Diversion 101 at Intercepts 1 & 2

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PRA/GAINS Center - Since 1987, a national leader in mental health research and its application to social change.

www.prainc.com
www.gainscenter.samhsa.gov
Problem: In multiple systems; expensive, high service users

Solution: Cross-system Coordination & Collaboration
Objectives for Successful Diversion

Collaboration & Coordination

Mental Health

Substance Abuse

Criminal Justice

www.gainscenter.samhsa.gov
Improve integrated service delivery by promoting collaboration
“It’s time we face reality, my friends. ... We’re not exactly rocket scientists.”
Collaboration

Among:

Professionals
Consumers
Advocates/Family

From:

Criminal Justice
Mental Health
Substance Abuse

Include other supportive services:

social services
entitlements
health services
housing
Diversion-Challenges to Collaboration

- Funding “silos”
- Limited resources-create a competitive or protective environment
- System “cultures”
Cross-training

Interagency agreements:
- Coordinate services
- Communication
- Information sharing
- Cross-systems partnerships
Diversion-Benefits of Effective Collaboration

Community Collaboration + Services Integration =

- service retention
- stability in the community
- public safety
Diversion-Keys to Success

Task Force

- Subcommittees

Consumer Involvement

Communication & Information Sharing

Boundary Spanner

Champion
Why Do People Fall Through The Cracks Of Diversion Sometimes?

Rhonda, 53 years old, Rural SE Nebraska
History of MI, Bipolar Disorder, Paranoia
Picked up on Terroristic Threats-Knife
Believes she is a Confidential Informant
EPC one year ago
MHB Commitment-Inpatient CoD Tx
OP Therapy and Med Mgmt Working
New Transportation Contractor-1/5 Appts.
Lack of Collaboration between agencies
Super Hero Work
WELCOME BACK RECIDIVISTS!
Intercepts 1 & 2

Sequential Intercept Model
Sequential Intercept Model

Depicts contact/flow with the criminal justice system

A tool to:

- Examine fragmented systems
- Assess local gaps & opportunities
- Identify where to begin interventions
Sequential Intercept Model
Mark Munetz, MD & Patty Griffin, PhD (2006)

- People move through criminal justice system in predictable ways
- Illustrates key points to “intercept” to ensure:
  - Prompt access to treatment
  - Opportunities for diversion
  - Timely movement through criminal justice system
  - Linkage to community resources
“Unsequential” Model

Community

Arrest

Courts

Community Supervision

Initial Hearings

Jail

VA

Prison

Mental Health

Substance Abuse

Reentry
Sequential Intercept Model
Adult Correctional Population 1980-2009

Bureau of Justice Statistics

- Jail
- State Prison
- Probation
- Parole
Envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system

Using the model, a community can develop targeted strategies over time to increase diversion, reentry, and linkage to the community
Sequential Intercepts
Best Clinical Practices: The Ultimate Intercept

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

III. Post-Initial Hearings: Jail/Prison, Courts, Forensic Evaluations and Commitments

IV. Re-Entry From Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community Support

Munetz & Griffin
Psychiatric Services
57: 544–549, 2006
Five Key Points of Interception

1. Law enforcement / Emergency services
2. Booking / Initial court hearings
3. Jails / Courts
4. Re-entry
5. Community corrections / Community support
Sequential Intercept Model

Intercept 1
Law enforcement

Intercept 2
Initial detention / Initial court hearings

Intercept 3
Jails / Courts

Intercept 4
Reentry

Intercept 5
Community corrections

911

Arrest

Initial Detention

First Appearance Court

Specialty Court

Dispositional Court

Prison / Reentry

Jail Re-entry

Violation

Parole

Violation

Probation

Community corrections

Law Enforcement

Initial Detention

First Appearance Court

Specialty Court

Dispositional Court

Prison / Reentry

Jail Re-entry

Violation

Parole

Violation

Probation

Community corrections
 Intercept 1
Law enforcement / Emergency services - Transition

Pre-booking Jail Diversion

COMMUNITY

Local Law Enforcement
     Jail Releases
     Other

Crisis Stabilization Units

Service Linkage:
ICM/ACT
EBP’s
Peer Bridging
Medical f/u
Trauma Specific Services
Jail linkage

Other Assistance:
Medication Access
Benefits
Housing
Information Sharing
Findings & recommendations from national summit held by IACP in May 2009 to address the millions of encounters between law enforcement and persons with mental illness in the community

Can be found at: ImprovingPoliceResponseetoPersonsWithMentalIllnessSummit.pdf
Law Enforcement/Emergency Services

- Police-based Crisis Intervention Teams
- MH professionals employed by police department
- Mobile mental health crisis teams
Benefits of CIT

