

The Comprehensive Justice and Mental Health Act

Summary

People with mental health conditions disproportionately are arrested and incarcerated. The President of the Major County Sheriffs Association 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 illness. 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 incarceration. 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.

The Comprehensive Justice and Mental Health Act (CJMHA) 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;
- includes new grant accountability measures and emphasizes the use of 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 state and local efforts to identify people with mental health conditions at each point in the criminal justice system in order to appropriately direct them to mental health services;
- supports the development of curricula for police academies and orientations;
- supports the development of programs to train federal law enforcement officers in how to respond appropriately to incidents involving a person with a mental health condition;
- increases focus on corrections-based programs, like transitional services that reduce recidivism rates and screening practices that identify inmates with mental health conditions; and
- gives local officials greater control over program participation eligibility.

In the 113th Congress, the predecessor of the bill had 39 cosponsors in the Senate, including 25 Democrats and 14 Republicans. The identical companion House bill had 55 cosponsors, including 24 Democrats and 31 Republicans. More than 250 law enforcement, civil rights, veterans’ and mental health advocacy

organizations from across the nation endorsed the bill, including leading law enforcement groups (e.g., the Fraternal Order of Police, the National Sheriffs Association, the National Association of Police Organizations), veterans' services organizations (e.g., the Wounded Warrior Project, the American Legion, AMVETS), and mental health and criminal justice reform advocates (e.g., the National Alliance on Mental Illness, American Psychological Association, Justice Fellowship). In June 2013, the Senate Judiciary Committee reported the bill to the full Senate by voice vote.