

# **Diversion of People with Behavioral Health Disorders from the Criminal Justice System**

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**“Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families, missed opportunities for connections to treatment, inefficient use of funding, and a failure to improve public safety.”**

**DR. FRED OSHER, COUNCIL ON STATE GOVERNMENTS - TESTIMONY BEFORE CONGRESS.**

# High rates of people with serious mental illness in jail

- About **17%** of people in US jails have a serious mental illness – 3 to 4 times greater than in the general public.
- Women in jail have double the rate of serious mental illness as men.
- Nationally, every year, about **800,000** people with severe mental illness are incarcerated in our jails.
- Each year, about **25,000** people with severe mental illness end up in North Carolina's jails.

*[Extrapolated from U.S. census figures]*

# Even higher rates of people with substance use disorders in jail

- About 2/3rds of people in US jails, have a substance use disorder.
- About 30% of those with substance abuse disorder will have a co-occurring serious mental illness.
- About 25% of people with a mental illness have a co-occurring substance use disorder in the community, but.....
- About 72% of people with mental illness who are in jail have a co-occurring substance use disorder.
- So when we talk about people with mental illness in jail, we are often talking about people with co-occurring mental illness and substance use disorders.
- We'll refer to people with mental illness, substance use disorders, or both, as having behavioral health disorders.

# **Problems when people with behavioral health disorders end up in jail.**

- **Lack of coordination between jail and providers.**
  - Delays in getting medications
  - Differences in formulary between jail and community
  - Ineffective linkage to treatment upon release
- **Lack of resources / inefficient use of resources.**
  - Jail detainees with behavioral health disorders are costly to serve – 3 to 4 times costlier than other detainees.
  - Little increase in public safety when jailed for nuisance crimes.
  - Repeated cycling between jail and community services

# Problems when people with behavioral health disorders end up in jail (continued).

- **Going to jail may make it harder to recover.**
  - May lose the gains made while in the community
  - Are at greater risk of suicide in jail
  - May refuse medications when in jail
  - Criminal justice history might...
    - Make the person ineligible for public housing
    - Cause greater difficulty when seeking employment
- **Allows cost shifting of higher cost / high need people to the criminal justice system. \***

– \* Domini, M., Norton, E., & Morrissey, J. (Oct. 2004) *Cost shifting to jails after a changes to managed mental health care.* Health Services Research, 39:5. pp.

– “Jailed to death.” by Dan Kane - News & Observer - Aug. 10, 2017

# Intervention can make a difference – and doing nothing can be very expensive

- Matt in Mecklenburg was homeless, aggressive panhandler with schizophrenia, crack cocaine addiction, low IQ, with no family, insurance or income.
- 43 “events” with police and 189 days in jail in just one year.
- Estimated cost four-year cost of arrests and re-arrests, and jail = \$229,948.
- After targeted intervention – has SSD/I, Medicaid, a guardian, housing, attends a day program, medication compliant and “clean and sober.”

