



Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

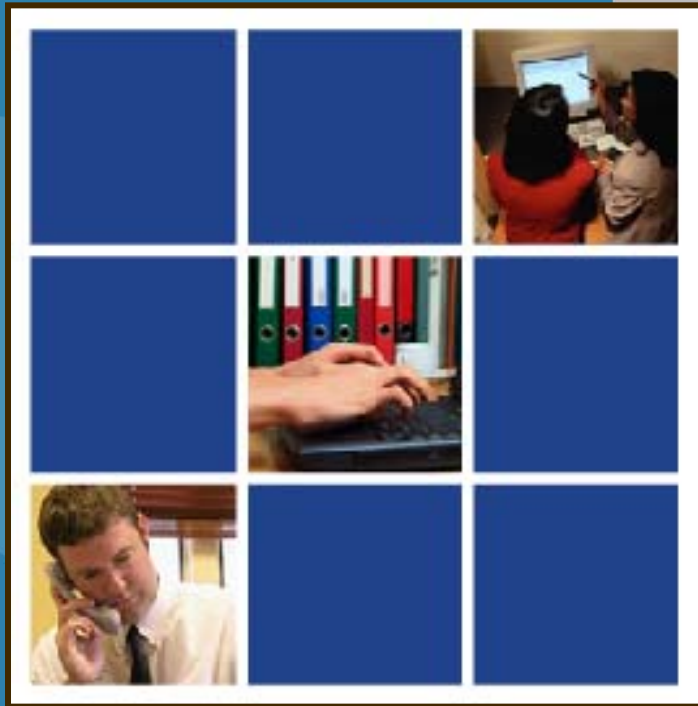
Cross-Systems Mapping:

A Tool to Assist Jurisdictions in Developing Effective Jail Diversion Initiatives

Patty Griffin, PhD



Policy Research Associates, Inc.

