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**COUNCIL FOR COURT EXCELLENCE**

1717 K STREET, NW • SUITE 510 • WASHINGTON, DC 20036  
202.785.5917 • FAX: 202.785.5922 • WWW.COURTEXCELLENCE.ORG

Statement of  
**STEVEN D. GORDON, ESQ., Chairperson, Criminal Justice Committee**  
of the **COUNCIL FOR COURT EXCELLENCE**  
before the  
**DC Council Committee on Health and Committee on the Judiciary**  
June 29, 2005

Good afternoon, Chairmen Mendelson and Catania and members of the Committees. My name is Steven Gordon and I am the Chair of the Criminal Justice Committee of the Council for Court Excellence. With me is June Kress, the Council's Executive Director. We are here today on behalf of the Council for Court Excellence, which is a local nonpartisan civic organization founded in 1982 to improve the administration of justice in the courts and related justice agencies in the District of Columbia. For 23 years, CCE has been a unique resource that brings together members of the civic, legal, business, and judicial communities to work in common purpose to identify and promote court reforms, improve public access to justice, and increase public understanding and support of our justice system. We have worked closely with the DC Council and the Committee on the Judiciary on many issues, including the 1994 Probate Reform Act, the Office of Administrative Hearings Establishment Act of 2001 and subsequent amendments, as well as on a number of sentencing related matters.

Our decision to testify today about the issue of mental health in the DC Jail and Correctional Treatment Facility is prompted by our concern regarding the substantial numbers of people with mental illness in the justice system and what appears to be an inadequate response. The Council for Court Excellence Criminal Justice Committee identified this topic as a focal point at its October 2004 annual program planning meeting. That meeting brought together Council board members and a wide variety of justice system stakeholders representing law enforcement, the judiciary, and corrections. Participants noted that, increasingly, the DC Courts are encountering criminal defendants with identified and suspected



mental health issues. As part of this trend, diagnosis has outpaced the ability of the government and service providers to offer treatment.

To learn more about this subject, CCE sponsored a formal briefing on June 9<sup>th</sup> at the Cafritz Foundation for our Board of Directors to hear from representatives of the mental health and justice communities, including the DC Superior Court, the US Attorney's Office, and the Public Defender Service, about the extent of the problem and what the Council for Court Excellence might do to further examine the issues and make recommendations for reform. Although we have not yet determined the specific parameters of our work on this topic, we come before you today to share some of the compelling information we have received from expert practitioners, to voice the concern of our board about the conditions facing mentally ill offenders, and to urge the DC Council to make the issue a priority.

At the June 9<sup>th</sup> briefing, several concerns were expressed. First, a number of speakers pointed to a lack of coordination between the DC Department of Mental Health and the DC Department of Corrections. One speaker referred to it as a "lack of linkages," with one DMH staff person charged with linking approximately 500 mentally ill DC jail inmates with needed case management services. One wonders what happens to the other inmates who have not been acknowledged or been screened for mental health problems but who also need treatment. This is likely the population that recycles from the jail to the streets and back again on a regular basis. Contrast this situation with the prevailing practice in Broward County, Florida, as described to us by another speaker. If someone with a mental illness who has been treated within the criminal justice system is rearrested in Broward County for another quality of life crime such as urinating in public or a similar misdemeanor, the offender's case manager is brought in to account for why the client is coming back into the system.

A second concern called to our attention is the insufficient capacity of the DC Jail's Mental Health Unit, where offenders with the most severe cases of mental illness are housed while the rest are housed within the general population. Also insufficient are the plans for housing or follow up treatment that are done when offenders are released. Release planning, which should be undertaken at the beginning of an offender's stay rather than a few days before release, is woefully inadequate.

Additional concerns were raised about the subject of medication for mentally ill offenders. Offenders are being released without adequate supplies of medication, and this is compounded by a lack of planned follow-up treatment or other release planning that would promote success. Thus, some released mentally ill offenders become homeless, and non-compliance with medication regimens becomes an even greater problem,



resulting in some people self-medicating with street drugs. Because persons with mental illness have limited ability to comply with conditions of release, many end up being re-arrested and jailed for violations of these conditions of release. The result is an increase in the criminalization of the mentally ill.

At our June 9<sup>th</sup> briefing, the subject of a lack of training for justice system personnel was also raised. Police, attorneys, judges, and court personnel need to know what mental illness looks like and how to respond appropriately. We were told that in 2000 and 2001, 2,600 of the 3,500 members of the Metropolitan Police Department received such training and general orders were established. However, in four years there is turnover, and training should be on-going and should be expanded to include the other justice system participants.

Failure to provide appropriate and adequate mental health services in the community and in the DC Jail has serious implications for the city's justice system. Many non-violent mentally ill offenders are incarcerated at the DC Jail. We cannot, unfortunately, provide a more precise number than to say "many." We have heard that the inmate population that is mentally ill approaches 40 or 50%. No one seems to know for sure. Similarly, we have heard that 16% of the Jail's population is on psychotropic drugs but we have also heard the statistic of 33%. In the absence of reliable statistics, all we can say for sure is that the city needs to develop alternatives for this segment of the population. Scarce and costly jail beds should be reserved for persons who pose a threat to the community. The city must learn from successful models in other jurisdictions and develop a better local system to treat mentally ill criminal offenders. Creating real coordination and real collaboration among the District's Department of Mental Health, the Metropolitan Police Department, the U.S. Attorney and the DC Attorney General, the judiciary, and the DC Department of Corrections might not only save money but might also save lives.

The Council for Court Excellence is preparing to assist in appropriate ways as the city addresses this issue. We urge the DC Council under your leadership to do the same. The alternative, we suggest, is unacceptable. Thank you.