SJR 24: A Primer
Background and Study Questions for the Study of Prison Population Growth and Diversion Alternatives

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for the
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Purpose

This paper provides general background for the Senate Joint Resolution No. 24 (SJR 24) study of prison population growth and alternative sentencing and offers for discussion a basic study plan to help guide and focus the Law and Justice Interim Committee's SJR 24 study activities.

Overview

Challenges and trends

Policymakers in the area of criminal justice must make decisions about crimes, causes, and consequences, how to reduce crime and recidivism, how to protect public safety, and how to prioritize spending. Overcrowding in prisons and the high cost of incarceration remain perennial challenges for policymakers. When substance abuse or mental illness is a factor in criminal behavior, the key policy questions involve addressing underlying causes and providing effective consequences. Nationally, policy in this area is shifting from a focus on punishment and incarceration to "nonsecure" treatment alternatives to prison. These "diversion alternatives" are often viewed as an effective way to manage overcrowding, control costs, motivate offenders to participate in rehabilitation, and lower recidivism rates.

Diversion programs

For discussion purposes, diversion programs may be grouped into three categories: (1) "prebooking" programs (e.g., crisis intervention when law enforcement first becomes involved); (2) "postbooking" programs (e.g., bail, plea, and sentencing arrangements), which include operating special courts (e.g., drug, mental health, and treatment courts) in which a

judge and treatment team providing case management supervision of an offender throughout a treatment regimen; and (3) "postprison" programs (e.g, parole, prerelease, discharge planning, and reentry programs).

Montana context

Corrections

The Department of Corrections supervises more than 12,000 offenders. The vast majority of these offenders (77%) are managed in adult community corrections programs. Only about 23% (or roughly 3,100) are incarcerated. The cost of incarceration is significantly higher than the cost of community corrections programs.[1] Nearly 50% of Department of Corrections' general fund expenditures are for adult secure custody, while about 25% are for adult community corrections.[2]

Montana's overall offender population has grown an average of about 5% annually since 2002 (about 24.5% in total growth during that period). Most of the growth has occurred in community corrections. Montana's prison population grew a total of about 12% since 2002 or about 2.4% annually.[3]

In FY 2005 and FY 2006, Department of Corrections' expenditures grew an average of about 9% over the biennium primarily because of the growth in the number of offenders committed to the Department of Corrections.[4]

Substance abuse offenses are among the most common offenses for which adults are sentenced to Department of Corrections' supervision. The top ranking offense for both men and women is drug possession. Felony driving under the influence (DUI) is the 3rd most common

[1] Montana Department of Corrections, *Biennial Report,* State of Montana, 2007.

[2] Montana Legislative Fiscal Division, *Profile of Department of Corrections*, Legislative Branch, September 2006.

[3] DOC, *Biennial Report.*

[4] *Ibid*.

offense among men and the 6th most common offense among women. The sale of drugs ranks as the 5th most common offense among both men and women. Mental illness is also a significant factor in criminal behavior. Nationally, about 16% of incarcerated offenders suffer from a serious mental illness.[5]

Montana's incarceration rate (i.e., the number of offenders who are sentenced to more than 1 year in prison) is 360 for every 100,000 residents. When compared with incarceration rates in other states, Montana's incarceration rate ranked 31st and was 17% below the national average.[6]

Overcrowding remains a concern at Montana State Prison (MSP) and especially at the Montana Women's Prison (MWP). Both facilities must manage numbers that exceed the facility operating capacity. Although the average daily population at the MSP in FY 2006 exceeded the prison's capacity of 1,467 by only 29 inmates, the Department of Corrections projects a growth rate of 6% annually, which would put MSP's population well beyond its capacity by 2011. The MWP is already operating well beyond its capacity of 194, with an average daily population of 264. Furthermore, the MWP population is expected to increase much more dramatically (17% in each of the next 5 years).[7]

Attachment A provides a Department of Corrections' table that breaks out the adult corrections population by program type and capacity and shows the projected "growth beyond capacity" by FY 2011.[8]

Crisis intervention

[5] DOC, *Biennial Report*.

[6] *Ibid.*

[7] *Ibid.*

[8] An update of this table may be available at the July 13, 2007, meeting.

Section 53-21-139, MCA, requires that the Department of Public Health and Human Services (DPHHS) establish crisis intervention programs to provide 24-hour emergency admission and care of persons suffering from a mental disorder and placement in a safe community environment as an alternative to placement in jail. The DPHHS is also required to assist counties in developing crisis intervention programs and providing for emergency community placements as an alternative to jail.

The city of Billings recently established a Community Crisis Center and has hosted training for emergency responders statewide to help provide crisis intervention to people with mental illness and substance abuse problems.[9] ***Attachment B*** is an article by the National Alliance on Mental Illness evaluating (from the advocate's perspective) Montana's crisis intervention and Assertive Community Treatment programs. Montana is credited for its Assertive Community Treatment programs, but faulted for a lack of psychiatric beds available in community hospitals. The lack of community-based capacity to treat mental illness is cited as contributing to the inappropriate "criminalization" of mental illness.

Sentencing laws

Montana law authorizes broad judicial discretion in sentencing. With respect to drug-related offenses, section 45-9-202, MCA, states that judges may impose an "alternative" sentence, including commitment to a Department of Corrections' residential drug treatment program. Similar provisions govern penalties for driving under the influence (DUI) of drugs or alcohol. Although these provisions, contained in Title 61, chapter 8, part 7, MCA, state minimum and maximum periods of incarceration, the Department of Corrections is authorized to place an offender in a residential alcohol treatment program approved by the Department or operated in the state prison.

Attachment C provides an article on state sentencing reforms. Although the article is several years old (2002), it analyzes alternative sentencing as a reasonable response to what the article states was an "unprecedented thirty-year rise in the prison population" caused in part by a

[9] Billings Gazette, "Emergency responders to get training in helping mentally ill", by Becky Shay, March 22, 2007.

"tough on crime" movement, which supported stepped-up law enforcement efforts, the imposition of mandatory minimum sentences, and the scaling back of parole release.

Treatment courts

Under inherent judicial authority, any District Court or court of limited jurisdiction may establish a special court, including a drug treatment court or mental health court. To spell out this inherent authority, Montana enacted in 2005 the "Drug Offender Accountability and Treatment Act". The Act, codified as Title 46, chapter 1, part 11, MCA, defines a drug offender as "a person charged with a drug-related offense or an offense in which substance abuse is determined to have been a significant factor in the commission of an offense".[10] With the consent of the prosecutor, the defense attorney, and the court, a drug offender may voluntarily participate in a drug treatment program, which is supervised by the judge and a drug treatment court team, as an alternative to incarceration. The court may impose various sanctions if the court finds that the offender is not making satisfactory progress.

A similar law, effective July 1, 2007, spells out the court's authority to establish a mental health court as a means to provide "incentives and sanctions intended to assist a participant, whose conduct has resulted in a criminal violation, in receiving the needed treatment and life skills to prevent further criminal behavior associated with the mental disorder".[11]

Several Montana and tribal courts have secured federal funding grants from the Bureau of Justice Assistance for drug courts, including juvenile drug courts. The funds are used to pay for the cost of court-ordered evaluations, monitoring, drug tests, and treatment. Montana's only mental health court (so far) began operating in Missoula County in 2006.

For the 2009 biennium, the Montana Legislature appropriated $747,500 in general funds for drug treatment courts. House Bill No. 2 from the 2007 special session states that the funds may be used only "to provide grants to drug treatment courts and for up to one full-time administrator, ongoing review of the operations of drug treatment courts, and the development

[10] Section 46-1-1103(4), MCA.

[11] Sec. 3, Ch. 514, L. 2007 (SB 382).

of policies necessary to administer the provision of grants to drug treatment courts".

With respect to federal funding, ***Attachment D*** provides overview of federal grant funding activity for treatment court planning and implementation in Montana.

To provide more background on the purpose and operation of treatment courts in general, ***Attachment E*** offers a general overview of drug courts and ***Attachment F*** is an article providing a national snapshot of mental health courts based on a 2005 survey.