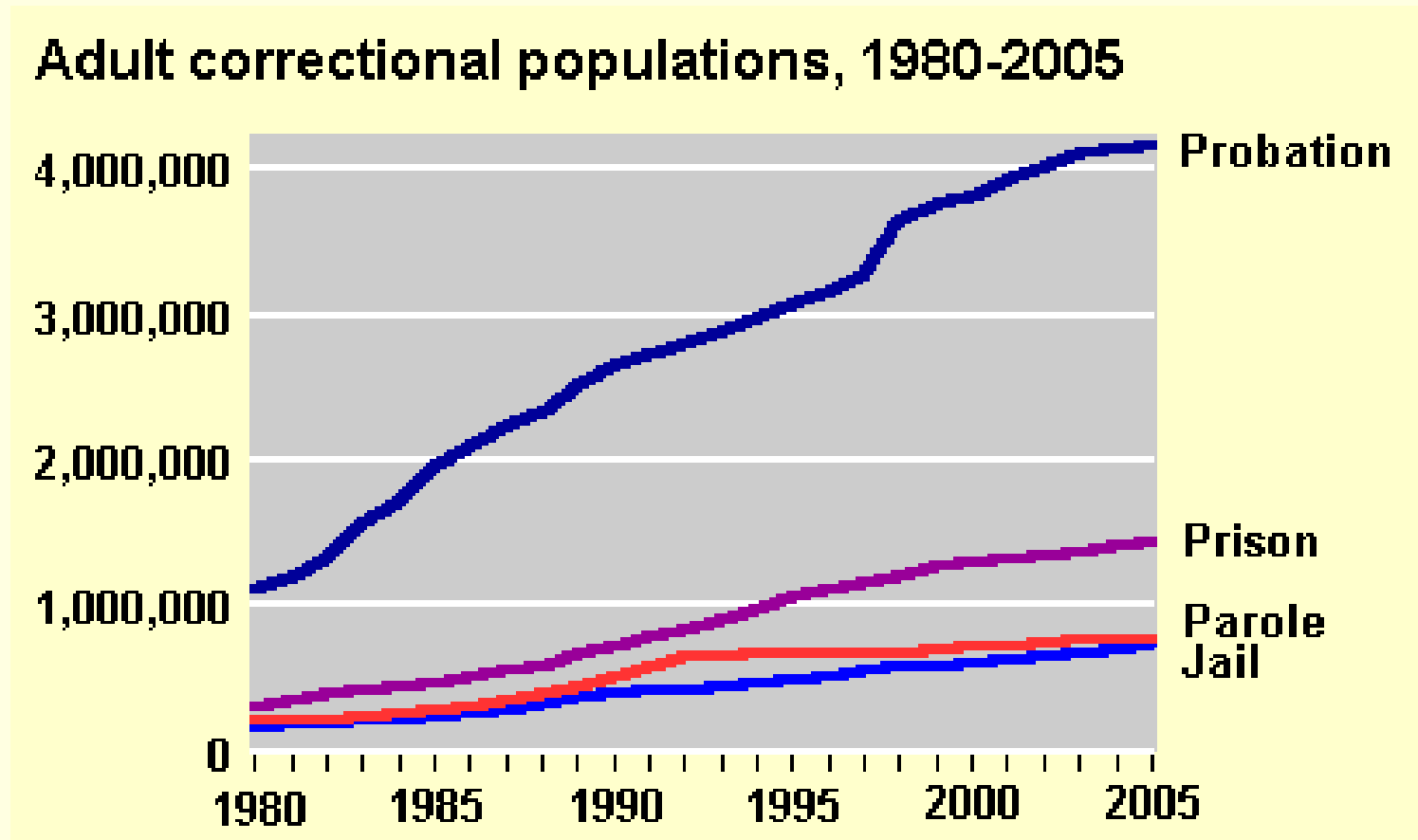


**Since 1987,
a national leader in
mental health research
and its application to
social change.**

The Problem

- ***High rates of persons with severe mental illness and often co-occurring substance use disorders in the criminal justice system***
- ***They keep coming back***

The growing corrections system



Source: Bureau of Justice Statistics
Correctional Surveys

Understanding Diversion Before:

(Steadman, et al, 1994)

- Mail survey of every jail in country with more than 50 inmates; Followed by phone and site visits
- Estimated 52 formal diversion programs in entire U.S.

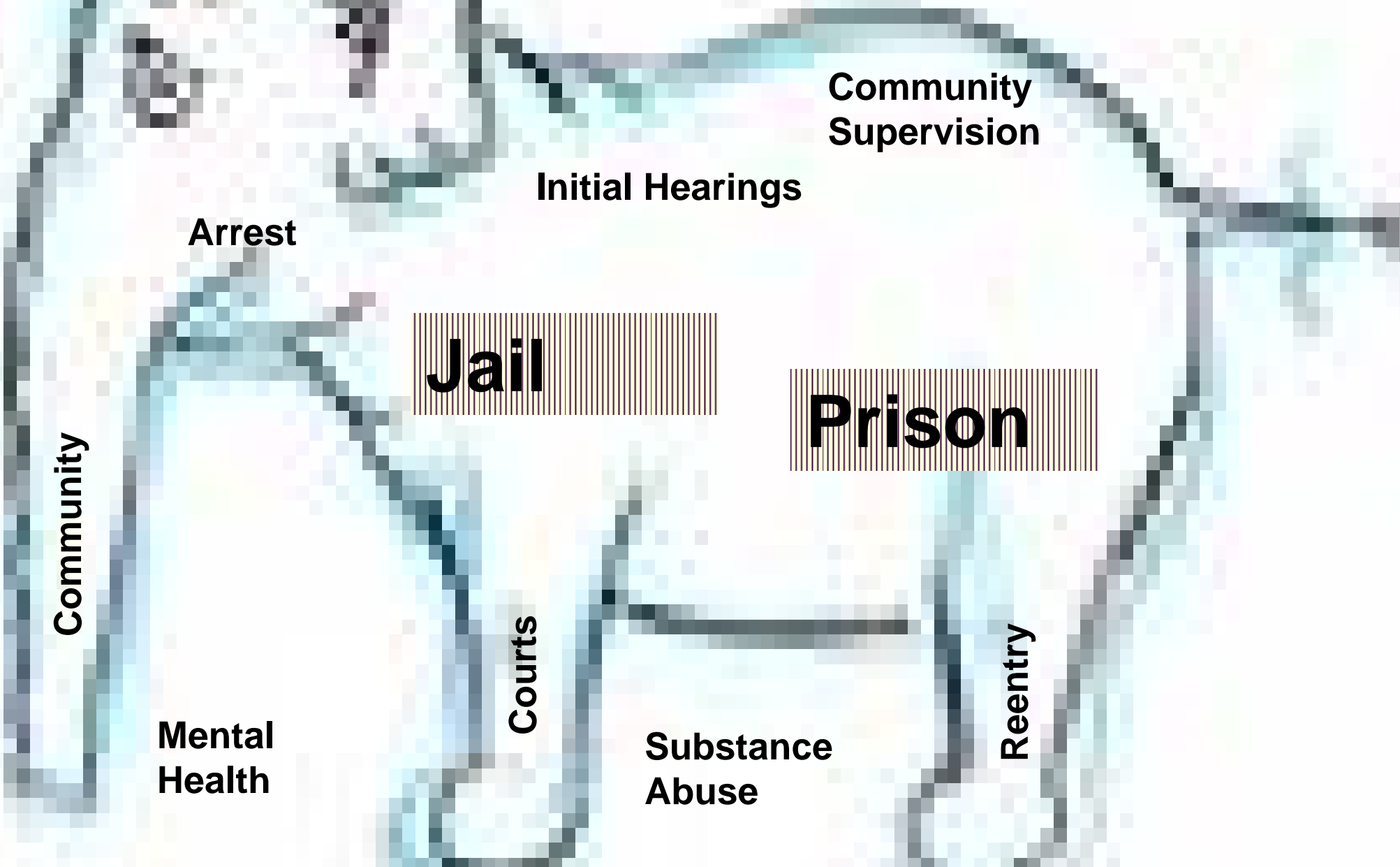
Understanding Diversion Now:

