Behavioral Health Diversion Strategies

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About CSG Justice Center

Corrections

Justice Reinvestment
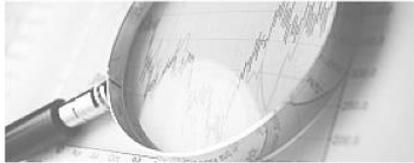
Mental Health

Reentry

Substance Abuse

Youth

Courts

Law Enforcement

National non-profit, non-partisan membership association of state government officials that engages members of **all three branches** of state government.

- Justice Center provides **practical, nonpartisan advice** informed by the best available evidence.

# Behavioral Health at the CSG Justice Center
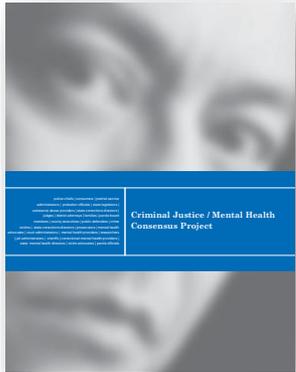
Criminal Justice/Mental Health
Learning Sites Program
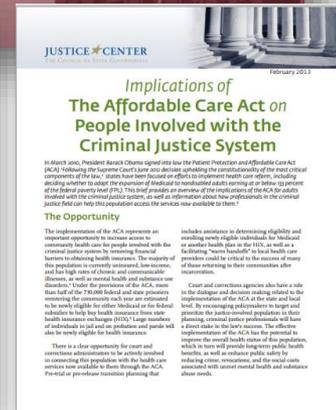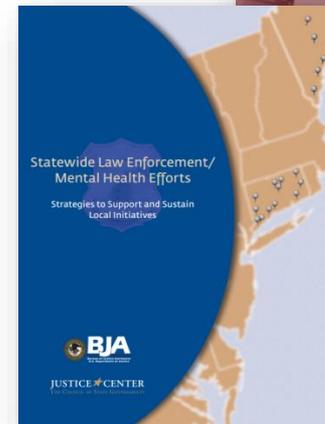
Addressing a National Crisis of Too Many People with Mental Illnesses in Jails

An Unprecedented Response

More than **400 counties** across **43 states**, representing **40% of the U.S. population**, have resolved to **reduce the number of people with mental illnesses in jails.**

Counties that have passed resolutions (389)
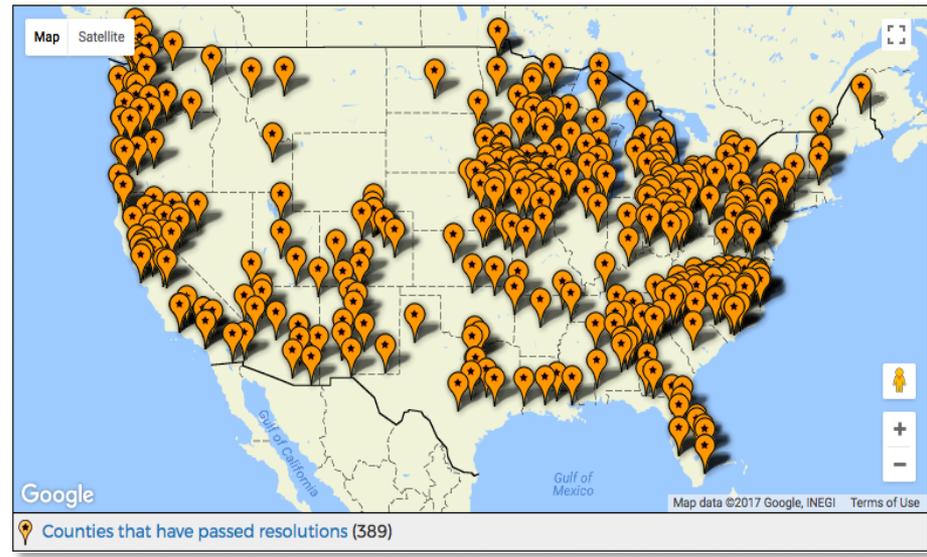
The Stepping Up Initiative's Data-Driven Approach to Systems Change

Six Questions County Leaders Need to Ask

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. Have you conducted a comprehensive process analysis and service inventory?
5. Have you prioritized policy, practice, and funding?
6. Do you track progress?

