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**MacArthur Foundation Network on
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—Jeffrey Fagan, Joseph Morrissey *and* Joseph Cocozza

NEW MODELS OF COLLABORATION BETWEEN CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEMS

Two million people are incarcerated in the United States today. Many of these prisoners are individuals diagnosed with mental illness—the result of the collision of "get tough on crime" policies with a shift from residential to outpatient mental health programs.

As individuals with mental illness were moved to community–based treatment in the late 1980s and 1990s, they were often shuttled into housing or treatment programs that were ill–equipped to meet their mental health needs. Lacking alternatives, they were often at higher risk of arrest for vagrancy, minor infractions, and drug offenses, and they became increasingly common on court dockets, jail and prison cell blocks, and probation and parole caseloads.

Prior to the 1980s, the justice and mental health systems functioned fairly independently of each other in most communities. Justice personnel operated under the primary premise of punishment, while mental health personnel operated under a clinical or therapeutic foundation. There were different training and job demands, separate funding and accountability structures, and different performance expectations and success criteria.

However, with the growing influx of people with a mental illness, justice agencies were compelled to change or develop policies, procedures, and relationships with mental health providers. While the primary goals of each system have remained, new strategies and partnerships have emerged that address the special needs of persons with a mental illness at various stages of the justice system.

Yet as Jeffrey Fagan, Joseph Morrissey, and Joseph Cocozza argue in their paper "New Models of Collaboration between Criminal Justice and Mental Health Systems" for the Funda*mental* Policy – Spotlight on Mental Health Conference, we know little about the effectiveness of these partnerships.

Emerging Collaborative Models
Three collaborative models have received the most attention: mental health courts, mental health probation, and crisis intervention teams.

At the front end of the justice continuum, many communities have introduced police–based crisis intervention teams. Sworn officers receive training about mental illness management and learn to divert persons suspected of having a serious mental illness by bringing them to a special mental health assessment or drop center rather than taking them to jail.

Mental health courts blend legal coercion and intensive treatment at the point of adjudication and sentencing. The court typically adopts a therapeutic approach whereby both mental health workers and probation officers participate in the proceedings, offenders are placed on probation on condition of participation in treatment, and the court monitors subsequent progress.

Mental health probation is another blended approach combining community supervision with mental health treatment. It can also be a component of community treatment teams that provide intensive case management and treatment from a team of mental health experts.

Although these strategies are becoming more widespread, like many public partnerships and programs, there is little research about which models work to improve outcomes for clients and the communities themselves.

Gaining a Better Understanding
of What Works through Research
A central question for research, the authors propose, is whether blended collaboration models achieve better and more consistent outcomes than the usual way the justice system processes people with a mental illness. The field, they argue, must also consider whether collaboration will result in less justice system involvement in the future and greater public safety and mental health functioning. To answer this question will require well designed, multi–site, longitudinal studies as well as mixed–method approaches that capitalize on administrative data and surveys.

In addition, to answer this central question, the field must know:

• The primary factors or variables that hinder or encourage collaboration between the justice and mental health systems;

• Whether programs based on collaboration strategies result in more positive outcomes for individuals with a mental illness, for the justice system, or the mental health system; and

• Whether effective collaboration models are sustainable in communities across the country.

Several ongoing efforts offer opportunities for research to address questions of obstacles and barriers to collaboration, including SAMHSA–funded jail diversion programs, and the movement to expand Crisis Intervention Teams nationwide, among others. Research could retrofit a research design onto these projects to identify incentives or regulations that encourage collaboration.

Similarly, research designs could be retrofitted to ongoing collaboration studies, such as the four–site MacArthur Mental Health Court Study. Research could identify individual and public safety benefits. Real progress, however, will require larger, more expensive research designs with random assignment and common analyses across studies.

Whether programs are scalable and sustainable will require a longer–term perspective. A first step is to determine whether the existing models are truly effective before going to scale nationally.

Although such an approach to determining what works and how to sustain it may be time intensive, and potentially costly, in the long run, it is prudent, humane, and sensible to make a strong commitment to policy research. This must include rigorous policy experiments based on valid methodology and grounded in past research.

Jeffrey Fagan, PhD,
Schools of Law and Public Health,
Columbia University

Joseph Cocozza, PhD,
Policy Research Associates, Inc

Joseph Morrissey, PhD,
Cecil G. Sheps Center for
Health Services Research,
University of North Carolina at Chapel Hill