



# **Department of Justice**

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**STATEMENT OF**

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OFFICE OF JUSTICE PROGRAMS**

**BEFORE**

**SUBCOMMITTEE ON HUMAN RIGHTS AND THE LAW  
COMMITTEE ON THE JUDICIARY  
UNITED STATES SENATE**

**AT A HEARING ENTITLED**

**“HUMAN RIGHTS AT HOME: MENTAL ILLNESS IN U.S. PRISONS AND JAILS”**

**PRESENTED**

**SEPTEMBER 15, 2009**

**Hearing before  
the Subcommittee on Human Rights and the Law  
Committee on the Judiciary  
United States Senate**

**Entitled  
“Human Rights at Home: Mental Illness in U.S. Prisons and Jails”**

**September 15, 2009**

**Statement of  
Mary Lou Leary  
Deputy Assistant Attorney General  
Office of Justice Programs**

Mr. Chairman, Ranking Member Coburn and Members of the Subcommittee: I am pleased to have the opportunity to discuss the Department of Justice’s (DOJ) efforts to improve the state and local criminal justice system’s response to people with mental illnesses. We appreciate this Subcommittee’s interest in this issue.

My name is Mary Lou Leary, and I am the Deputy Assistant Attorney General for the Office of Justice Programs (OJP) within the Department of Justice. OJP’s mission is to provide leadership and services in grant administration and criminal justice policy development to support local, state and tribal justice strategies to achieve safer communities.

As the Subcommittee is well aware, many people entering this nation’s criminal justice system are suffering from mental illnesses. According to a report from the Council of State Governments, funded, in part, by OJP’s National Institute of Justice, 16.9 percent of the adults in a sample of local jails had a serious mental illness. That’s

three to six times the rate of the general population. Also troubling is that while the serious mental illness rate was 14 percent for men, it was 31 percent for women. If these rates were applied to 13 million jail admissions reported in 2007, the study findings suggest that more than two million bookings of a person with a serious mental illness occur annually.

Many of the offenders with mental illnesses don't receive treatment. This is not only a disservice to the offenders and their families; it is a threat to public safety. Without treatment, these offender's conditions can worsen and they may pose a greater threat to themselves and others when they leave jail or prison.

To address this problem, OJP's Bureau of Justice Assistance (BJA) administers the Justice and Mental Health Collaboration Program (JMHCP) to help states, tribes and units of local government design and implement collaborative efforts between criminal justice and mental health systems. The program's goal is to improve access to effective treatment for people with mental illnesses involved with the justice system.

JMHCP grants can be used for a broad range of activities, including specialized law enforcement-based programs, mental health courts, mental health and substance abuse treatment for incarcerated offenders with mental illnesses, community reentry services, and cross-training of criminal justice and mental health personnel. The grants also allow for increased training of local law enforcement on how to identify and address encounters with people with mental illnesses. Each grantee is given the opportunity to

tailor their responses to best fit their particular location and the needs of their target population.

Eligible JMHCP applicants include states, units of local government, federally recognized Indian tribes and tribal organizations. All JMHCP grants require a joint application from a mental health agency and unit of government responsible for criminal and/or juvenile justice activities. This underscores the collaborative nature of this grant, which is intended to bring the criminal justice and mental health systems together to improve outcomes for people with mental illnesses in the justice system. Grants can be used for planning, implementing or for expanding existing programs.

From Fiscal Year 2006 through Fiscal Year 2008, BJA has awarded 76 JMHCP grants totaling nearly \$12 million to 32 states, the District of Columbia and Guam. Most of these grants supported programs for adults, with some funding efforts for juveniles and a few for efforts targeting both populations. Projects have also been funded to provide training and technical assistance to grantees and to provide services to those applicant communities that applied, but did not receive funding.

In just a short period of time we have already seen significant progress from the JMHCP grantees. A New York City JMHCP program offers an alternative to traditional incarceration that combines mental health treatment with community service. In the first six months of 2009, the program admitted 47 percent more people than in the previous

six months. The program has also significantly increased the number of participants that were linked to long-term treatment services.

Another example is Cass County, North Dakota. In 2005, before the JMHCP grant, only 191 detainees were even referred for a psychological assessment and only 92 actually received one due to limited resources. In the first five months of 2009, with the JMHCP program in place, 550 detainees received an assessment. Of those people, 373 were referred for treatment and services, and 10 were transported for inpatient hospitalization or evaluation. Meanwhile, the state of Maine has used its JMHCP funds to move toward statewide inmate screening and assessment so that the most intensive interventions will be used for those who have the most impairments related to their mental illnesses and pose the highest risk to public safety.

We know that many people with mental illness cycle through the justice system, often for low-level crimes, without getting connected to needed mental health and other services. Encounters with law enforcement often play a critical role in whether or not people with mental illness continue to cycle in and out of jails and prisons. Law enforcement officers across the country are all too familiar with repeated calls for service involving situations where there are individuals that are exhibiting behaviors that indicate the presence of undiagnosed and diagnosed mental illness.

Many law enforcement officials across the country are partnering with local mental health advocates and mental health service providers to develop strategies to make

it easier for law enforcement to connect people with mental illnesses to much needed services and to minimize the likelihood that they will cycle through the system. These programs, often referred to as Crisis Intervention Teams or Co-Responder Models, are eligible to receive funding under the JMHCP. Seven jurisdictions have used BJA funds to start or enhance law enforcement response programs for people with mental illness. In addition, BJA has partnered with the Council of State Governments on a number of publications that address law enforcement response to individuals with mental illnesses. These include *Essential Elements of Specialized Law Enforcement-Based Programs* and *Strategies for Effective Law Enforcement Training*.

OJP and other DOJ components have launched collaborative projects with the Department of Health and Human Services to find other ways to help state and local governments improve the response to people with mental illness involved in the criminal justice system. BJA joined with the National Institute of Corrections (NIC) and the Substance Abuse and Mental Health Services Administration to provide technical assistance to states to build on existing efforts and replicate them statewide. These partners worked with the GAINS Center and the Council of State Governments Justice Center to sponsor a national conference in 2009, “Smart Responses in Tough Times: Achieving Better Outcomes for People with Mental Illness Involved in the Justice System.” Over 450 people attended the conference, including many representatives from our JMHCP grantees and applicants.

BJA also partnered with the Council of State Governments Justice Center on a number of publications that address the criminal justice response to individuals with mental illnesses through mental health courts. These include *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court* and *Mental Health Courts: A Primer for Policymakers and Practitioners*. In addition, BJA has worked with the National Association of Counties on other related publications, *Reentry for Safer Communities, Effective County Practices in Jail to Community Transition Planning for Offenders with Mental Health and Substance Abuse Disorders* and *State and County Collaboration: Mental Health and the Criminal Justice System*. I am including these publications with my testimony.

Please be assured that our work and our commitment will continue. For Fiscal Year 2009, we will be awarding 43 JMHCP grants totaling nearly \$8 million, with additional funding supporting training and technical assistance efforts. Also, many of the grants we will be awarding under the Second Chance Prisoner Reentry Initiative will support mental health treatment as part of comprehensive reentry efforts. In addition, we will continue to work with our partners within the Department of Justice and other federal agencies to explore new ways to help states and local communities improve mental health services for people in the criminal justice system.

Thank you for the opportunity to testify today. I welcome the chance to answer any questions you or other Members of the Subcommittee may have.