- **Rapidly growing field**
- **Wide variety of diversion initiatives**
 - **Divert at many points**
 - **Efforts led by a variety of stakeholders**
 - **Spread across the country**
 - **Wide variety of approaches: criminal justice and treatment**
- **Slowly growing field of research to guide us about which approaches are most successful**

Diversions Programs Nationally

- 195 Pre-booking
 - 182 Post-booking, Specialty Courts
 - 174 Post-booking, Non-Specialty Courts
 - 551 Total**
-
- 13.4% of all counties in the US have one or more jail diversion programs
 - Only Wyoming, Mississippi, North Dakota, and South Dakota are without jail diversion programs

“Unsequential” Model



Community
Supervision

Initial Hearings

Arrest

Jail

Prison

Community

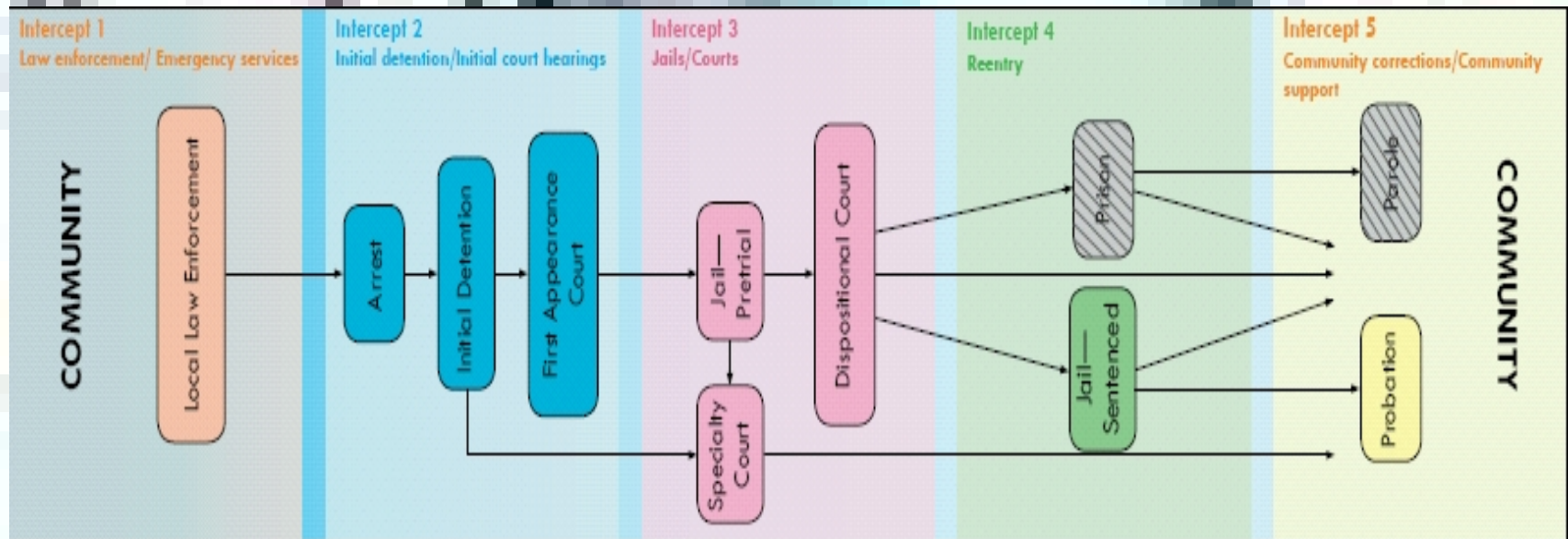
Mental
Health

Courts

Substance
Abuse

Reentry

Sequential Intercept Model



Mark R. Munetz, M.D.
Summit County ADM Board
Northeastern Ohio Universities
College of Medicine