- **Memphis**
  - Decreased injuries 40%
  - Reduced TACT (like SWAT) 50%

- **Albuquerque**
  - Fewer than 10% SMI arrested
  - Injuries reduced to 1% calls
  - Decrease SWAT by 58%

- **Miami Dade**
  - Reduction in wrongful death suits

- **Las Vegas**
  - More appropriate use of force
  - Reduced injuries to citizens and police

- **Orange County, FL**
  - Central Receiving Center,
  - Officer turnaround time <10 minutes
But...No Good Deed Goes Unpunished-CIT

Not committable
Behavior problem not MI
Medical not psychiatric
Substance abuse not MI
Needs detox before MH admission
Needs medical clearance
No insurance coverage
Appropriate but no beds available
Diversion Equation in Intercept 1

What criminal justice does differently

+ 

What the treatment system does differently

= 

How they work together differently
Specialized Crisis Response Sites: Basic Principles

- Identified, central drop-off for law enforcement
- “Police-friendly” policies and procedures
- Streamlined intake
- “No refusal” policy
- Legal foundations to support work
- Innovative and extensive cross-training
- Linkages to community services
  - Even for those who do not meet criteria for inpatient commitment

What Does It Take For System Change?

- First responders handle situation well
  - Dispatch
  - Officers

- Appropriate treatment options available in a timely fashion
  - Crisis
  - Post-crisis
CIT Adaptations

- Chicago/Hawaii: licensed psychologists with L.E.
- Colorado: Intensive Case Managers-follow-up
- Albany, NY: Mobile Crisis Response to ER
- Behavioral Health follow-up after incidents
- Use of peers in training and on calls and in ER’s/Crisis Services—Nebraska
- Training Jail Correctional Officers
“In years past, those 48 percent would have likely been brought into the criminal justice system, where their needs may not have been met properly”.

- Calcasieu Parish (Louisiana) Sheriff’s Office Sgt. Darek Ardoin Crisis Intervention Team.

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Intercept 2

Initial detention/Initial court hearings

Post-Booking Diversion Options
After arrest has been made.

Arrest

Initial Detention

First Appearance Court
Booking/Initial Appearance

- **Post-booking jail diversion** *(early phase)*
  - Pre-trial release
  - Deferred prosecution

- **Screening**
  - Use of management information systems
  - Identify *(diversion staff/pre-trial services/probation)*
  - Link/Re-link to community services
Brief Jail Mental Health Screen

- 3 minutes at booking by corrections officer
- 8 yes/no questions
- General, not specific mental illness
- Referral rate
  - Men: 73.5%
  - Women: 61.6%

Steadman et al. (2005)
Screening

Strategies
- Data Matching

Personnel
- Booking Officers
- Jail Medical Staff
- Pre-Trial Services
- Police Officers
- Others?
## Screening in Jail

<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>Cross reference local/state CJ &amp; HHS Data</td>
</tr>
<tr>
<td></td>
<td>Matches completed by local Jails w/in 72 hrs</td>
</tr>
<tr>
<td>Kentucky</td>
<td>MH matching of all jail screenings</td>
</tr>
<tr>
<td></td>
<td>14% eligible for diversion</td>
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<tr>
<td>Illinois</td>
<td>Mental Health Jail Data Link Project</td>
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*Screening has reduced national jail suicide rate*  
(Hayes, Lindsay)
We have a plan that will save even more money!

State Mental Hospitals → Patients
- Jail
- Homeless Shelters
- Private Hospitals
- Nursing Homes
- Dumpsters
Two Primary Goals of the BHJDPLC at Intercept 2

Drastically reduce or altogether eliminate the “revolving door” in and out of jail for consumers of the Behavioral Health Jail Diversion Program of Lancaster County (BHJDPLC).

Improve the quality of life for persons in the BHJDPLC, as well as for the tax payers of Lancaster County, Nebraska
How are these two goals accomplished?

IDENTIFY persons appropriate for the BHJDPLC.

ANSWER the question, “Divert to what?”

ENGAGE these persons in treatment services/wellness programs available in Lancaster County.

MAINTAIN these persons and their participation in these needed services.
How are persons diverted in Lancaster County?

Initial Screening

Face-to-Face Interview

Gather Supplemental Information

Accept/Deny

Gather Additional Information for Eligibility/Court System
BOUNDARY SPANNER!!!!!
“Initial Screening”

Completed by the Booking Officer at the county jail.

Every person booked in at the jail is asked the exact same questions.

14 of these questions are used as potential identifiers for persons who might be appropriate for the BHJDPLC.

