

Mr. SCOTT of Virginia: Madam Speaker, I rise in support of H.R. 3992, the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007. Since the 1960s, State mental health hospitals have increasingly reduced their populations of mentally ill individuals in response to a nationwide call for deinstitutionalization.

The move toward deinstitutionalization was based on the fact that mentally ill individuals are constitutionally entitled to refuse treatment, or at least to have it provided in the least restrictive environment. Unfortunately, neither the local governments for the States nor the Federal Government have invested the necessary resources to meet the needs for community-based mental health treatment and services created and needed by deinstitutionalization.

A 2006 report by the United States Department of Justice Bureau of Justice Statistics entitled "Mental Health Problems of Prison and Jail Inmates" suggests that the criminal justice system has become, by default, the primary caregiver of the most seriously mentally ill individuals. The bureau reports that over one-half of the prison and jail population of this country is mentally ill. More specifically, 56 percent of State prisoners, 45 percent of Federal prisoners, and 64 percent of jail inmates have some degree of mental illness.

The National Alliance for the Mentally Ill reports that, on any given day, there are at least 284,000 seriously mentally ill people in hospitals and jails in this country, such as people suffering from schizophrenia, bipolar disorder, or serious depression. However, only 187,000 of them are in mental health facilities. This issue is of particular concern in Virginia, my home State.

In August of 2007, the Virginia General Assembly's Joint Legislative Audit and Review Commission released a 200-page report on the state of mental health services in Virginia. The report revealed a number of disturbing facts, among them that there are more people with mental illness behind bars in Virginia than there are in mental health facilities, with hospital care accounting for only a fraction of the needs of our State's estimated 400,000 mentally ill individuals in Virginia.

Since deinstitutionalization in Virginia, the daily number of mentally ill adults in State hospitals

has dropped from 11,532 to 1,452, a drop of 87 percent. Of the 6,350 mentally ill individuals in hospitals and jails on a given day, 60 percent were actually in jails because regional mental health facilities are not providing inpatient mental health services.

Since 1991, the number of psychiatric beds available has dropped by 800, or 31 percent, and the beds that are available are concentrated in one area of the State. In fact, there are no freestanding, profitable psychiatric hospitals west of Richmond.

These findings in Virginia are similar to those across the Nation that were discussed at a hearing that we held this spring in our subcommittee which revealed that our criminal justice system is serving as the primary caregiver for our mentally ill individuals.

One piece of good news in all of this focus on mental health in the criminal justice system is that mental health courts have proven to be a helpful tool for helping mentally ill individuals in several communities that have such programs. H.R. 3992 will assist further in this regard.

First, it will reauthorize the Mentally Ill Offender Treatment and Crime Reduction grant program, increasing the current authorization from \$50 million to \$75 million. It will also reauthorize the mental health courts program, and will expand the permissible use of funds to include pretrial services and funding for alternatives to incarceration.

Additionally, H.R. 3992 creates four new grant programs. One will provide grants to States and other law enforcement agencies to help officers learn how to access individuals with mental health illnesses and to work with the local agencies to provide the most effective placement for a person in custody.

Another program will provide grants to help correctional agencies learn how to identify and screen mentally ill prisoners so they can get help while incarcerated, or even be placed in alternatives to incarceration. These grants will also help correctional services plan for reentry into the community.

Another program provides grants to States to coordinate and improve the treatment of

mentally ill offenders, including facilitating information sharing between agencies. The grant will also encourage States to promote evidence-based practices to improve treatment and services.

Lastly, a new program will provide States and units of local government to improve the treatment of female offenders with mental illnesses and create family support services and intensive case management.

The total cost for the new programs will be \$35 million for fiscal years 2008 through 2013. That amount is much less than we are currently spending on incarcerating mentally ill offenders who often have to be placed not only in isolated cells, but also in isolated areas to avoid disturbance of other inmates.

Despite common misconceptions, the majority of mentally ill people who are arrested and incarcerated are low-level, nonviolent offenders. These programs will help jurisdictions to assist mentally ill persons and help keep them from unnecessarily going to jails and prisons.

I urge my colleagues to support the bill.