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## ISSUE BRIEF

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# PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM - THE PROBLEM AND COLORADO'S RESPONSE

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Persons with mental illness who are in the criminal justice system present today's greatest challenge to criminal justice and mental health professionals. According to the Criminal Justice/Mental Health Consensus Project, the rates of serious mental illness among the ten million people booked into U.S. jails each year are at least three to four times higher than the rates of serious mental illness in the general population. National and state statistics are consistent with the project's findings.

- In 1999, the U.S. Department of Justice reported that nearly 16 percent of the nation's prison and jail inmates were diagnosed with serious mental illness. About five percent of the U.S. population has a serious mental illness.
- In Colorado, the Department of Corrections (DOC) estimates that 16 percent of its population meets the diagnostic criteria for major mental illness.
- The Colorado Division of Youth Corrections estimates that 24 percent of juveniles in the juvenile justice system are diagnosed with mental illness.

This issue brief provides an overview of the impact of persons with mental illness on the mental health and criminal justice systems and Colorado's response to this issue in recent years.

#### The Problem

News headlines and high-profile crimes lead the

public and policymakers to assume that the vast majority of people who are in prison or jail and have a mental illness have committed serious violent crimes. Criminal justice practitioners know that, in fact, a large number of individuals with mental illness in state prisons, and particularly those in county jails, are there because they displayed in public the symptoms of untreated mental illness.

Mental health systems have undergone tremendous change over the last 35 years. The systems that once institutionalized people with mental illness have now shifted their emphasis almost entirely to providing community-based services. While millions of people with mental illness have been successfully integrated into their communities, many others have had difficulty obtaining access to mental health services.

Individuals who have been overlooked, intimidated, or turned away by mental health systems end up disconnected from community support and find their way into the criminal justice system with increasing frequency. Criminal justice systems are ill-equipped to provide the comprehensive array of mental health services these individuals need. Their mental illness deteriorates further, they present behavior problems, and they incur disciplinary infractions which prolong their involvement in the criminal justice system.<sup>1</sup>

#### **Colorado's Problem and Response**

<sup>1.</sup> The information in this section is from the report *Criminal Justice/Mental Health Consensus Project*, published June 2002, coordinated by The Council of State Governments.

In November 1998, the DOC reported that ten percent of its correctional population had serious mental illness. That number was double the number identified three years earlier and five to six times the number documented ten years earlier. In response, the Joint Budget Committee asked the DOC to study the characteristics of inmates with serious mental illness and the factors explaining the increase, and to submit recommendations to address the problem.

The resulting report was published in February 1999. Among the findings, the report concluded that:

- inconsistent diagnoses across systems result in inconsistent treatment;
- specialized treatment needs are not being met, particularly with regards to substance abusers and sex offenders;
- case management as a component of treatment was lacking; and
- there was little evidence of interagency collaboration.

The study found there were missed opportunities for mental health and criminal justice agencies to treat mental health issues prior to imprisonment. The report concluded that if programmatic and policy factors were addressed, the mental health needs of seriously mentally ill offenders could be better served, keeping them from incarceration while maintaining public safety. The report further recommended cross-system collaboration and communication as a strategy to decrease the number of offenses committed by people with serious mental illness.

Interim committee and task force to study the treatment of persons with mental illness in the criminal justice system. In 1999, the General Assembly created a Legislative Oversight Committee and Advisory Task Force to study the treatment of persons with mental illness in the criminal justice system. The Task Force, comprised of 19 members from state and private mental health agencies, law enforcement, the defense bar, the courts, and consumers of mental health services who have been involved in the criminal justice system and consumers' family members, tackled topics such as:

 community-based intensive treatment management programs;

- an expedited application process for "aid to the needy disabled" benefits for persons with mental illness upon release from incarceration; and
- standardized inter-agency screening to detect mental illness in adults and juveniles in the criminal and juvenile justice systems.

Recognizing the broad range of issues related to persons with mental illness in the criminal justice system, the General Assembly, in 2000, continued the Oversight Committee and Task Force for another three years and, to take advantage of the chance to foster interagency collaboration, increased the membership from 19 to 27 members. The new Task Force has discussed, proposed legislation, or fostered non-legislative solutions on the following:

- the role of Colorado's civil commitment law in coercing people with mental illness to take medications in order to maintain mental health;
- training law enforcement officers to recognize and safely deal with persons who have mental illness (crisis intervention teams);
- mental health courts that would, when appropriate, channel persons with mental illness to treatment and services instead of incarceration;
- residential drug treatment (therapeutic communities) for people with mental illness;
- the guilty but mentally ill verdict; and
- psychiatric security review boards to determine and order the appropriate level of treatment and supervision for offenders who are found not guilty by reason of insanity.

For the 2003 legislative session, the Oversight Committee and Task Force propose legislation to: implement a five-year plan to continue the work of Oversight Committee and Task Force; establish local committees to manage community-based programs that treat persons with mental illness who come into contact with the criminal justice system; and require insurance carriers to pay for court-ordered treatment when such treatment is otherwise covered.

| For more detail about the work of the Oversight Committee and Task Force, visit the website. |  |
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