Strategies Should Focus on Four Key Measures

1 Reduce
The number of people with SMI booked into jail

2 Shorten
The average length of stay for people SMI in jails

3 Increase
The percentage of connection to care for people with SMI in jail

4 Lower
Rates of recidivism

![The Stepping Up Initiative logo]

Focus for 2018: "Mental Health Counts"

Goal: Increase the number of counties with accurate data on the prevalence of serious mental illnesses in jails. (Target ≥ 50 counties by May 2019)

The Challenge
The *Stepping Up* Initiative's *Mental Health Counts* calls on counties to conduct universal screening and assessment for serious mental illnesses in their jails and to accurately track the number of people with SMI in jails.

Counties with Accurate Data (7)

Counties providing clinical assessments for SMI (20)

Counties conducting universal screening in jails for SMI (50)
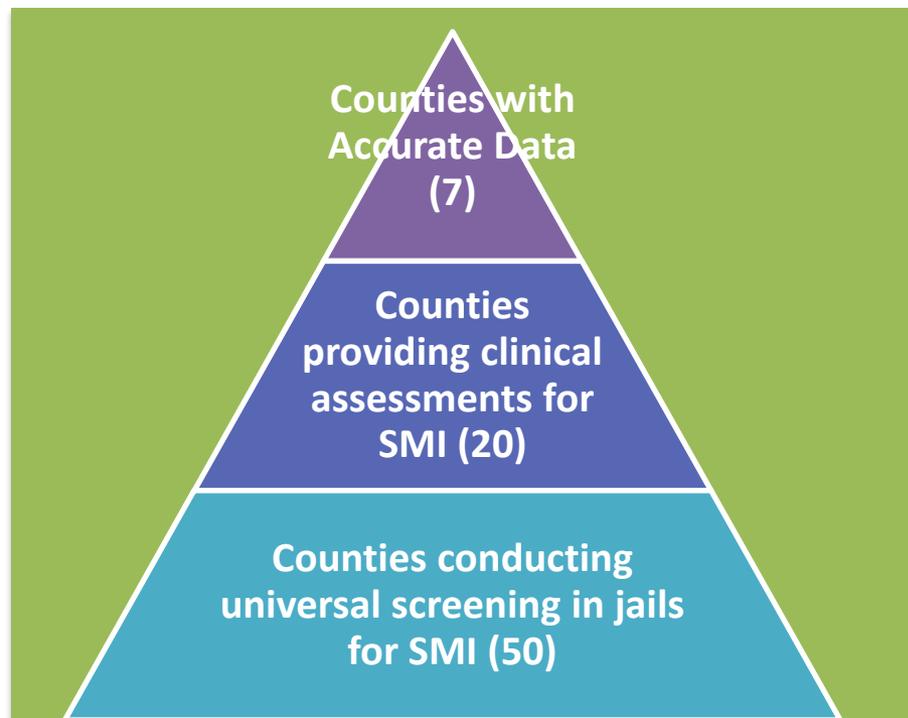
Framework for Police-Mental Health Collaborations

Is our **leadership** committed to the police-mental health collaboration (PMHC)?
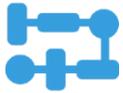
Are we following clear **protocols** to respond to people who have mental illnesses?

Are we providing staff with quality mental health and de-escalation **training?**

Do we have the **resources and service connections** for people who have mental illnesses?

Do we collect and analyze **data?**

Do we have a process for reviewing and **improving performance**?

