

August 20, 2004

The Honorable James Sensenbrenner, Jr.
Chairman, Committee on Judiciary

The Honorable John Conyers, Jr.
Ranking Member, Committee on Judiciary

House of Representatives
Washington, DC 20515-6216

Dear Chairman Sensenbrenner and Representative Conyers:

The undersigned organizations and members of the Juvenile Justice and Delinquency Prevention Coalition, an alliance of nearly one hundred national juvenile justice, child advocacy and youth development organizations, are writing to urge your support of HR 2387, The Mentally Ill Offender Treatment and Crime Reduction Act. We join Chairman Coble and Representative Scott who, at a hearing on this bill in the Subcommittee on Crime, Terrorism, and Homeland Security in June, declared their support for enactment of this critical legislation. In fact, the Senate companion legislation, S. 1194, co-sponsored by Senators Mike DeWine, Patrick Leahy, Orrin Hatch and others, enjoyed overwhelming bipartisan support and passed by unanimous consent last year.

According to the President's New Freedom Commission on Mental Health, an astounding 80 percent of children entering the juvenile justice system have mental disorders. Moreover, the overrepresentation of people with mental illness in the justice system is one of the most pressing problems facing law enforcement, courts, and juvenile corrections.

Passage of HR 2387 is an important step forward in increasing public safety, reducing inefficient state and local government spending, helping young people and their families, and most importantly saving lives.

Currently, young people with mental illness released from juvenile facilities and other out of home placements are often not effectively connected or referred to mental health services, and this is a factor in high recidivism rates. In Lucas County, Ohio for example, 72 percent of offenders with mental illness released from jail were re-arrested within 36 months.

Currently, young people with mental illness can endlessly cycle between juvenile facilities, hospitals, and sometimes even end up homeless, at an extraordinarily expense. In one year alone, taxpayers in King County, Washington spent over one million dollars on just 20 individuals with mental illness who went in

and out of jail, detoxification units, and psychiatric hospitals.

The Family Matters program is an example of how HR 2387 could help communities throughout the nation. Family Matters is a Tarrant County, Texas program that provides home-based crisis intervention and stabilization services to youth and families referred through the Tarrant County Juvenile Probation Department. Youth eligible for the program are currently adjudicated and identified by the Juvenile Probation Department as being at high risk for further delinquency or removal from home. Treatment services include: individual, group and family counseling; skills-based treatment; and procurement and coordination of services.

If we do not invest in these early intervention programs, young people will continue to languish in these correctional facilities, often for no reason other than their need for effective, community, and school-based mental health services. Suicide, the third leading cause of death among children ages 10-19, is a huge public health problem that is even more acute in the juvenile justice system. Youth suicides in juvenile detention and correctional facilities are more than four times greater than youth suicides in the general public.

H.R. 2387 seeks to address these problems by creating a system of planning and implementation grants for communities to provide treatment to juveniles and adults with mental illness in contact with the criminal justice system. In addition to treatment, all grant recipients would provide essential support services, such as housing, to offenders with mental illness. By improving coordination between the criminal justice and mental health systems, we can: reduce recidivism; minimize the use of expensive emergency services for juveniles with mental illness whose health we have let deteriorate; and screen, identify, and treat juveniles with mental illness admitted to corrections facilities.

We urge you to move forward with this critical legislation. If you have any questions, please do not hesitate to contact us.

American Academy of Child and Adolescent Psychiatry
American Counseling Association
American Psychiatric Association
Center for Youth as Resources
Child Welfare League of America
Children's Defense Fund
Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)
Council of Juvenile Correctional Administrators
Federation of Families for Children's Mental Health
Justice Policy Institute
Leadership Conference on Civil Rights

Learning Disabilities Association of America
National Association of Counties
National Association of School Psychologists
National Association of State Mental Health Program Directors
National Mental Health Association
National Network for Youth
Physicians for Human Rights
Presbyterian Church (USA), Washington Office
School Social Work Association of America
Volunteers of America
Youth Law Center.