The SJR 24 study

Corrections Advisory Council

Senate Joint Resolution No. 24, a bill by request of the Senate Judiciary Committee, was carried by Sen. Laslovich (D-Anaconda), the committee's presiding officer. Testimony during hearings on the bill indicated that the impetus for the study resolution was a recommendation from the Corrections Advisory Council, particularly advisory council members Sen. Steve Gallus (D-Butte) and Gail Gutsche who were interested in examining California's Proposition 36. That proposition, entitled the Substance Abuse and Crime Prevention Act, passed in California in 2000. The Corrections Advisory Council voted unanimously on November 30, 2006, to recommend that a law similar to Proposition 36 be studied and implemented in Montana.

California's Proposition 36

According to the Drug Policy Alliance, an organization that supported Proposition 36 in California and that is supporting similar initiatives in other states, the primary purpose of Proposition 36 was to enact a state law favoring treatment rather than incarceration for nonviolent drug offenders. Arguments made in favor of this act were that diverting offenders from incarceration to community-based treatment relieves overcrowding in jails and prisons, is less costly, and reduces recidivism. Proposition 36 provided that first- and second-time nonviolent simple drug possession offenders may be sentenced to chemical dependency treatment programs rather than to jail or prison. The proposition did not address mental health.

Study rationale

Evidently, to provide that the SJR 24 study would be broader than just a consideration of California's Proposition 36, SJR 24 does not mention the proposition. Rather, language in SJR 24 cites the following as the rationale for the study:

- growth in Montana's incarceration rate, growth in Montana's adult corrections population, and growth in the Department of Corrections' budget;
- the high percentage of offenders who have been diagnosed with chemical dependency, substance abuse, or mental illness;
- that treatment is proving to be an effective tool in rehabilitation of offenders; and
- successes in other states.

Study tasks

The resolution outlines the following study tasks:

- study secure care diversion for certain nonviolent offenders;
- examine the impacts of diversion and treatment; and
- estimate the overall effects of nonsecure care treatment alternatives on the state budget.

Study objectives

The resolution identifies the following study objectives:

- provide recommendations to the corrections systems and the judiciary to alleviate prison

population growth;

- propose revisions to laws (i.e., legislation) "related to secure care placement guidelines and treatment alternatives for certain nonviolent offenders";

- collaborate with the Corrections Advisory Council; and

- report to the 61st Montana Legislature, each tribal government, and the Governor.

Study questions

The following represents staff's analysis of the study questions that need to be answered in completing the study tasks outlined in SJR 24. These questions are offered as a basic starting point for discussion by the Law and Justice Interim Committee as well as by stakeholders and for further development as the study moves forward.

I. Study secure care diversion of certain nonviolent offenders

A. Defining the scope

(1) What qualifies as "secure care diversion"?

(a) Should the study examine diversion from jail?

(b) Should the study examine prebooking, postbooking, and/or postprison programs?

(2) What nonviolent offenses should be considered as "eligible" for "secure care diversion?

B. Substance abuse offenders

(1) How many offenders convicted of simple drug possession are in a state prison? In adult community corrections?

(a) How do these offenders break out by number of times that they have offended (e.g., first-time offenders, second-time offenders, etc.)?

(b) How many of these offenders were incarcerated as a result of

probation violations?

(c) How many of these offenders were incarcerated as a result of parole violations?

(2) What other offenses have a substance abuse/chemical dependency component that should be considered for "secure care diversion"?

C. Offenders with mental illness

(1) What nonviolent offenses are most commonly a factor of serious mental illness?

(a) How many of these nonviolent offenders are incarcerated and in which facilities?

(b) How many of these nonviolent offenders are handled in community corrections and in which programs?

(2) Which nonviolent offenders with mental illness should be considered for "secure care diversion"?

II. Examine the impacts of diversion and treatment

A. Having identified the nonviolent offenders who should be considered for "secure care diversion", what types of "secure care diversion" should be provided?

B. If these programs were provided, what would be the impact:

(1) on adult corrections

(2) on communities

III. Estimate the overall effects of nonsecure care treatment alternatives on the state budget

A. What is the state budget for adult corrections, and what are the short-term and long-term "cost drivers"?

B. If nonsecure care treatment alternatives are provided for the identified nonviolent

offenders, how would the state budget be affected in the short-term? long-term?

Study phases and next steps

Whatever the answer to the above questions, the study plan for SJR 24 will involve three basic study phases:

Phase I - Identify Problems

This study phase involves gathering and discussing information in a broad context (though hopefully focused to some extent based on the answers to the questions posed above). Site visits, testimony from program personnel and stakeholders, and staff research and data collection focus on gathering information necessary to define the key issues. By the end of this phase, Committee members should have defined the problems on which the Committee should spend its time.

Phase II - Options

After the Committee has identified the key issues, Committee activities focus on identifying policy options. During this phase, Committee activities can be focused on inviting speakers to provide testimony on specific programs and to discuss alternative approaches. Typically, testimony from stakeholders, staff analysis, and reports from working groups analyze the strengths and weaknesses (or pros and cons) of various policy options.

Phase III - Recommendations

During this phase of a study, the Committee selects which options are most feasible and begins to develop recommendations. Committee meeting agendas typically focus on discussions and work sessions to finalize recommendations and Committee bill drafts.

Typically, at least two meetings are required to accomplish each phase of a study, which means a total of six committee meetings. The more that the Committee is able to focus the study and define problems at the outset, the more time that can be devoted to analyzing options and developing recommendations.

In discussing SJR 24, the Committee should keep in mind that the Committee will also be undertaking three other studies:

- HJR 26 on mental health and corrections;
- HJR 50 on precommitment psychiatric evaluations; and
- SJR 6 on juvenile justice.

Each of these studies is addressed in a separate primer.

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DEPARTMENT OF CORRECTIONS - ADULT POPULATION
ACTUAL - FY2000 TO FY2006; PROJECTED - FY2007 THRU FY2011
Cutout of Population Projection Worksheet for use with 5.4% Growth Projection