Overview of JMHCP

The Justice and Mental Health Collaboration Program (JMHCP) supports innovative cross-system collaboration to improve responses and outcomes for individuals with mental illnesses or co-occurring mental health and substance use disorders who come into contact with the justice system
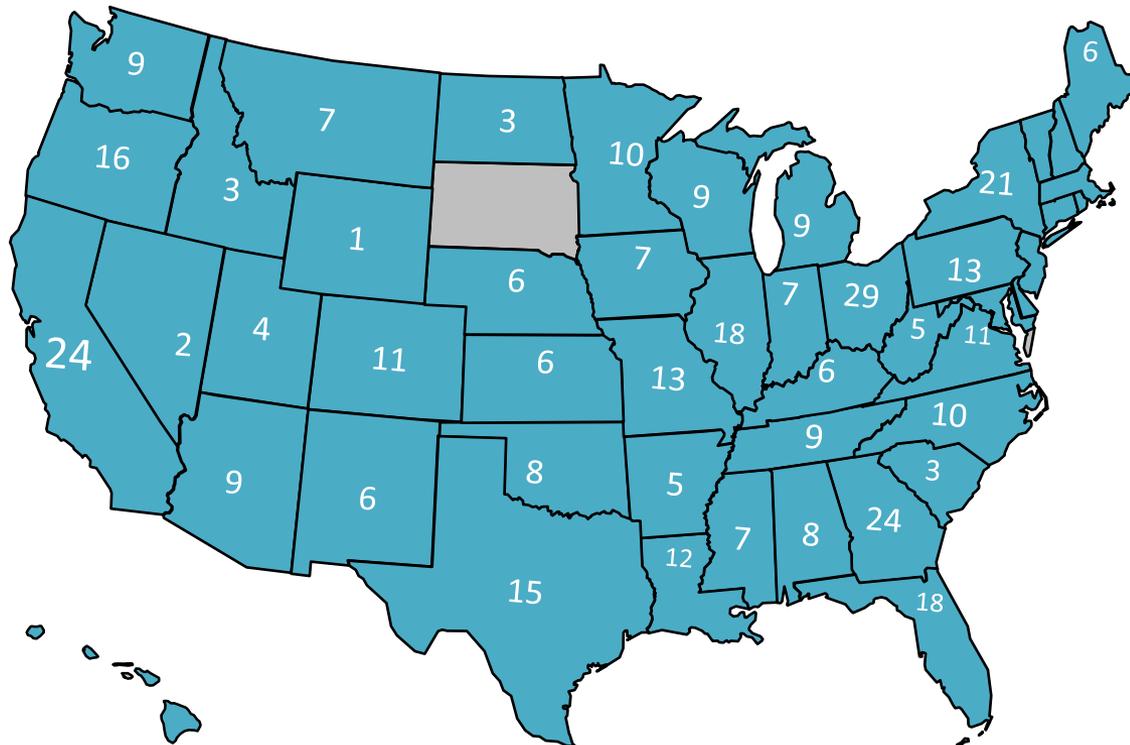
435 Awardees from Across the Nation

Representing 49 states and two U.S. territories, American Samoa and Guam

Primary Systems-Level Challenges

- **Quantification of Needs Using Data**
  - Systematic identification of people with behavioral health needs by courts and corrections, using validated tools and standard definitions of mental illness and SUDs
  - Accurate data collection and reporting on prevalence, entries, length of stay, and connections to treatment
- **Identifying System Improvements and Treatment Gaps Using Data**
  - Selecting strategies and designing programs based on projected impact on key outcome measures
  - Specifying gaps in community-based services and treatment based on data on connections to care

Primary Practice-Level Challenges

- **Targeting Interventions Based on BH Needs and Criminogenic Risk**
  - Assessing serious mental illnesses, substance use disorders, and criminogenic risk factors in courts and correctional facilities
  - Targeting and tailoring appropriate services and supervision based on level of needs and risk
- **Incorporating Assessment Information into Case Plans**
  - Utilizing the assessment information for BOTH behavioral health criminogenic risk in case plans
  - Defining lead case planner at an agency and outlining case conferencing procedures

