



**Justice
Center**

California Mental Health Diversion Stakeholder Meeting

Wednesday, September 26, 2018

1:00 – 4:00 p.m.

Board of Parole Hearings

1515 K Street, Sacramento, CA 95814

Executive Board Room 550 – Fifth Floor



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THE COUNCIL OF STATE GOVERNMENTS

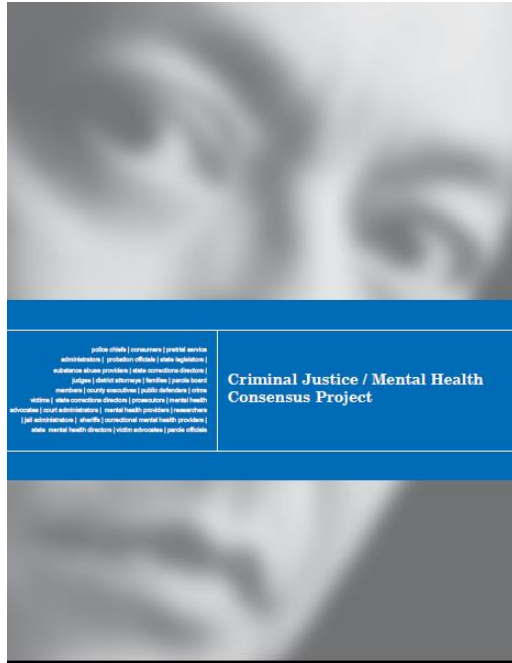
National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

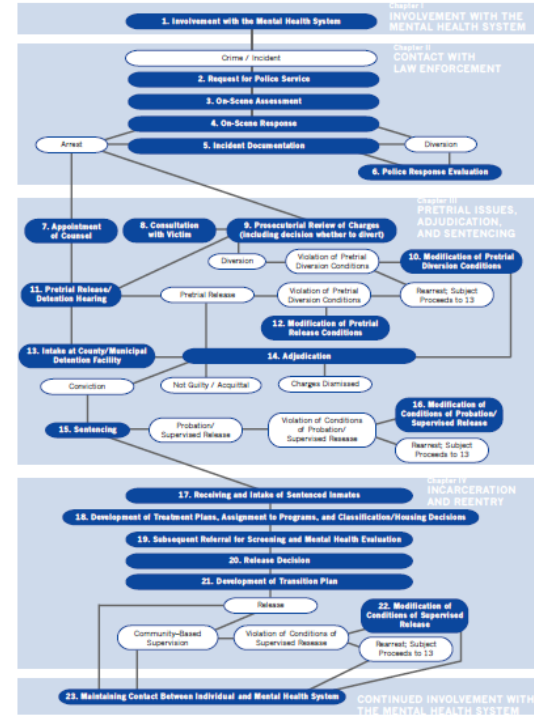
Provides **practical** advice informed by **the best available evidence**



The Consensus Project Report (2002)