	FY2005	FY2006 [12]	ADP EOM MAR FY2007	Est. FY2007	Est. FY2008	Est. FY2009	Est. FY2010	Est. FY2011
MALE PRISON BEDS								
Montana State Prison - Deer Lodge [2,3,4,13]	1,430	1,458	1,467	1,467	1,467	1,467	1,467	1,467
County Jails [5]	125	177	149	130	130	130	130	130
Great Falls Regional Prison	151	151	148	152	152	152	152	152
Dawson County Regional Prison - Glendive	141	142	142	141	141	141	141	141
Crossroads Correctional Center - Shelby [6]	458	501	508	500	550	550	550	550
Missoula Regional Prison								
Out of State Inmates								
TOTAL MALE PRISON CAPACITY				2,390	2,440	2,440	2,440	2,440
Actual/ projected population	2,305	2,429	2,414	2,575	2,730	2,894	3,068	3,252
% Growth [11]	8%	5%	-0.6%	6%	6%	6%	6%	6%
Growth Beyond Capacity				185	290	454	628	812
FEMALE PRISON BEDS								
Montana Women's Prison - Billings [4]	186	218	203	194	194	194	194	194
County Jails [5]	44	45	36	48	48	48	48	48
Out of State Inmates								
Private Prisons	0	0		0	0	0	0	0
TOTAL FEMALE PRISON CAPACITY				242	242	242	242	242
Actual/ projected population	230	263	239	308	360	421	493	577
% Growth [11]	32%	14%	-9.1%	17%	17%	17%	17%	17%
Growth Beyond Capacity				66	118	179	251	335
ALTERNATIVES TO SECURE PLACEMENT / MANAGED BY COMMUNITY CORRECTIONS								
Missoula Assessment and Sanctions Center (male)	133	135	138	141	141	141	141	141
BASC & PASC (female) [15 17]	17	20	19	35	50	50	50	50
TSCTC Boot Camp (male) - Deer Lodge	54	52	53	60	60	60	60	60
TSCTC Boot Camp (female) - Deer Lodge								
Intensive Challenge Program (female) - MWP - Billings	6	15	17	14	20	20	20	20
START (revocations) - Warm Springs		35	65	64	64	64	64	64
P&P Sanctions (County Jail & START) [13]		17	23	27	27	27	27	27
Connections Corrections (male) - Butte / Warm Springs 10	41	67	73	75	90	90	90	90
CCP/PADT (female) - Butte/Billings 10 17	14	20	25	35	40	40	40	40
Meth Treatment (male)- Lewistown				15	80	80	80	80
Meth Treatment (female) - Boulder				7	40	40	40	40
WATCh Program (DUI) -male - Warm Springs / Glendive	119	123	125	106	106	106	106	106
WATCh Program (DUI) - female - Glendive	20	22	20	40	40	40	40	40
TOTAL ALTERNATIVES TO SECURE PLACEMENT CAPACITY				619	758	758	758	758
Actual/ projected population	404	506	558	582	669	769	884	1,017
% Growth [11]	6%	25%	10.3%	15%	15%	15%	15%	15%
Growth Beyond Capacity				-37	-89	11	126	259
COMMUNITY CORRECTIONS - PRERELEASE / TRANSITIONAL LIVING								
Prerelease (male) 10,14	472	515	595	609	652	652	652	652
Prerelease Transitional Living Male 10	38	46	48	40	40	40	40	40
Prerelease (female) 10,14	117	120	140	154	178	178	178	178
Prerelease Transitional Living Female 10	12	12	11	20	20	20	20	20
TOTAL CAPACITY				823	890	890	890	890
Actual/ projected population	639	693	794	811	949	1,110	1,299	1,520
% Growth [11]	7%	8%	14.6%	17%	17%	17%	17%	17%
Growth Beyond Capacity				-12	59	220	409	630
COMMUNITY CORRECTIONS - INTENSIVE SUPERVISION PROGRAM								
Intensive Supervision Program [7]	288	305	329	342	383	429	480	538
Number of ISP Officers [7,8]	15	15	15	15	15	15	15	15
% Growth	13%	6%	7.9%	12%	12%	12%	12%	12%
Growth Beyond Capacity				-38	-9	54	105	163
COMMUNITY CORRECTIONS - PROBATION & PAROLE								
Probation & Parole	7,073	7,531	8,001	7,928	8,407	8,915	9,454	10,025
Enhanced Supervision Program Male [13]		4	60	40	40	40	40	40
Enhanced Supervision Program Female [13]		1	11	20	20	20	20	20
Number of P&P Officers [9]	89	105	105	105	105	105	105	105
Actual / Projected Population	7,073	7,536	8,072	7,988	8,467	8,975	9,514	10,085
% Growth	4%	6%	7.1%	6%	6%	6%	6%	6%
Growth Beyond Capacity				488	967	1,475	2,014	2,585
Total Actual/ Projected Adult ADP	10,939	11,732	12,406	12,606	13,558	14,598	15,738	16,989
% Growth	6%	7%	5.7%	7.4%	7.6%	7.7%	7.8%	7.9%
Increase From Previous Year	585	793	674	874	952	1,040	1,140	1,251
TOTAL Correctional System Growth Beyond Capacity				597	1,293	2,333	3,473	4,724

Attachment A

Grading the States 2006
A Report on America's Health Care System for Serious Mental Illness

The Nation's Voice on Mental Illness
page printed from **http://www.nami.org/**
1-800-950-NAMI; info@nami.org

Grading the States 2006: Montana - Narrative

Montana is a profoundly beautiful state with a strong culture of self-reliance. It also is a vast and relatively poor state, a combination that leads to chronic shortages of healthcare providers, low pay, and a constant challenge to provide quality services. The state also has a significant Native American population, posing its own set of unique challenges to the mental healthcare system.

Montana is the only state in the country that has as many Assertive Community Treatment (ACT) teams as employees of the state mental health agency (5). It also can be credited for taking steps to address structural problems within the oftentimes complicated mental health system. It has a competent data collection system. Services have recently been aligned with Medicaid spending through three regional nonprofit agencies, taking into account local decision making. On the latter initiative, the jury is still out on how well it will work.

What is appalling is the lack of adequate psychiatric hospital beds in Helena, especially when one considers the lack of day treatment programs. Consumers report long hauls in shackles in the back of police cars taking them to the distant state hospital. The practice is not only an assault on individual dignity, but a burden on sheriffs, who are themselves victims of the system's inadequacies. Statewide, there is a need for more inpatient beds - the supply of which is shrinking.

Criminalization of mental illness is tied to capacity issues. If there are not beds in hospitals, it is easier to put people where there are beds - in jails and prisons. Jail diversion programs are needed in Montana. The absence of housing options, providers, and Crisis Intervention Teams (CITs) help fill homeless shelters as well.

ACT teams in Missoula, Bozeman, Billings, Great Falls, and Helena reflect a sensible deployment and a significant achievement. From the perspective of an overall system of care, however, without beds, the ACT teams are like an airplane trying to fly on only a wing and a prayer. Big Sky horizons need to be broader.

Alcohol abuse and co-occurring disorders have been a major problem for Montana, causing the state to consult national experts and develop a plan to address the problem. At a larger level, the Montana legislature has made efforts toward reducing its many highway deaths by outlawing open alcohol containers in vehicles. With alcohol and depression oftentimes underlying suicide, Montana has realized that it has to try to curb the high numbers of suicides in the state. NAMI applauds this first attempt to do just that.

Families and consumers help to get things done in the Big Sky State. It is difficult to see how progress is made at all, given the tiny infrastructure in the state. With such a small existing infrastructure, consumer and family involvement is essential to develop appropriate services. NAMI Montana's advocacy in helping support the development of ACT teams statewide, the first Crisis Intervention Training (CIT) for law enforcement officers in Helena, and consumer and provider education programs has been instrumental in creating services that really work for the people they are intended to help.

Montana's mental healthcare system has the feel of a rural "barn raising" philosophy - people working together with their limited raw materials. Yet if you are a Native American Indian consumer, you may not be connected. There has been little success in bringing this population sector to the table. While this

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is a challenge with a difficult history, Montana could be a leader here, given its relative success in being consumer- and family-driven.

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State Sentencing Reforms: Is the "Get Tough" Era Coming to a Close?

MARC MAUER

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Marc Mauer has published widely on sentencing and incareration policies. He is the author of *Race to Incarcerate* (The New Press), which was named a semi-finalist for the Robert F. Kennedy Book Award, and the co-editor of the recently-published *Invisible Punishment: The Collateral Consequences of Mass Imprisonmen* (The New Press).

The unprecedented thirty-year rise in the prison population in the United States has been a complex and far-reaching social development. The institutional buildup has engendered a debate regarding its impact on crime, and scholars are increasingly beginning to explore the expanding range of collateral consequences that affect not only incarcerated individuals, but also their families, communities, and the nation at large.[1]

In assessing the factors that have led to this vast expansion, what seems clear is that crime rates alone represent a relatively modest portion of the explanation. The most sophisticated research examining these changes in the 1980's and 90's generally ascribes most of the increase to changes in sentencing policy and practice.[2] Essentially, offenders convicted of a felony offense became much more likely to be sentenced to prison and for a longer period of time. These dynamics resulted from a confluence of deliberate policy choices—the broad adoption of mandatory sentencing statutes in the 1980's, the stepped-up pace of law enforcement arrests for drug offenses, the advent of "truth in sentencing," and the scaling back of parole release. These policy changes help to explain why the national prison population continued to increase in the 1990's even as crime rates declined in most of the nation. After a surge of drug offenders entered the system in the 1980's, the prison expansion of the 1990's was largely fueled by offenders on average spending more time in prison, even as admissions stabilized by the end of the decade.

Analyzing why these particular policies and approaches were selected among the array of possible choices is a complex task. A variety of factors contributed to creating a political and media climate in which "get tough" policies were embraced by a broad spectrum of the public and political leadership. Thus, despite a wealth of research documenting the limited effect of such policies on crime, they remained largely unchallenged.