– *“It costs us a million dollars not to do something about Murray!” \**

# **The Stepping Up Initiative**

- **A national initiative led by:**
    - **The National Association of Counties**
    - **American Psychiatric Association**
    - **Council of State Governments Justice Center**
  - **The Goal of Stepping Up: To reduce the number of people with mental illnesses in jails.**
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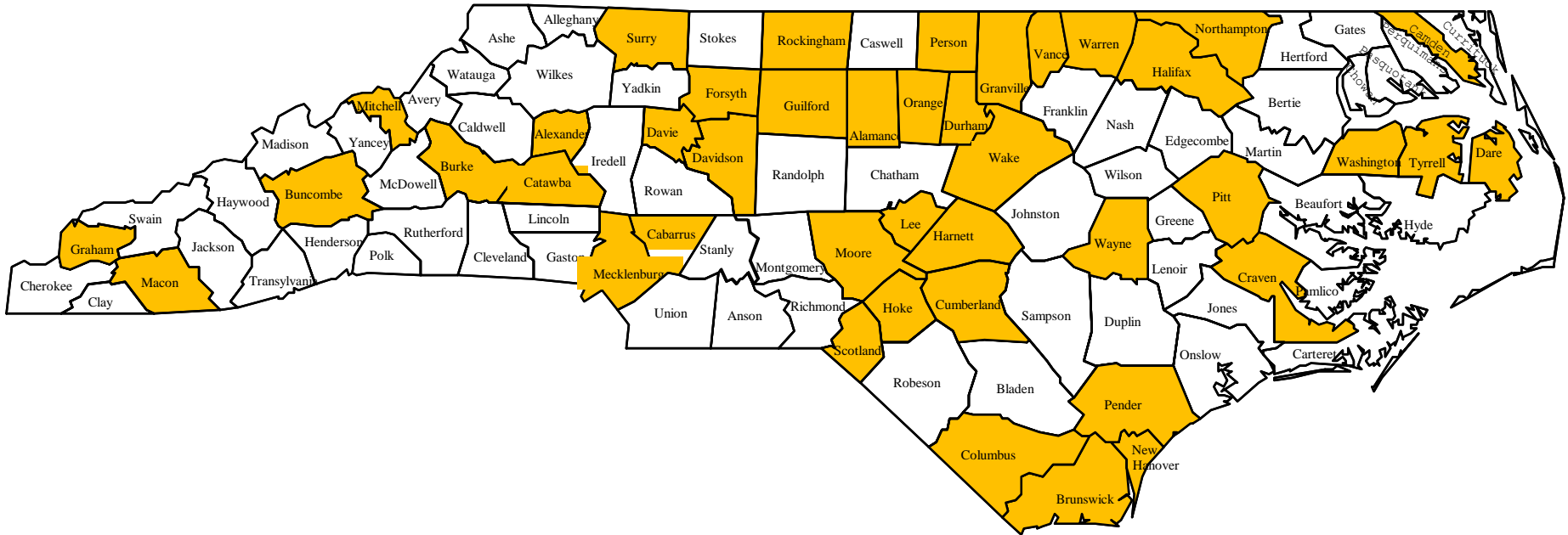
# **Objectives of the Stepping Up Initiative**

- 1. Prevent the initial involvement of people with behavioral health problems in the criminal justice system**
- 2. Decrease their admissions to jail**
- 3. Engage them in treatment as early as possible**
- 4. Minimize their time in jail**
- 5. Link them to treatment upon their release**
- 6. Decrease their rate of return to jail.**

# **Six Steps to Stepping Up**

- 1. Nurturing cross-system collaboration**
- 2. Mapping the local system**
- 3. Agreeing on priorities**
- 4. Building an action plan**
- 5. Implementing the action plan**
- 6. Evaluating progress**

