CBHC | Colorado Behavioral Healthcare Council

Criminal Justice Diversion - Overview

Criminal justice (CJ) systems across the nation are facing common difficulties in managing record numbers of individuals with substance abuse and mental health disorders. The crisis has been recognized nationally, and policy and legislative reform has occurred on multiple levels to address the issue. Now, more than ever, the focus has shifted to diversion programs as a way of alleviating the burden on criminal justice systems – allowing individuals to receive mental health and substance use disorder (SUD) treatment in appropriate settings.

CBHC involvement

The current momentum around criminal justice reform has revitalized CBHC's involvement in the issue. With multiple taskforces (such as the CCJJ Mental Health/Jails through Release Taskforce) and groups convening on a regular basis, CBHC membership is more involved in the criminal justice conversation than ever before. Our member organizations treat these justice-involved individuals on the ground level and are proactively creating new partnerships with local entities to address the issue.

Working along every step of the Sequential Intercept Model

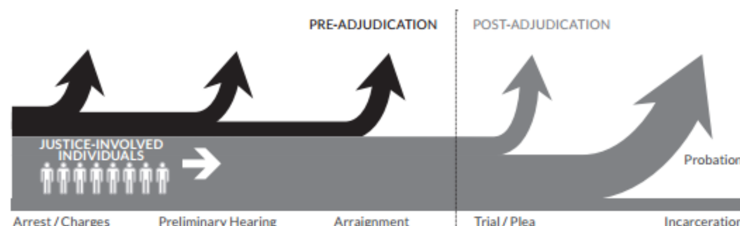
Developed by the SAMHSA-funded GAINS center, the Sequential Intercept Model provides a framework for communities to organize targeted strategies for justice involved individuals with serious mental illness. Within the criminal justice system there are numerous intercept points – opportunities for linkage to services and for prevention of further penetration into the CJ system (GAINS center, 2009)

Community mental health centers (CMHCs) have long provided services and formed partnerships at every intercept of the criminal justice system. Our members have a deep understanding of the scope of the problem and of the specific population that is need of service.

Diversion First

Research demonstrates that early diversion models are the most effective in promoting best-outcomes, reducing multi-systemic costs, and to have the greatest impact on overcrowding in corrections.

"A criminal conviction – misdemeanor or felony – triggers a cascade of collateral consequences that often severely hamper an individual's ability to become a productive member of the community. While policies and practices minimizing the use of incarceration certainly may be sound options, the conviction itself precludes or restricts an individual's pursuit of education, housing, and employment, and creates a platform for enhanced sanctions and consequences upon further justice system involvement."
(The Center for Health and Justice at TASC, 2013)



The Center for Health and Justice at TASC (2013)

CBHC | Colorado Behavioral Healthcare Council

Criminal Justice Diversion - Models

Types of Diversion: (Camilletti, 2010)

- **Statewide Pretrial Diversion**: Community-based services that sometimes include types of victim restitution. These are usually managed and funded by states' Administrative Office of the Courts, probation, community corrections, or nonprofit organizations (i.e., CMHCs).

- **Pre-Booking Diversion Programs**: Services that intervene within the CJ system before an individual is charged. Goal is to keep appropriate individuals out of jail, and is often aimed at mentally ill/SUD. These may incorporate CJ personnel training and partnerships with BH personnel.

- **Post-Booking Diversion**: Services that intervene within the CJ system after individual is charged. These involve assessment and screening of individuals to develop treatment plans that allow offenders charges to be waived after completion of the program. Typically housed in courts (with MH partnerships) and provide case management, referrals, and wrap-around services.

- **Post-Plea Diversion**: Individuals plead guilty and then participate in community-based corrections that is coupled with treatment and service programs instead of incarceration.

- Pre-trail and Pre-Booking diversion participants have the best clinical outcomes as compared to individuals on a traditional CJ trajectory (Broner et. al., 2005)
    - Best outcomes occur when there is a good match between the MH professional and consumer and when providers have lower case rates.

