment alternatives. Drug courts, mental health courts, veterans courts offer an alternative to incarceration, connect eligible individuals to treatment, and provide court supervision to ensure adherence to conditions of release.

Reentry planning personnel can identify requisite community services. Specialized community corrections team can effectively supervise these individuals on release. These are just some of the effective practices associated with reducing the prevalence of people with mental illness in our criminal justice system.

I want to call your attention to several supporting policies and initiatives. As Senator Franken has highlighted, the Comprehensive Justice and Mental Health Act, introduced by him and Senator Cornyn, reauthorizes the Mentally Ill Offender Treatment Act. To underscore the collaborative nature of this program, all grants require a joint application from a mental health agency and a unit of government that is responsible for criminal or juvenile justice activities.

Since 2006, the Bureau of Justice Assistance has awarded 350 JMHCP grants to jurisdictions across 49 States,

territories, and the District of Columbia.

The Mental Health and Safe Communities Act of 2015, in addition to the features highlighted already by Chairman Grassley and Senator Cornyn, the bill introduced by Senator Cornyn provides important provisions, including the expansion of specialized law enforcement Crisis Intervention Teams, an increase in treatment-based alternatives to incarceration for people with mental illnesses, and improvements for reentry programming, for example, to authorize Forensic Assertive Community Treatment teams, an evidence-based practice that gets case management and treatment to those folks that need it.

And, lastly, I will mention the Stepping Up Campaign. This is a national campaign to reduce the number of persons with mental illnesses in our national jails. Recognizing the critical role that local and State officials play in supporting change, the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation have come together to lead a national initiative to help counties' efforts to reduce the number of adults with mental illnesses in their jails.

Dorothea Dix, Superintendent of Army Nurses during the Civil War, crusaded for humane responses to the needs of inmates with mental illnesses in the mid-1800s. Her

advocacy was translated into State hospitals for people with these disorders, to trade punishment for care. We have come full circle and find ourselves asking the same question that she posed 150 years ago: Why are we unnecessarily incarcerating people with mental illnesses? Acting now can both alleviate systemic problems that are choking law enforcement and correctional capacity and enable these individuals to achieve their full potential.

Mr. Chairman, Ranking Member Leahy, members of the Committee, this concludes my testimony, and I look forward to questions following. Thank you very much.

[The prepared statement of Dr. Osher follows:]

Chairman Grassley. Thank you.

Sheriff Pamerleau.

STATEMENT OF SUSAN L. PAMERLEAU, SHERIFF, BEXAR COUNTY, SAN ANTONIO, TEXAS

Sheriff Pamerleau. Senator Grassley, Senator Cornyn, and members of the Committee, thank you so much for addressing this critical issue to our communities. As sheriff of Bexar County, Texas, I lead the 11th largest sheriff's office in the Nation, and we operate the 16th largest--

Chairman Grassley. Is your red light on?

Sheriff Pamerleau. Now it is.

Chairman Grassley. Okay. Start her 5 minutes over. Start over again from the beginning.

Sheriff Pamerleau. I have the privilege of leading the 11th largest sheriff's office in the Nation, and we oversee the third largest jail in the State of Texas and the 16th largest in the Nation. And across America, law enforcement today is increasingly relied upon to manage individuals suffering from mental health episodes.

In Bexar County today, over 700 inmates of the 3,500 people that are incarcerated in our jail are being treated for some type of mental illness. And of these, 60 percent--that is almost 450 people--have been in and out of our jail six or more times. Had we identified them early, the first time, think about the human capital that we could have saved.

Most have not committed serious crimes but are in jail because of untreated mental illness. And like other jails, the Bexar County jail has become a de facto mental institution, and we are the largest mental health provider in the county.

In 2015, 57,000 people--about 60 percent of those who were arrested--were booked into jail. For the other 40 percent, unless they were symptomatic, we did not know if they had any mental health issues. That first brush with the law could have been turned into treatment--as a condition of pretrial release--rather than being caught up in the criminal justice system over and over again.

Housing the mentally ill in jail requires close monitoring and extensive services--at significantly higher cost than those in general population. Average daily cost is $60 to $65 a day, but when they have to go into a mental health unit, that cost quadruples to $200 to $250. And across Texas, there are locations where in a mental health unit the costs can climb to as high as $350 a day.

Many function well in the general population with psychotropic medications. However, some think they are okay, they stop taking their medications. They become disruptive and assaultive and end up in the mental health unit.

Over the past 10 years, Bexar County has developed an

overarching system to address mental health issues. Since 2012, both the San Antonio Police Department and the Bexar County Sheriff's Office mandate Crisis Intervention Training for all patrol officers.

In 2009, our 15 deputies who work in our Mental Health Unit were trained on crisis intervention, learning how to recognize someone in a mental health crisis and use de-escalation techniques to defuse the situation.

Prior to 2009, our mental health deputies had to use force taking mental health consumers into custody at least 50 times a year. Since 2009 and that training, 6-1/2 years, we have only had to use force three times. Three hundred to three is a dramatic difference in proving the value of crisis intervention training.

And this same training is critical for our detention officers and our dispatchers. In collaboration with the Council of State Governments Justice Center and other stakeholders in Bexar County, we knew we needed to identify those with mental illness early in the process. So beginning in late July last year, all law enforcement agencies in the San Antonio/Bexar County area initiated a mental health screen at point of arrest, prior to magistration.

Each arresting officer asks four questions to determine if further assessment is needed by a credentialed clinician

and, if indicated, a more comprehensive mental health assessment. The key to our success with that population has been collaboration with all other stakeholders.

The Restoration Center is a place where law enforcement brings individuals who are intoxicated, high on drugs, or in a mental health crisis. And then our officers can be back on the streets in 15 minutes, not 10, 12, 14 hours waiting in an emergency room. And in 5 years, conservatively, over $50 million has been saved for our community getting our officers back on the streets.

Haven for Hope is another important part of transforming individuals from being homeless, with mental illness and co-occurring substance abuse. It is much more than a homeless shelter. It provides wraparound services, counseling, housing, other services, starting individuals on a path to stability.

I think it is important to see the faces of mental illness. Paul is 76, diagnosed with schizophrenia, but he refuses treatment. He has been booked into the Bexar County Adult Detention Center 45 times since 1991--mostly for criminal trespassing, usually at a local church. He says he is Jesus Christ and he belongs there. He refuses to leave, and he ends up in jail.

Kenny is 60, a small, fragile man with a severe mental illness. In 2015 alone, he was arrested and booked for

criminal trespassing 14 times. Kenny loiters at a neighborhood grocery store entrance because he believes he lives there. Though the psychiatrist has ordered him to be placed on psychotropic drugs, Kenny refuses treatment. So he is jailed, he is released, he is re-arrested--and he will surely return to jail again and again.

Paul and Kenny would be better served in a hospital or treatment center. But because of underfunded mental health services, their stories are not unique, and our jail is home to hundreds just like them.

Just as compelling as providing community-based treatment services for early intervention, forensic beds in State systems are desperately needed, too. Today an inmate may wait 6 to 8 months before being transferred to a State facility to restore competency.