I. Recent Developments

In the first years of the new century, there is now reason to believe that the "get tough" movement may have peaked and that a reversal in public policy may be in order. The evidence is tentative and sketchy to date, but significant when contrasted with the virtual juggernaut of punitive sentencing policies of the previous twenty years. Consider the following legislation recently enacted to increase the use of diversion from prison or to scale back mandatory sentencing laws and similar policies, in some cases occurring in states long considered to be leaders in the "tough on crime" movement:

- Louisiana enacted a measure that will reduce certain drug and non-violent sentences and eliminate mandatory minimums for non-violent crimes. It also requires that all three "strikes" under the state's three strikes law be violent offenses, whereas previously only one offense was required to be violent.

- Washington state adopted new sentencing guidelines for drug offenders, cutting the presumptive prison time for many offenders by a quarter, with the resulting savings to be directed to drug courts and treatment programs.

- The Hawaii legislature passed a measure mandating drug treatment in lieu of incarceration for offenders convicted of first-time drug possession, as long as they have not been convicted of a violent felony in the past five years.

- Connecticut will now permit judges to depart from mandatory minimum sentences for certain non-violent drug offenders.

- Mississippi scaled back its truth in sentencing law so that certain first-time, non-violent offenders will be eligible for parole after serving one-fourth of their sentence, rather than the previous mandate of 85%.

- North Dakota enacted legislation that repeals mandatory minimums for first-time drug offenders.

In combination with declines in crime and stabilization of prison admissions in many states, the number of state prisoners has been heading toward a more stable rate in recent years. From 1999 to 2000, twelve states experienced a reduction, albeit generally modest, in their prison population. When compared to state prison growth rates that reached as high as 12% in the 1980's, this is clearly a significant development. (To be fair, the growth rate of the 1980's emerged from a smaller base rate, yet the absolute prisoner increase in those years was still quite substantial.)

Attachment C

II. Possible Explanations

These developments raise the intriguing question of why they have emerged now, particularly in a world in which, not very long ago, it appeared as if the prevailing political consensus was dominated by a commitment to punitive sentencing policies. Several factors appear to have played a prominent role in this regard:

Declining Crime Rates. The decline in crime for most of the 1990's engendered several developments in turn. While, as previously noted, state prison populations continued to climb, they began to do so at a less accelerated rate. But, more significantly, by the late 1990's the crime drop contributed to a reduction in the sense of crisis surrounding the problem. Where issues of crime and drugs had registered as major concerns for Americans in opinion polls of the late 1980's and early 1990's, by the year 2000 these issues drew considerably less popular attention. We should note with caution that this is a relatively new development. As recently as 1994, national political debate was focused prominently on a $30 billion federal crime bill loaded with substantial financial incentives for new state prison construction.

Loss of Political Saliency. As a result of lowered public concern with crime, the issue has now lost some of its political saliency and usefulness to politicians. This was probably most prominently observed in the 2000 presidential debates, in which, aside from an obligatory defense of the death penalty's supposed deterrent effect by the two candidates, there was essentially no discussion at all of crime. In part, this reflected the narrowing of the gap between the two parties on crime policy. While Democrats had long been accustomed to being labeled as "soft on crime," in fact the party had long since abandoned any pretense to a non-punitive orientation. This was probably best epitomized by Bill Clinton's treatment of crime issues in his first presidential campaign in a manner that led him to boast, "I can be nicked on a lot, but no one can say I'm soft on crime."[3]

But the reduced role of crime in political campaigns also reflected the reality that political rhetoric generally works best when focused on an issue perceived to be of high concern for the public. Once the reality of the crime drop became widely understood, accompanied by a sharp decline in lurid news magazine covers highlighting the issue, crime resonated less with voters concerned about such issues as job stability, health care, and Social Security. This does not suggest that crime is now, or should be, absent from the political agenda. But, in contrast with the experience of just a few years ago, there are fewer high profile campaigns in which crime has been a critical determining issue.

Fiscal Realities. Particularly in the post-September 11 world, the fiscal constraints experienced by most states have served as a braking force on continued prison expansion. In 2001–02, at least 13 states considered closing existing prisons or curtailing expansion plans as a direct result of declining revenues.

In contrast to the federal system, corrections constitutes a substantial portion of state-level expenditures. When competing for resources with higher education and other vital services, this has become a fiscal and political tradeoff in many states. The state of Michigan, for example, spends nearly as much on its prison system ($1.6 billion) as on colleges and universities; one out of every six dollars from the general fund is now being spent on corrections.[4]

While these developments may merely appear to reflect common-sense budgeting, in fact they represent a substantial departure from past practice. State expenditures on prison operations have risen for thirty years, yet it is difficult to identify many instances in which fiscal realities entered into policy considerations in any significant way. In California, for example, the four-fold rise in the inmate population from 1980 to 1994 resulted in the corrections share of the state budget rising from 2.3% to 9.8%, but did not generate serious opposition in policymaking circles.

Thus, while fiscal realities now represent a constraint on further prison expansion, they operate in conjunction with other political and cultural forces that permit policymakers to engage in alternative measures to control state spending and address the needs of the criminal justice system. Were a perceived new "crime wave" to emerge, it is far from clear that the fiscal constraints would be sufficient to prevent a new round of "get tough" sentencing initiatives.

Experience with Alternative Sanctions and Drug Diversion. While sentencing options were once largely limited to incarceration and probation, a broad range of choices now exists in many courtrooms. Community service and restitution programs are commonplace, and the rapid expansion of drug courts in the 1990's has put into practice a model that demonstrates that court-supervised treatment is often preferable to a period of incarceration.[5] None of this suggests that the range of such options is sufficiently broad or adequately funded, but the collective experience is one that has permeated many court systems and communities, and communicates a message that viable sentencing options have a legitimate role in the courts. This in turn creates a broader opening for policymakers to consider an expanded range of sentencing options.

Public Receptivity to Alternatives. Policymakers at various levels of public office have often contended that they have enacted harsh sentencing policies in response to public concern. While Americans are undoubtedly concerned about crime, the findings of public opinion research over a good deal of time have in fact been far more nuanced than many political leaders have recognized. Along with support for "tough" sentencing

policies has also come an endorsement of rehabilitative programs in prison and a variety of crime prevention measures. Until recently, these sentiments have gone largely untapped in political discourse. We now can see evidence of broad public support for such approaches, particularly in regard to drug-related offenses. California's Proposition 36, for example, is a drug offender diversion initiative that was approved by more than 60% of the electorate in 2000. The political message that such developments communicate is that focused reforms can not only provide sentencing courts with a wider array of options, but can also gain mainstream support. Similarly, the growing practitioner interest in restorative justice, initially the province of religiously-affiliated reformers just twenty years ago, indicates an openness to new ways of thinking as well.[6]

III. Future Directions

While the above analysis might be interpreted to suggest that we have moved beyond "get tough" politics into an era of rational policymaking, such a conclusion would be far too speculative given the evidence at hand. What we can say is that there are now openings for consideration of state sentencing reform that were generally not present even a few years ago, and that there is potential for expansion of new initiatives and perspectives. The extent to which these prospects are realized will depend on developments both within the justice system and the larger political arena.

One critical determining factor will be the economic picture, although how this plays out in terms of sentencing reform is complex. Clearly, some of the recent sentencing initiatives have been enacted at least in part due to tightened economic circumstances and the recognition of the growing costs of imprisonment. Therefore, one might speculate that if the economy improves, the pressure to slow prison growth would be eased. Yet, this need not be a direct result. First, a growing economy is likely to contribute to lowered crime rates; this appears to have been one of the factors at play in the 1990's. And, second, to the extent that newly-enacted sentencing initiatives can demonstrate their utility, they hold the potential for a shift in policy and practice toward more results-oriented sentencing.

After declining crime rates for most of the 1990's, preliminary FBI data for 2001 show a modest increase in the national crime rate. While it is too early to assess whether this portends another rise in crime in the coming years, it may affect public and policymaker perceptions of the problem. Indeed, in gubernatorial races in California and Michigan this year, candidate commitments to "getting tough" have become increasingly prominent.