# Stepping Up in North Carolina - 2017

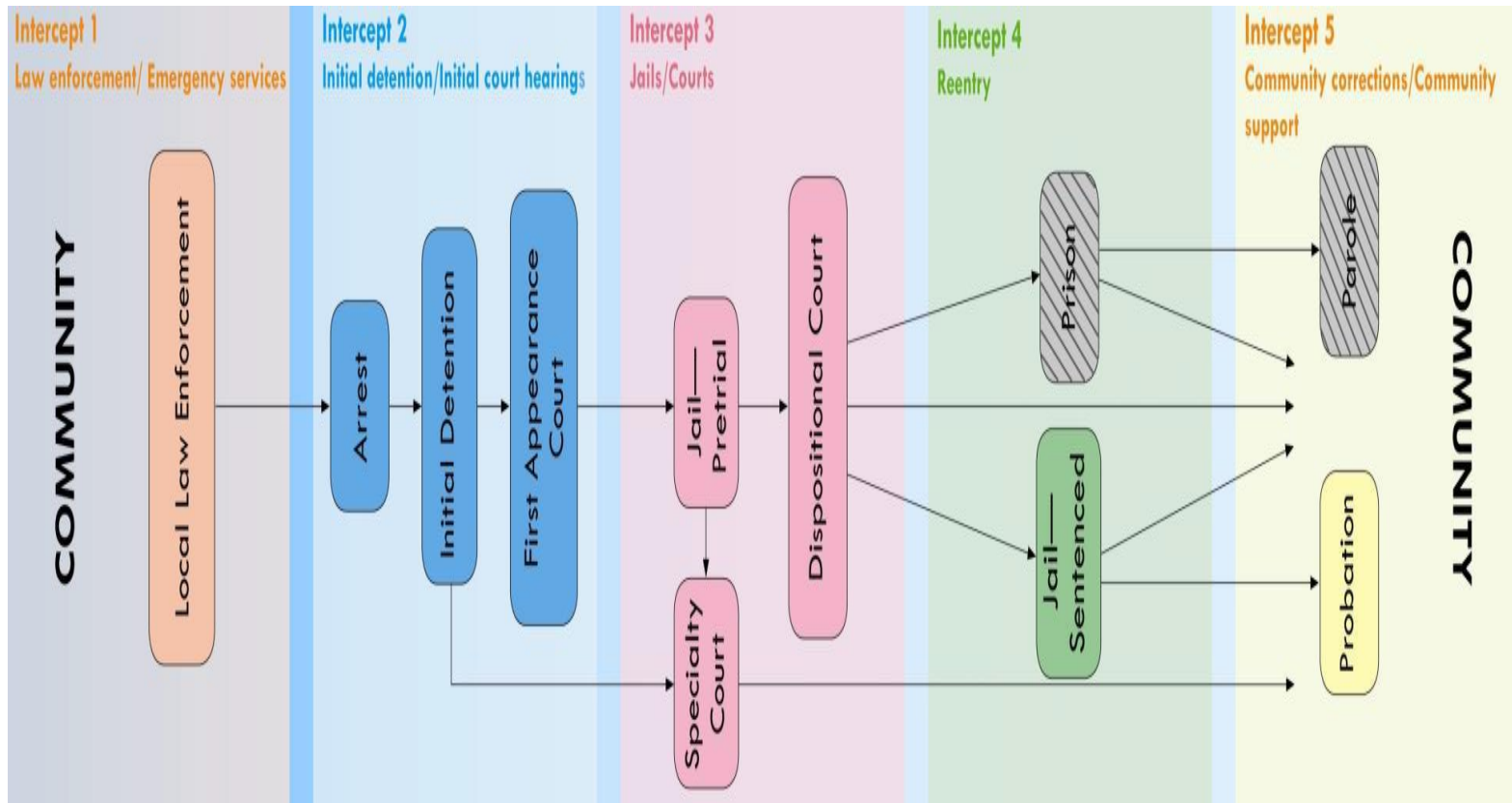


# North Carolina Stepping Up counties

- Alamance
- Alexander
- Brunswick
- Buncombe
- Burke
- Cabarrus
- Camden
- Catawba
- Columbus
- Craven
- Cumberland
- Dare
- Davidson
- Durham
- Forsyth
- Graham
- Granville
- Guilford
- Halifax
- Harnett
- Hoke
- Lee
- Macon
- Mecklenburg
- Mitchell
- New Hanover
- Northhampton
- Orange
- Pasquotank
- Pender
- Perquimans
- Person
- Pitt
- Rockingham
- Scotland
- Surry
- Tyrell
- Vance
- Wake
- Warren
- Washington
- Wayne

These counties have signed a resolution supporting the Stepping Up Initiative and pledging to work towards its goals.