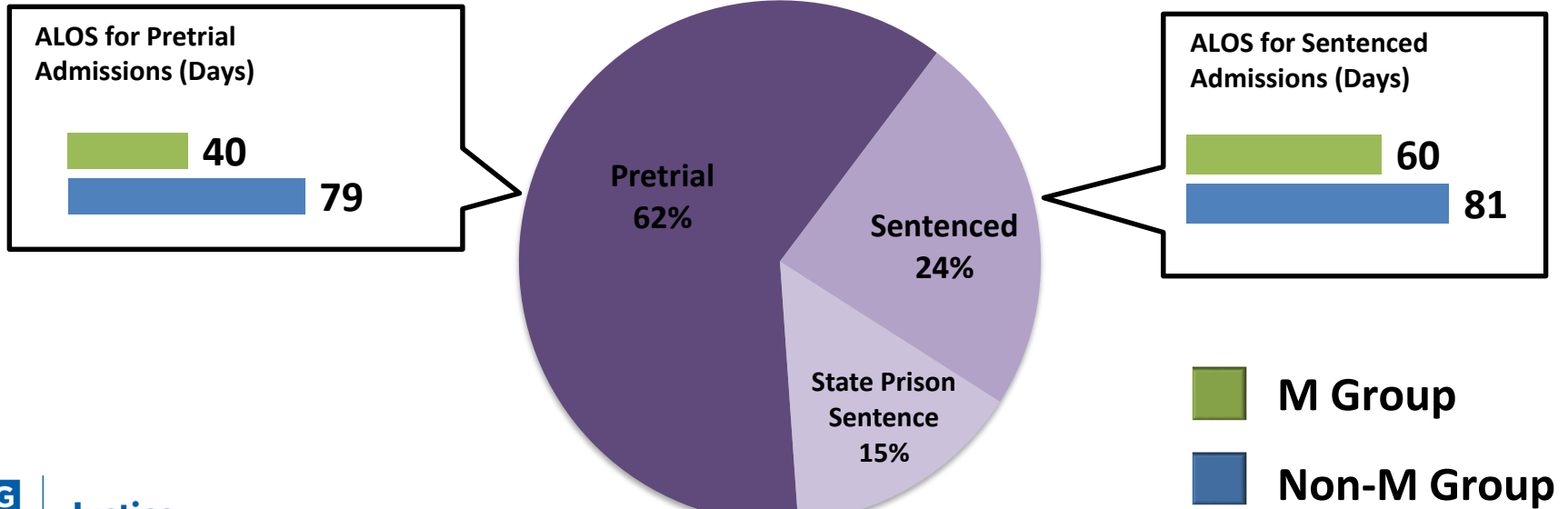


A Person with Mental Illness in the Criminal Justice System: A Flowchart of Select Events



Opportunities for Pretrial Diversion and Case Resolution

New York City Department of Correction (2008)



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Research Indicates Harmful Impact of Pretrial Detention



Detained for pretrial period

Vs.



Released pretrial

- **4x** as likely to get a **jail sentence**
 - Jail sentence will be **3x** as long
- **3x** as likely to get a **prison sentence**
 - Prison sentence will be **2x** as long



Low risk defendants detained 24 hours+

- More likely **new criminal activity while on release**
- More likely **2 year recidivism**



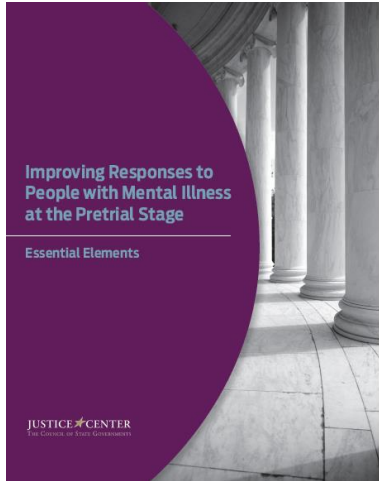
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“In Support of Improving the Justice System Response to Mental Illness”

CONFERENCE OF CHIEF JUSTICES - CONFERENCE OF STATE COURT ADMINISTRATORS Resolution 6 (August 2018)

*Conference of Chief Justices and Conference of State Court Administrators support the efforts of the working group to **develop best practices and resources, improve caseflow management, promote education, and build the capacity of state courts** to improve the justice system response to mental illness.*

Improving Responses to People with Mental Illnesses at the Pretrial Stage: The Essential Elements