Finally, we should recognize that the contribution of sentencing reform initiatives to a slowing rate of growth in the prison system may be tempered by other realities. First is the fact that an increasing proportion of the growth in recent years has been the result of a substantial increase in the rate of parole violators being sent back to prison. Currently, a third of all admissions to prison consists of parole violators, either for a new offense or for a technical violation of parole. Slowing these trends will require greater attention to the reentry initiatives currently being discussed in many jurisdictions, as well as a sustained focus on substance abuse issues, a key contributor to violating behaviors.

The second, and somewhat more amorphous, factor relates to what we might classify as the inertial effect of the prison buildup. After three decades of continuously rising incarceration, it is difficult to conceive that, only thirty years ago, the inmate population was one-sixth of the nearly two million today. Along with this growth has come the virtual institutionalization of a massive penal system, with many employees and communities increasingly dependent on its economic benefits. These dynamics may change, of course, but they represent an influential backdrop to the further consideration of sentencing reform.

Notes

1 Jeremy Travis et al., From Prison to Home: The Dimensions and Consequences of Prisoner Reentry (2001).

2 Alfred Blumstein & Allen J. Beck, *Population Growth in U.S. Prisons, 1980–1996*, 26 Prisons: Crime and Justice—A Review of Research 17 (1999).

3 Michael Kramer, *Frying Them Isn't The Answer*, Time, March 14, 1994, at 32.

4 Gary Heinlein, *Gubernatorial Foes Split on Prison Costs*, The Detroit News, June 22, 2002, at A1.

5 Steven Belenko, Research On Drug Courts: A Critical Review (2002).

6 For information on the concept of restorative justice and its implementation nationally, see the United States Department of Justice Restorative Justice website (http://www.ojp.usdoj.gov/nij/rest-just/index.htm). The Center for Restorative Justice and Peacemaking at the University of Minnesota (http://ssw.che.umn.edu/rjp/) houses a large collection of related resources.

AMERICAN UNIVERSITY
WASHINGTON, DC

JUSTICE PROGRAMS OFFICE

SCHOOL OF PUBLIC AFFAIRS

Attachment D

BJA Drug Court Clearinghouse Project
Summary of Drug Court Activity by State and County
April 16, 2007

OJP/BJA FUNDING SOURCE: KEY	
*	**OJP Planning Grantee 1995-2006**
+	**OJP Implementation Grantee 1995-2006**
!	**OJP Enhancement Grantee 1995-2006**
&	**OJP Continuation Grant 1998/1999**
sh	**OJP Grant shared by more than one court**
(rej)	**Grant turned down/rejected**
p	**Pilot**
RE	**Re-entry court**
(res)	**Resurected, court was suspended and is now operational or planning**
[ ]	**operation suspended/consolidated with other local programs**
(EMK)	**Earmarked funding**

Also includes a notation for each county that has a mental health court, based on information provided in: *Survey of Mental Health Courts,* Criminal Justice/Mental Health Consensus Project, August 2004.

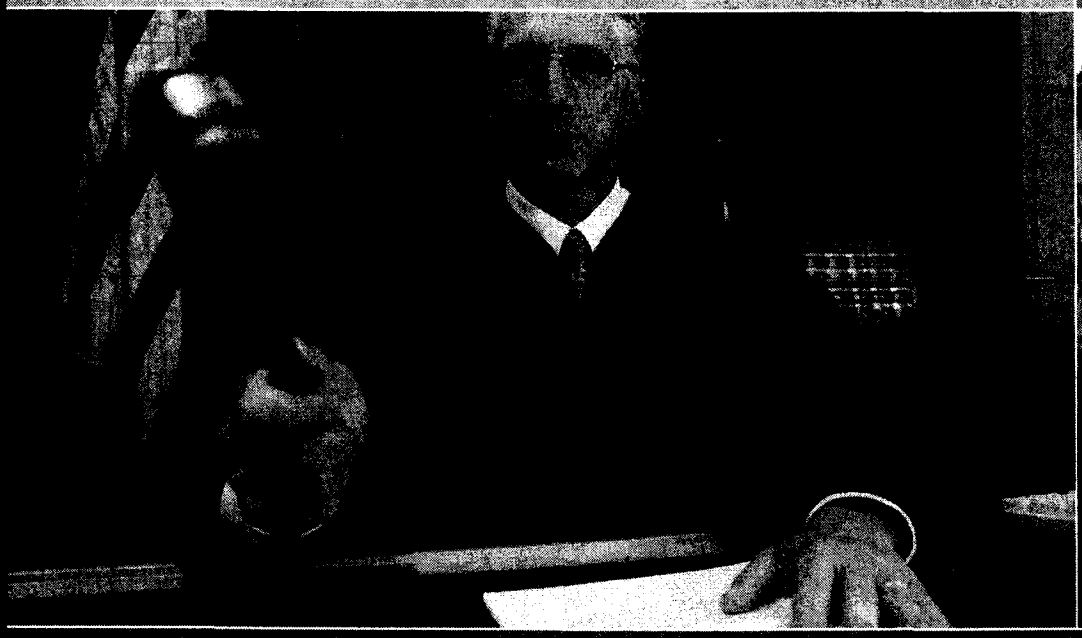
BJA DRUG COURT CLEARINGHOUSE PROJECT
4400 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016-8159 TEL: 202-885-2875 FAX: 202-885-2885
E-MAIL: JUSTICE@AMERICAN.EDU WEB SITE: WWW.AMERICAN.EDU/JUSTICE

STATE	OPERATING OVER 2 YEARS	RECENTLY IMPLEMENTED	BEING PLANNED	TOTAL ACTIVE		Additional Drug Court Programs Suspended/Consolidated		Age for Juvenile Court Jurisdiction	
				Operating	Being Planned	Were Operating	Were Planning	Over Initial Offense	Authority to impose sanctions and services (if different)
MONTANA Total counties: **56** Total counties with drug court activity (operating/ planning): **11**	**Custer Co.** -Miles City (fam)* **Fergus/Judith Basin/ Petroleum Co's** -Lewistown(fam) **Gallatin Co.** -Bozeman *, + **Mineral Co.** -Superior * **Missoula Co.** --MHC) -Missoula (juv) *, +, &, ! **Yellowstone Co.** -Billings (fam) *sh -Billings +, * **Tribal** **Chippewa Cree Tribe** -Box Elder (juv) * **Fort Belknap Tribe** -Harlem (ad/fam) +, *, + **Fort Peck /Assiniboine and Sioux Tr.** -Poplar (juv) +, &, ! **Northern Cheyenne** -Lame Deer (juv)*, *, + **[11]**	**Cascade Co.** -Great Falls* + -Great Falls (juv) * **Sidney Co.** -Sidney (juv) **Tribal** **Blackfeet Tribe** [-Browning (juv) *] [-Browning *, +] **Chippewa Cree Tribe** [-Box Elder *] **Crow Tribe** -Crow Agency (juv) *, +, ! **[4 + 3 Inactive]**	**Flathead Co.** -Kalispell* **Silver Bow Co.** -Butte (juv) * **Yellowstone Co.** [-Billings (juv) *sh] **Tribal** **Assiniboine and Sioux Tribes** -Poplar (fam) * **Chippewa Cree Tribe** -Box Elder (fam) **Confederated Salish and Kootenai Tribes** -Pablo (fam) * **Crow Tribe** [-Crow Agency *,*] **[5 + 2 Inactive]**	15	5	3	2	Until 18th birthday	Until 24th birthday

JUNE 06

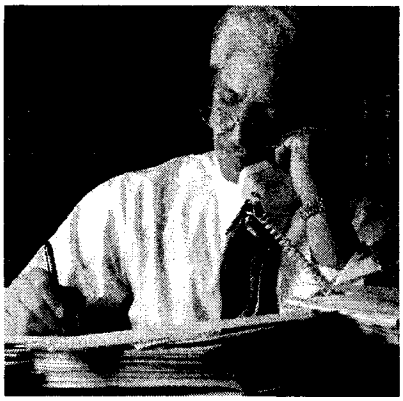
NIJ

Special REPORT



Drug Courts: The Second Decade

Overview of Drug Courts



Drug courts merge competing perspectives on the causes of substance abuse and addiction. The criminal justice model views drug addiction as one of many antisocial behaviors manifested by criminals, whereas the medical model views it as a chronic and relapsing disease. Traditionally, the courts use legal sanctions, including incarceration, both to punish drug-involved offenders and to deter them from further criminal activity. On the other hand, the treatment community emphasizes therapeutic relationships to help motivate addicts to reduce their dependence on drugs, change their behavior, and take control of their lives.