# Sequential Intercept Model

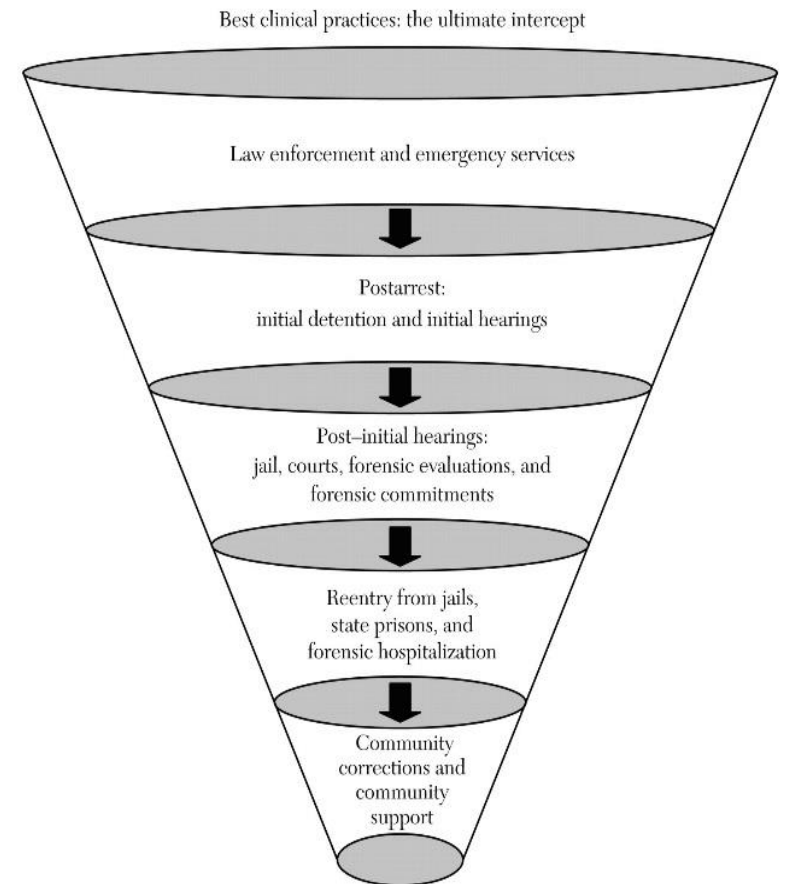


# Sequential Intercept as a series of filters

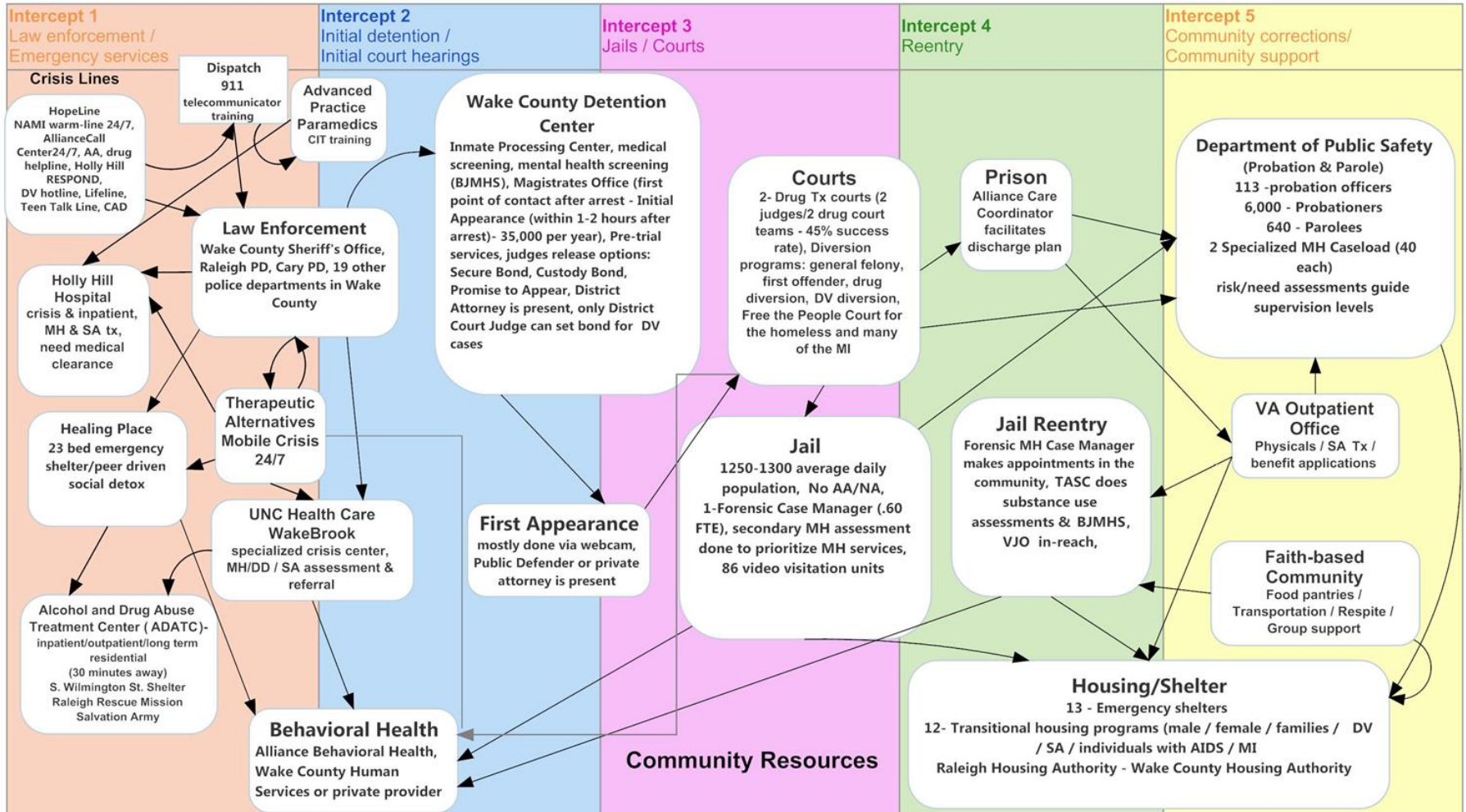
- **Intercept 1:** Law enforcement and emergency services
- **Intercept 2:** Post-arrest & initial hearings
- **Intercept 3:** Jails & Courts
- **Intercept 4:** Re-entry from Jail
- **Intercept 5:** Community Corrections - Probation & community support
- **Intercept 6:** Prisons & Re-entry
- **Intercept 7:** Parole/Post-Release & community support