What does the term diversion mean to you?
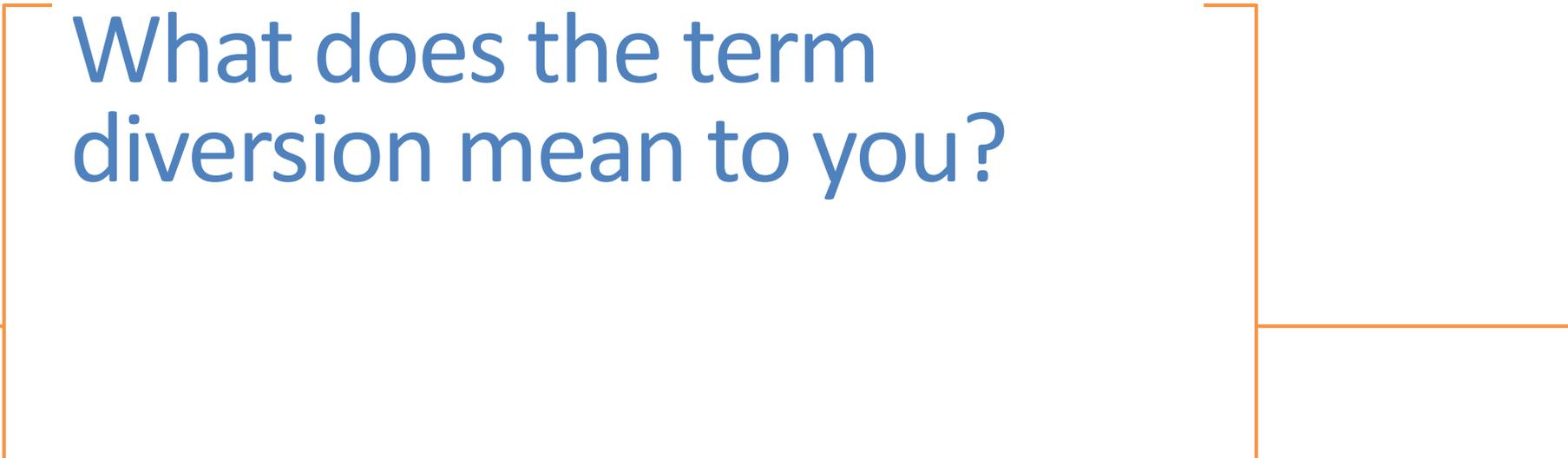
Behavioral Health Diversion Terms

- Diversion
- Jail Diversion
- Deflection
- Early Intervention

Challenges to Developing Continuum of Diversion Responses

- No clear "common" language standards for diversion related terminology

- Diversion programs and practices constantly evolving

- No clear strategies on how to build diversion opportunities throughout the criminal justice system

Behavioral Health Diversion Strategy

- Diversion strategies that address systems enhancements

- Opportunities for diversion at multiple intercept points
  - Ability to divert eligible individuals at different points in the criminal justice system

- For those not eligible for diversion providing providing reentry services that include connection to behavioral health services in the community

Key Questions

- What is behavioral health diversion?
  - Providing definition for diversion
- How is a system of diversion developed?
  - Key components needed for strategic development
- What are options for behavioral health diversion?
  - Describing common BH diversion programs/practices
- How do you develop multiple diversion options for your systems?
  - Key components tailored for each subpart of system (LE, pretrial, courts, jails)

What is Behavioral Health Diversion?

- Jail diversion as a community-based, collaborative criminal justice–mental health response for justice-involved people with mental illnesses where jail time is reduced or avoided, and the individual is linked to comprehensive and appropriate services.

    - Judges' Criminal Justice/Mental Health Leadership Initiative. (2010). *Judges' guide to mental health diversion: A reference for justice system practitioners.* Delmar, NY: Policy Research Associates, CMHS National GAINS Center.

Behavioral Health Diversion Strategies Components

- Engage stakeholders
- Identify target population
- Conduct a comprehensive process analysis and inventory of services
- Identify and leverage funding streams
- Information sharing
- Track progress