Christopher is one of five children from a prominent family of community leaders. His mental illness began to emerge when he was 17. After several diagnoses, erratic results with various medications, in and out of mental institutions for several years, he was diagnosed with schizo-affective disorder. He is currently in the Vernon State Hospital in North Texas, a result of his arrest more than 5 years ago when he tried to stab his father. The aftermath resulted in one of Christopher's most devastating mental and physical declines while incarcerated.

Christopher's most recent wait in the Bexar County jail was 8 months. He was scared, confused, and helpless.

This is an issue that affects everyone. The prevalence of mental illness suggests that everyone has a story about a friend or a family member who suffers from mental illness. And if you have somehow escaped that reality, certainly we should all be motivated by the financial and societal impacts of our lack of appropriate mental illness treatment and care options. Mental illness is not limited to any particular ethnicity or socioeconomic group.

And you have heard today Pete Earley's challenges trying to get help for his own son. This is personal for me, too. My own brother was mentally ill, in and out of mental institutions in the 1960s and 1970s, long before we knew what manic depressive or bipolar disorder was and before we know that lithium could control the chemical imbalances.

So jails are not the place for those suffering from mental illness. And until community resources are available to meet the needs of those with mental illness, people like Paul, Kenny, and Christopher will likely return to jail again and again.

Thank you so much, Chairman.

[The prepared statement of Sheriff Pamerleau follows:]

Chairman Grassley. Mr. Ward.

STATEMENT OF WILLIAM M. WARD, STATE PUBLIC DEFENDER, STATE OF MINNESOTA BOARD OF PUBLIC DEFENSE, MINNEAPOLIS, MINNESOTA

Mr. Ward. Mr. Chair and Committee members, as Senator Franken stated, I am the State public defender for Minnesota. My office represents all clients in 87 counties, which is over 140,000 cases a year.

I have been in Minnesota the past 14 years, but I also worked in Cook County in Chicago, Illinois, and in that period of time of over three decades of representing indigent clients, this is not a new issue. This has been around for decades. And I have seen the same cycle over and over.

My office, my colleagues, myself--I represent the Pauls and the Kennys and the Mr. Earley's sons in the criminal court system, and I have not seen any change in the entire 30 years I have been doing this.

What needs to be done is really two-pronged. First, we have to keep folks from coming into the criminal court system in the first place. Folks who suffer from mental illness should not be in the court system if that is the main reason that they are there. And, second, if people are arrested and they have mental health issues, our system needs to provide the appropriate medical and psychiatric care necessary to keep individuals appropriately medicated

without interrupting their current care or providing care that they did not already have and should have had in the first place.

Like all the other jurisdictions, Minnesota is no different. We have the same overburdened jails, and I will not go through those statistics with you. But what we have looked at and I know the folks in this room have looked at is the understanding and the knowledge that we lack a fully funded infrastructure to deal with these individuals suffering from mental illness. What I am talking about and what our office has talked about is really this continuum of care. We need to look at the access to crisis services, treatment health care, housing, employment, and community support systems, and seeing it as a continuum of care throughout the interception of coming into the criminal court system.

When I was a young lawyer, or a "young pup," as we describe that, I remember it like it was yesterday. Family and friends, moms and dad, and siblings would come to court. They would be in the anteroom or in the gallery of the courtroom, and they would be talking to me as a 26- or 27-year-old about how do we get Bob, how do we get Sally some help? And the reason they called the police was they had no alternative because of the mental illness, whether it be schizophrenia, bipolar, whatever the issue might be, there

was no place to go. And they did what they thought was necessary. They called the police. There are obviously concerns about that, right? The police are then put into this harm's way of dealing with issues that they are not aware of until they come to the home. But, ultimately, they have two decisions: one, you make the arrest; or, two, you bring them to a hospital. And as we all know, as all of you know, there are not enough beds. There is no place to put these individuals when they have that draconian choice, if you will. So, ultimately, they come into the criminal court system.

From the desire to help their family and friends, it then leads to frustration, anger, and resentment, because I cannot do anything for them. I am their lawyer. And I will be honest with you, because there was no alternative, as lawyers--and if people say they did not do this, they are lying to you. As lawyers, you made the incredible ethical decision: Do I have someone examined for mental health issues or competency to get stuck in the abyss of the Cook County jail in Illinois for 120 or more days? Or do I figure out a way of getting the best resolution possible without dealing with the underlying reason they are there in the first place? And I guarantee you, for the last three decades, people are still making those choices, and I also guarantee you if the infrastructure is not there, the choice

is not to try and attempt the holistic method of helping people out. We do not have the overall need or, I should say, the resources to deal with what needs to be done.

In 2016, my experiences have not changed. It is still the same ethical consideration, and what do we do on behalf of our clients? What happens there then is what we see and what has been described as the same revolving door. The Pauls and the Kennys of the world, they come in, they are released, they come back in again, they are released. We are not dealing with the underlying issues. We are not dealing with the housing issue, the mental health issue. Obviously dealing with the underlying--if there is a dual diagnosis, if there is drug and alcohol treatment issues as well.

In 2014, I was asked to represent our agency on a task force that the legislature in Minnesota put together, the Offender with Health Task Force, Mental Health Illness Task Force, and what we did as a group in this bipartisan effort and getting rid of the silos is we looked at the entire system. And I will be honest with you, we could not all come to the same conclusion in all other areas, but as I provided in my written testimony, we did look at mobile mental health crisis response services that are necessary; residential crisis services, that more beds are needed; potentially central receiving centers which are working in

Orlando and other areas; CIT training for first responder and law enforcement; the jail and court issues, and dealing with their health deterioration once they are in custody because they are not provided the medical care; and discharge back into the community where we need to follow up if they are provided care.

So that is what we have done, and I am not saying Minnesota is the panacea and we are doing a great job in all areas, but we have learned what to do. We have set up three mental health court systems in Minnesota, one of which is in Ramsey County. St. Paul is the largest city. And it is a model court. It is a national court that is also a mental court for other jurisdictions in the United States, because it works. The capacity is as it should be, only 40 people, but it works. And there is a savings, and there are measurements to show the savings and the costs and recidivism. It works.

We have another one in St. Louis County, which is Duluth, and we have one that is too large in Hennepin County. But we have three mental health courts and 87 counties in Minnesota, and we need more.

I am not here to suggest that all 87 counties need it, but I am here to tell you that we need the resources to provide the stability and helping these individuals in the continuation of care that they need and that they deserve.

[The prepared statement of Mr. Ward follows:]

Chairman Grassley. Mr. Guice.

STATEMENT OF W. DAVID GUICE, COMMISSIONER, DIVISION OF ADULT CORRECTION AND JUVENILE JUSTICE, DEPARTMENT OF PUBLIC SAFETY, RALEIGH, NORTH CAROLINA

Mr. Guice. Chairman Grassley, Senator Franken, Senator Tillis, and members of the Committee, North Carolina Governor Pat McCrory, Secretary of Department of Public Safety Frank L. Perry, and I are grateful for the opportunity to speak about North Carolina's progressive work with those with mental illness in our State prisons and community supervision. North Carolina is working diligently to adapt its adult correction and juvenile justice system to evolving demands for humane, safe, and effective custody and supervision of offenders who suffer from mental illness in our correctional facilities, youth development centers, and in our communities.