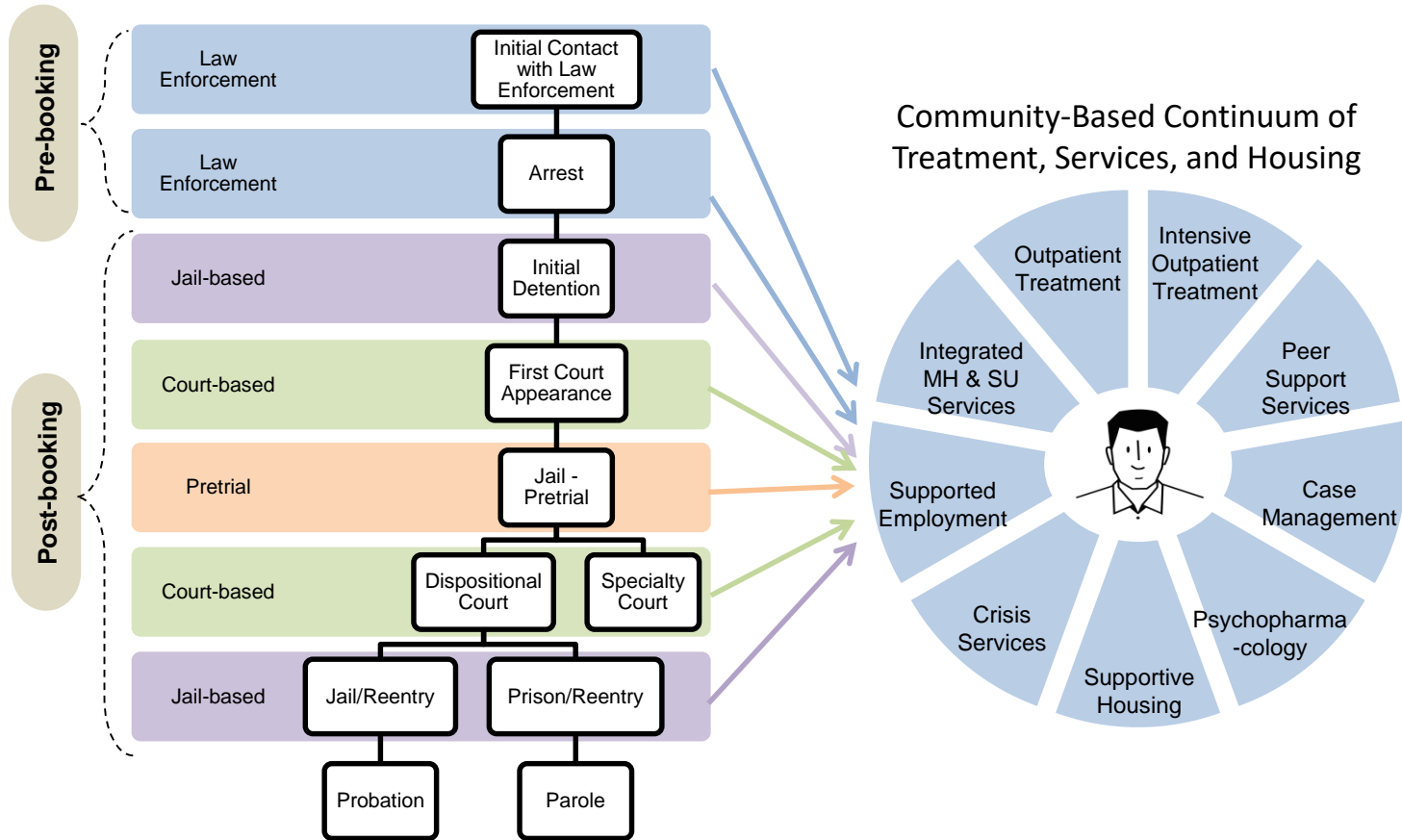


- 1 Collaboration
- 2 Training
- 3 Pretrial Release and Diversion Options
- 4 Informed Decision Making
- 5 Quick and Appropriate Behavioral Health and Support Services