Behavioral Health Diversion Decision Points

Law Enforcement — Initial Contact with Law Enforcement

Law Enforcement — Arrest

Jail-based — Initial Detention

Court-based — First Court Appearance

Pretrial — Jail - Pretrial

Court-based — Dispositional Court / Specialty Court

Jail-based — Jail/Reentry / Prison/Reentry

Probation / Parole
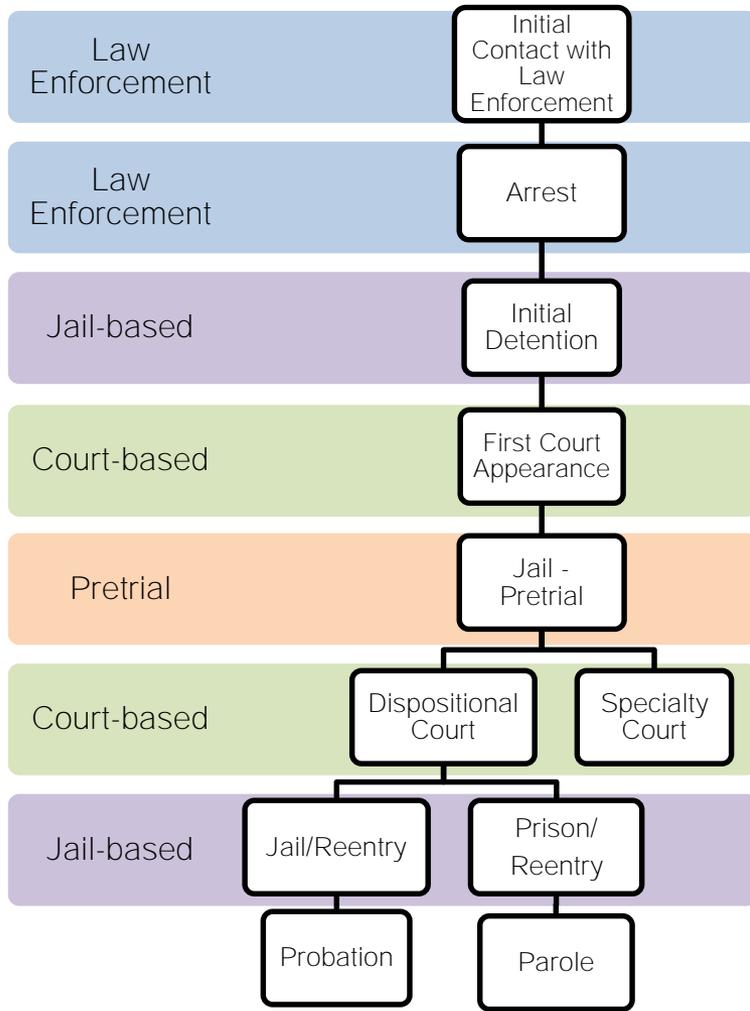
Community-Based Continuum of Treatment, Services, and Housing

- Outpatient Treatment
- Intensive Outpatient Treatment
- Peer Support Services
- Integrated MH & SU Services
- Case Management
- Supported Employment
- Psychopharma-cology
- Crisis Services
- Supportive Housing
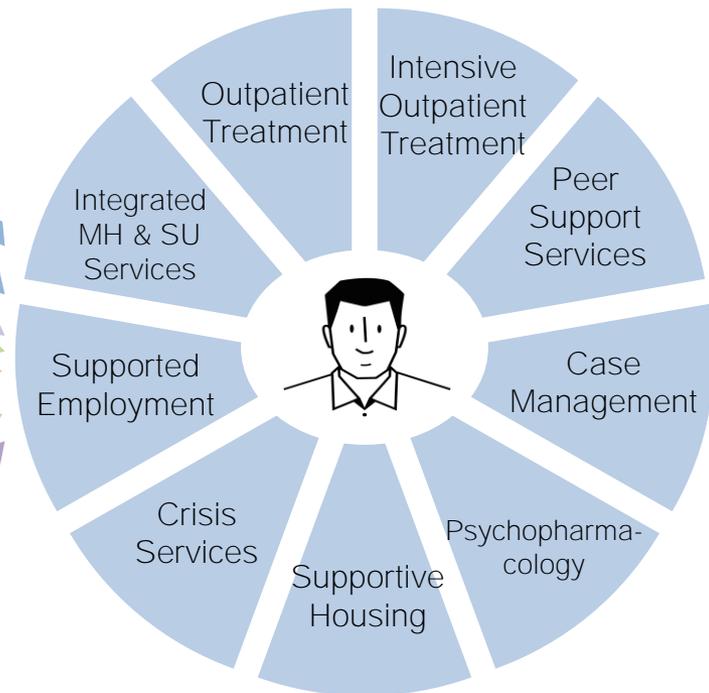
Behavioral Health Diversion Options