OHIO CRIMINAL JUSTICE
COORDINATING CENTER
OF EXCELLENCE



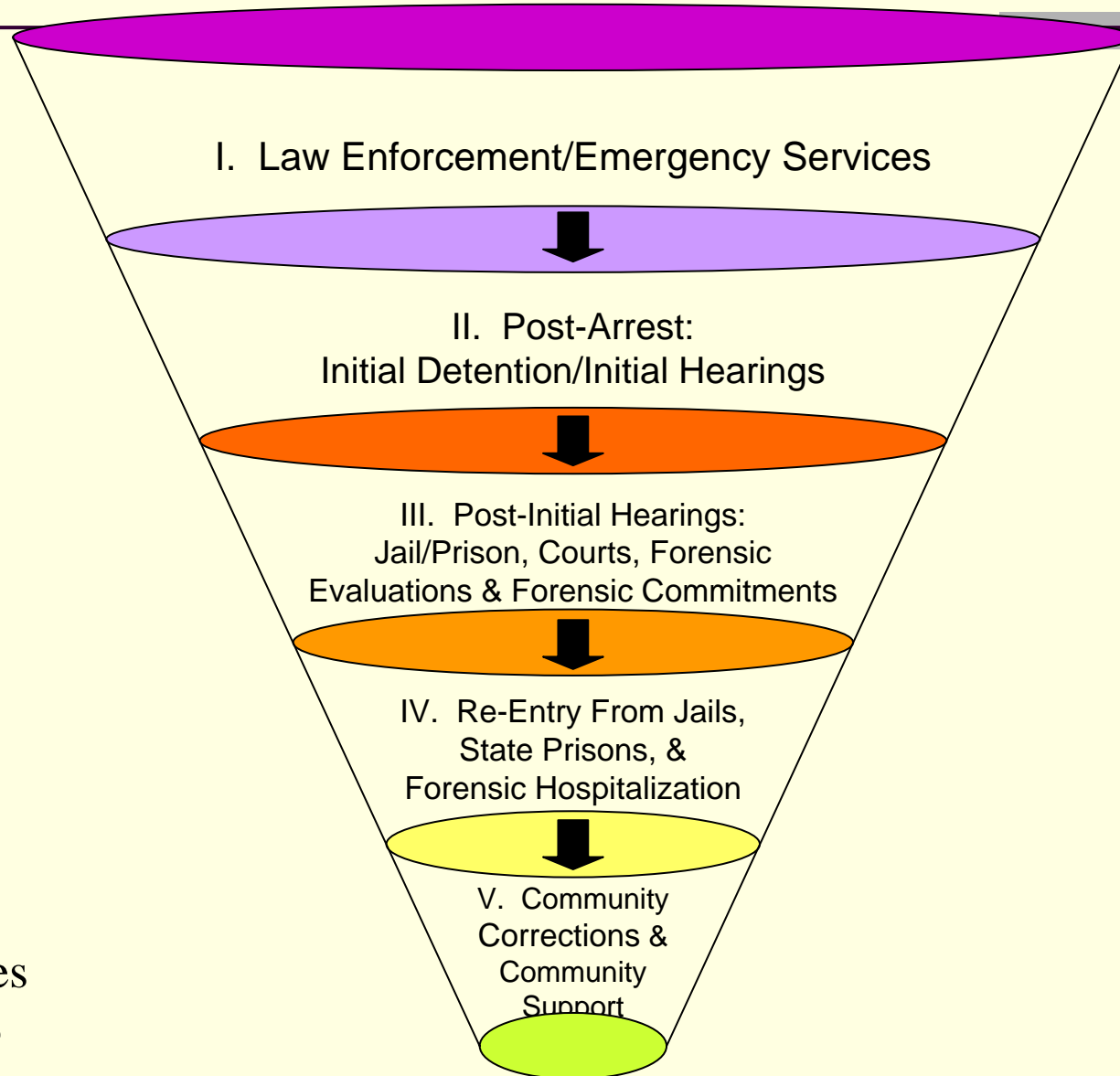
Northeastern Ohio Universities
COLLEGES OF MEDICINE & PHARMACY

A systematic approach to the criminalization problem

- **There is no single solution to the problem we are calling “criminalization of people with mental illness” or over-representation**
 - **The problem must be attacked from multiple levels**
 - **The “Sequential Filters” Model**
 - **We conceptualized a series of filters. Each filter provides a point to “catch” an individual with mental illness. Over time, the filter rate should increase earlier in the sequence.**