Drug courts offer an alternative to incarceration, which, by itself, has not been effective in breaking the cycle of drugs and crime. Treatment has been shown to work—if substance abusers stick with it; however, between 80 and 90 percent of conventional drug treatment clients drop out before 12 months, the period generally found to be the minimum effective duration.[1] By providing a structure that links supervision and treatment, drug courts exert legal pressure on defendants to enter and remain in treatment long enough to realize benefits. More than two-thirds of participants who begin treatment through a drug court complete it in a year or more—a sixfold increase in retention compared with programs outside the justice system.[2]

Drug courts emerged in the late 1980s in response to rapidly increasing felony drug caseloads that strained the Nation's courts and overflowed its jails and prisons. The first drug court was established in Miami, Florida, in 1989, with the goal of reducing substance abuse and criminal behavior while also freeing the court and corrections systems to handle other cases. Since then, the Office of Justice Programs (OJP) has awarded millions of dollars to fund drug courts. As of December 2005, more than 1,500 drug courts were operating and another 391 were being planned.[3]

According to the National Institute of Drug Abuse (NIDA), involuntary treatment can be effective.[4] Of the thousands of offenders who have participated in the courts since 1989, it is fair to say that most would not have entered treatment by choice. Drug courts have coerced an impressive number of substance-involved offenders—many of whom have co-occurring mental, emotional, and physical health problems—to receive treatment, counseling, and other services that they need if they are to lead productive and law-abiding lives. In some communities, drug use is now the major vector for the spread of HIV/AIDS, tuberculosis, and hepatitis C. The drug court movement thus has great potential for improving both public safety and public health. In fact, the *National Drug Control Strategy Update,* issued in March 2004 by the White House, hailed the creation of drug courts as "one of the most promising trends in the criminal justice system."[5]

Lessons Learned About Implementation

In analyzing the processes of 26 drug courts, researchers identified several obstacles to smooth program functioning that administrators frequently encounter and recommended ways to deal with them:

- Developing an effective management information system—the top priority for drug court administrators—and doing it at the earliest stages of planning.
- Accurately estimating the drug court's enrollment population through a clearly delineated referral process, sufficiently strict eligibility requirements (to ensure that only appropriate offenders are admitted), and built-in incentives (to make enrollment worth the difficulty of completing the program).
- Spending the time and resources necessary to gain genuine "buy-in" among collaborating line staff and developing clear and specific protocols for cooperation among key stakeholders.
- Adhering to a balanced system of sanctions and rewards that can be applied consistently and appropriately in response to participant behaviors.
- Establishing well-defined written protocols on program processes to ensure the quality and consistent delivery of services (and building awareness of how deviation from these protocols can impede success).
- Thoroughly researching any contemplated services and realistically assessing what can be accomplished within budget parameters.
- "Institutionalizing" the court from the very beginning so that changes in key personnel do not undermine program integrity.
- Carefully defining the conditions that must be met in each step of a treatment phase before a participant can move on to the next one. The transition should be based on compliance with the treatment regimen, which indicates progress toward goals.
- Maintaining responsibility for the screening and assessment of referrals within the court. Transferring assessment to the treatment provider may save money, but it reduces the amount of data the court can collect on its referral process and target population—information that is vital to understanding the risk level of participants and evaluating program effectiveness.
- Finding a reliable provider of timely urinalysis results—necessary to ensure that sanctions for substance abuse are imposed swiftly and certainly—or hiring staff and purchasing the needed equipment to perform the tests within the program.
- Preventing absconding by providing participants with incentives to remain in the program.

Based on a report funded by the National Institute of Justice in 2001 and prepared by Michael W. Finigan and Shannon M. Carey of NPC Research, Inc., in Portland, Oregon. The report, "Analysis of 26 Drug Courts: Lessons Learned, Final Report," (2002) is available online at www.ncjrs.org.pdffiles1/nij/grants/194046.pdf.

Types of drug courts

Communities have shaped their drug court programs to fit local circumstances such as the prevailing drug-use and drug-arrest patterns, the availability of treatment resources and ancillary services, and public opinion about being "tough on crime." Courts may be based on diversion, pretrial/presentence, postadjudication, or probation revocation strategies, in which the judge exercises authority to defer case disposition if a defendant agrees to participate in drug court. On successful completion of the program, case processing may end with dropped charges, vacated or reduced sentences, or rescinded probation. Increasingly courts have moved from targeting low-level and first-time offenders to focusing on those whose substance abuse and criminal activity may be more serious and pose a greater threat to society—and a greater challenge to drug courts. When taking on such high-risk

The Drug Court Model

In January 1997, the National Association of Drug Court Professionals and the U.S. Department of Justice's Office of Justice Programs published *Defining Drug Courts: The Key Components,* which describes the basic elements that define drug courts and offers performance benchmarks to guide implementation. The 10 key components are:

- Integration of substance abuse treatment with justice system case processing.
- Use of a nonadversarial approach, in which prosecution and defense promote public safety while protecting the right of the accused to due process.
- Early identification and prompt placement of eligible participants.
- Access to a continuum of treatment, rehabilitation, and related services.
- Frequent testing for alcohol and illicit drugs.
- A coordinated strategy among the judge, prosecution, defense, and treatment providers to govern offender compliance.
- Ongoing judicial interaction with each participant.
- Monitoring and evaluation to measure achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education to promote effective planning, implementation, and operation.
- Partnerships with public agencies and community-based organizations to generate local support and enhance drug court effectiveness.

offenders, drug court personnel need to understand that addiction is a health problem that is difficult to cure and requires long-term treatment. Relapses may be frequent, making it necessary to extend treatment well beyond the typical 12-month period.

Despite the differences in drug courts from jurisdiction to jurisdiction, most face common implementation problems (see "Lessons Learned About Implementation"). And almost all drug courts share the elements and adhere to the principles outlined in *Defining Drug Courts: The Key Components,* a report produced by a group of drug court practitioners convened by the National Association of Drug Court Professionals and funded by the former Drug Courts Program Office within OJP (see "The Drug Court Model"). Although widely known as "the drug court model," the components listed in the report are not theory based and have not been linked by evidence to program outcomes. Nevertheless, they provide sound guidance for developing a drug court and offer measurable performance benchmarks that are useful to researchers.

Evaluating drug court effectiveness and impact

Critics have faulted drug court evaluations overall for their lack of scientific rigor, but a number of randomized and controlled experimental studies published in peer-reviewed journals have found that drug court graduates have significantly lower rearrest rates—lasting more than 2 years beyond graduation—than those who do not participate in the program. In addition, researchers are beginning to isolate the effects of the various "key components" of drug courts in order to establish their efficacy.

The National Institute of Justice has funded a multisite evaluation of adult drug courts that builds on previous studies.

The evaluation is measuring the impact of drug courts in rural, suburban, and urban sites using a novel research design that factors in the characteristics of the community, the court, and the offender. The researchers are examining the influence of court programs on recidivism, use of treatment and ancillary services, use of drugs and alcohol, and other behavior changes such as employment.

Notes

1. Huddleston, C. West, Karen Freeman-Wilson, and Donna L. Boone, *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States,* Alexandria, VA: National Drug Court Institute, May 2004.

