



# Department of Justice

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**STATEMENT OF**

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**BUREAU OF JUSTICE ASSISTANCE  
OFFICE OF JUSTICE PROGRAMS**

**BEFORE THE**

**COMMITTEE ON THE JUDICIARY  
SUBCOMMITTEE ON THE CONSTITUTION, CIVIL RIGHTS, AND  
HUMAN RIGHTS  
UNITED STATES SENATE**

**AT A HEARING ENTITLED**

**“LAW ENFORCEMENT RESPONSES TO DISABLED  
AMERICANS: PROMISING APPROACHES FOR PROTECTING  
PUBLIC SAFETY”**

**PRESENTED  
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**Rights, and Human Rights**  
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Chairman Durbin, Ranking Member Cruz, and distinguished members of the Subcommittee, thank you for this opportunity to discuss the Department of Justice's support of state and local law enforcement responses to crisis incidents involving people with disabilities and untreated mental illnesses.

I am Denise E. O'Donnell, the Director of the Bureau of Justice Assistance (BJA), within the Department's Office of Justice Programs (OJP). BJA's mission is to provide policy leadership, guidance, and support to state, local, and tribal partners in implementing evidenced-based and promising programs and strategies to promote safer communities. I am pleased to speak to you today about the strong commitment the Department, and BJA specifically, has to law enforcement in their growing role as the first responders to crisis incidents involving people with mental illness and developmental disabilities.

The intersection of criminal justice and mental health has been a top priority in my career. In addition to being an attorney, I hold a Master's Degree in Social Work and worked as a social worker in a community mental health center. Prior to my confirmation, I served as the New York State Deputy Secretary for Public Safety, overseeing 11 homeland security and criminal justice agencies. In that capacity, I worked closely with state and local criminal justice and mental health agencies to address the growing mental health challenges in the criminal justice system. I also served as co-chair of the New York State/New York City Mental Health-Criminal Justice Panel, which

issued a report making a number of recommendations to improve the public safety response to persons with serious mental illness.

As the Director of BJA, one of my priorities is to invest in programs that improve justice system response to encounters involving people with mental illness and with developmental disabilities by utilizing and highlighting strategic and sustainable approaches that incorporate evidence-based prevention and intervention strategies.

It is important to recognize an often misleading perception in society that individuals with mental illness are violent. A person with a severe mental illness who has no history of substance abuse or violence has the same likelihood of being violent as any member of the general public. The risk of violence statistically attributable to serious mental illness is estimated to be 3 to 5 percent.<sup>i</sup> Because serious mental illness affects a small percentage of the population, it makes—at best—a very small impact on the overall level of violence in society. In fact, people with serious mental illnesses are anywhere from 2.5 times to nearly 12 times more likely to be the victims rather than the perpetrators of violence.

Despite these statistics about a lack of violent behavior, persons with serious mental illness make up a significantly disproportionate number of persons in our nations' jails. According to a 2009 report in *Psychiatric Services*, of people booked into U.S. jails, 14.5 percent of men and 31 percent of women had a serious mental illness—rates in excess of three to six times those found in the general population. Taken together, these numbers comprise 16.9 percent of jail bookings.<sup>ii</sup> A 2006 study from OJP's Bureau of Justice Statistics found that 64 percent of individuals incarcerated in jails had recently reported symptoms of a mental health disorder or were recently diagnosed with or treated for a mental disorder. About 24 percent of jail inmates reported symptoms of a psychotic disorder.<sup>iii</sup>

Similarly, BJA recently funded a study, *Women's Pathways to Jail: Examining Mental Health, Trauma and Substance Abuse*<sup>iv</sup>, which found that 32 percent of participants met

the criteria for a serious mental illness in the past year. Furthermore, the number of women meeting criteria for multiple lifetime and current disorders was high, and the prevalence of serious mental illness, Post Traumatic Stress Disorder, and substance use disorders- as well as high rates for co-occurring disorders- suggests that female offenders enter (or reenter) jail with substantial and often multiple mental health concerns and consequently have complex treatment needs. The report has been distributed widely and we hope that stakeholder groups of providers and policymakers in states and communities will use the report to make data-driven policy decisions concerning this population.