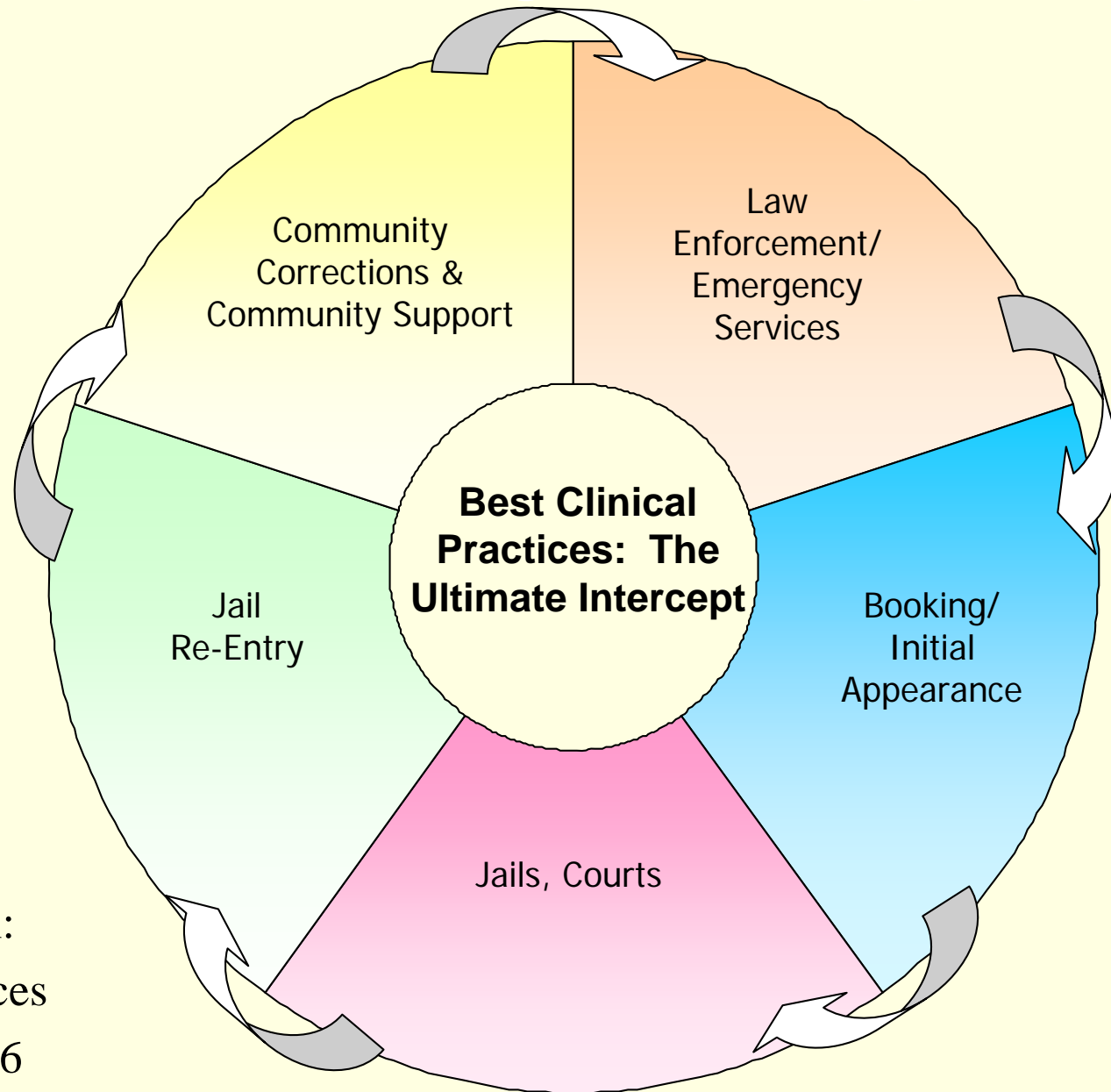
Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

Sequential Intercept Model: The Revolving Door Approach



Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

Sequential Intercept Model

Munetz & Griffin 2006

- A conceptual framework for communities to use when considering the interface between criminal justice, mental health, and substance abuse systems.
- An organizing tool.

