

# Increasing Collaboration between Corrections and Mental Health Organizations



The Council of State Governments (CSG) and the National Institute of Corrections (NIC) have partnered to work with teams of corrections and mental health system administrators in jurisdictions (or “learning sites”) across the country. The partnerships are designed to help these teams implement recommendations in the *Criminal Justice / Mental Health Consensus Project Report* by increasing collaboration between the criminal justice and mental health systems. At the same time, this process will help CSG and NIC improve their understanding of how such collaboration can be fostered and sustained at the state and local level.

## Issue

*The growing numbers of people with mental illness in jail, in prison, on probation, or on parole has become one of the most pressing problems facing corrections administrators.*

- Approximately five percent of the US population has a serious mental illness, yet the US Department of Justice reports that about 16 percent of the population in prison or jail has a mental illness.<sup>1,2</sup>
- The Los Angeles County Jail (California), the Cook County Jail (Chicago), and Rikers Island (New York City) each hold more people with mental illness on any given day than any psychiatric facility in the United States.<sup>3</sup>

*Individuals with mental illness stay incarcerated longer and recidivate quickly.*

- In Orange County, Florida, an inmate identified as having a mental illness stays an average of 51 days, compared with an average stay of 26 days for all other inmates.<sup>4</sup>
- 72 percent of people with mental illness were re-arrested within 36 months of release from the jail in Lucas County, Ohio.<sup>5</sup>

## Response

In 2003, CSG requested proposals from jurisdictions to receive technical assistance that would facilitate collaboration between corrections (i.e., jail, prison, and community corrections) and mental health agencies. CSG received more than 60 applications for the technical assistance project, and 13 sites were selected.

Over the course of that year, CSG staff and its consultants conducted conference calls with a team of corrections and mental health leaders from each jurisdiction and conducted technical assistance site visits. Through these visits, CSG staff and its consultants gauged the level of collaboration in each site and gained an understanding of the issues that sites would address with additional technical assistance. As a result, four sites were selected as learning sites and will receive intensive technical assistance: Kansas; Rhode Island; Orange County, Florida; and Philadelphia, Pennsylvania.

### Current Status

Each of the four learning sites has a different focus for the second year of technical assistance.

<b>Kansas</b>	Analyze and replicate a discharge planning program for offenders with serious and persistent mental illness and develop a process by which prison and mental health services databases can be synchronized system-wide.
<b>Rhode Island</b>	Design an enhanced ACT program geared toward offenders with serious mental illness who have had contacts with both the prison and mental health system.
<b>Orange County, FL</b>	Collect and analyze data from jail and community mental health centers to track outcomes for justice-involved individuals with major mental illness referred to a diversion program.
<b>Philadelphia, PA</b>	Identify and analyze jail and mental health services data to track outcomes for the systems' shared target population and assess the impact of re-entry programs to which the target population is referred.

CSG will continue to provide technical assistance to these learning sites based on their specific needs. In addition, important products describing the results of this work will soon be available online. These products include:

- **Case studies:** Written descriptions of the strategies, challenges, and outcomes of collaborative efforts in the four learning site jurisdictions in order to help other communities understand a range of collaboration activities between corrections and mental health agencies.
- **Collaboration self-assessment tool:** An instrument that enables jurisdictions to assess their level of corrections and mental health system collaboration and determine how they can improve existing levels of collaboration across four key collaboration categories: knowledge base, systems, service coordination, and resources.

For a copy of the collaboration self-assessment tool and other project updates, please check the Consensus Project website at <http://consensusproject.org>.

1 Ditton, Paula M. *Mental Health and Treatment of Inmates and Probationers*. Washington DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, July 1999.

2 *Ibid.*

3 Torrey, E. Fuller, "Reinventing Mental Health Care," *City Journal*. 9:4, Autumn 1999.

4 Unpublished statistic courtesy of Dr. Patrick Jablonski, Research Statistician, Orange County Jail.

5 Ventura, Lois A., Cassel, Charlene A., Jacoby, Joseph E., and Huang, Bu. "Case Management and Recidivism of Mentally Ill Persons Released from Jail," *Psychiatric Services*. 49:10, October 1998.