Several state and local jurisdictions have shared data that paints a picture of the challenges and successes that law enforcement faces around encounters with mentally ill individuals. The Tulsa Police Department has experienced a shortage of treatment services for individuals with mental disorders in need of crisis care, requiring officers to expend large amounts of time and resources transporting people to access treatment across the state. A 2012 report found that in one year, Tulsa officers made 180 such transports, with an average of 229 miles for each trip. In the first nine months of 2006, the Los Angeles (CA) Police Department made 46,129 contacts with people who displayed symptoms of mental disorders. The San Diego (CA) Police Department saw a 54percent increase in calls relating to mental health or suicide from 2008 to 2012. In a 2009 survey of the 100 sheriff's offices in North Carolina, the departments collectively reported more than 32,000 trips to transport individuals for involuntary commitments to psychiatric service providers. The median time for one transport was eight hours. In 2012, crisis intervention team officers from the Miami-Dade (FL) Police Department and City of Miami Police Department responded to nearly 10,000 mental-health related calls, resulting in over 2,100 diversions to crisis services and just 27 arrests.<sup>v</sup> These statistics demonstrate both the need for increased community-based mental health services and the need for improved methods for police to interact with people with mental illness and local service providers.

We are grateful for the work of the Senate Judiciary Committee, and this Subcommittee in raising awareness of crisis incidents involving people with disabilities and untreated

mental illnesses. The Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), signed into law in 2004, enabled BJA to take a leadership role in addressing the intersection of criminal justice and mental health. MIOTCRA enabled BJA to create the Justice and Mental Health Collaboration Program, which facilitates collaboration among the criminal justice, juvenile justice, and mental health and substance abuse treatment systems to improve access to effective treatment for people with mental disorders and to increase public safety.

### **Justice and Mental Health Collaboration Program**

Since 2006, BJA has awarded 287 Justice and Mental Health Collaboration Program grants to sites that span 49 U.S. states and territories, tribal governments, and the District of Columbia. Grant recipients may use the grants for a broad range of activities, including crisis intervention teams and other specialized law-enforcement-based responses; mental health courts; mental health and substance abuse treatment for individuals who are incarcerated or involved in the criminal justice system; community reentry services; and cross-training of criminal justice and mental health personnel. Underscoring the collaborative nature of this program, all grants require a joint application from a mental health agency and unit of government responsible for criminal and/or juvenile justice activities.

The Justice and Mental Health Collaboration Program has helped BJA identify promising models to respond to this vulnerable population and approaches that are effectively support law enforcement and other components of the criminal justice system.

### **Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems**

For example the Justice and Mental Health Collaboration Program funds research that is put into direct action. In New York City, where even as crime has decreased and the jail population has declined, people with mental illness continue to represent an increasing percentage of the City's jail population (less than 25 percent of the average daily population in 2005 vs. about 33 percent in 2011).<sup>vi</sup> In December 2012, BJA, through the

Justice and Mental Health Collaboration Program, funded the Council of State Governments Justice Center to analyze individuals with mental health needs booked into Rikers Island Correctional Facility. The Center developed the report *Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems*.

The report found that inmates with mental illnesses stayed in jail nearly twice as long—an average of 112 days compared with 61 days—in part because people with mental illnesses were less likely to make bail and took longer to do so when they did. Based on the recommendations outlined in this report, in December 2013, New York City officials planned, funded, and are currently implementing “Court-based Intervention and Resource Teams” in each city borough. The teams will receive, collect, and quickly transmit accurate information about a defendant’s risk of flight, risk of re-offense and mental health and substance abuse treatment needs to inform pretrial, plea, and sentencing decision making and to facilitate timely connection to appropriate community-based supervision and treatment. The lessons learned from this initiative can serve as a model for other jurisdictions. This initiative also highlights the consequences of not having a specialized law enforcement response to divert individuals with mental illnesses as early as possible.

Since the inception of the Justice and Mental Health Collaboration Program, 74 grants (26 percent of the total 287 awards) have been awarded directly to a police or sheriff’s department as the criminal justice co-applicant. For example, the Los Angeles Police Department (LAPD) utilizes specially trained officers and clinicians from the Los Angeles County Department of Mental Health (LADMH). Together, these departments manage incidents involving people suffering from mental health crisis.