If the person answers in the affirmative to one or more questions, they are “flagged” and forwarded to the Mental Health Clinician or Boundary Spanner with the BHJDPLC who is officed in the booking area at the county jail.
* These individuals are identified as being “persons with a potential mental illness.”

* The Mental Health Clinician then conducts a “paper screening” to determine whether or not the individual is eligible for the BHJDPLC from both a mental health and legal perspective.

* Serious violent offenses and recent history of violence or any sexual assault automatically makes a person ineligible.
Mentally Ill Jail Detainees

Clinical Criteria  \( ? \)  Criminal Charges

Eligible

Declined
“Face-to-Face Interview”

Mental Health Clinician or Boundary Spanner performs a face-to-face assessment with the individual to further screen for potential eligibility.

This assessment takes place in either an interview room on the individual’s housing unit or in the booking area.

Usually, this interview occurs after booking, but prior to arraignment.

For individuals referred by Community Corrections or Adult Drug Court, an interview is arranged at their office, unless the person is in custody.
The “Face-to-Face Interview” involves the following (not all inclusive):

1) The person’s presenting behavior
2) The person’s psychiatric diagnosis (es)
3) Past and present medications
4) Past and present treatment
5) The person’s willingness to participate
6) The person’s current level of psychiatric stability or instability
"Face-to-Face" Interview Continued

7) The person’s housing needs
8) The person’s trauma needs
9) The person’s transportation needs
10) The person’s national criminal background history check
11) The person’s substance use history and treatment needs

Following the face-to-face interview, releases of information are signed and their psychiatric history is gathered.
Additional information can be gathered

The use of a contract psychiatrist or psychologist can be utilized in order to assess current functioning and medication adjustments. This provides an even higher level of clinical evaluation in the most difficult cases, as well as an extra point of consultation.

Some subjective questions will be used by assessors, most likely increasing in number and type as the level of clinical assessment increases.

Requests for records, such as the Probable Cause Affidavit, particularly regarding “borderline” charges which require more detailed information.
Once a person is identified as an appropriate candidate for the BHJDPLC, a referral is made to the necessary parties.

The Court Decision involves several parties’ mutual agreement: County or City Attorney’s Office, Public Defender’s Office and Judges.

The individual must then agree to participate in the BHJDPLC and sign an individualized agreement which is presented to the judge, typically at arraignment or at bond review.

While this entire process is occurring, the person will continue to receive the most appropriate level of care available within the Lancaster County Jail.
What happens once a person is released from jail?

Upon a favorable “Court Decision,” the person is released from jail and begins working closely with their assigned “Forensic Intensive Case Manager” or “FICM.”

While the person is waiting to receive appropriate community-based services, the FICM will work with the person to seek improved stability.

ICM vs. ACT, particularly for rural areas.
Forensic Intensive Case Management Services

The FICM works with the individual providing (but not limited to):

1) Safe housing
2) The establishment of psychiatric care
3) Medication management
4) Food
5) Clothing
6) Assistance applying for entitlements such as General Assistance, Social Security Disability, etc.
7) Transportation
8) Navigation of the Court System
9) Assistance with Substance Abuse Evaluations

The Mental Health Clinician also provides individual and group therapy while persons remain on community waiting lists.

Trauma groups are also provided.
Goals of Forensic Intensive Case Management

Transition the person and help them to become stabilized in the community within a six to twelve month period.

Continue to keep the “window of motivation” alive for the individual while they are on waiting lists for on-going, outpatient services or inpatient substance use treatment.

Avoid dependence upon the FICM, but assist the person in gaining healthy living skills and coping mechanisms that will not only help keep the person out of the criminal justice system, but...
Goals of Forensic Intensive Case Management--Continued

will also lay the ground work for the ongoing community-based services that the individual is being transitioned to.

Ultimately, the FICM is working with the person to make certain that they are providing for their own day-to-day needs, as well as preparing them to transition out of the FICM model of care and into a different level of community-based service(s).
FICMs and Reducing Recidivism

The improvement consumers have shown just as a result of having their basic needs met (Maslow’s Hierarchy of Needs).

Assistance with navigating systems (difficult to remember court date 45 days into the future with competing auditory hallucinations).

Retraining of maladaptive community behaviors that were adaptive during incarceration (i.e. trust, disclosure, etc.).

Many of these things are non-clinical in nature and need to occur prior to treatment having the opportunity to have a lasting effect.
For some persons, the final disposition of their legal case occurs prior to completing the FICM portion of the BHJDPLC. This typically occurs for persons accepted into the program who have committed misdemeanor offenses, which are often accompanied by relatively speedy dispositions.
For some, however, the final disposition does not occur until after the FICM portion of diversion has been completed.