As is often the reality in our profession, our work with the mentally ill in North Carolina facilities and in our communities stems from the result of a "learning experience." The learning curve is great, and the amount of time we have to meet this challenge is short, but, fortunately, I am blessed to be able to tell you that I have unwavering interest, resources, and support from a Governor, a secretary, and a legislature as well as a highly dedicated, professional, and passionate staff, all of whom

consider this critical need in North Carolina a priority.

In North Carolina, we incarcerate an average of 37,000 individuals each year, 14 percent of whom are diagnosed with a serious, persistent mental illness. Of the nearly 23,000 inmates who are released each year from North Carolina prisons, 3,200--also nearly 14 percent--have been diagnosed with mental illness. There are approximately 105,000 offenders on community supervision in North Carolina, approximately 31,000 of whom have been diagnosed with some type of mental illness. Among the youth committed to custody within the North Carolina juvenile justice system in 2014, 90 percent in Youth Development Centers had at least one mental health diagnosis.

As you can clearly see, our prisons and jails have become de facto mental health hospitals and are straining to accommodate these recent demands. This means the most vulnerable individuals with mental illness who receive the least support are frequently placed in our correctional facilities.

Based on the mental health needs in North Carolina within our communities and our prisons, Governor McCrory initiated the first Governor's Task Force on Mental Health and Substance Use in July of 2015. Officials from the public and private sectors serve on this task force which focuses on our public mental health and substance use

treatment systems and identifies opportunities to improve the lives of our citizens.

In June of 2011, North Carolina enacted comprehensive criminal justice legislation designed to increase public safety while saving taxpayer dollars. Using a data-driven "justice reinvestment" approach, the State received 14 months of intensive technical assistance from the Council of State Governments Justice Center, in partnership with the Pew Charitable Trusts and the U.S. Department of Justice's Bureau of Justice Assistance. Under the McCrory administration, North Carolina has successfully implemented the Justice Reinvestment Act by strengthening community supervision, increasing the number of people supervised after release from prison, investing in behavioral health treatment in North Carolina, and saving the taxpayers hundreds of millions of dollars.

So what does all this mean for the management and treatment of this population within our correctional system? The needs are great. The challenge is daunting. It takes the collaboration and dedication of all staff across all disciplines for us to succeed in bringing about the changes necessary to address effectively increasing mental health needs.

Mentally ill offenders who are identified with serious and persistent mental illness are assigned to institutions

where appropriate services can be provided. Treatment options range from outpatient behavioral health services for offenders needing psychiatric medication and support counseling and those who require counseling alone to inpatient hospitalization.

Recently, evidence-based programming has been developed for mentally ill offenders assigned to restrictive housing. We received funding this year from Governor McCrory and the State legislature to open Therapeutic Diversion Units. These units will provide intensive out-of-cell treatment as an alternative to restrictive housing. Approximately 9 months prior to the offender's release from prison, a probation officer investigates the offender's home plan. The officer continues to follow up periodically with the family to ensure that the plan is stable prior to release. The successful integration of the offender into the community requires this hand-off from one entity to another, with continued collaboration across all components of the system.

In an effort to better prepare staff in dealing with situations within prison facilities, we initiated Crisis Intervention Team training in 2014 for all State prison employees. This is a significant initiative but one that will pay dividends by increasing the number of properly trained staff who can assist with critical situations.

In order to be successful in addressing the major initiatives listed above, we must focus on how to best reach these goals in an effective and efficient manner. This will require extensive transformative work with staff and cannot successfully be realized or sustained without a thoughtful, multidisciplinary approach. The recognition of communication as the first, and typically the best, most powerful intervention in addressing inmates' needs safely and professionally is paramount in this change process. Additional funding is needed to help bring this transformation, or culture shift, to fruition.

Thank you so much for the opportunity to testify today, and I will be glad to answer any questions that you may have.

[The prepared statement of Mr. Guice follows:]

Chairman Grassley. Well, we have sure had the five of you emphasize what we know is a problem and a tremendous challenge, both outside of our criminal justice system and within the criminal justice system. We have individuals who are not competent to stand trial, incarcerated inmates with unaddressed mental health issues, leaving them a further danger to society if released, and too few beds to house these people who represent a danger to themselves and others but have not committed any crime.

So my first question is more or less an opportunity for any or all of you to elaborate on probably some things that you have already discussed. But given the dramatic decrease in inpatient psychiatric beds over many decades, how would you suggest we address mentally ill individuals who are defendants or found not guilty by reason of insanity or convicted felons and incarcerated in a non-medical prison? Jump in, please.

Dr. Osher. Let me start, and thank you for the question, Chairman Grassley. We understand that since the 1960s the number of psychiatric beds in this country have dropped from a high of around 580,000 to its current state of somewhere around 50,000. We did that, as you had cited earlier, with the belief that they would find within the community the supports, care, and treatment replicated within those institutional settings, but the dollars did not

follow them into those settings, leaving them vulnerable to some of the issues that we are discussing today.

I think most people would agree that the pendulum has swung too far and the reductions in available hospital beds and that many are promoting a return to some higher level, but I think it is important to realize that with appropriate treatment supports in the community, most individuals with serious mental illnesses do not require institutional care, neither in a jail or prison or within those hospital settings. So we are looking at right-sizing the continuum of care that is available out there, but not overlooking the fact that with real treatment and supports in the community, most individuals can resume healthy lives and be productive members of our communities.

Chairman Grassley. Anybody else? Yes, sir, Mr. Earley.

Mr. Earley. First of all, if I may, I forgot to introduce my son--he is here--and Cindy Anderson, and I just wanted to clarify that because she literally helped save my son.

After my son was arrested, I spent 10 months in the Miami-Dade jail following people through the system to see what really happened to them. I have been to every State except Mississippi and Hawaii. I have been in all of your States talking about this. And the figure that always

sticks in my mind is when I was in Miami, the recidivism rate for persons in jails and prisons with mental illness was 85 percent. An 85-percent recidivism rate.

When I was at the LAMP Project in Los Angeles, where it takes housing first, which takes a person and puts him into housing and has an Assertive Community Treatment Team that goes to them and helps them get the services they need, it had an 85-percent success rate. And that is what I see. Do you keep people in jail and prisons on this endless cycle, or do you provide them with housing first, an ACT Team, engage them, and actually help them get better? I thought those statistics were mind-blowing.

Thank you, sir.

Chairman Grassley. Okay. If nobody else--please go ahead.

Mr. Guice. Thank you, sir. I was just going to respond that for us in North Carolina, it was the realization that we needed to do something different, that we needed to take a look at our facilities and the missions of each facility. And we needed to look at our diagnostic locations. We have seven diagnostic locations in the State where we receive folks into the front door of the system. And that process at the diagnostic center was extremely important. We needed to assess those people properly, and we needed to use a risk/needs instrument. And when I say

"needs," I am talking about criminogenic needs that will measure and evaluate and help us get the person headed in the right direction.

It is at that point when we receive those folks that we need to ensure that we are heading them in the right direction in order to actually help them leave the system better off than they actually came. And for those that have a mental illness, it is extremely important that we do that when they come to us as quickly as possible. You can imagine how difficult a prison setting and environment is for just the average person, but think of the one that has been described here today and how they might fit into that system.