### **National Law Enforcement/Mental Health Learning Sites**

In recognition of their innovative and effective program, BJA has selected the LAPD, along with five other jurisdictions -- Houston (TX) Police Department; Madison (WI) Police Department; Portland (ME) Police Department; Salt Lake City (UT) Police

Department; and University of Florida Police Department -- who have successfully implemented innovative strategies, to act as national law enforcement/mental health learning sites—agencies that will help other jurisdictions across the country improve their responses to people with mental illnesses. The six learning sites host site visits from interested colleagues and other local and state government officials, answer questions from the field, and work with the Council of State Governments Justice Center staff to develop materials for practitioners and their community partners. To date, over 584 jurisdictions across the country have requested to visit the learning sites.

### **Crisis Intervention Team Responses**

BJA Justice and Mental Health Collaboration Program grants also support jurisdictions implementing Crisis Intervention Teams, an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. There are over 2,800 Crisis Intervention Teams programs nationwide that are built on local partnerships between law enforcement agencies, mental health providers and advocates. They involve individuals living with mental illnesses and families at all levels of decision-making and planning. Crisis Intervention Teams provide law enforcement-based crisis intervention training on assisting individuals with mental illness and a forum for partner organizations to coordinate diversion from jails to mental health services.

In many communities, Crisis Intervention Teams (CIT) have served as a springboard for a broader collaboration between the criminal justice and mental health systems. These programs have included partners from the juvenile justice system, schools, courts, corrections, homeless services, children’s mental health services, the Department of Veterans Affairs and others. Many CIT programs have begun to offer trainings to correctional officers, dispatchers, EMTs, firefighters, school resource officers, hospital safety officers and others. There are also CIT programs that offer specialized trainings focused on responding to youth and veterans.

One example of an innovative CIT program supported through the Justice and Mental Health Collaboration Program, is a partnership between the Allegheny County Office of

Behavioral Health and the Pittsburgh Police Department. As part of the CIT program, the County established a triage site, which serves as a resource for law enforcement officers who respond to people in mental health crisis. The Resolve Crisis Network (Resolve) provides round-the-clock, mental health crisis intervention and stabilization services. Relying on a staff of 150 crisis-trained psychiatrists, counselors, crisis nurses, crisis service coordinators, and peer support staff. Resolve provides multiple crisis services 24 hours a day, 365 days a year, including a telephone hotline, mobile dispatch unit, walk in services, and residential services for up to 72 hours.

Looking to support broader implementation of CITs across the country, BJA has partnered with the University of Memphis and the University of Illinois to create a national CIT standardized curriculum for a 40-hour, classroom-based in-person course for patrol officers and dispatch personnel. Training for officers will consist of didactics and lectures conveying specialized knowledge pertaining to mental illness, mental health patients, suicide prevention, and family/community perspectives. There will be on-site visits with mental health patients to help officers become more familiar with this constituency, and a range of scenario-based practical skills training elements. Dispatchers will receive training on proper receiving and dispatch of calls involving individuals in mental health crisis.

The Civil Rights Division at the Department of Justice supports the use of CIT and other de-escalation and collaborative methods as a means for law enforcement agencies to avoid civil rights violations and improper uses of force toward people with disabilities. The Civil Rights Division has included CIT as part of the remedy in civil rights settlements in various cities. These settlements are resulting in substantially improved outcomes in police interactions with people with disabilities.



### **Specialized policing responses for people with mental illnesses**

In addition to local initiatives like CIT, BJA has also supported efforts on a statewide level to strategically implement coordinated initiatives tailored to the unique needs of the local community. The BJA-supported publication, *Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives*, highlights statewide initiatives for supporting local-level specialized policing responses for people with mental illnesses. Specialized policing responses are designed to help individuals in crisis connect to community-based treatment and supports, when appropriate, instead of becoming involved in the criminal justice system.

### **Law Enforcement–Mental Health Collection Data Practices for Specialized Policing Response (SPR) Programs**

BJA has also funded efforts through the Council of State Governments Justice Center, in partnership with the Police Executive Research Forum (PERF) to support the “Law Enforcement-Mental Health Data Collection Practices for Specialized Policing Response Programs” project. Working with three police jurisdictions, Cambridge Police Department (MA), Delaware Police Department (OH) and Denver Police Department (CO), the Justice Center is identifying data collection obstacles and developing a tailored approach to improving the agencies’ data collection and use practices.