Sequential Intercept Model

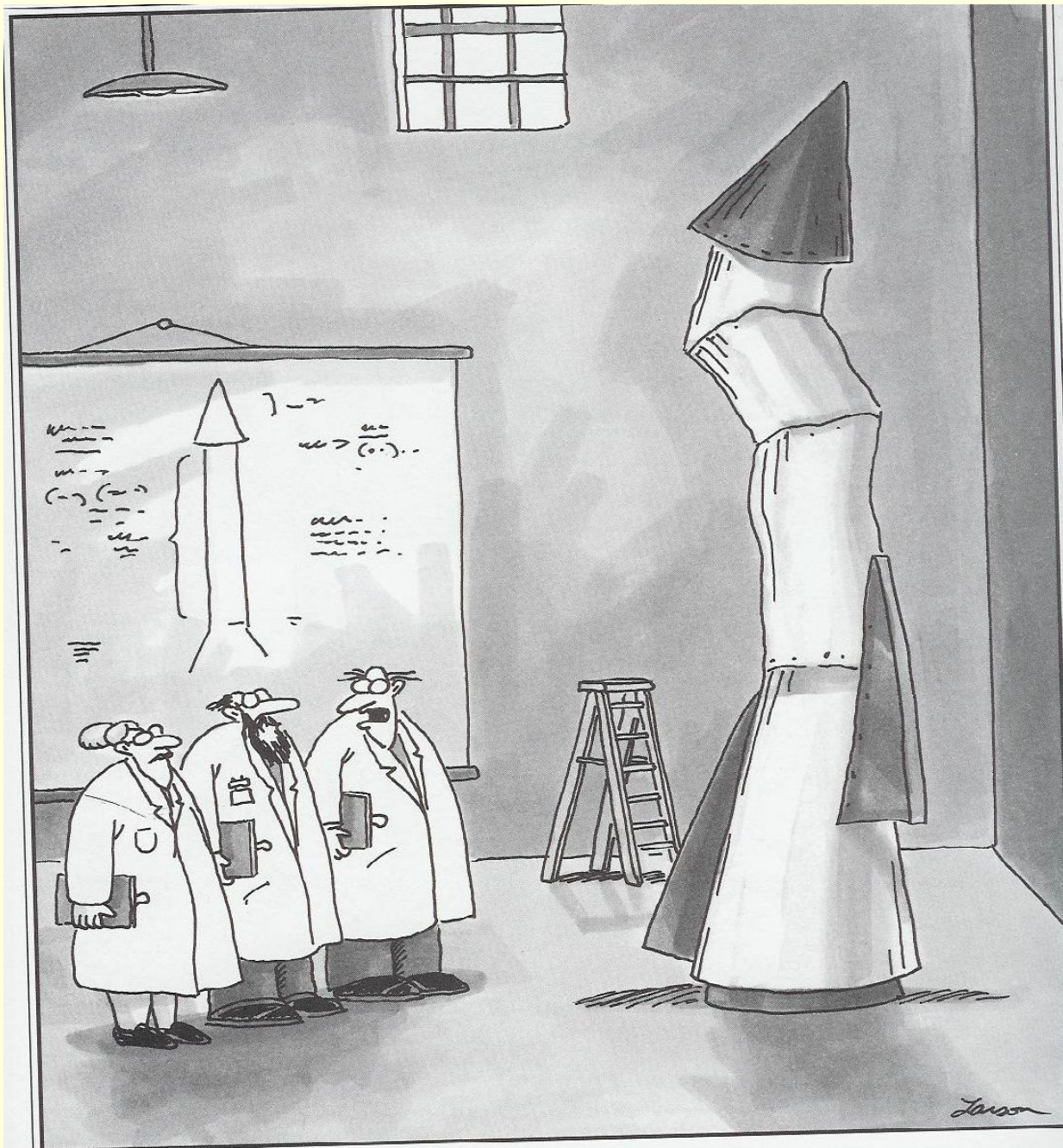
Munetz & Griffin 2006

- **The model 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 that evolve over time to increase diversion and linkage to community services.**

Sequential Intercept Model

Munetz & Griffin 2006

- **People move through the criminal justice system in predictable ways**
- **Examine this process in your locality to identify ways to “intercept” persons with severe mental illness and co-occurring disorders to ensure:**
 - **Prompt access to treatment**
 - **Opportunities for diversion**
 - **Timely movement through criminal justice system**
 - **Linkage to community resources**