We also feel that it is extremely important that as we identify, we ensure that we train our staff. The Crisis Intervention Training is extremely important, and then we provide the right type of programming. You cannot just lock someone away that has a mental illness. You have got to provide the level of programming that is appropriately in order, and that is out-of-cell program, so you are talking about a multidisciplinary team that works together to address those issues.

Those things are going to be important if we are going to be successful at addressing those needs within the system. It cannot just be as it has been in the past.

Chairman Grassley. I have got 26 seconds left, but since my next question is so comprehensive, I will submit it for answer in writing.

[The questions of Chairman Grassley follows:]

/ COMMITTEE INSERT

Chairman Grassley. I will turn to Senator Franken. But also I would ask you to take over--and I want to thank all of you for participating--while I go to the Finance Committee to participate in a hearing there. Thank you very much.

Senator Franken. Thank you, Mr. Chairman, and also Mr. Chairman.

Before I start my questioning, I ask consent that the following statements be included in the record: the statements of Hennepin County Sheriff Richard Stanek, the American Psychological Association, and Oakland County Sheriff Michael Bouchard on behalf of the Major County Sheriffs Association.

Senator Cornyn. [Presiding.] So ordered.

Senator Franken. Thank you.

[The statements follow:]

/ COMMITTEE INSERT

Mr. Ward, you said we do not have the resources to do what needs to be done. You said that in your testimony. I also think we do not have the resources--or let us put it this way: We do not have the resources to not do what needs to be done. What Mr. Earley was talking about is the rate of recidivism for those who get housing.

Let me throw this open just on the idea of providing housing and wraparound services and what that does, if anyone knows any statistics on this, in terms of what it saves in money. One of the things that I have seen is that in Hennepin County we get Medicaid dollars to help house people who have mental health issues who meet the judicial system, and it actually saves money in terms of emergency room usage.

So does anybody have any data or thoughts on that? Mr. Ward.

Mr. Ward. Mr. Chair and members, I do not have any data. I do have thoughts on it. You know, the reality is that, as it stands, we are being pretty blinded as to what we should be doing. You are using Hennepin County as an example, and Minneapolis is not unlike a lot of other large urban areas. When the shelters are open in the morning, people are forced to be removed from the shelters. They have to get out of there by 8 o'clock in the morning, and they have to figure out a way to be someplace in the cold

winters of Minneapolis until the shelter reopens in the afternoon.

There is tremendous costs to keeping the shelters open, as I have been told, but that cost is now being borne by the criminal justice system or the court system because people are being arrested for various--loitering, vagrancy, whatever the crime might be.

The thoughts are that people who are impoverished, you know, they do not have good access--obviously, they do not have access to lawyers, and if they are charged with an offense, my office is appointed. But they need civil legal services as well to help them with these housing issues, to help them with Medicaid issues, Medicare issues, and to get them assigned or get them into the programs that they are eligible for.

We are being, you know, penny-wise and pound-foolish as to where we are spending that money. It is being borne by our offices, the criminal court system, and just being shifted as to where it should be. And, frankly, as has been said here, and I will just echo was Mr. Osher says, we know it works. We have the metrics. We know it workers, and we need to take the necessary resources to get what works off the ground in more jurisdictions than what you are hearing about in this Committee. And once that is done, there is no doubt in anybody's mind that there will be savings and cost

savings over the long run. And, more importantly, I mean, we are talking about human beings, and these individuals would not have that stigma, as you discussed earlier, and would not have the stigma of having a criminal court record, which affects them for the rest of their lives.

Senator Franken. Mr. Osher and then Ms. Pamerleau.

Dr. Osher. Thank you. To address your question about data that is available, I would cite a study that was conducted several years ago by Dr. Culhane and colleagues at the University of Pennsylvania looking at a New York housing program, and it is a very complicated methodology to establish cost-effective of programs.

Senator Franken. Sure.

Dr. Osher. But they basically looked at those individuals with mental illness that were homeless, placing them in housing with supports, with a comparison group without, and concluded that all the costs that were associated with that supportive housing model were less than the costs that were associated with the comparison groups cycling in and out of jails, shelters, and emergency rooms.

I think that we are spending billions and billions of dollars now without any return on that investment, and that there are ways in which we can be thoughtful about how to use those resources in a more constructive way to get the public safety outcomes and public health outcomes that we

all value.

Senator Franken. Sheriff Pamerleau?

Sheriff Pamerleau. About 10 years ago, the Bexar County jail exceeded its capacity, and county commissioners, a county judge took a look at that and established a variety of specialty courts--DWI courts, drug courts, mental health treatment courts--and I would like to specifically talk about that one.

When individuals come before that court, it is a case management approach where they address housing, making sure individuals have the benefits that they are due. It involves the family, and it involves a rigorous program where they have to report to court that they are getting counseling, they are taking the right medications, drug tests to make sure they are taking the right medications. And so it also involves that family, and so it is a multidisciplinary case management approach. And the proof of that is that over the years since that has been established, the recidivism rate is 32 points better than those not involved in those programs. And those are the kinds of successes based on evidence-based programs where these specialty courts work.

In addition, we partnered with Haven for Hope where they provide housing for individuals who are homeless, but also have substance abuse issues and mental health issues,

because they cannot bond out. So, generally, it is a small, low-level crime that they have committed. They go to court, and then it is time served. And then they are back out on the street, and that cycle starts again. But with programs started while they are in the jail, then released to Haven for Hope where they have housing and other wraparound services, that also is having success in helping those individuals.

Senator Franken. Thank you all. Thank you, Mr. Chairman.

Senator Cornyn. I have in my hand the written testimony of Ronald Honberg, senior policy advisor of the National Alliance on Mental Illness. It is going to be made part of the record, without objection.

[The statement follows:]

/ COMMITTEE INSERT

Senator Cornyn. I want to start with Dr. Osher, and I am sorry that we did not give you the benefit of your M.D. on your name tag there, Doctor.

Dr. Osher. No problem. I have been called worse.

Senator Cornyn. But I want to ask you about medication, because Mr. Earley mentioned that, and it seems to be one of the biggest problems, when you have somebody under court-ordered supervision--probation--or if you have them in confinement, it is a lot easier to see that people take their medication. But could you just talk about the effectiveness of medication and how that has changed over the years? I remember in Mr. Earley's book he talked about Kevin's experience of not wanting to take it for a variety of reasons, but could you talk about the efficacy of the medication today?

Dr. Osher. Yes. Psychotropic medication is one of the best researched areas in our treatment armamentarium, with very good evidence for its impact on the variety of mental illnesses that it targets. We have had over the 40 years an evolution of our options for medications, and they have been improved in both effectiveness and a reduction in the side effects that make them so onerous to be taking. Medications are a critical piece. Paying for medication, that is a difficult situation for many individuals that many not have the insurance for it.

But I would really want to heighten what Mr. Earley said, which was a success for his son. It was a collaborative conversation between his son and the treatment providers that allowed to choose among the many medications that are out there, ones that have the fewest side effects with the most benefits. And we really want to engage our consumers in this conversation so that they can identify what works best for them. But there can be no doubt about the effectiveness of medication to reduce symptoms.

I would then end with saying they alone are not the solution to this issue, but an important tool in the toolbox.