### **State Justice Assistance Grant funding supporting mental health efforts**

In addition to this discretionary funding, some states use BJA administered JAG funding to improve criminal justice response to individuals with mental illness. Pennsylvania is using JAG funds to support the Mental Health and Justice Advisory Committee (MHJAC) and the Mental Health and Justice Center of Excellence. The Center of Excellence (whose work is overseen by MHJAC) promotes the use of evidence-based strategies for addressing the unique challenges associated with offenders with behavioral health disorders. The Center of Excellence provides resources, information, and technical assistance, and has conducted statewide and county specific systems-level mappings to help decision makers understand how those with significant behavioral health needs cycle through justice systems. This mapping process, known as the

Sequential Intercept Model, helps decision makers get a better understanding of where, within state and local justice systems, diversion or treatment alternatives may produce the highest return on investment and have a positive impact on public safety.

In addition to the work being performed at BJA, the Office of Community Oriented Policing Services (COPS) has long recognized the importance of ensuring that law enforcement has the requisite skills, knowledge, and sensitivity when encountering persons with mental illness. COPS has also recently partnered with the National Alliance on Mental Illness (NAMI) to develop a model for communities to address the mental health needs of law enforcement and other first responders in the aftermath of a mass casualty events, including school shootings. The project will address how law enforcement and other local government agencies can intervene to assist officers and other first responders who are experiencing PTSD symptoms. COPS and NAMI are working directly with the town of Newtown, CT, as one stakeholder to gain feedback on one community's response to a mass casualty event, and develop resources that enable other communities to address mental health needs of first responders in a timely and effective way.

### **The Arc's National Center on Criminal Justice and Disability (NCCJD)**

Although BJA devotes significant resources and attention to individuals with mental illness who are involved with the criminal justice system, we also recognize that the justice system needs targeted and strategic responses to individuals with intellectual or developmental disabilities (I/DD). In 2013, BJA awarded funds to The Arc to create The National Center on Criminal Justice and Disability (NCCJD). This is the first national effort of its kind to bring together both victim and suspect/offender issues involving people with intellectual or developmental disabilities. When fully developed, the National Center on Criminal Justice and Disability will serve as a national clearinghouse and online resource, as well as provide training and technical assistance in this important area. Other DOJ partners such as the Office of Victims of Crime and the Division of Civil Rights are also focused on the particular needs and vulnerabilities of

developmentally disabled persons, and we believe the National Center will be an important resource for all.

## **Conclusion**

In conclusion, I would like to emphasize that we are leveraging a number of other BJA funding resources that we have available to better serve persons with mental illness. These resources include veterans' treatment courts and other problem-solving courts, Second Chance Act reentry programs, specifically the Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders. These programs help support individuals with mental illness remain in the community with supervision and access treatment when appropriate. They also improve the transition for people with mental illness out of incarceration and facilitate the successful return to their communities resulting in a reduction of recidivism. Along with this statement, we are also submitting for the record a compendium of BJA funded Justice and Mental Health Resources.

Mr. Chairman, Ranking Member Cruz, and Members of the Subcommittee, this concludes my testimony. Thank you for the opportunity to testify today and I would be glad to answer any questions you may have.

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<sup>i</sup> Richard A. Friedman, "Violence and Mental Illness—How Strong is the Link?" *New England Journal of Medicine* 355 no. 20 (2006), 2064–2066.

<sup>ii</sup> Henry J. Steadman, Fred C. Osher, Pamela Clark Robbins, Brian Case, and Steven Samuels, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 60 (2009): 761–765.

<sup>iii</sup> Doris J. James and Lauren E. Glaze, *Mental Health Problems of Prison and Jail Inmates* (Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, 2006).

<sup>iv</sup> Shannon M. Lynch, Dana D. DeHart, Joanne Belknap, and Bonnie L. Green, "Women's Pathways to Jail: The roles & omtersectopms pf serious mental illness & trauma" (Washington, DC: Bureau of Justice Assistance, U.S. Department of Justice, 2012).

<sup>v</sup> Steven Leifman, witness testimony at Congressional hearing "Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage," March 26, 2014, available at <http://docs.house.gov/meetings/IF/IF02/20140326/101980/HHRG-113-IF02-Wstate-LeifmanS-20140326.pdf>.

<sup>vi</sup> The Council of State Governments Justice Center, *Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems*, (2012), available at [http://csjusticecenter.org/wp-content/uploads/2013/05/CTBNYC-Court-Jail\\_7-cc.pdf](http://csjusticecenter.org/wp-content/uploads/2013/05/CTBNYC-Court-Jail_7-cc.pdf).