*Figure 1*

The Sequential Intercept Model viewed as a series of filters



# Sequential Intercept Map - Example



# Communities need a range of jail diversion options

- Buncombe County – established the Justice Resource Center Diversion Program - funded through costs of housing federal prison inmates locally. Provides a wide range of diversion options.
- Mecklenburg County – full range of pre & post booking programs, including CIT, jail-based diversion specialist, a mental health court, and MeckFUSE, a supportive housing program for frequent offenders with behavioral health disorders.



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THIS CARD MAY BE KEPT  
UNTIL NEEDED OR

GET OUT OF JAIL  
FREE



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# **INTERCEPT 1: INITIAL CONTACT WITH LAW ENFORCEMENT**

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**Crisis Intervention Teams (CIT)**

**Law Enforcement Assisted Diversion (LEAD)**

**Hope Initiative**

# **Crisis Intervention Teams (CIT)**

**Aim to prevent the unnecessary criminalization of people with behavioral health problems by providing community based alternatives to arrest and incarceration, when this can be done at little risk to the public.**

**– Trains law enforcement:**

- To better understand behavioral health problems**
- To recognize when people are in crisis and need help**
- The skills to de-escalate people in crisis**
- To know how to get people the help they need**

**– Emphasizes providing law enforcement a quick turnaround, making it as convenient to take a person to treatment as it is to jail.**

# Growth of CIT in North Carolina

- By January 2018, there were 402 participating law enforcement agencies with **11,170 CIT-trained officers**.
- More than **40%** of all LEO in NC have been CIT trained.
- More than **1,100 tele-communicators / 911 operators** have been CIT trained.
- More than **1,000 other first responders (i.e., fire fighters, EMS, and paramedics)** have been CIT-trained.
- More than **6,000** of our prison system's correctional officers have been CIT trained – about **57%** of all our corrections officers.

## **CIT is not just training. It also requires....**

- **A 24 / 7 facility that can take all consumers and provide a very quick turnaround for law enforcement.**
- **A local on-going CIT committee composed of Law Enforcement, LME-MCOs, advocates, and others working in close collaboration to develop a system that functions smoothly together.**
- **Tele-communicators trained to recognize mental disturbance calls, and to dispatch CIT officers to those calls.**
- **Policies that support CIT officers in the field.**
  - **Permission to take more time to de-escalate crises.**
  - **For CIT officers to take the lead on CIT calls.**

# **Law Enforcement Assisted Diversion (LEAD)**

- **Trains officers to divert low-level drug offenders to services and treatment, rather than to jail.**
- **Emphasis on identifying and referring people using prescription opioids and heroin to treatment and supports.**
- **Currently being implemented in Cumberland, Iredell, New Hanover, and Haywood counties.**

# Hope Initiative – Nashville Police Dept.

- **Purpose:**
  - To assist those with Substance Use disorders to find treatment options and get into long-term recovery.
- **For substance users who seek treatment:**
  - Assists participants to dispose of unneeded controlled substances, including opioids.
  - No questions asked.
  - No arrests made for those seeking help.
  - Financial assistance for treatment.
  - Currently implemented in Nashville, NC
- **Outcomes:**
  - Helped 280 people with addiction -239 with Opioid use disorder
    - 157 were detoxed,
    - 131 in long-term residential treatment.
    - 95% without insurance.