| Law Enforcement Approaches	Pretrial Approaches	Court Approaches	Jail Approaches
Self-Referral: Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment. **Active Outreach:** Law enforcement initially IDs or seeks individuals; a warm handoff is made to treatment provider, who engages them in treatment.	**Components:** 1) the deferment of traditional justice processing pending completion of the program; 2) specific guidelines for eligibility; 3) interagency decision-making about participation; 4) managed supervision and reporting,; and 5) articulated criteria for determining success or failure	**Court-based:** Consist of mental health personnel who work with the courthouse, screen the arraignment lists for known clients and may receive additional referrals from court staff **Specialty Court; Mental Health Courts (MHCs):** improve public safety by reducing criminal recidivism; improve the quality of life of people	Specialized personnel identify, assess, and divert individuals with behavioral health disorders from the jail facility to community-based behavioral health treatment

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engagement; **charges are held in abeyance or citations issued,** with requirement for completion of treatment and/or social service plan.

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periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services with the goal of a reduction in recidivism and substance use.

Specialty Court; Veterans Courts: connect Veteran defendants with needed mental health, substance abuse, and other services in a Veteran-focused environment designed to provide support and encourage adherence to treatment.

Flow diagram:
- Law Enforcement | Law Enforcement | Jail-based | Court-based | Pretrial | Court-based | Jail-based
- Initial Contact with Law Enforcement — Arrest — Initial Detention — First Court Appearance — Jail - Pretrial — Dispositional Court / Specialty Court — Jail/Reentry — Probation / Prison/Reentry — Parole
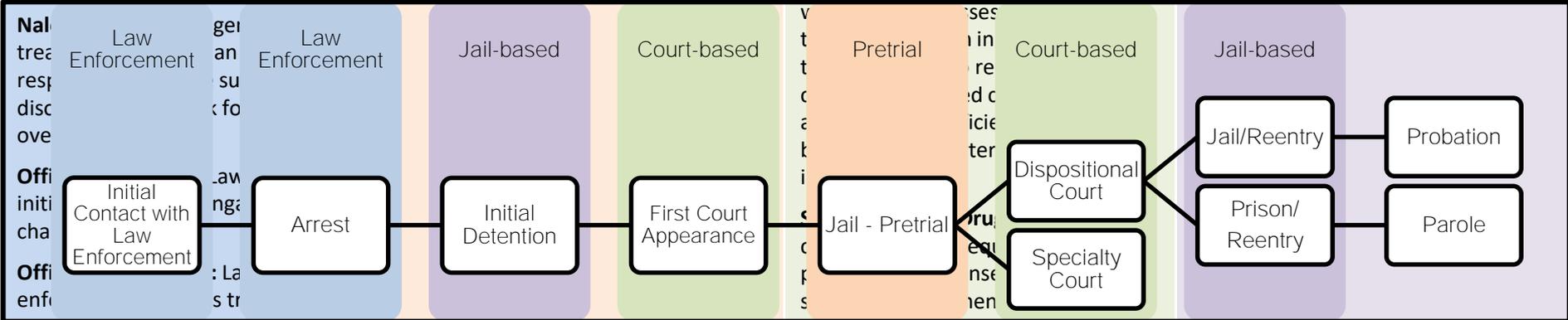
Multiple Behavioral Health Diversion Options

Law Enforcement Considerations	Pretrial Considerations	Court Considerations	Jail Considerations
Is our **leadership** committed to the police-mental health collaboration (PMHC)? Are we following clear **protocols** to respond to people who have mental illnesses? Are we providing staff with quality mental health and de-escalation **training?** Do we have the **resources and service connections** for people who have mental illnesses? Do we collect and analyze **data?** Do we have a process for reviewing and **improving performance**?	Engage stakeholders Identify target population Conduct a comprehensive process analysis and inventory of services Identify and leverage funding streams Information sharing Track progress	Engage stakeholders Identify target population Conduct a comprehensive process analysis and inventory of services Identify and leverage funding streams Information sharing Track progress	Is our leadership committed? Do we conduct timely screening and assessments? Do we have baseline data? Have we conducted a comprehensive process analysis and inventory of services? Have we prioritized policy, practice, and funding improvements? Do we track progress?