Senator Cornyn. That is a good segue, and I would like to Sheriff Pamerleau to respond to this, but also get Mr. Earley's comments on this. One of the things that Bexar County has used is something called "assisted outpatient treatment," because I think we talked about the choices available to a family--involuntary commitment under some extraordinary circumstances or no treatment--and it seems to me there is a gap there that the assisted outpatient treatment program fills.

Would you please describe that and talk about its efficacy?

Sheriff Pamerleau. Yes, sir. And that is the mental health treatment court that Judge Oscar Kazen heads up, and

it is a multidisciplinary team addressing all aspects of what an individual deals with on a daily basis, but it also involves the family and keeps the individual in their home so that they have the support system that they would have and that they need to move through these situations. You know, everything from--and it happens that either someone is determined to be dangerous to themselves or the community and we pick them up, or it is at the back end of inpatient care. So it continues the treatment that they have already gotten.

But when you surround them with housing, family, case management, appropriate medications, treatment, and counseling, that is what has made the difference in that court, and that is the type of approach that we are moving to when someone is identified as they are arrested that has mental health issues so that they can get the treatment up front rather than having to come to jail.

Senator Cornyn. As a recovering judge myself, I would say that it seems a little quaint that we are having courts perform these functions, but I guess we need the authority figure, somebody with the ability to back it up with consequences.

Sheriff Pamerleau. I think it is like the black robe effect.

Senator Cornyn. Okay.

Sheriff Pamerleau. But it has worked.

Senator Cornyn. Mr. Earley, do you think something like the assisted outpatient treatment is an important part of a continuum of treatment? Or what is your view?

Mr. Earley. I think AOT is a tool that is very necessary in some cases. You are really talking about requiring somebody who has a history of going off their medication or a history of violence to take medications. And there is no question that when my son was under court order, he took his medication. When he was not, he was off.

On the other side of the spectrum, you will have people who say, wait a minute, if you took time to get to know the person, develop a personal relationship with them, if you provide them with housing, if you provide them with care, you would not have to require them, that they would do this voluntarily. And these two sides often fight.

You know, my son had all those things when he got sick. He had a loving family. He had housing. He had all those things, and it did not stop his illness. But when he was forced to take medication, that did not stop it either because he quit as soon as he possibly could.

The secret was meeting him where he was and somehow getting him engaged to actually want to get better, and that is the biggest mystery.

So I think you need a lot of tools, and when it comes

to assisted outpatient treatment, it may be necessary in some cases. Housing may be the solution in some cases. But the real mystery is how do you get that person engaged. And my son told me it was a rationalization, a realization that he was sick. And that is a big burden to overcome. Nobody wants to admit they have a broken mind--and then an incentive to want to get better. That engagement is what I like to focus on, and all these others are tools that may be appropriate for a person at a certain time.

Senator Cornyn. Thank you.

Senator Blumenthal, I believe you are next.

Senator Blumenthal. Thank you, Mr. Chairman. I would yield to Senator Schumer if--

Senator Franken. You know his history.

[Laughter.]

Senator Blumenthal. It has taken me 5 years, but if Senator Schumer wishes to go ahead, I would be happy to yield to him.

Senator Schumer. Well, only for two reasons. Yes, A, I have a hearing, but, B, I was here and I checked in. And I know that Senator Cornyn--what is it?--the recuperating judge meant no ill intent or abuse of power in any way.

Senator Cornyn. Recovering, not--

Senator Blumenthal. Recovering judge, just like we are all recovering lawyers.

Senator Schumer. Yes. Well, you could join JA. In any case, I just wanted to say a few words, and I will be brief so that Senator Blumenthal can get his time in.

First, I want to agree with all my colleagues that we have a mental health crisis in the country. I agree, intersection of mental illness and our criminal justice system leads to especially devastating, often, as we have heard today, heartbreaking results. And that is why I am very glad that the Senate passed Senator Franken and Cornyn's very important legislation last year. I urge the House to pass it swiftly. The legislation authorizes important programs for mentally ill offenders and improves intervention efforts. But I would like to make two points in regard to legislation on mental health.

Dealing with mental health means not simply passing authorizations. For those of you who may not be familiar with the ways here, that is no money. All the things that Sheriff Pamerleau and Mr. Earley talked about--outpatient services and all these things--require real dollars. And sometimes around here, more and more, we go through the dance saying we are doing something with an authorization, not just on this issue--on zika, on opioids, on even fighting terrorism--and we do not put in the real dollars.

And so I am hopeful that as we move forward on mental illness we will actually put in real dollars. We have

passed a good authorization bill. It is now in the House. But to say we are changing authorizations, raising them, and then not having the real money, again that is something that I hope the majority will not continue to do on these key crisis issues. We have got to not just talk the talk. We have got to walk the walk. And that means money. We cannot escape that issue. And that means making Government stronger, not weaker.

The second point I would make is about gun safety. I agree with Senator Franken, as he noted at the outset, that a discussion about mental health is not a substitute for long-needed gun safety legislation. The two work in tandem, not one as a substitute for the other. If we did gun legislation, we would need mental health legislation with real dollars. If we did mental health legislation with real dollars, we would need gun legislation. And I think Senator Cornyn's bill has many good parts. I think he is a fine man and he is really trying to do a lot of good here. But most of them are in Senator Franken's bill, which Senator Cornyn has cosponsored, which has already passed the Senate.

But there are a number of provisions in his bill which I have to state here publicly I disagree with and see it differently. In fact, some of the provisions in Senator Cornyn's bill would make it easier, not harder, for mentally ill individuals to access firearms. That is the opposite

direction from which we should be moving.

So I would like to make clear while there is broad bipartisan consensus for provisions that improve how we treat mental illness, that consensus does not exist for provisions that make it easier for mentally ill individuals to get guns.

With that, I will yield back the rest of my time, and I thank Senator Cornyn and Senator Blumenthal for their indulgence.

Senator Cornyn. I will recognize Senator Tillis next, but I just want to respond briefly. Nothing in my legislation makes it easier for mentally ill people to get access to firearms. Nothing.

Senator Tillis?

Senator Tillis. Thank you, Mr. Chair. I want to thank all the witnesses. I have enjoyed hearing your testimony. And, Mr. Earley, I want to thank you for being here, especially thank your son for your service.

I think one thing that we need to do is--I am not here to throw partisan elbows today. We have got a serious problem, and we need to fix it. And what we need to do is get out of this discussion about it is just about more money. It is not just about more money. It is about fundamentally changing the way we address this problem and freeing up money that is being spent for the wrong purposes.

We saw that in North Carolina with the Justice Reinvestment Act. When you free up hundreds of millions of dollars, you can do good things with that, not the least of which is spending time to focus on the systemic problems that plague all of the States and the Federal justice system. So let us check the elbows, talk about solutions, and, more importantly, listen to you all, because you have done some great things.

Sheriff, you guys are doing great stuff in Texas. Commissioner Guice, my friend David Guice, is doing great things in North Carolina. So why don't we just focus on fixing the problem? Why don't we focus on how do we get people diverted from prison to begin with into mental health? Why don't we focus on recognizing that doctors, although they may be doctors, they may not be mental health experts? Evidence the example that Mr. Earley had when he went into the hospital.