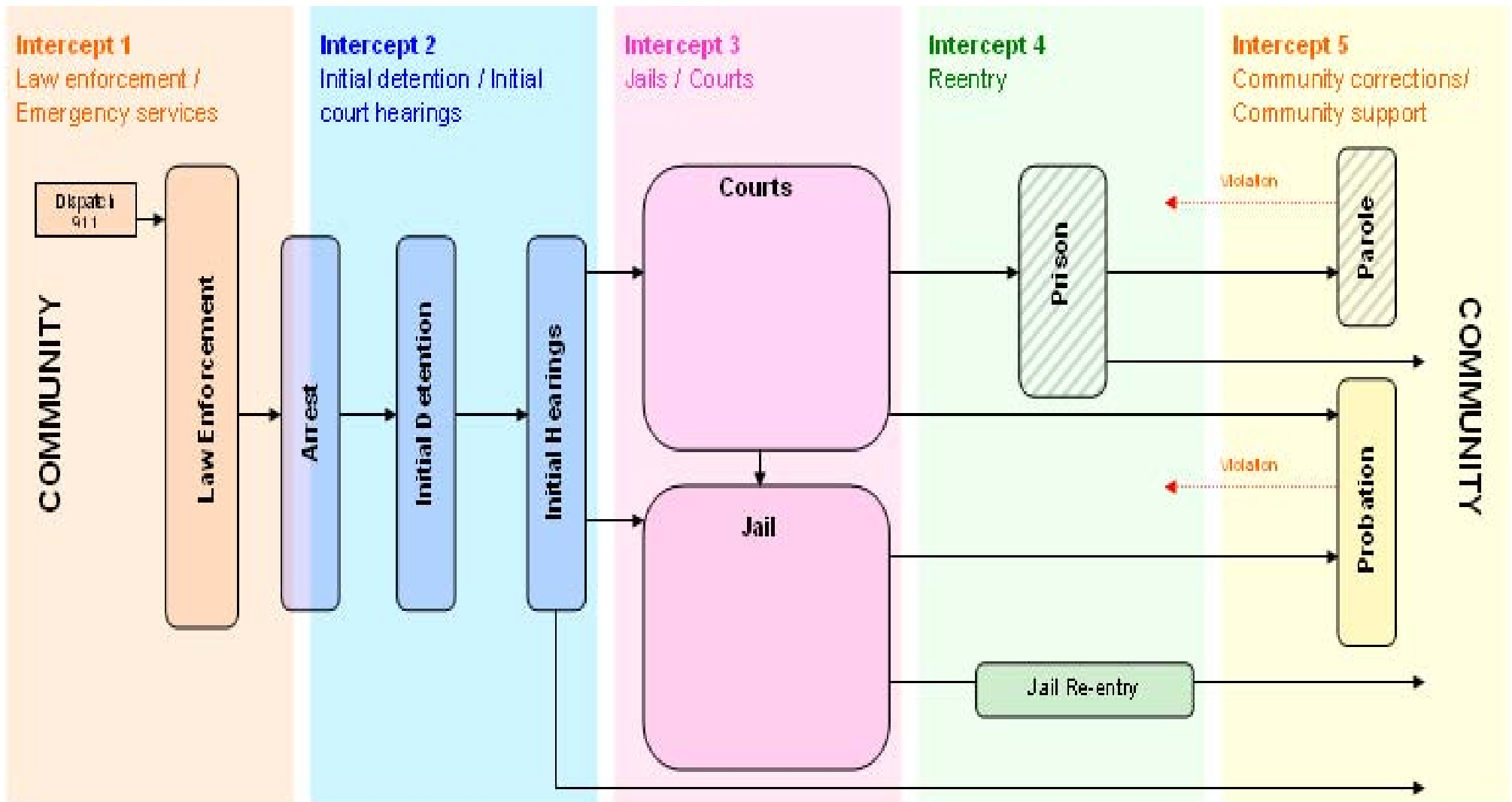


"It's time we face reality, my friends. ...
We're not exactly rocket scientists."

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 Intercepts for Change: Criminal Justice - Mental Health Partnerships

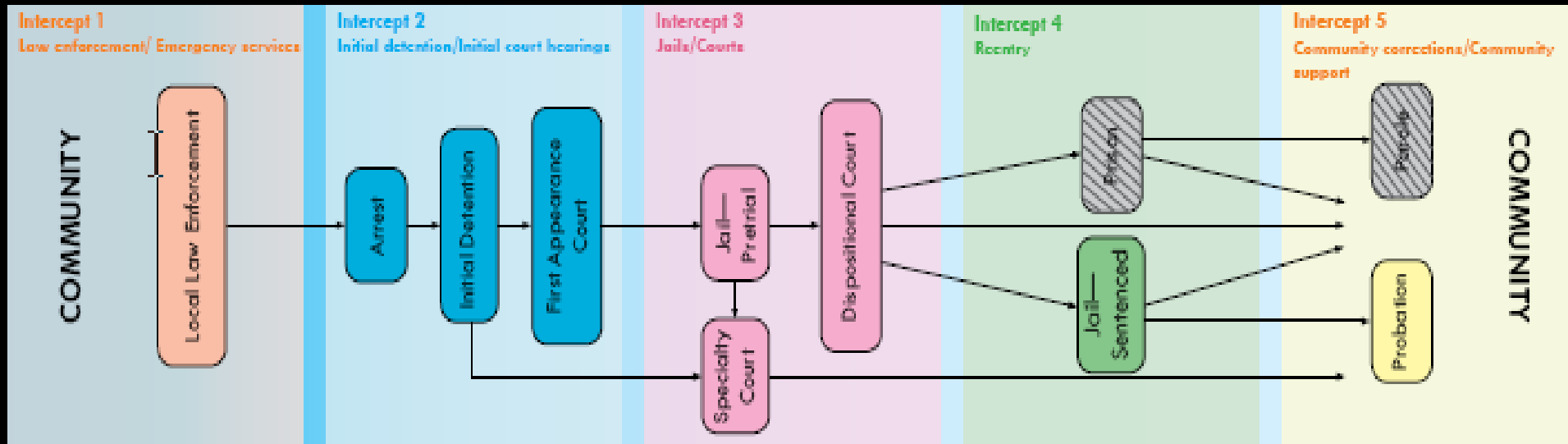


Diversion Equation:

- What criminal justice does differently
- What the treatment system does differently
- How they work together differently

Actions for State Level Change...

- Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- Pass legislation encouraging jail diversion programs as done in FL, HI, IN, CT, TX
- Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- Remove constraints that exclude persons formerly incarcerated from housing or services; make criminal justice clients a priority for housing, as done in ND
- Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- Create criminal justice priority eligibility group without "ineligibility" or listing services to others; for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- Legislate task forces/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- Utilize the State planning process to integrate mental health, substance abuse, and criminal justice; identify incentives to get stakeholders in each system to the table
- Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as cross-trainers



Action Steps for Service Level Change by Intercept...