Specific questions are in development

Evidence-based framework for targeting interventions

Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Low Severity of Substance Abuse (low)		Substance Dependence (med/high)		Low Severity of Substance Abuse (low)		Substance Dependence (med/high)	
Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illsness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)
Group 1 I-L CR: low SA: low MI:lo	Group 2 II-L CR: low SA: low MI: med/high	Group 3 III-L CR: low SA: med/high MI: low	Group 4 IV-L CR: low SA: med/high MI: med/high	Group 5 I-H CR: med/high SA: low MI: low	Group 6 II-H CR: med/high SA: low MI: med/high	Group 7: III-H CR: med/high SA: med/high MI: low	Group 8 IV-H CR: med/high SA: med/high MI: med/high

A Framework for Prioritizing Resources

Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Low Severity of Substance Abuse (low)		Substance Dependence (med/high)		Low Severity of Substance Abuse (low)		Substance Dependence (med/high)	
Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)
Group 1 CR: low SA: low MI:lo	Group 2 II-L CR: low SA: low MI: med/high	Group 3 III-L CR: low SA: med/high MI: low	Group 4 IV-L CR: low SA: med/high MI: med/high	Group 5 I-H CR: med/high SA: low MI: low	Group 6 II-H CR: med/high SA: low MI: med/high	Group 7: III-H CR: med/high SA: med/high MI: low	Group 8 IV-H CR: med/high SA: med/high MI: med/high

Subgrouping A

Low criminogenic risk/ some significant BH treatment needs

Group 2 II-L CR: low SA: low MI: med/high	Group 3 III-L CR: low SA: med/high MI: low	Group 4 IV-L CR: low SA: med/high MI: med/high
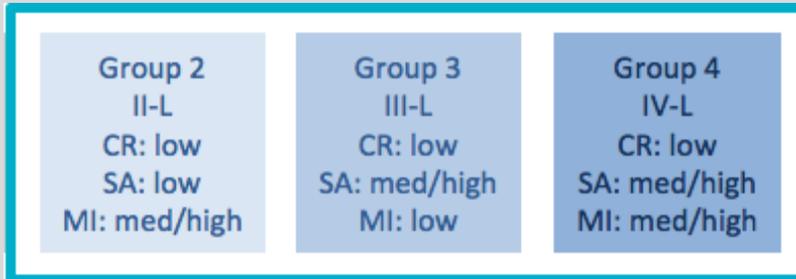
Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports

Subgrouping B

High criminogenic risk/ some significant BH treatment needs

Group 6 II-H CR: med/high SA: low MI: med/high	Group 7: III-H CR: med/high SA: med/high MI: low	Group 8 IV-H CR: med/high SA: med/high MI: med/high

Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports

The Responsivity Principle and Mental Illnesses

Use **methods** which are effective for justice involved individuals

Adapt treatment to individual limits (length of service, intensity)

Consider those factors that may serve as barriers to program or supervision compliance (language barrier, illiteracy, etc.)

Collaborative Case Planning

1. Interagency Collaboration and Information-Sharing
2. Staff Training
3. Screening and Assessment
4. Case Conference Procedures
5. Participant Engagement
6. Prioritized Needs and Goals
7. Responsivity
8. Legal Information
9. Participant Strengths
10. Gender Considerations

https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/

Goal of Diversion Resources

- Assist jurisdictions to develop, or modify, a continuum of diversion responses for people with behavioral health disorders in the criminal justice system that includes identification of BH issues, alternatives to traditional case processing, reduction or avoidance of jail time, and linkage to comprehensive and appropriate community-based services.

These resources aim to assist localities to divert individuals with BH needs once they enter the justice system, but what are strategies to prevent them from entering the CJS?

Thank You

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