Why don't we recognize the chronic problem with county hospitals where you have police officers standing outside an emergency room, supervising someone who clearly has a mental health problem, with none of the resources? I have been to county hospitals across the State, and I have seen dozens and dozens of emergency rooms taken up and hospital beds taken up by people who are simply parked there and not getting care.

So let us check the partisan elbows, talk about producing solutions, improve what we all want to do--have every single case end up being the case that happened with Mr. Earley. If we do that, then we are making progress.

David, or Commissioner--it is going to be hard for me to call you "Commissioner Guice," but I will for the purposes of the Committee. Can you talk a little bit about Justice Reinvestment and specifically as it relates to progress that we are making to people who may have gone into prison, who are coming out, and what kind of interventions are we doing that you think are producing better outcomes?

Mr. Guice. Thank you, Senator. I will focus first on Justice Reinvestment. In 2009, the data in North Carolina revealed that 56 percent of the people that came into prison that year came in as a failure from community supervision, and of that number, 76 percent were a technical violation, not someone committing a new crime and not someone absconding supervision, but that group of people were tying up very expensive prison beds.

Additionally, in 1994, the State had passed legislation, Structured Sentencing, and since that legislation was in place, it did not offer any supervision to the majority of folks. Over 15,000 felons a year were being released without any supervision at all in North Carolina.

Additionally, what we identified was that our very expensive treatment opportunities were actually being provided for the wrong group of people. They were being provided for folks that were a low risk. The dollars were not being targeted.

So what Justice Reinvestment actually did was focus those treatment dollars towards the folks that needed the treatment, to ensure also that we put measures in place to evaluate how we were spending the dollars and to ensure that we were getting the people in the seat when they were being--the treatment was being paid for.

Additionally, we focused on providing treatment and the legislation provided the assurance that those felons that were getting no supervision would be getting supervision when they were released from prison. Now, in North Carolina today, everyone, all felons that fall in what we categorize as an A through E felon, the worst of the worst, receive 1 year's supervision and all other felons receive 9 months' supervision.

Additionally, what we saw with regard to our revocation rate, when we began addressing those underlying issues, we were able to see a 50-percent reduction in our revocation rate. We created something called "Technical Violation Centers" and gave the judges another tool that they could use, rather than putting someone back in prison, could send

these technical violators for a 90-day placement in a program that provided treatment and provided programming at the highest level. In fact, we focused that program on cognitive behavior intervention, and that nationally has been something that we have found that has worked and has been very successful.

So we were able to do some things with Justice Reinvestment. Number one, we diverted costs of building prisons. Governor McCrory can say today that we are probably one of the few States in the Nation that does not have any building plans in front of them.

Senator Tillis. Mr. Chair, I know my time has expired, but literally a cost avoidance of somewhere on the order of about half a billion dollars.

Mr. Guice. That is correct.

Senator Tillis. And how many prisons have we actually closed?

Mr. Guice. Since 2011, we have closed 11 facilities, and we have saved in 4 years $190 million.

Senator Tillis. That is the stuff that happens when people check their partisan leanings at the door, focus on the root cause, and then we can go back and cross swords on a partisan basis.

I want to see progress made in my time as Senator. I thank Senator Franken and I thank Senator Cornyn for trying

to focus on building on some of the successes that you all have here and the personal experiences, and I appreciate you being here today. Thank you.

Senator Cornyn. Thank you, Senator Tillis.

The next one on my list, Senator Klobuchar, I believe you are next.

Senator Klobuchar. Thank you. Senator Blumenthal, was he--I just want to make sure I did not--

Senator Blumenthal. I would be happy to yield to you, Senator.

Senator Klobuchar. Okay.

Senator Cornyn. You all are so nice to each other, yielding to one another, so thank you.

Senator Klobuchar. May it be a lesson for everyone going forward, right?

All right. So I want to thank Senator Franken for his work on this issue, and I have always been a strong advocate for ensuring law enforcement has the resources it needs, and the criminal justice system. I always viewed my time as a prosecutor that our job was to be the ministers of justice, and I have testified for public defender resources, Mr. Ward, several times at our State legislature. And I believe that you need that for our community to work, and you need both sides funded.

One aspect that I especially appreciate about the

Comprehensive Justice and Mental Health Act, which Senators Franken and Cornyn worked hard to get passed through the Senate and I was proud to cosponsor, was the grants for law enforcement to identify and respond to incidences involving people with mental health disorders. When officers interact with people who do not have access to the mental health services they need, it is vital that we at least ensure law enforcement is adequately trained for these interactions.

So I guess I would turn to you, Sheriff. In your opinion, how overburdened has law enforcement become under the increased reliance on them to interact with people with mental health disorders?

Sheriff Pamerleau. It is like a revolving door, because when we arrest someone on the street for a minor misdemeanor, then they are in jail, they do not get the treatment they need, and they are back on the street. Those are multiple times when we deal with those individuals. But if we can deal with their mental illness and provide community-based treatment for them, that will help solve some of those problems.

You know, having been the sheriff now for just over 3 years, every mental health provider I have talked with has said the important part of the collaboration that we have requires that law enforcement be actively involved in this, because we are often the first individuals who see

individuals with mental illness. And the partnership between mental health providers and law enforcement officers is essential.

We team up together, a deputy mobile outreach team, when we get calls either through 911 or from mental health authorities, identifying someone who is in a mental health crisis. Law enforcement officers have the authority to detain that individual and to do certain things; whereas, that mental health provider provides the alternatives for what can happen, what kind of things need to be done. And together we have had tremendous success in addressing the issues of mental health. And as I mentioned before, Crisis Intervention Training for everyone is essential.

Senator Klobuchar. Thank you.

Mr. Ward, you have done great work, and I wondered if you could give some more--expand on the numerous recommendations that came out of the working group that you were part of, where our State brought people together across--and I remember when I was prosecutor, we had a number of cases obviously involving defendants with mental illness, but there was one in particular that captured the attention of our State, and you probably remember it: a woman that had schizophrenia, she was in her house, the police were called, she had a knife. And they walked in. It was as table knife, and she was shot and killed. And it

really generated a lot of thought from our office as well as others on how we can better deal with these cases. So do you want to talk about the work that has been done?

Mr. Ward. Mr. Chair, Senators, intersecting with what the sheriff had to say, the work group that we are part of, the beauty of that was honestly to be sitting in a room for many different meetings to get a better understanding as to everybody's function within the system, literally, as the sheriff said, the police and other first responders, but the reality is that we were all the second responders, and the issue became as to how we grappled with the issue and without looking the other way.

I cannot echo enough about the Crisis Intervention Training that needs to be done by the police. Clearly, that is a huge cost issue, I understand, for law enforcement because it is not a cheap training. But it needs to be done because--I mean, people who are on the street are in the know. They understand that when the officer comes into contact with that individual suffering from mental illness, if they have the appropriate training, they may be able to talk the individual down without having to effect the arrest. Truly, a lot of what we are talking about is keeping people from entering into the criminal court system, and what we are doing instead is arresting them. And that intervention training is a huge function, a huge component.

