

The Justice and Mental Health Collaboration Act

People with mental health conditions disproportionately are arrested and incarcerated. The President of the Major Counties Sheriffs Association recently estimated that up to 30% of inmates under his supervision have mental health conditions and that many belong in treatment programs, not behind bars. A former Executive Director of the National Sheriffs Association similarly has observed that, “in many jurisdictions in the nation, the county’s jails hold more people with severe psychiatric illnesses than any psychiatric facility in the county.”

Using our criminal justice system as a mental health system doesn’t make sense. It doesn’t make sense for law enforcement officers, who put their lives at risk every time they are called upon to intervene in a mental health crisis. It doesn’t make sense for courts, which are inundated with cases involving people with mental illnesses. It doesn’t make sense for people who have mental health conditions, who often would benefit more from treatment and intensive supervision than from traditional punishment. And it certainly doesn’t make sense for taxpayers, who foot the bill for high incarceration costs and overcrowded corrections facilities.

We can improve access to mental health services for people who come into contact with the criminal justice system, and we can give law enforcement officers the tools they need to identify and respond to mental health issues in the community. In 2004, Congress passed the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), which supports innovative programs that bring together mental health and criminal justice agencies to address the unique needs of persons with mental health conditions. For example, across the nation, MIOTCRA supports more than four dozen mental health courts and more than two dozen police departments, including many crisis intervention teams.

The Justice & Mental Health Collaboration Act (JMHCRA) reauthorizes and improves MIOTCRA. Among other things, this bill:

- continues support for mental health courts and crisis intervention teams, both of which save lives and money;
- emphasizes evidence-based practices that have been proven effective through empirical evidence;
- authorizes investments in veterans treatment courts, which serve arrested veterans who suffer from PTSD, substance addiction, and other mental health conditions;
- supports the development of curricula for police academies and orientations;
- increases focus on corrections-based programs, like transitional services that reduce recidivism rates and screening practices that identify inmate with mental health conditions; and
- gives local officials greater control over program participation eligibility.

MIOTCRA always has been a bipartisan program, and the JMHCRA is in keeping with that tradition. In the Senate, the bill is sponsored by Senators Franken (D-MN), Johanns (R-NE), Leahy (D-VT), Graham (R-SC), Durbin (D-IL), Ayotte (R-NH), Coons (D-DE), Hatch (R-UT), Shaheen (D-NH), Blunt (R-MO), Wyden (D-OR), Collins (R-ME), Gillibrand (D-NY), Portman (R-OH), Brown (D-OH), Warren (D-MA), and Reed (D-R.I.). In the House, the bill is sponsored by Representatives Nugent (R-FL), Scott (D-VA), Sensenbrenner (R-WI), Conyers (D-MI), Grimm (R-NY), Van Hollen (D-MD), Gowdy (R-SC), Lofgren (D-CA), Reichert (R-WA), and Ciciline (D-RI).

In addition, over 200 organizations from across the nation have endorsed the bill, including leading law enforcement and corrections groups (like the National Association of Police Organizations, the Major County Sheriffs Association, and the Major Cities Chiefs of Police), veterans’ services organizations (like the American Legion and the Wounded Warrior Project), and mental health advocates (like the National Alliance on Mental Illness).

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