- Pre-trail diversion has been shown to consistently reduce CJ costs, be time-effective (improve processing), and to impact/reduce overcrowding in corrections. (Cowell et. al., 2004)

Specialized Policing Response Models: (Reuland, 2013)

- **Crisis Intervention Teams**: Officer (voluntarily) train in identifying signs and symptoms of mental illness, de-escalation tactics, and transporting people in crisis to an efficient, 24/7 treatment center.

- **Co-Responder Teams**: Specialty-trained officers pair up with a specialty-trained MH professional to respond to scenes involving mental illness together with the goal of transport/referral to services.

- **Follow-Up Teams**: Specially trained officers work closely with MH partners to identify people who repeatedly come to the attention of police to develop longer-term solutions.
    - Can be used to inform police to dispatch MH partners instead of dispatching officers.

- **Community Outreach Teams**: Law enforcement or crisis responders work closely with MH partners to identify and locate high-utilizers to engage them in treatment and long-term services.

CBHC | Colorado Behavioral Healthcare Council

Examples of Diversion Programs - Colorado

<u>MHCD Co-Responder Program:</u>

Mental health professionals pair with a DPD officer for the day to patrol & respond to calls. MH professionals advise officer on how to respond to calls involving mental illness, assist with MH service coordination/referrals/intake services, facilitate communication for outside entities (i.e, detox, crisis center, psych ER), and initiate MH hold if necessary.

- Prevention included as MH professionals have option to ID high-end users and direct to services
- Wrap-around services included with one employee stationed at the Denver County Jail. Makes connections to services. Allows for MHCD intakes to occur during booking.
- **Funding:** Contract with City & County of Denver (Department of Safety, Crime Control and Prevention Commission) as well as Medicaid (capitation), VA, and third party contributions.
- **Costs:** Maximum 2016 contract amount: $410,000. Total 2016 budget: $566,000*
- **Savings:** The program started in May, 2016 and will be reporting outcomes in the near future.

<u>Boulder County, Colorado's EDGE (Early Diversion Get Engaged) Program:</u>

County law enforcement partnered with Mental Health Partners (CMHC) and is used by two police departments (Longmont and Boulder). Police will contact the EDGE team if there is need for a MH intervention. Specialty trained clinicians from MHP listen to police radio, do ride-along, or may be paged by dispatch. MH professionals transfer to crisis center, refer to services, connect to peer support, and do follow-up services.

- Workforce: 10 licensed MH (LPC/LCSW), 2 peers, 2 post-graduate clinicians
- **Funding:** SAMHSA grant ($900,000) for pilot & start up, ended in 2016.
  - Awarded and operating with a Denver Foundation Grant.
  - Proposing a shared savings model with police
- **Cost:** Approximately $600,000* annually. SAMHSA grant covers $322k of that.
- **Estimated Savings**: $3 million annually from ER, Jail, and transient population savings.
  - See attachment for partial savings and outcomes estimations.
  - Hard to quantify savings such as: less police calls, wrap-around with MHP, peer utilization

<u>Colorado Springs, Community Response Team (CRT) Program:</u>

Two distinct, three-person teams consist of a Colorado Springs police officer, a Fire Department EMT, and an AspenPointe licensed clinician. Respond to 911 calls that involve mental illness.

- Since it began in 2014, CRT has diverted 91% of 911 calls related to mental health from emergency departments to more appropriate levels of care. In FY16, responded to 1944 calls.
  - Of those engaged, 45% were treated in place, 30% were taken to the CSU, 15% needed to be transported to the emergency departments and 9% were directly admitted to psychiatric facilities.
- **Funding:** Colorado crisis contract and police/fire departments personnel contribution
- **Cost:** Approximately $600,000* annually, not including oversight committee costs.

* These estimations include personnel, equipment, insurances, data tracking, reporting, and more.