And the other, aside from the Crisis Intervention Teams that have already been described, is truly having either a facility or the outpatient resources where people can be brought. That is the complaint I hear over and over from the sheriffs and other law enforcement personnel in Minnesota, is they do not know where to bring them. There is no place to bring these individuals. And we all came to that same agreement, that there needs to be--you know, if we want to say have an alternative--and I keep telling the police, "Have an alternative." They are like, "Well, what do I do?" And that is the resources that we all agreed need to be had. You do not have to be in jail to take your medication. You can be on an outpatient basis and take your medication, so long as that continuity of care has been provided for for the individuals.

Senator Klobuchar. All right. Thank you very much. Thank you, all of you.

Senator Cornyn. Senator Blumenthal.

Senator Blumenthal. Thanks, Mr. Chairman, and thank you for your work on this bill, along with Senator Franken. Both of you have really provided leadership, and I am very proud to support the bill and hope that we will move it forward.

I do note Senator Schumer's concerns regarding the potential effect of some of the provisions in the bill.

Without going into the merits of that issue, I am hopeful that we can resolve those issues so that both sides can be satisfied that this bill, in spirit and intent and in effect, does nothing to diminish protection for the public against gun violence. And I am hopeful that working together we can do that.

One of the sayings, Mr. Earley, that I have heard--I think I have heard it from Senator Franken--is that we are only as happy as our least happy child. And I want to say how much I admire you for coming here and sharing your story, which strikes me as one of both profound emotion and hope. And thank you, Kevin, for coming and demonstrating that there can be a good ending to these stories. Often sitting here we hear the stories of loss and grief and, in effect, impossibility of change. But I think your story indicates that there can be good endings if the resources and the law are framed in a way that these needs can be addressed. And I think we need to recognize that fact, so I thank you.

As I read your testimony for the first time, I was holding my breath for what the outcome would be, not knowing what was going to happen. And I think your courage and fortitude not only being here but also sort of staying with Kevin emotionally as well as physically is a lesson to all of us as parents. And the law cannot make parents good dads

or moms, so we need to recognize the limits of what we can do.

But one thought that has occurred to me repeatedly in dealing with the opioid and heroin addiction problem, which can be seen as a reflection of mental health issues, is that the courts actually can play a role. Much to my surprise as a law enforcer--I was a U.S. Attorney, I was a State Attorney General, I have been involved in law. And somewhat to my surprise, recovering addicts have come to roundtables that I have held around the State of Connecticut and said, you know, "I started in an addiction program because I was put on probation, and the court said to me, `You are going to be in jail if you do not show up for counseling, for the group sessions, and so forth.'"

And as I looked at your story, I went back to the first time Kevin was released, and as you said--I do not have it in front of me, but essentially there was no mention of his potential mental illness.

If at that point a judge had said, "Kevin, take your pills or you are going to be in jail; seek treatment or we are going to lock you up"--I know you cannot look back, and Kevin is here, and he is not a witness. I know you cannot look back and say with absolute certainty what the outcome would have been. But is that something that might have had a role in causing a change for the better in all the events

that followed?

Mr. Earley. Thank you first for your very kind words. My son is my hero. Let us not diminish that he is the one who took those steps.

Absolutely, you know, we were warned not to mention mental illness because of the stigma and also do not get him sent to a State hospital. And there is no question that if a judge orders someone to take their medication, they will comply. And the trick is trying to reach them during the moments of clarity to get them to do it. But as my testimony also shows, as soon as that probation ended, he stopped taking them.

So the question is: Can a judge really force somebody to do that all their life, or do you have to reach them? And one thing not in my testimony is the first time Kevin had a break in New York, he went to see a psychiatrist. He was willing to do that. And the psychiatrist said, "You have a mental illness. It is bipolar. You would be better off if you were a drug addict. You are never going to work. You will probably never marry. You probably will not have a job."

You know, my wife just went through cancer treatment, and when we were told, we said, "We are going to beat the odds. We are going to do this." His reaction was the same way. You know, "Forget you, Psychiatrist. You do not know.

I do not have a mental illness."

So it is how you engage that person, and you can force them, and sometimes that is appropriate and it is necessary. But it does not solve the inner problem of how do you get that person to want to get better. And I do not know the answer to that, and I do not know if some people will ever get that way. I am just grateful he did. Thank you.

Senator Blumenthal. And I do not want to imply in any way that mental illness should be treated as a crime or any aspect of mental illness should be regarded as criminal or the basis to lock somebody up. I am just trying to suggest ways to intervene and engage, to use your word.

Mr. Earley. Absolutely. And I will tell you one other thing that I would just like to mention. He did not listen to me. He listened to his case manager. And, you know, it is just interesting when you have a different party who is not the parent, and I think that also plays into what you are talking about.

Senator Blumenthal. Which I think goes back to Senator Schumer's point and one that has been repeated here about the need for resources and trained professionals like Ms. Anderson--thank you for being here--because those resources can often make the difference. The courts and law enforcement, even if they are well trained, cannot play the role of a caregiver and a counselor and a psychiatrist.

Mr. Earley. Thank you, Senator.

Senator Blumenthal. Thank you.

Thanks, Mr. Chairman.

Senator Cornyn. I am going to have to go to the floor of the Senate in just a moment, and I am going to turn the gavel over to Senator Franken to close out the session and ask any questions he wants to ask. But I just want to make one comment about money, because there never seems to be enough of it--at home, at the local level, at the State level, at the Federal level. But one of the reasons why I thought it was so important to introduce the legislation that I did, Mental Health and Safe Communities, is the Federal Government already spends $2 billion on State and local law enforcement assistance. One percent of that money goes to address the issue that we are focused on today. Certainly we could do a lot better when it comes to reallocating those funds.

Indeed, Mr. Guice and others have pointed out that there can be huge savings to Government by not incarcerating people if they can be treated effectively or not putting them in long-term lockup or prison facilities.

One of the observations I will just make quickly is that having worked in local government at the county level and at the State level and now at the Federal level, we have got a cost-shifting problem, it seems to me, because money

that is saved, let us say in Bexar County, the Federal Government does not save any money when Bexar County saves money. And so we need to figure some way to view this more comprehensively, and obviously, Mr. Ward, as you and others have pointed out, this is not just about money. This is about human beings and lives and human potential, and we need to keep our eye on the ball.

But one of the things we are trying to do, at least in this legislation, as modest as it is, is try to redirect more of that $2 billion to help do exactly what you all are trying to do and provide additional tools to families when it comes to dealing with a loved one who happens to be suffering from a mental illness.

Thank you very much to all for being here today and sharing your story. This has been enormously helpful not only to the Members of the Senate but to anybody who happens to be listening and the people who are writing about it and broadcasting about it. I hope it helps raise public awareness, and I hope it puts a lot of pressure on us to actually do some of the things we know we need to do to address this problem. Thank you.

Senator Franken. [Presiding.] Thank you, Senator Cornyn.

I just want to ask a few more questions. It is interesting. The idea of funding has come up, and I think

it is important that we do appropriate money for things that we need in order to save money in the end. That sounds like a contradiction, but I do not think it is. And so if it reallocating money, that is certainly something that we should be looking at. But I think it is clear here that we need a number of things. We need more beds for folks who enter the system and should not be going to prison but should be getting treatment. And some of them are going to need beds. Am I right? Okay. Everybody said yes. So that is money. And we could talk about the savings that you have had in North Carolina. We can talk about the savings in Hennepin County. We can talk about all of that, and that is what we want to do. We want to stop wasting money by continually cycling people in and out of our prison system when what they really have is mental illness.