2. Ibid.

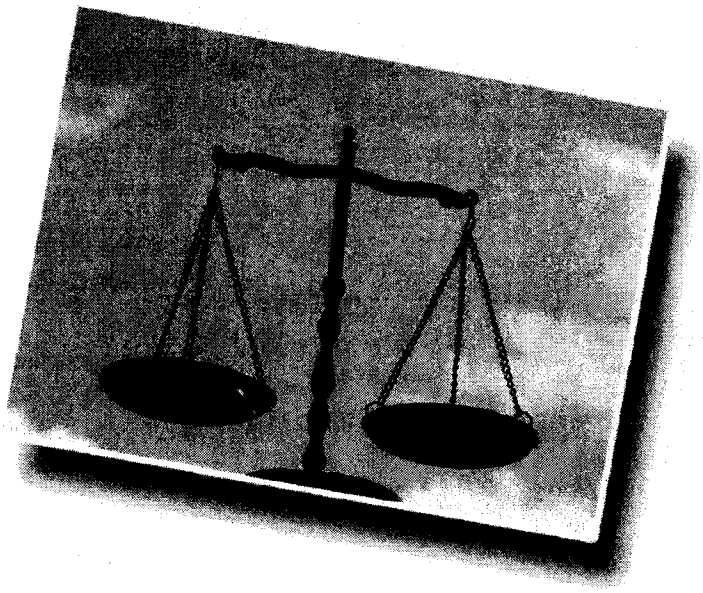
3. The American University Drug Court Clearinghouse and the Bureau of Justice Assistance's Technical Assistance Project reported 1,550 drug courts in operation in December 2005. Of these, 937 were adult courts, 385 were juvenile courts, 164 were family courts, and 58 were tribal courts. (Visit the clearinghouse at www.spa.american.edu/justice/drugcourts.php.)

4. Principle 10 from "The Thirteen Principles of Effective Drug Addiction Treatment" available online at www.nida.nih.gov/NIDA_Notes/NNVol14N5/tearoff.html.

5. The White House, *National Drug Control Strategy, Update,* March 2004, Washington, DC: The White House, available online at http://www.state.gov/documents/organization/30228.pdf.

Mental Health Courts

A National Snapshot



Mental health courts (MHCs) are a new and rapidly expanding phenomena: in 1997 only four MHCs existed in the country; by January 2004, 70 courts were known to be in operation; as of June 2005, there are approximately 125 operational courts in 36 states.[1]

Through an online survey, 90 adult MHCs from over 30 states—or nearly 80% of all known courts—have provided details about their history, community, program administration, clients, entry process, treatment plan, and data collection strategy. While this survey relies entirely on self-reported data and as such is neither conclusive nor exhaustive, it does provide revealing and instructive information about MHCs in aggregate. Unless otherwise noted, all charts included in this pamphlet are based on responses to the survey.

The online survey was conducted by the Council of State Governments (CSG), technical assistance provider for the Bureau of Justice Assistance (BJA) Mental Health Courts Program, as part of the registration process for the June 2005 Mental Health Courts and Beyond conference. The survey builds on the National Survey of Mental Health Courts (www.mentalhealthcourtsurvey.com), which is co-maintained by CSG, the National GAINS Center, and NAMI, in several ways: it was conducted between March and May 2005 and is thus particularly current; it reflects information inputted directly by representatives of each mental health court; and it captures data beyond what the previous survey had solicited.

This guide was prepared by the Council of State Governments under grant number 2003-DD-BX-K007, awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice.

What Is a Mental Health Court?

Modeled after drug courts and developed in response to the overrepresentation of people with mental illness in the criminal justice system, mental health courts divert select defendants with mental illness into judicially supervised, community-based treatment. All mental health courts are voluntary. Defendants are invited to participate in the mental health court following a specialized screening and assessment, and have the option of declining participation. A team of court staff and mental health professionals work together to develop treatment plans and supervise individuals who agree to the terms and conditions of community-based supervision. Participants typically appear at regular status hearings where incentives are offered to reward adherence to court conditions, sanctions are imposed for non-adherence to conditions, and treatment plans and other conditions are periodically reviewed for appropriateness. Completion (sometimes called "graduation") is defined according to specific criteria.

For additional information about the survey and courts' responses, visit:

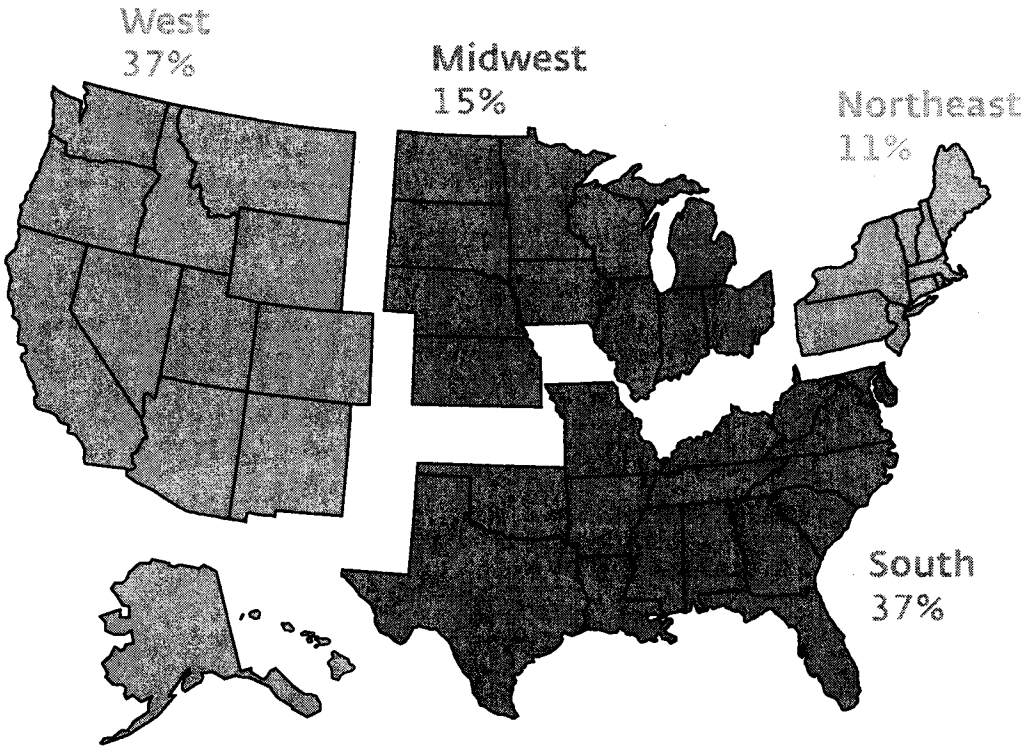
www.consensusproject.org/mhcourts/national-snapshot

To contact a representative of the mental health courts program, call 212-482-2320, or email editors@consensusproject.org

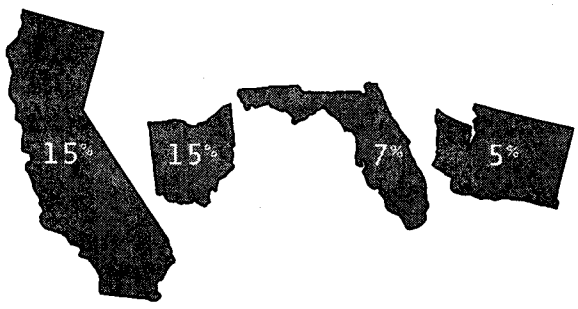
Attachment F

I. Distribution Across the U.S.

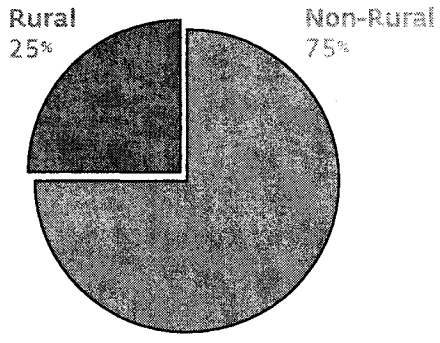
MHCs are located throughout the country but are disproportionately prevalent in the West and South.



Over 40% of all adult MHCs are located in California, Ohio, Florida, and Washington.

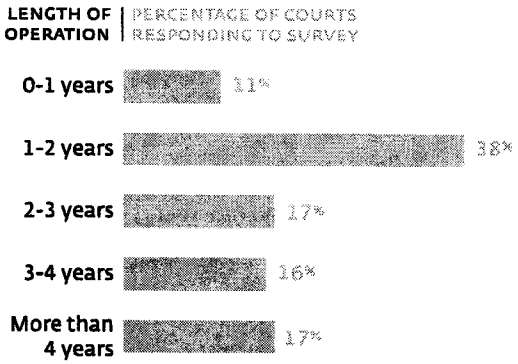


Nearly one-quarter of MHCs identified their jurisdiction as rural.