Many persons are allowed to complete community service, instead of paying fines and court costs or spending time in jail.

Regardless of when the court system has officially closed the individual’s case, thereby removing the person’s judicial incentive for compliance, the FICM will continue to work with the person until they are transitioned into stable, ongoing community-based services.
INTERCEPT 2 DIVERSION VS. BEHAVIORAL HEALTH COURTS (INTERCEPT 3)

Increased number of courts/jurisdictions reached.

Increased number of persons served.

Consumers spend less time in jail.

Fewer court/staff resources used (using existing court resources, not new ones).

Shorter terms of monitoring?
Whether you approach jail diversion as a way to save costs or save lives, you may encounter resistance among the very people and systems such programs are designed to help.

Some resistance is understandable, but much of it stems from misinformation or misinterpretation of what a jail diversion program involves.
Despite what seem like clear benefits, some individuals and groups may initially resist adopting a jail diversion program for people with serious mental illness and substance use disorders. This makes it more difficult to gather stakeholders, reach consensus, and develop a strategic plan.
Criminal justice professionals might think an individual is not being held accountable for his or her actions.

One way to reconcile this difference is to focus on avoiding incarceration rather than avoiding punishment (Draine and Solomon, 1999, P.59)
Treatment and accountability are not mutually exclusive

Many people enrolled in jail diversion programs will spend more time in community treatment, often under the supervision of the court, than they would have spent in jail.
Typically, advocates of jail diversion programs for persons with serious mental illness do not suggest that individuals who commit serious crimes or crimes unrelated to their mental illness should be exempted from appropriate punishment.

“People with mental illness who commit crimes with criminal intent that are unrelated to symptomatic mental illness should be held accountable for their actions, as anyone else would be. However, people with mental illness should not be arrested or incarcerated because of their mental disorder or lack of access to appropriate treatment—nor should such people be detained in jails or prisons longer than others simply because of their illness.” (Munetz and Griffin, 2006)
FEARS ABOUT THE FORENSIC CONSUMER

MENTAL HEALTH PROVIDERS MIGHT EXPRESS RELUCTANCE TO WORK WITH PEOPLE DIVERTED FROM THE CRIMINAL JUSTICE SYSTEM FOR MANY REASONS. ONE UNREALIZED FEAR IS THAT OFFENDERS WITH A MENTAL ILLNESS HAVE A HIGHER POTENTIAL FOR VIOLENCE.
MENTAL HEALTH PROVIDERS MIGHT ALSO BELIEVE THAT PEOPLE IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM ARE DIFFICULT TO ENGAGE IN SERVICES AND RESISTANT TO TREATMENT. IN FACT, MOST PEOPLE ARE AMENABLE TO TREATMENT GIVEN THE RIGHT COMBINATION OF SERVICES DELIVERED IN THE RIGHT WAY (MASSARO, 2005).
Mental health providers face the very real problem of limited resources. Jail diversion consumers, several of whom might not have been previously enrolled in services might pose an added burden on an already strained system. CMHS National Gains Center, 2007
POLITICAL AND FINANCIAL CONCERNS

- Local or even state elected officials whose support is necessary to the success of jail diversion programs might fear a “high profile” failure that will jeopardize their political careers.
THE REALITY ABOUT JAIL DIVERSION PROGRAMS IS THAT COMMUNITIES WILL BE SAFER WHEN PEOPLE WITH BEHAVIORAL HEALTH DISORDERS ARE ENGAGED IN THE APPROPRIATE SERVICES AND OFTEN UNDER SOME FORM OF COURT SUPERVISION.
ELECTED OFFICIALS WILL LIKELY ALSO HAVE CONCERNS REGARDING THE COSTS OF IMPLEMENTING NEW JAIL DIVERSION PROGRAMS. OFTEN TIMES TAX PAYER DOLLARS WILL BE USED, AT LEAST IN PART AND COST SAVINGS ARE NOT LIKELY TO BE REALIZED FOR SEVERAL YEARS.
WIFM?

Most stakeholders are usually able to easily identify the reasons why they will not support jail diversion implementation efforts, rather than the reasons why they should support it. You will have to be prepared to answer the “WIFM” question for them or “what’s in it for me?”
Sequential Intercept Model:
A Circular View

Community Corrections & Community Support

Law Enforcement/Emergency Services

Community Re-Entry

Booking/Initial Appearance

Jails, Courts

Access to Appropriate Services

Munetz & Griffin, 2006
Summary

- Seamless transition to community
- Moving away from criminal justice system, into services
- Strategic approach is necessary
WE HAVE A PLAN THAT WILL SAVE EVEN MORE MONEY!
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