



Reinvesting in Behavioral Health Care to Reduce Crime and Involvement in Criminal Justice Systems

2008 NASMHPD Forensic Division Annual Meeting

David Miller,
National Association of
State Mental Health
Program Directors

Hope Glassberg,
Council of State
Governments Justice
Center

Blueprint Development



Background

- **State Spending on Corrections up 450%**
 - State Spending on Corrections has risen faster over the last 20 years than spending on nearly any other state budget item – increasing from \$9 Billion to \$41 Billion a year.
- **Record Numbers of People being Released**
 - Elected officials concerned about crime routinely refer to the record numbers of people returning to the community from prison or jail: in 2004 alone, more than 670,000 people were released from prisons, and over 9 million were released from jails.
- **Revocations are the Key Driver in Prison Growth**
 - As a share of all prison admissions, parole violators increased from 17% of all prison admissions in 1980 to over 35% of all prison admissions in 1999.
 - Offenders with behavioral health diagnoses on probation/parole are far more likely to be returned to prison.

Blueprint Timeline

- Active Partnership with the Council of State Governments (CSG) since 1999 and the development of the Criminal Justice/Mental Health Consensus Project
- NASMHPD and CSG held special planning meetings before NASMHPD's Summer and Winter 2006 membership meetings agreeing to work together to develop a "blueprint" for state officials to work better across all state government to assist the collaboration between Mental Health and Criminal Justice.

Blueprint Timeline (cont.)

- In Summer 2007, CSG convened 34 Mental Health Commissioners together with State Legislators, Correction Executive Directors, Judges, and Advocates and began drafting a blueprint which would reduce the involvement of people with mental illness in the criminal justice system by reinvesting in community behavioral healthcare.
- NASMHPD President appointed a 10 Commissioner Criminal Justice Taskforce to provide expertise to this initiative and guide the adoption of this blueprint. The Taskforce's first meeting was December 8, 2007.

Blueprint Timeline (cont.)

- Draft Blueprint presented to NASMHPD Board on March 28, 2008.
- Revised Blueprint presented and unanimously approved by NASMHPD Membership on July 14, 2008 during NASMHPD Summer 2008 Commissioners Meeting.
- Document is considered an ongoing working document.

Blueprint Taskforce Members

- James Reinhard, VA – Chair
- Virginia Trotter Betts - TN
- Donna Hillman - KY
- Tom Kirk - CT
- Steve Baron - DC
- Brian Hepburn - MD
- Lorrie Jones - IL
- Janet Wood - CO
- Michael Hartman – VT

Behavioral Health Blueprint Overview



Justice Center Background

- CSG Justice Center national, non-partisan organization focused on criminal justice public policies (<http://justicecenter.csg.org/>)
- Leading Justice reinvestment strategy to advance criminal justice policies to break the cycle of recidivism, avert prison expenditures and make communities safer
- Several states already identified savings from averted costs and plan to make reinvestments into community behavioral health services

Blueprint Organization

Blueprint recommends step by step process for reinvestment, organized around four questions:

- Who should receive services supported by reinvestment dollars?
- What types of interventions are needed to address the target population?
- Can behavioral healthcare providers in selected jurisdictions deliver needed services and coordinate with criminal justice agencies?
- How do you deliver needed services, taking existing gaps into account?

Step 1

Define the target population and desired outcomes

- Analyze data about the state prison population and populations on probation and parole to define a target population
- Develop parameters for a target population and develop associated behavioral health and criminal justice outcome measures

Step 2

Estimate Levels of Service Intensity Needed to Respond to the Target Population

- Determine what types of services individuals in the target population will need based upon their characteristics and desired outcomes
- Identify to what degree services for the target population can be paid for by benefit programs

Step 3

Assess Community Resources to Deliver Services

Evaluate current service delivery and administration to identify gaps:

- Program Capacity
- Workforce Quality
- Service and Supervision Integration
- Outcome and Performance Measures
- Institutional Barriers and Cultural Competency

Step 4

Implement the Reinvestment Initiative

In strategic plans clarify how:

- reinvestment funding will be allocated and managed
- initiatives should be administered and outcomes measured
- the initiative should operate.

Next Steps

- Blueprint only meant as a starting point, not intended as detailed how-to guide
- To assist officials interested in implementing blueprint, Justice Center and NASMHPD will explore a range of technical assistance strategies to include:
 - Intensive TA to small number of states
 - Less intensive TA to a larger number of states

Thank you

Project contact:

Hope Glassberg

hglassberg@csg.org

646-383-5737

