

## **NAMI Maryland Criminal Justice Position Paper**

**Issue:** The purpose of this paper is to recommend ways of alleviating the suffering of those with serious mental illness who are involved in the criminal justice system. Incarcerated individuals with mental illness should receive treatment not punishment for their symptoms. We support the de-criminalization of mental illness and oppose the inappropriate incarceration of this vulnerable population.

**Background:** “At midyear 2005 more than half of all prison and jail inmates had a mental health problem, including 705,800 in State prisons, 78,800 in Federal prisons, and 479,900 in local jails. These estimates represented 56% of State prisoners, 45% of Federal prisoners and 64% of jail inmates.” (“Mental Health Problems of Prison and Jail Inmates, 9/06” on the Bureau of Justice Statistics web site, [www.ojp.usdoj.gov/bjs/pubalp2.htm](http://www.ojp.usdoj.gov/bjs/pubalp2.htm) )

### **NAMI MD makes the following recommendations:**

- **The Departments of Criminal Justice, Juvenile Justice and Health and Mental Hygiene will work together** to provide individuals with severe mental illness who are incarcerated the treatment and supports they need to return safely to the community without returning to the Criminal Justice system.
- **Training** should be mandatory for judges, public defenders, lawyers, court personnel, probation and parole officers in understanding mental illness, its treatment and how to most effectively respond to mentally ill individuals in their care.
- **Mental Health Courts** with special expertise in mental health issues will be developed so that an individual may voluntarily be diverted from the criminal justice system which will reduce recidivism.
- **Diversion from jail** will necessitate the development and implementation of effective and evidence based community supports such as therapeutic interventions, supported gainful employment, job training, housing, day programming and psychoeducation for individuals and their families.
- **Medicaid benefits** should be suspended (not terminated) during incarceration so that they are readily available when the incarcerated individual is discharged in order to allow immediate access to treatment.
- **Treatment** during incarceration should be evidence based and culturally competent. Concrete goals should be part of the individualized treatment plan.
  - Treatment compliance should be reported to the court on a regular basis.
  - Treatment should focus on self-management, coping strategies, job skills, independent living skills and guidance about how to live safely in the community
- **Discharge planning** should begin at least 3 months prior to discharge. Prison staff and community service staff should coordinate efforts to arrange for treatment and community supports to insure a smooth transition from prison to community.
  - Identification papers should be made available upon discharge so that an individual can resume their lives as quickly as possible
  - Follow-up through probation/parole will help individuals to maintain their treatment plan and avoid further incarceration.
- **Medication** provided at discharge should be enough to last until the scheduled meeting with a treatment provider.