

Testimony of

# **The Honorable Kenneth Mayfield**

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Chairman Leahy, Senator Hatch and Members of the Committee, thank you for inviting me to testify this morning on an issue of major importance to county governments - the diversion of non-violent mentally ill offenders from county jails and juvenile detention facilities.

My name is Kenneth Mayfield, and I am an elected county commissioner from Dallas County, Texas. I currently also serve as President Elect of the National Association of Counties (NACo).

From 1980 until 1988, I worked as an Assistant District Attorney for Dallas County, Texas and eventually became the Chief of its Juvenile Division.

It was during this period as the county's chief juvenile prosecutor that I witnessed first hand the growing number of juveniles that were inappropriately housed in county detention centers by virtue of their mental illness. After studying the matter, it became apparent that the majority of persons with mental illness - be they juveniles or adults--are serving time for minor offenses and were usually not taking medication at the time of their arrest. It was also clear that many persons with a mental disability also suffered from a co-occurring disorder, such as substance abuse or homelessness and did not have caregivers to oversee their daily care.

Over a year ago, I organized a community-based task force in Dallas County to put together a comprehensive program to divert the mentally ill who commit minor offenses. The key focuses of the task force are: funding, housing, treatment eligibility criteria, communications, education/training and law enforcement.

Mr. Chairman, I have been gratified to receive the full support of every law enforcement agency in Dallas County. I have also met with a number of foundations and agencies interested in this program. We are presently in the process of submitting grant proposals to fund a full continuum of services. At the core of the system is a "triage unit" that ties together intake and assessment, health care, emergency housing and transitional housing, among other services.

The task force has already completed the production of its first video to provide education and training for law enforcement at every point of contact with the adult criminal justice system for persons with mental illness, mental retardation, and co occurring substance abuse disorders. Videos to follow will target judges, prosecutors, defense attorneys, family members, paramedics, emergency room staff, and the community in general.

Mr. Chairman, the mentally ill in jail and juvenile detention are not a problem unique to Dallas County. The nation's local jails have increasingly become the dumping grounds for the mentally ill. Of the 10 million admissions to county jails each year, it is estimated that 16 percent are individuals suffering from mental illness. Most of these individuals have committed only minor

infractions, more often the manifestation of their illness than the result of criminal intent. In 1999, the Bureau of Justice Statistics released a study on the Mentally Ill in Jail. The study confirmed that too often mentally ill inmates tend to follow a revolving door, from homelessness to incarceration and then back to the streets. Too many of these individuals do not get adequate treatment and end up being arrested again.

The study underscores the importance of adequate assessments. In Los Angeles County, for example, teams of mental health workers and community police officers divert the mentally ill from the scene of an incident (e.g. disturbing the peace, trespassing, disorderly conduct, etc.) but not before they make a preliminary assessment. In the vast majority of cases, the diversion is to a health unit.

Mr. Chairman, what the public needs to understand about this population is not just that they will significantly benefit from a system of comprehensive services, including housing, health and human services but also that it would be less expensive and more effective in the long term. For minor offenders, community based mental health care is far less expensive than maintaining them in jail.

Implementing a community based social service system is infinitely more preferable to jail in terms of addressing the multiple issues facing this population. By keeping the mentally ill within the health and human services system, we are also better able to monitor their condition, provide treatment and to dispense medication if needed. The public safety is certainly better served.

Jail has the opposite effect. It traumatizes the mentally ill and makes them worse. For the county health department psychiatrist, it often means working twice as hard to get them back to where they were when they entered the jail. For the Sheriff, it may mean assigning a deputy to carefully monitor the individual in jail.

Mr. Chairman, the confinement of the non-violent mentally ill in county jails also represents a major liability problem for county governments. In addition, it is a financial drain on county budgets since federal and state funding streams usually shut down when a mentally ill individual enters the jail. Even the person's own insurance policy may contain an exclusion for jail confinement.

Multnomah County, Oregon found that the mentally ill defendants stay in jail one-third longer than those who are not mentally ill. Lengthy incarcerations not only worsens their condition, they almost guarantee difficulties after their release. For example, in many states, even a short stay in the county jail is enough to disenroll a mentally ill person from such entitlements as Social Security, Medicaid and/or Medicare. Once an individual is released from jail he or she is eligible to receive such benefits but it may take weeks or months for the programs to be restored.

The need for collaboration between criminal justice and health and human service agencies at the local level in dealing with the mentally ill cannot be overemphasized. The challenge is to create a seamless web of comprehensive services.

King County, Washington has successfully created integrated service systems for people with mental illness and other co-occurring disorders. The goal is to share clients, share information,

share planning and share resources across agency lines. In the words of one former county administrator, the experience in King County has demonstrated that the major challenge is creating a new system. "It is a matter of joint planning, pooling resources and more effectively managing existing resources toward new goals."

In conclusion, Mr. Chairman, the National Association of Counties has been working with a coalition of more than 30 national organizations on a proposal for federal assistance to foster community collaborations between criminal justice and health and human service agencies. The proposal provides counties with considerable flexibility to design creative solutions and to stimulate partnership programs between state and county governments.

We are pleased to assist the committee in its investigation of this important topic and look forward to working with you on legislation that will help local governments design flexible and innovative programs.