Testimony of

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Mr. Chairman and members of the Committee good morning. Thank you for the invitation to testify about the interrelationship between criminal justice and mental health. Addressing this very serious matter requires leadership and true partnership between mental health and criminal justice systems at all levels.

I am here in two capacities. First, I am the Commissioner of Mental Health for the Commonwealth of Massachusetts. The mission of the Department of Mental Health is to improve the quality of life for adults with serious and persistent mental illness and children with severe emotional disturbance. I am also here as a member of the Board of the National Association of State Mental Health Program Directors (NASMHPD), which represents the $20 billion public mental health system in the 50 states and the District of Columbia. I am authorized to speak on behalf of all state mental health authorities and to present a national perspective regarding the urgency this issue creates for states in both our criminal justice and mental health systems. It should be of interest that NASMHPD has formed a taskforce devoted to this issue. Others here this morning will focus on the burden on the criminal justice system. I will focus on the challenges in the public mental health system, as well as specific action that may be taken by the federal, state, and local government.

Let me begin by applauding the committee for convening this hearing and bringing together what some might consider the strangest of bedfellows. As you will hear, however, this collaboration - between those responsible for criminal justice and mental health systems - is essential and, in some cases, long overdue. Where the seeds of that collaboration have been planted, significant outcomes have been achieved. But these achievements have been sporadic at best. Federal leadership and support at this time is critically needed.

We know much about how to provide services for people with mental illness who are at risk of criminal justice involvement, but we face significant challenges in translating all that we know into practice. We must overcome the conflicts and inconsistencies inherent in fragmented funding strategies at national, state and local levels.

Our efforts must involve a two pronged approach. First, we must prevent criminal justice involvement of people with mental illness by diverting them into community treatment. Second, we must meet the needs of people with mental illness who are returning to the community from jail or prison. This involves forging links with jails and prisons to develop effective pre-release planning, including reinstatement of benefits for those who are eligible and identification of suitable housing.

Any systems approach must include the integration of substance abuse and addictions treatment with mental health interventions. Co-occurring illness must be seen as the expectation, not the

exception. We know from research that when substance abuse coexists with mental illness, the risk of violence significantly increases.

The Council of State Governments' (CSG) Criminal Justice/Mental Health Consensus project provides a superb template for action. Its report reflects the concept that early intervention yields better outcomes. In criminal justice terms, this means fewer police encounters for people with mental illness, fewer people with mental illness on court dockets or in jail holding cells, less time spent behind bars, and a drop in recidivism rates. In mental health terms, this means greater opportunity for productive lives and meaningful community membership and to reduce the stigma associated with mental illness.

We recognize that people with mental illness will continue to come into contact with the criminal justice system. Therefore, we need to collaborate with law enforcement on training such as that embodied in the Memphis, TN, Crisis Intervention Team model. In Massachusetts, the Department provides court clinic services to all juvenile and district (adult) courts. These clinics function essentially as emergency services to the district court, performing evaluations for competency, criminal responsibility and for civil commitment. Persons who are a danger to self or others by reason of mental illness or by reason of substance abuse can be committed from the court after an evaluation by a designated forensic clinician and a hearing. Counsel in commitment hearings are all specially trained in mental health law.

A model for pre-release planning is our Forensic Transition Team. The team engages with the individual while incarcerated, provides service coordination, continuity and monitoring. The key to success has been strong interagency collaboration, cross training and very flexible services. And, there are other models across the country that have proven to be effective.

There are two final points I would like to offer. The CSG report references that mental health systems are either too overwhelmed or too frustrated to help some of these individuals. Mental health systems have been overwhelmed, in part, due to historic underfunding and erosion of base resources. Given that more than 40 states are experiencing significant budget shortfalls, this situation is only exacerbated.

Some of the solutions are reasonably obvious and not controversial. There is no need to invent new technology; the lack of service response is due to funding. Then there are a set of issues that may appear to provide the ready solution, but the effects of which are largely unproven. With these new strategies, I would urge the thoughtful approach for innovation through pilots, and rigorous evaluation prior to rolling out into prime time. The Substance Abuse Mental Health Services Administration (SAMHSA) under the leadership of Charles Curie is to be commended for following such a process through the targeted capacity expansion grants for jail diversion programs.

The Criminal Justice/Mental Health Consensus Project provides a model for effective collaboration. We are eager to work with partners in law enforcement, the courts, and corrections to ensure better outcomes for people with mental illness at risk of or with histories of criminal justice involvement. At the same time, we welcome the advocacy of our partners in the project in seeking improved services and consistent policies to support them.

Thank you. I look forward to answering your questions.