Examples of Diversion Programs – National

Johnson County, Kansas Co-Responder Program:

City police departments in Johnson County are partnering with the Johnson County Mental Health Center to implement a co-responder program. Includes an access team, mobile crisis, after-hours emergency services & a crisis recovery center

- Deploys MH professionals with police on law enforcement calls involving mental illness
- First piloted by Olathe, KS in 2010
  - 12 months pre: 82 MH calls – 54% hospitalization, 1% referral to services
  - 12 months' post: 131 MH Calls – 39% referral to service.
    - In total, 808 instances (in 12 months) of co-responder providing services while riding with law enforcement
- Beta program in Overland Park, 2013
  - Post: MH calls were 15-16x less likely to result in ER and 4-5x less likely to result in arrest
- **Funding:** started with a Department of Justice grant, now funded by cities & Police departments
- **Costs:** Shawnee county commitment: $50k, City of Olathe commitment: $43k

Bexar County, (San Antonio) Texas, Jail Diversion Program:

Comprehensive program with 46 "intervention points" including: CIT team, Deputy Mobile Outreach Team (co-responder team), Pre-trail services, court-based services, a 24/7 crisis line, and a Crisis Care Center and more. Community partnerships (CMHCs, hospitals, etc.) provide clinicians and services.

- Divert ~4000 mentally ill individuals to treatment annually
- **Funding:** State appropriated $83 million over two years to carry the effort statewide. Case management attempts to get Medicaid coverage ASAP – covers 25% - 35% of diversion costs. Grant funding is consistently pursued.
- **Costs:** total startup costs (2001-2003): $550,00 (not including services, which included funding a "Director of Jail Diversion" position that bridged inter-systemic boundaries.
  - Diverting a typical person through pre-booking: $370
  - Diverting a typical person through post-booking bond docket: $238
  - Diverting a typical person through post-booking docket: $205
- **Saving:** approximately $5 million in jails and $4 million in ERs annually

Seattle's LEAD (Law Enforcement Assisted Diversion) Program:

LEAD-trained officers make initial assessment of the situation and then decide if to take to jail or the community-based program (where LEAD clinicians will do a host of BH services, referrals, and wrap around etc.). If referred to LEAD, they will be engaged by a case-management or outreach team.

- **Funding:** Pilot ($4 million) was funded by private foundations for first 4 years
  - City of Seattle committed funds thereafter to scale up the program.
  - Currently, $900,00 in private foundation funding & substantial in-kind local-level resources

Seattle's LEAD Continued:

- **Costs:** average (during startup) $899 per person per month, (after startup) $532 per person per month.
- **Value:** Cost-Benefit analysis estimated that WA & Seattle government spends $1.5 million per year to criminalize, and that LEAD can cut that number in half.
  - Participants were 58% less likely to be arrested after participating in LEAD
- Santa Fe and New York City have adopted this model with different target populations.

<u>Los Angeles' MEU (Mental Evaluation Unit):</u>

Multi-layer program that includes co-responders, CIT, and follow-up teams. Includes a comprehensive data-sharing procedure while embedding MH professionals in law enforcement agency (LAPD). Most recently, new program places police detective with MH professionals to provide long-term intervention and follow-up to high end users. The primary goal is to transport and refer to MH services either in the unit or in community mental health clinics.

- MEU is staffed by 61 officer and 34 DMH (Department of Mental Health) clinicians
- Value 2014: 12,813 calls for service. 72% hospitalized (Psychiatric Emergency Department), 5% referred to outpatient services
- System-wide Mental Assessment Response Team (SMART) houses the co-responder team and has been active since 1993.

<u>The 11th Judicial Circuit Criminal Mental Health Project (CMHP) in Miami-Dade County:</u>

Pre-booking diversion with CIT officer training and post-booking diversion in which people who were charged are taken to a CMHC and handled by a MH court. Includes a continuum of behavioral services with a focus on social determinants of health (assisted housing, gap funding, etc.)