- 6 Community Supervision and Treatment at the Pretrial Stage
- 7 Performance Measurement and Evaluation

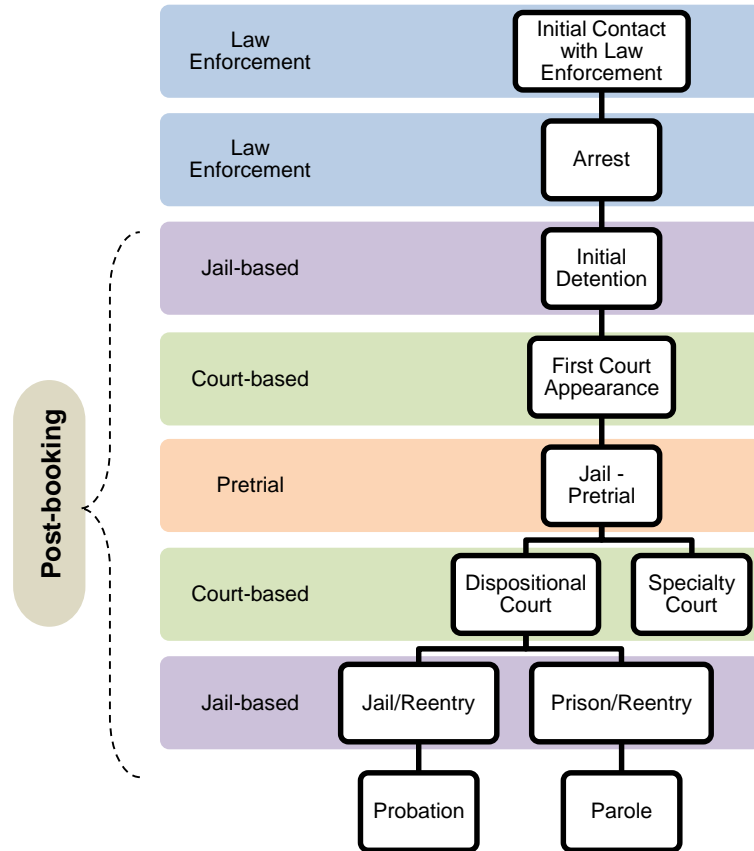
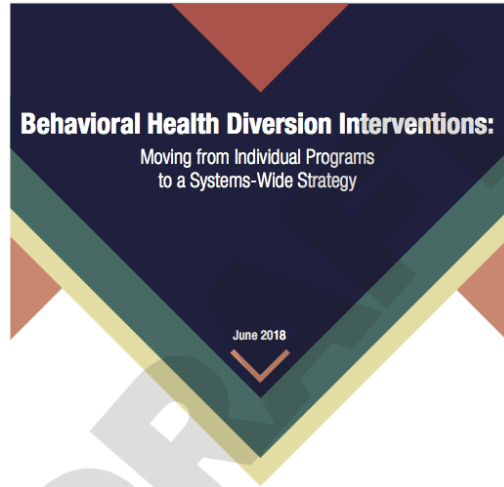