# **INTERCEPT 2: INITIAL HEARING / INITIAL APPEARANCE IN COURT**

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**Use of CJ LEADS**

**“Free the People” court in Wake County**

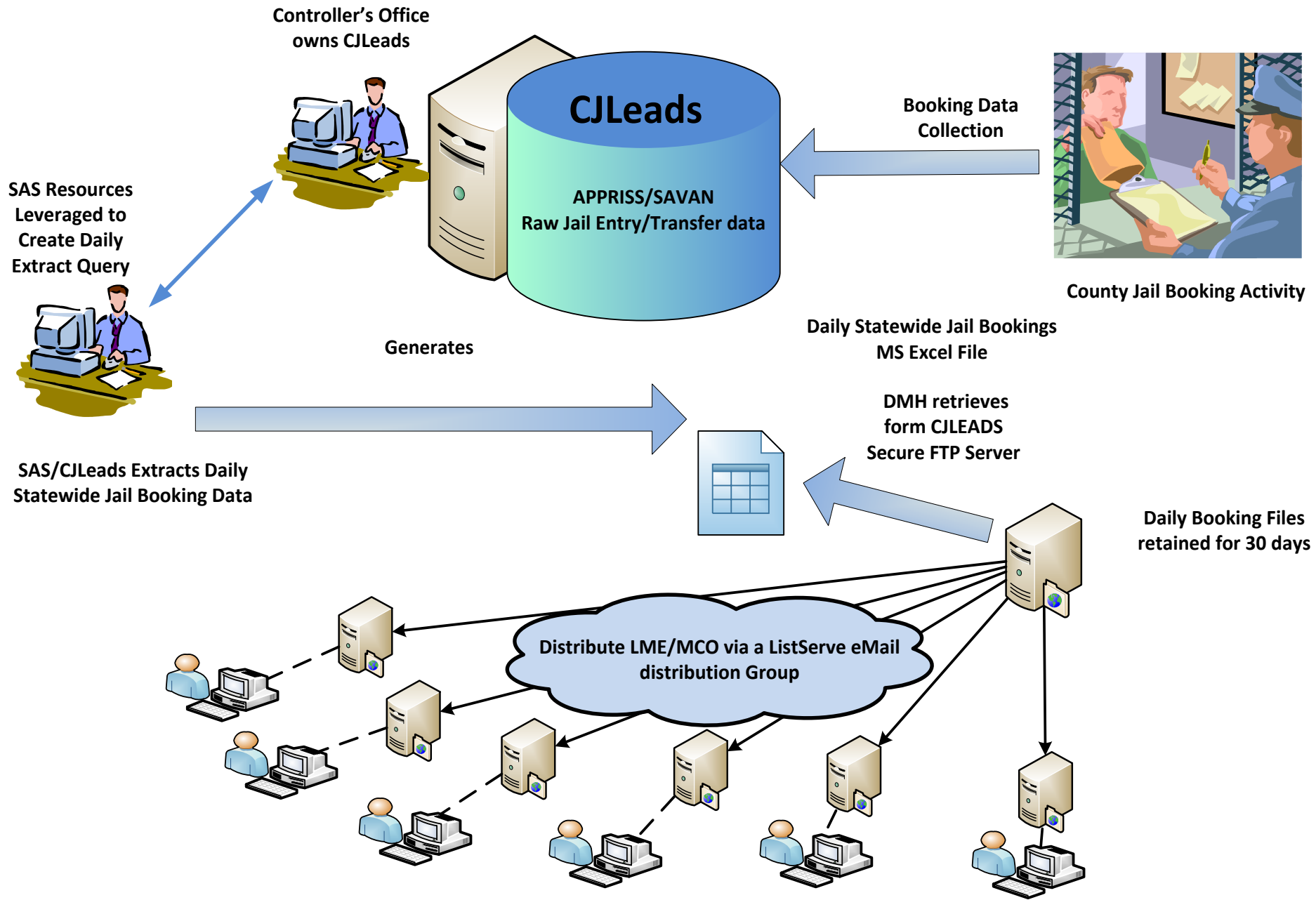
**Conditional discharge for 1<sup>st</sup> Offense**



# **The Criminal Justice Law Enforcement Automated Data Systems (CJ LEADS)**

- **Provides data on consumers in jail anywhere in the state.**
- **Contains only public info., no HIPAA or PII implications.**
- **One-way flow of information protects consumer's identities.**
- **LME/MCOs may use CJLEADS data for reporting and analytics.**
- **Includes information on booking, releases and transfers from jail.**
- **Provides contact information on jails.**
- **Data provided at no cost to LME-MCOs or DMH**