Mr. Earley, I read your book; a friend of mine who lost a son to mental illness gave it to me. And you talked in your testimony about the officer trained in that Crisis Intervention Training and how there is a very different outcome because of that training. Now, some of the testimony today says that costs in order--and that is part of our legislation on the Comprehensive justice and Mental Health Act, is to get more funding for Crisis Intervention Training.

Mr. Earley, also in your book--you are a journalist,

and you took--part of this was your son's story, but part of it was also the story of mental illness in the criminal justice system. And you talked a pretty harrowing picture of what was going on in Miami in the first part of your book. Can you tell us a little bit about what Miami has done and what it is doing differently and what that might teach us?

Mr. Earley. Absolutely. Thank you for reading the book, and thank you for your interest in this area. I spent 10 months in Miami, and when I was there, it was a real hellhole. They had absolutely no services, and people were recycling and thrown on the streets. Much like Bexar County, they passed a $22 million bond issue that helped them create what now is becoming a model system with a Crisis Restoration Center and all of these programs that then enable people to go into treatment.

One of the key points--and I am so glad you are talking about funding, Senator. If you look at the Creigh Deeds thing, where he could not get a hospital bed, it pinpoints the problem of no crisis care beds, which is what you are addressing. But if you look beyond that, you would find that there were 80 beds in the Virginia State hospitals that were filled with people ready to go. There was nowhere in the community to send them because there was no housing.

And what I discovered in Miami and what I discovered in

my visits to all these States is you cannot talk about mental illness without talking about housing. And, unfortunately, we talk about it in the criminal justice sense, and that is important because the criminal justice system is picking up all the pieces. But if you do not bring in the housing component--and through the Corporation of Supportive Housing, which I am a member of, it answers that and that has to be part of it. I mean, Creigh Deeds, that would not have happened to Creigh Deeds if those 80 people could have been out in the community and we could have had 80 more coming back in. So Miami has done a similar type thing. They are focusing on housing.

Senator Franken. I had a roundtable in Hennepin County just a couple weeks ago on exactly--on housing. On housing. And I brought this up, the use of Medicaid dollars to provide housing and also to provide wraparound services and how we recoup that in the savings that we have in health care.

I do want to--I am sorry that Senator Cornyn had to go and I could not have brought this up while he was here. But you have heard expressed the concern about portions of his bill that--I mean, I am sure unintended--might make it easier for guns to get--for people who have had serious mental illness problems to get guns. So I would ask consent that the following statements on the risk posed by the

firearms provisions in the Mental Health and Safe Communities Act be included in the record. I am sorry, again, that Senator Cornyn had to leave. It is statements of the Police Foundation, the Major Cities Chiefs Association, members of the Consortium for Risk-Based Firearm Policy, and the executive director of the Educational Fund to Stop Gun Violence, Joshua Horowitz will be entered into the record, without objection.

[The statements follow:]

/ COMMITTEE INSERT

Senator Franken. Okay. I guess where I want to leave this is that we need to have some funding for the pieces that we need to put together in order to not just save lives and save of people with mental illness but also improve their lives and improve the lives of their families. But in order to recoup the benefits of that, which will be, you know, a lower incidence of incarceration, people who are told they will not be able to get a job getting jobs and living full lives, that is only to our benefit, and that will only help us save resources and lives. But it is going to need some investments in certain areas, and I think that we are only kidding ourselves if we do not acknowledge that.

Does anyone have any comment on that or any final remarks that they would like to make? Yes?

Sheriff Pamerleau. Yes, sir. And, again, thank you very much for your work on legislation that addresses this issue. And I think our Nation will be far better off addressing these issues because we are talking about human capital.

One of the things we have talked about is community resources. Certainly we all come from large metropolitan areas, and we have resources. But when you look at the State of Wyoming, for example, the 244 counties in Texas that are rural, many times there are not mental health professionals available within 50 miles of where they are.

And so we also need to address the availability of mental health professionals and encourage more to seek out professions in that area, because that kind of help is necessary in order for us to treat and counsel individuals that have mental illness and to bring them back to a full life and be contributors to our society.

Senator Franken. I am glad you said that. I am co-chair of the Senate Rural Health Caucus, and I have gone around the State doing roundtables on health care. And that is always brought up. It is the case in urban settings, too, that we do not have enough providers, we do not have enough housing. But it is especially acute in rural areas, and we need to be devoting more resources to--the only thing I like about student loans is student loan forgiveness, and I think that if we can focus rewarding people for going into rural areas and mental health and also focus on creating more spots in hospitals for training, postgraduate training, I think that would be very, very helpful.

Yes, Mr. Guice?

Mr. Guice. Senator Franken, thank you. I just wanted to take a minute. I am very much supportive of providing the resources that are necessary to deal with this on the front end. I think what I have heard today just reaffirms what I believe very much is we need to address this on the front end.

But I have to say, from someone that is sitting and managing a system, whether it be 105,000 in the community or 37,000 in prison, and those large percentages that have mental health issues, I have to point out that we have a great need to address the programming component, the multidisciplinary team approach that we have to have to be successful, creating the avenues within the system, because we have these folks in our system now. Whether we flip the switch or not, we still have these issues that we have to deal with. And one of the issues that we have not brought up is the fact that that is our turnover rate, retention rate as it relates to our employees, whether they be COs or medical staff, et cetera. And we are having a real struggle getting folks to come when they could go to a community hospital and work in a community environment rather than in a setting like a prison setting. But it is so critical that we establish resources and programs, like you just mentioned, to be able to forgive student loans, et cetera, for those that would commit to participating in this very important area.

The last thing I would just focus on is the fact that the transition piece back in the community, that handoff back into the community is so critical, and we have even elevated it to where we not only have the probation officer or parole officer begin working on that release plan 9

months before someone is released, for those that have been identified with the mental health flag, we actually have an electronic notice that comes to our staff with all the information that will be provided, such as the meds they take, whether they have a stable home plan, the medical piece that is so critical to be successful in that release back in the community.

But, again, it is going to take lower caseloads for probation officers because even in North Carolina, our average caseload today is 60, and we have dropped that under Justice Reinvestment. When I was in the field, we had caseloads of 120. So we have dropped that down. But for a mental health caseload, someone that you are having to spend that needed time to help them get from place to place to place, you are looking at caseloads of 40. So you are talking about some resources that we need to be able to build in so we can be successful and the offender can be successful in that transition back into the community.

Thank you for your time today, and I am so supportive of what this Committee is working on.

Senator Franken. Well, thank you all. Thank you all for bringing your experience and expertise and your strength and the hope that you bring to us today. I would like to thank you all for your work on this issue and your commitment to finding a solution. My hope is that

conversations like the one we had today will focus attention on the problem. I think it gets too little attention. But I think it is beginning to get more attention. I do not think there is any question about that.

Before closing the hearing, I should note that the record will remain open for 1 week should there be additional statements submitted. So the gavel is--oh, hidden behind there. We are adjourned.

[Whereupon, at 12:09 p.m., the Committee was adjourned.]

C O N T E N T S