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Goal: A System of Diversion to a System of Care

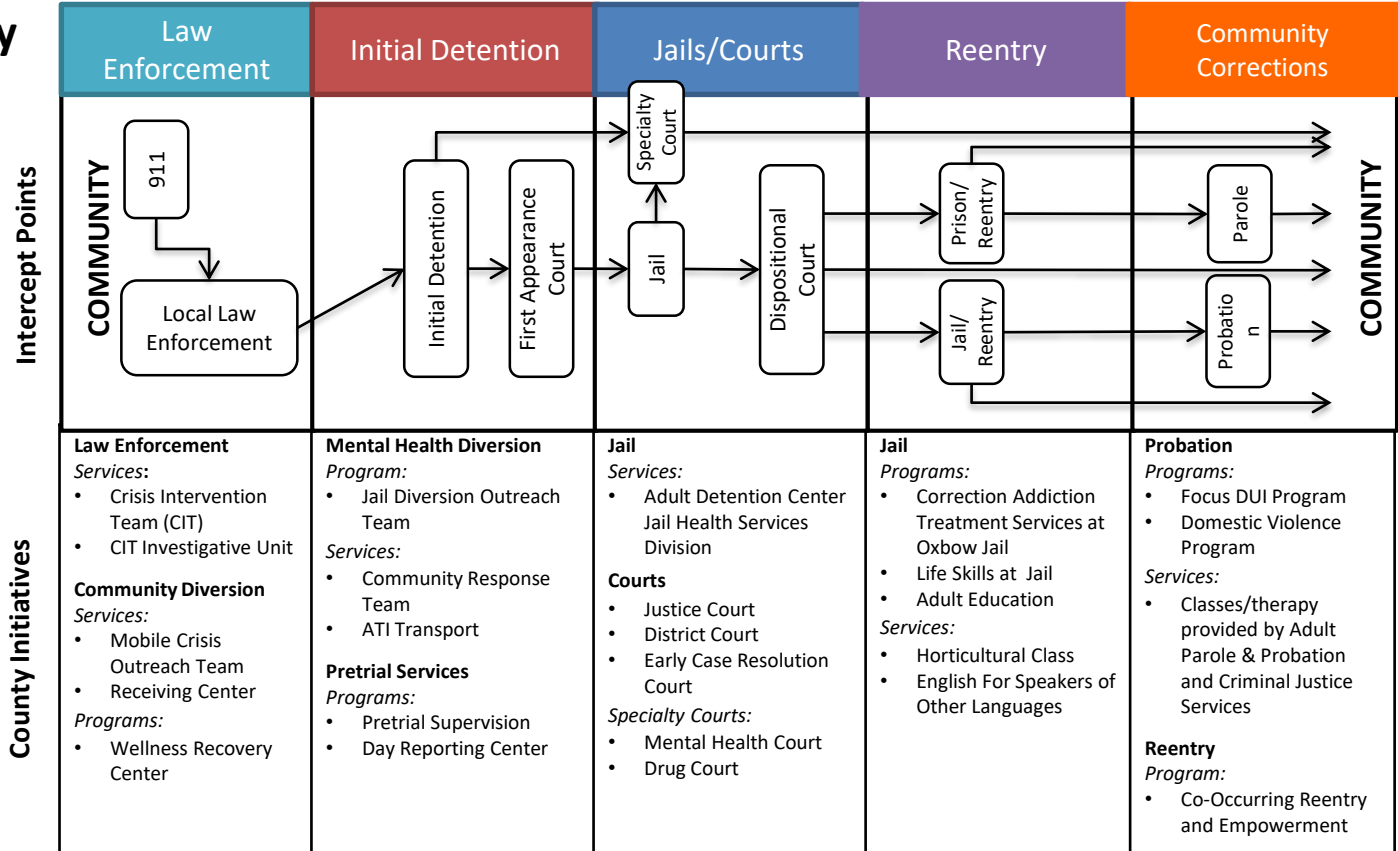


A System of Diversion. . .



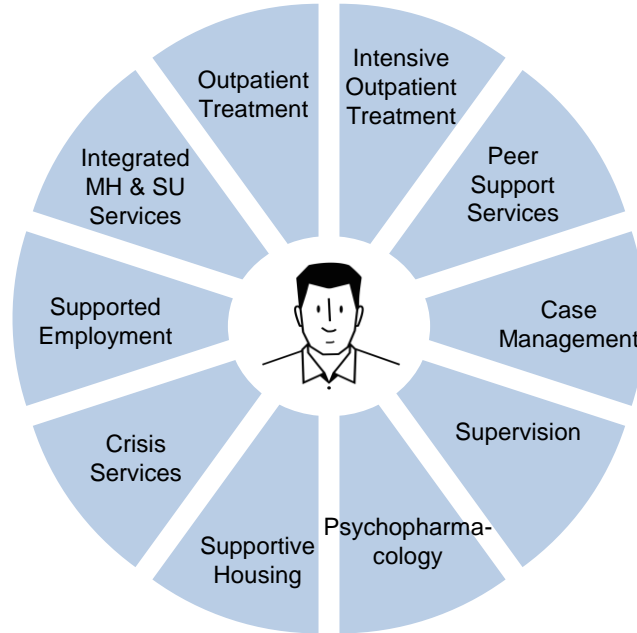
Example: A Continuum of Responses

Urban County (2014)

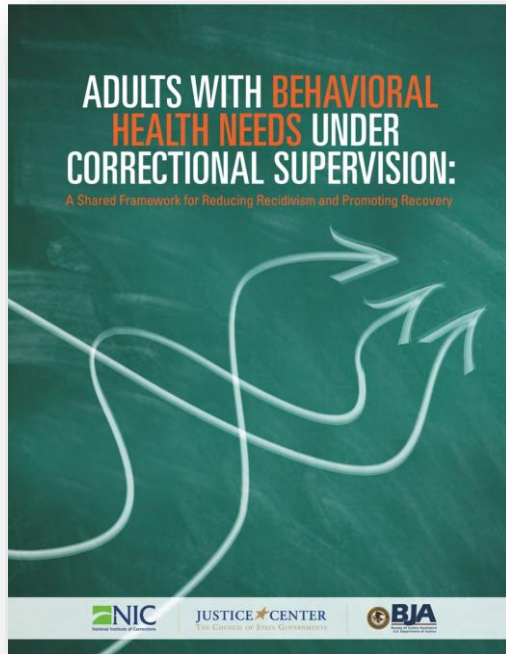


... To a System of Care, Supports, and Appropriate Supervision

Community-Based Continuum of Treatment, Services,
Housing, and Appropriate Supervision