# Proposed System/Process Design for DMH Jail Watch/Notification System



# Quickly identifying consumers in jail matters

- **Knowing about people with behavioral health disorders in jail enables us to ...**
  - **Intervene to divert people from jail to treatment, when appropriate.**
  - **Provide medications or treatment information to jail healthcare providers, when appropriate.**
  - **Work with the jails to quickly link people to treatment and services upon their release from jail.**
  - **Collect data to measure progress**
    - **On numbers of people with behavioral health disorders in jail.**
    - **On lengths of stay in jail.**
    - **On their recidivism to jail.**

# **Current status of CJ LEADS**

- **CJ LEADS data is available to all LME-MCOs.**
- **To be most useful, the LME-MCOs need to build an interface between the CJ LEADS database and the database of consumers in our public mental health system.**
- **Interface between CJ LEADS and Alliance's Alpha CM database has been built.**

# **“Free the People” court**

- **Operates in Wake County for people facing certain minor charges who can't make bond.**
- **Every Thursday, released for “time served.”**
- **But...**
  - **Individual must plead guilty.**
  - **Should have way to provide linkage to services.**

# Conditional discharge for 1<sup>st</sup> offense

- Dismissal of case if charged with certain first-time drug offenses, and ....
  - Have never been convicted of a felony offense or a previous drug offense. Prosecution will be deferred,
- And will be required to...
  - Perform community service,
  - Pay court costs and fines,
  - Undergo a drug abuse assessment program.
  - Complete these requirements in the approved time period
- If successful...
  - case will be dismissed.
  - may be eligible for an expungement.

# **INTERCEPT 3: JAILS AND COURT**

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Jail-based treatment programs

- Gaston County Drug Diversion and Treatment

Therapeutic Courts

- Drug courts, Mental Health Courts, Veterans Courts

# Gaston Drug Diversion and Treatment Program

- **Targets opioid users with criminal charges in jail**
  - **Provides them**
    - Long-term case management
    - Peer support services
    - Sober housing
    - Medication management
    - Medication assisted therapy (MAT)
    - Therapy
    - Self-help
  - **Results**
    - Treatment completion rate = 95%
    - Negative drug screen results at three months – 78%
    - Saving 2,680 jail days in Gaston County = \$203,680



# **INTERCEPT 4: RE-ENTRY FROM JAIL**

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Effective preparation for re-entry  
Linkage to services upon release

# **Jail Mental Health & Substance Use Re-Entry program**

- **Buncombe County - Supports people in jail to understand their symptoms, motivates change, and upon their release, links them with resources in the community.**
- **Mecklenburg County – MeckFUSE program. Provides supportive housing for people with behavioral health problems who have extensive criminal justice involvement and homelessness.**

# Adult Correction

- Reality of large prevalence of co-occurring disorders
- DPS Adult Correction actively involved in OPDAAC
- DPS Adult Correction one of 8 states to participate in a National Governors' Association "Learning Lab on Expanding Access to Opioid Use Disorder (OUD) Treatment for Justice-Involved Populations"
- Close collaboration with DHHS Justice Systems Innovation Section and TASC
- Collaboration with universities to analyze needs and develop best practices to address OUD in the justice-involved populations
- Considered part of adult correctional health care/continuum of care
- More involvement with harm reduction and recovery/prevalence of opioid overdose after incarceration
- Health information exchange system for justice-involved populations

# **INTERCEPT 5: COMMUNITY CORRECTIONS - PROBATION**

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Specialty Mental Health Probation Officers

DACJJ and DMHDDSAS partnered to implement the Medication Assisted Treatment (MAT) Prescription Drug and Opioid Addiction grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. DHHS. This grant provides medication and counseling services to people under Community Corrections supervision who have an opioid use disorder in Iredell and Wilkes counties. In addition to treatment, the grant will fund training for Community Corrections Officers, DART-Cherry, Black Mountain Treatment Center for Women and TASC staff.

# **INTERCEPT 6: PRISONS & RE-ENTRY PLANNING**

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**In-prison screening and treatment & development of strategic intercept points during incarceration**

**Re-missioning of prisons to reentry/transition facilities with treatment, education, planning, service linkage, Institutional Probation/Parole Officer, medication-assisted treatment (MAT)**

# **INTERCEPT 7: COMMUNITY CORRECTIONS - PAROLE & POST-RELEASE**

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**“Warm handoff”**

**Medication-assisted treatment (MAT)**

**Post-incarceration overdose prevention/naloxone use**