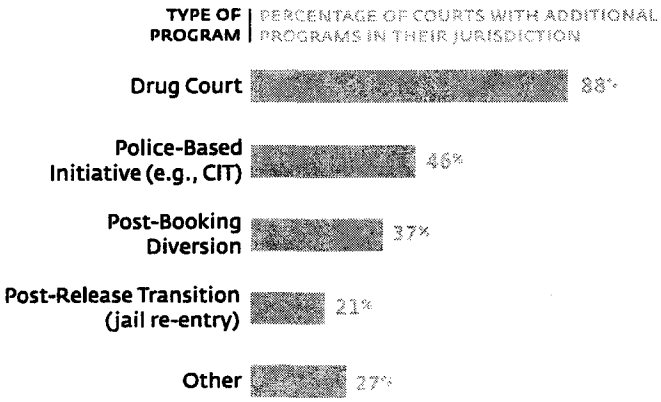
II. Presence in the Community

Half of the MHCs reported that they began receiving clients less than two years ago.[2]



Sixty-five percent of MHCs reported that they enroll 50 clients or less over a 12-month period.[3]

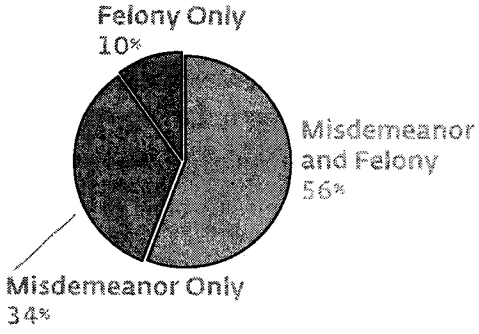
Nearly 90% of all MHCs reported that a drug court also exists in their court system, and one-half of MHCs reported the existence in their jurisdiction of a police-based program (e.g. crisis intervention team) developed to improve outcomes for people with mental illness in contact with the criminal justice system.



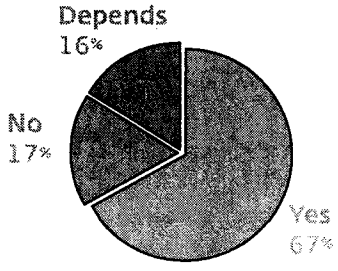
"Other" includes assertive community treatment (ACT) teams; support groups; and community corrections-based, jail-based, and other programs targeting people with mental illness involved in the justice system.

III. Mental Health Court Participants

Over half of the MHCs reported that they accept not only misdemeanors, but also felonies on a case-by-case basis.

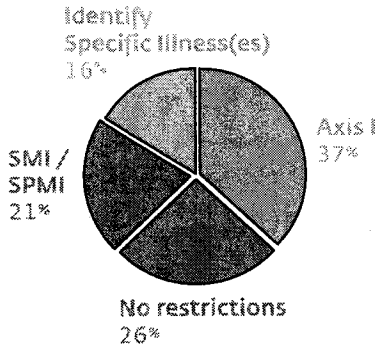


Forty percent of MHCs reported that they require a participant to enter a guilty plea.

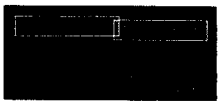


Sixty percent of MHCs reported that they accept only those referrals who have a "serious and persistent mental illness" or a mental illness that meets the criteria of an Axis I disorder.

Sixteen percent of MHCs reported that they accept clients with developmental disabilities.



Resources for People Planning, Operating, or Considering the Establishment of a Mental Health Court



Criminal Justice / Mental Health Consensus Project

www.consensusproject.org

The Consensus Project, coordinated by the Council of State Governments, serves as technical assistance provider for the Mental Health Courts Program, an initiative of the Bureau of Justice Assistance of the Office of Justice Programs.

- **A Guide to Mental Health Court Design and Implementation** — provides detailed guidance on issues such as determining whether to establish a mental health court, selecting the target population, ensuring confidentiality of mental health information, and sustaining the court. Examples from existing mental health courts illustrate key points. >> www.consensusproject.org/mhcourts/Guide-MHC-Design.pdf
- **Navigating the Mental Health Maze: A Guide of Court Practitioners** — offers a basic overview of mental illness, including symptoms, diagnosis, and treatment, and discusses the coordination of community-based treatment systems and court-based services. >> www.consensusproject.org/mhcourts/Navigating-MHC-Maze.pdf
- **A Guide to Collecting Mental Health Court Outcomes Data** — provides practical strategies to both well-established and newly operating courts for deciding which data to collect; obtaining, evaluating, and comparing the data; and overcoming common challenges. >> www.consensusproject.org/mhcourts/MHC-Outcome-Data.pdf
- **What is a Mental Health Court?** — introduces the mental health court concept, including the reasons why communities establish courts, how they differ from drug courts, recent research, and concerns that these courts have raised. >> coming soon
- **MHCP Web site** — maintained by the Consensus Project in its capacity as technical assistance provider for BJA's Mental Health Courts Program (MHCP), the MHCP Web site provides information about conferences, funding, and technical assistance opportunities; links to research publications and court resources; and facilitates interaction with peers across the country through bulletin boards and "Ask the Expert" sessions. >> www.consensusproject.org/mhcourts

The GAINS-TAPA Center for Jail Diversion

www.gainscenter.samhsa.gov/html/

The GAINS-TAPA Center for Jail Diversion, operated by Policy Research Associates, is funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration and serves as a technical assistance provider for the Targeted Capacity Expansion for Jail Diversion Grant Program.

- **An Overview of the Mental Health Service System for Criminal Justice Professionals** — a companion to the GAINS TAPA Center's 2004 publication: *Working with People with Mental Illness Involved in the Criminal Justice System: What Mental Health Service Providers Need to Know*, this new volume provides criminal justice professionals with basic information about the adult mental health service system, and highlights some of the common challenges encountered when working with people with mental illness in contact with the justice system. >> www.gainscenter.samhsa.gov/html/resources/publications.asp
- **Evaluating Jail Diversion Outcomes: Making the Case for Jail Diversion** — led by Judge Steven Leifman and TAPA Center Director Henry J. Steadman, this Net-Teleconference highlighted Judge Leifman's use of jail diversion outcomes data to advocate for his program and provided tips for evaluating jail diversion programs on a shoestring. A replay is available at www.gainscenter.samhsa.gov/html/resources/presentations.asp

ADDITIONAL USEFUL INFORMATION CAN BE FOUND AT:

MacArthur Research Network on Mandated Community Treatment

macarthur.virginia.edu/researchnetwork.html

The MacArthur Research Network on Mandated Community Treatment has been actively involved in conducting empirical research on mental health courts. Network's current research questions are whether, compared with usual criminal justice processing, mental health courts increase mentally ill defendants' access to and participation in mental health services, and whether participation in these services produces favorable outcomes for the defendant and for society. Because a lack of treatment participation is subject to varying levels of sanctioning by different courts, the Network is also examining the effects of the intensity with which mental health courts enforce the requirement of treatment.

COMING SOON

Consensus Project / GAINS TAPA Program Database The Consensus Project and GAINS Center have partnered to create a national database of programs serving adults with mental illness and co-occurring substance use disorders in contact with the criminal justice system. This on-line resource builds upon the database of program profiles established and maintained on the Consensus Project Web site (www.consensusproject.org/programs) and the extensive library developed by GAINS. Once integrated, the database will be fully searchable by program type, state/region, and other program features.

1 The approximate number of mental health courts in the country was determined by cross-referencing the MHCs listed in the National Survey of Mental Health Courts (**www.mentalhealthcourtsurvey.com**), maintained by the Council of State Governments, the National GAINS Center, and NAMI, with MHCs submitting the *Mental Health Courts and Beyond* conference survey. The National Survey listed 107 courts as of February 2005, and CSG learned of an additional 18 courts through the conference survey (conducted from February through May, 2005).

2 Allison Redlich, Ph.D., Policy Research Associates, Inc., survey conducted from October, 2004 to January, 2005.

3 Ibid.