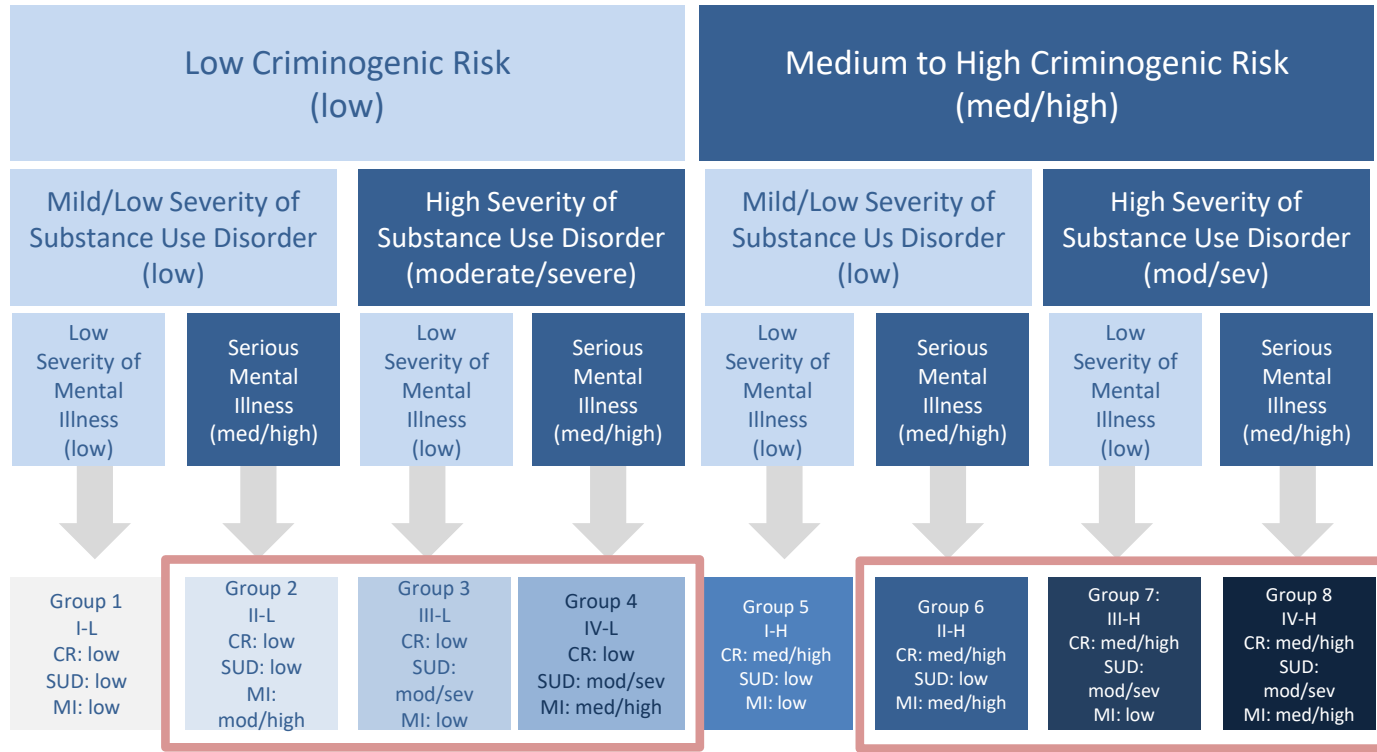


Using the Best Available Knowledge to Plan and Implement



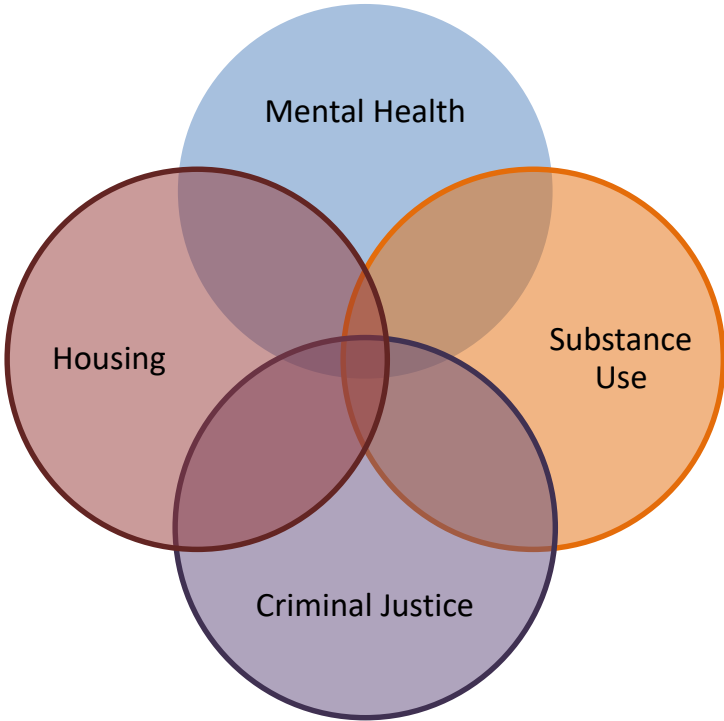
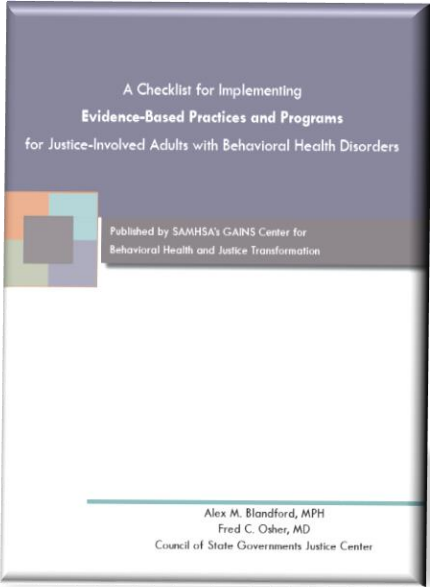
- Use screening and assessment to understand individuals
- Differentiate strategies for treatment and supervision based on:
 - Criminogenic risk level/
Pretrial risk level
 - Substance use need
 - Mental health need