- **Funding:** Since 2000, several grants and foundation funding. Also continually funded by the FL Department of Children Families and with Miami-Date County contributions.
- **Value:** in 2013 CIT officers respond to 10,626 MH-related calls per year.
  - Only nine of these calls lead to an arrest. Miami-Dade was able to close one county jail.

Florida has had many diversion programs along various intercepts. For examples, view:
A Brief Overview of Promising Jail Diversion Programs in Florida

Other Law-Enforcement Diversion Programs:

- **Arizona:** Project ROSE
- **California:** LAPD Crisis Response Psychiatric Emergency Response Team
- **Florida:** Pinellas County CIT Program University of Florida Police CIT
- **Illinois:** Chicago CIT
- **Maine:** Portland Police Department Crisis Response
- **Texas**: Houston Police Department CIT
- **Utah:** Salt Lake City Police Department, Utah Statewide CIT
- **Virginia:** Colonial Crisis Intervention Team
- **Wisconsin:** Madison Police Department Crisis Response

To read more about these programs, and other initiatives along various intercepts, view:
No Entry, A National Survey of Criminal Justice Diversion Programs and initiatives

References:

Broner, N., Mayrl, D.W., and Landsberg, G. (2005). *Outcomes of mandated and non-mandated New York City jail diversion for offenders with alcohol, drug, and mental disorders*. The Prison Journal 85(18).

Bureau of Justice Assistance (2016)., *LAPD Mental Evaluation Unit Program Outline.* http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/April20/MEU%20Program%20Outline%20updated%20UPDATED%204-13--2016.pdf

Camilletti, C. (2010). *Pretrial Diversion Programs Research Summary*. Us. Department of Justice, Bureau of Justice Assistance

The Center for Health and Justice at TASC. (2013). *No Entry: A National Survey of Criminal Justice Diversion Programs and Initiatives*. Chicago: Author http://www2.centerforhealthandjustice.org/sites/www2.centerforhealthandjustice.org/files/publications/CHJ%20Diversion%20Report_web.pdf

Chang D., (2016). *Criminal Mental Health Program in Miami-Dade seen as a Model for Nation.* Miami Herald http://www.miamiherald.com/news/health-care/article79004057.html

Collins S., Lonczak, H., & Clifasefi, S., (2015). *LEAD Program Evaluation*. Harm Reduction Research and Treatment Lab at the University of Washington – Harborview Medical Center

Cowell, A.J., Broner, N., and Dupont, R. (2004). *The cost-effectiveness of criminal justice diversion programs for people with serious mental health illnesses co-occurring wit substance abuse: four case studies*. Journal of Contemporary Criminal Justice (20:292)

Evans L., (2014). *Blueprint for Success: The Bexar County Model Toolkit. How to Set Up a Jail Diversion Program in Your Community.* http://www.naco.org/sites/default/files/documents/Jail%20Diversion%20Toolkit.pdf

GAINS center, (2009). D*eveloping a comprehensive plan for mental health and criminal justice collaboration: the sequential intercept model* http://namimass.org/wp-content/uploads/Sequential-Intercepts-for-Developing-CJ-MH-Partnerships.pdf

Mulder, E. (2015). *Colorado Springs Groups Work to Lessen Mental-Health Related 911 Calls, Better Help Those in Need.* http://gazette.com/colorado-springs-groups-work-to-lessen-mental-health-related-911-calls-better-help-those-in-need/article/1556305

Roesler, N., (2016). *Shawnee, Lenexa join Johnson County Mental Health Corresponder Program*. Shawnee Dispatch http://www.shawneedispatch.com/news/2016/mar/31/shawnee-lenexa-join-johnson-county-mental-health-c/

Reuland, M., (2013). *Specialized Policing Responses (SPR) to People with Mental Illnesses* (PowerPoint), dated April 8.

Note: Information for Colorado programs (MHCD Co-Responders, Boulder EDGE, and Colorado Springs CRT) was collected through phone interviews and information sharing by program/CMHC staff.