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
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
New York City Department of Correction (2008)

Opportunities for Pretrial Diversion and Case Resolution

- Pretrial: 62%
- Sentenced: 24%
- State Prison Sentence: 15%

ALOS for Pretrial Admissions (Days):
- M Group: 40 days
- Non-M Group: 79 days

ALOS for Sentenced Admissions (Days):
- M Group: 60 days
- Non-M Group: 81 days

Source: The City of New York Department of Correction 2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)
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
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
Goal: A System of Diversion to a System of Care
A System of Diversion...
Urban County (2014)

**Law Enforcement**
- Crisis Intervention Team (CIT)
- CIT Investigative Unit

**Community Diversion Services**
- Mobile Crisis Outreach Team
- Receiving Center Programs:
  - Wellness Recovery Center

**Mental Health Diversion Program**
- Jail Diversion Outreach Team Services:
  - Community Response Team
  - ATI Transport
  - Pretrial Services Programs:
  - Pretrial Supervision
  - Day Reporting Center

**Jail Services**
- Adult Detention Center Jail Health Services Division
- Courts:
  - Justice Court
  - District Court
  - Early Case Resolution Court
- Specialty Courts:
  - Mental Health Court
  - Drug Court

**Jail Programs**
- Correction Addiction Treatment Services at Oxbow Jail
- Life Skills at Jail
- Adult Education Services:
  - Horticultural Class
  - English For Speakers of Other Languages

**Probation Programs**
- Focus DUI Program
- Domestic Violence Program
- Classes/therapy provided by Adult Parole & Probation and Criminal Justice Services

**Reentry Program**
- Co-Occurring Reentry and Empowerment

**Example: A Continuum of Responses**
To a System of Care, Supports, and Appropriate Supervision

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

- Outpatient Treatment
- Intensive Outpatient Treatment
- Integrated MH & SU Services
- Peer Support Services
- Supported Employment
- Case Management
- Crisis Services
- Supervision
- Psychopharmacology
- Supportive Housing
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

Low Criminogenic Risk (low)
- Mild/Low Severity of Substance Use Disorder (low)
- Low Severity of Mental Illness (low)

- Group 1: I-L
  - CR: low
  - SUD: low
  - MI: low

- Group 2: II-L
  - CR: low
  - SUD: low
  - MI: mod/high

- Group 3: III-L
  - CR: low
  - SUD: med/sev
  - MI: low

- Group 4: IV-L
  - CR: low
  - SUD: mod/sev
  - MI: med/high

High Severity of Substance Use Disorder (moderate/severe)
- Low Severity of Mental Illness (low)

- Group 5: I-H
  - CR: med/high
  - SUD: low
  - MI: low

- Group 6: II-H
  - CR: med/high
  - SUD: low
  - MI: med/high

- Group 7: III-H
  - CR: med/high
  - SUD: mod/sev
  - MI: low

- Group 8: IV-H
  - CR: med/high
  - SUD: mod/sev
  - MI: med/high

Medium to High Criminogenic Risk (med/high)
- Mild/Low Severity of Substance Use Disorder (low)
- Low Severity of Mental Illness (low)

- Group 9: I-L
  - CR: low
  - SUD: low
  - MI: low

- Group 10: II-L
  - CR: low
  - SUD: low
  - MI: mod/high

- Group 11: III-L
  - CR: low
  - SUD: med/sev
  - MI: low

- Group 12: IV-L
  - CR: low
  - SUD: mod/sev
  - MI: med/high

High Severity of Substance Use Disorder (mod/sev)
- Low Severity of Mental Illness (low)

- Group 13: I-H
  - CR: med/high
  - SUD: low
  - MI: low

- Group 14: II-H
  - CR: med/high
  - SUD: low
  - MI: med/high

- Group 15: III-H
  - CR: med/high
  - SUD: mod/sev
  - MI: low

- Group 16: IV-H
  - CR: med/high
  - SUD: mod/sev
  - MI: med/high
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
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
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?

Released in January 2017
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

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<th>Project Phase</th>
<th>Subject Matter Expertise</th>
<th>TTA Style</th>
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<tr>
<td>• Planning</td>
<td>• Treatment modalities and packages</td>
<td>• Best practices guides</td>
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<tr>
<td>• Implementation</td>
<td>• Financing</td>
<td>• Community of practice/peer learning</td>
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<tr>
<td>• Other?</td>
<td>• Diversion process/ court operations</td>
<td>• Training: In person, distance</td>
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<td></td>
<td>• Data collection/information sharing</td>
<td>• Individual consultation</td>
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<td>• Stakeholder engagement</td>
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