The Criminal Justice and Behavioral Health Needs Framework



Addressing Behavioral Health Needs

A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders



Collaborative Case Planning: Web-Based Tool

The screenshot shows a web browser window with the URL <https://csajusticecenter.org/nrrc/>. The page header includes the logo for the National Reentry Resource Center and navigation links: NRRC Home, Topics, Resources, Second Chance Act Grant Program, and In the News. The 'Resources' menu is open, displaying a list of items: Collaborative Comprehensive Case Plans, Federal Interagency Reentry Council, Funding and Opportunities, JMHCP & SCA National Conference, National Criminal Justice Initiatives Map, National Inventory of Collateral Consequences of Conviction, Publications, Reentry Services Directory, Webinars, and What Works in Reentry Clearinghouse. The 'Collaborative Comprehensive Case Plans' item is circled in red. Below the menu, the 'FEATURED' section displays the Department of Justice seal and a news item titled 'U.S. Department of Justice Announces \$36 million in FY2017 Second Chance Act (SCA) Support Reentry Initiatives for Children, Youth and Families'. A secondary article titled 'Candid Conversations about Criminal Record Clearance—Episode 1' is also visible.

Web-Based Tool to Support Case Planning

Lead Case Planner: Behavioral Health Treatment Provider

Lead Case Planner: Community Supervision Agency

Lead Case Planner: Correctional Facility



Web-Based Tool to Support Case Planning

How are Collaborative Comprehensive Case Plans Implemented?

INTERAGENCY COLLABORATION AND INFORMATION SHARING	+
STAFF TRAINING	+
SCREENING AND ASSESSMENT	+
CASE CONFERENCE PROCEDURES	+
PARTICIPANT ENGAGEMENT	+
PRIORITIZED NEEDS AND GOALS	+
RESPONSIVITY	+
LEGAL INFORMATION	+
PARTICIPANT STRENGTHS	+
GENDER CONSIDERATIONS	+

JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risä Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, judges, police, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. In some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.¹ Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems, analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States, examining initiatives designed to improve outcomes for this population, and meeting with coalition people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of recidivism—inform a plan design and measure its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records the information so it can be analyzed at a system level.

Program design and implementation is not evidence-based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

Released in
January 2017

The “Six Questions”

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**?

The Four Key Outcomes



1. Reduce the number of people with SMI and SUD *booked* into jails



2. Shorten the *length of stay* in jails for people with SMI and SUD



3. Increase the percentage of people *connected to treatment*



4. Reduce rates of *recidivism*

At-A-Glance: Planning and Implementing Effective Diversion

- Using system data to identify drivers
- Planning scaled up approaches. . .
- . . . Across the justice system. . .
- . . . That are based on best available knowledge, including
 - Interagency planning
 - Screening, assessment
 - Appropriate treatment
 - Appropriate supervision
 - Trained personnel
 - Data collection/analysis
 - Quality assurance
- . . . Strategically leveraging different funding streams

County Training Technical Assistance (TTA) Priorities

Project Phase

- Planning
- Implementation
- Other?

Subject Matter Expertise

- Treatment modalities and packages
- Financing
- Diversion process/ court operations
- Data collection/ information sharing
- Stakeholder engagement
- Other?

TTA Style

- Best practices guides
- Community of practice/ peer learning
- Training: In person, distance
- Individual consultation
- Other?



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For more information, contact Hallie Fader-Towe at hfader@csg.org.

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