Behavioral Health Diversion Strategies

Sheila Tillman, Policy Analyst, Behavioral Health, CSG Justice Center
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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.
Addressing a National Crisis of Too Many People with Mental Illnesses in Jails

Stepping Up: A National Initiative to Reduce the Number of 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.
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
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.
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**?
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 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.

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
- Court-based Specialty Court
- Jail-based Jail/Reentry
- Jail-based Prison/Reentry
- Probation
- Parole
- Community-Based Continuum of Treatment, Services, and Housing
  - Outpatient Treatment
  - Integrated MH & SU Services
  - Peer Support Services
  - Case Management
  - Crisis Services
  - Supportive Housing
  - Psychopharmacology
  - Supported Employment
Law Enforcement 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.

Pretrial Approaches

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 Approaches

**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 with mental illnesses and increase their participation in effective treatment; and to reduce court and corrections-related costs through administrative efficiencies and often provide an alternative to incarceration.

**Specialty Court; Drug Courts:** Drug court clients are required to participate in intense judicially supervised treatment, mandatory 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.

Jail Approaches

Specialized personnel identify, assess, and divert individuals with behavioral health disorders from the jail facility to community-based behavioral health treatment.
## Multiple Behavioral Health Diversion Options

<table>
<thead>
<tr>
<th>Law Enforcement Considerations</th>
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<th>Court Considerations</th>
<th>Jail Considerations</th>
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Specific questions are in development
Evidence-based framework for targeting interventions

**Low Criminogenic Risk (low)**

- **Group 1**
  - I-L
  - CR: low
  - SA: low
  - MI: low

- **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

**Medium to High Criminogenic Risk (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: low
  - MI: med/high

- **Group 8**
  - IV-H
  - CR: med/high
  - SA: low
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 9**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Substance Dependence (med/high)**

- **Group 10**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

**Low Severity of Mental Illness (low)**

- **Group 11**
  - I-L
  - CR: low
  - SA: low
  - MI: low

- **Group 12**
  - II-L
  - CR: low
  - SA: low
  - MI: med/high

- **Group 13**
  - III-L
  - CR: low
  - SA: med/high
  - MI: low

- **Group 14**
  - IV-L
  - CR: low
  - SA: med/high
  - MI: med/high

**Serious Mental Illness (med/high)**

- **Group 15**
  - I-L
  - CR: low
  - SA: med/high
  - MI: med/high

- **Group 16**
  - II-L
  - CR: low
  - SA: med/high
  - MI: med/high

- **Group 17**
  - III-L
  - CR: med/high
  - SA: low
  - MI: med/high

- **Group 18**
  - IV-L
  - CR: med/high
  - SA: low
  - MI: med/high

- **Group 19**
  - V-L
  - CR: med/high
  - SA: med/high
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 20**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Serious Mental Illness (med/high)**

- **Group 21**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 22**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Serious Mental Illness (med/high)**

- **Group 23**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 24**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Serious Mental Illness (med/high)**

- **Group 25**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 26**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Serious Mental Illness (med/high)**

- **Group 27**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 28**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Serious Mental Illness (med/high)**

- **Group 29**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 30**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Serious Mental Illness (med/high)**

- **Group 31**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

**Low Severity of Substance Abuse (low)**

- **Group 32**
  - I-L
  - CR: low
  - SA: low
  - MI: low

**Serious Mental Illness (med/high)**

- **Group 33**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high
A Framework for Prioritizing Resources

Subgrouping A
Low criminogenic risk/ some significant BH treatment needs

<table>
<thead>
<tr>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-L</td>
<td>III-L</td>
<td>IV-L</td>
</tr>
<tr>
<td>CR: low</td>
<td>CR: low</td>
<td>CR: low</td>
</tr>
<tr>
<td>SA: low</td>
<td>SA: med/high</td>
<td>SA: med/high</td>
</tr>
<tr>
<td>MI: med/high</td>
<td>MI: low</td>
<td>MI: med/high</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Group 6</th>
<th>Group 7</th>
<th>Group 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-H</td>
<td>III-H</td>
<td>IV-H</td>
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<tr>
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</tr>
<tr>
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</table>

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

Mental Illness

- Antisocial Attitudes
- Antisocial Personality Pattern
- Antisocial Friends and Peers
- Substance Abuse
- Lack of Education
- Poor Employment History
- Lack of Prosocial Leisure Activities
- Family and/or Marital Factors
- Lack of Prosocial Leisure Activities

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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For more information, contact Sheila Tillman, stillman@csg.org.

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