- **Request for Police Services:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- **On-Scene Assessment:** Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor
- **Incident Documentation:** Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability
- **Police Response Evaluation:** Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests

Source: Policy Statements 2-4, Coanawa Project (2002)

- **Appointment of Counsel:** Provide defense attorneys with earliest possible access to client mental health history and service needs, available community mental health resources, and legislative and case law impacting the use of mental health information in case resolution
- **Prosecutorial Review of Charges:** Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness
- **Pretrial Release & Modification of Pretrial Diversion Conditions:** Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversion

Source: Policy Statements 7-11, Coanawa Project (2002)

- **Intake Procedures:** Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals' strengths, risks, and needs upon admission
- **Individualized Programming Plan:** Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community
- **Physical Health Care & Mental Health Care:** Facilitate community-based providers' access to prisons and jails and promote service delivery consistent with community and public health standards
- **Substance Abuse Treatment, Children & Families, Behavior & Attitude, Education & Vocational Training:** Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

Source: Policy Statements 8-14, ReEntry Policy Council (2004)

- **Subsequent Referral for Mental Health Evaluation:** Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken
- **Development of Transition Plan:** Effect the safe and seamless transition of people with mental illness from prison or jail to the community
- **Transition Planning:** Facilitate collaboration among corrections, community corrections, and community providers and utilize a transition Checklist to identify service needs and provide effective linkage to services
- **Identification & Benefits:** Ensure releases exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail

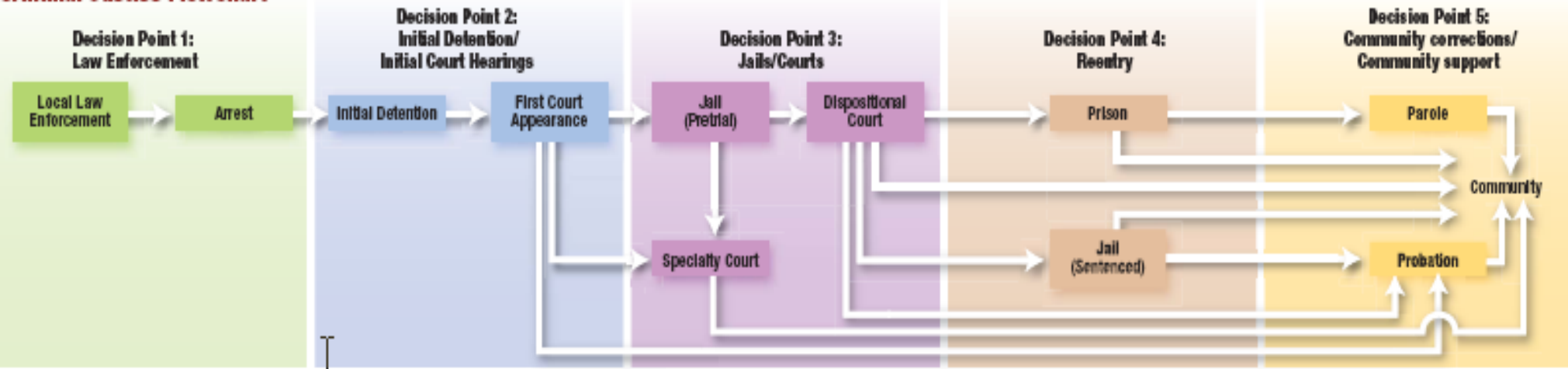
Source: Policy Statements 15-21, Coanawa Project (2002); APC ReEntry Report, OASD County 18 & 24, ReEntry Policy Council (2004)

- **Implementation of Supervision Strategy:** Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of releasee, victim, community, and family change
- **Maintaining a Community of Care:** Connect inmates to employment, including supportive employment services, prior to release. Facilitate releasee's sustained engagement in treatment, mental health and supportive health services, and stable housing
- **Graduated Response & Modification of Conditions of Supervised Release:** Ensure a range of options for community corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Source: Policy Statements 22-29, ReEntry Policy Council (2004); 22, Coanawa Project (2002)

People with mental illness involved with the Criminal Justice system

Criminal Justice Flowchart



Scope and impact on individuals

Decision point 1: Law enforcement

Scope

- 544,436 Number of adult arrests, statewide in 2006.
- 500 Number of police departments, statewide in 2006.
- 38,110 Estimated number of people with mental illness with police contact annually.
- 3 Number of police departments that have a formal crisis response, statewide.

Impact

People with mental illness require specialized approaches during contact with police, a substantial amount of police time is spent in these contacts.

Individuals in crisis may further jeopardize their legal standing by behavior that causes severe treatment by law enforcement personnel, leading to possible injury or even death and more intensive charges.

Worst Case Scenario

Individuals remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Strengthening police training
- Improve police/mental health liaison
- Improve diversion alternatives

Decision Point 2: Initial detention/Initial court hearings

Scope

- 176 Number of DPCA funded Alternatives to Incarceration programs, (no information is currently available regarding mental health screening for these or other ATI programs).
- 4 Number of Mental Health Court Connections programs (new program - no statistics).
- 194 Number of police departments with lock-ups statewide.
- 1 Number of suicides in police lock-ups in 2006.

Impact

Many individuals with mental illness have little or no resources and may be detained because they cannot post even very low bail and are not offered release on personal recognizance.

An absence of supervised treatment/support alternatives for these offenders may lead to incarceration instead of more appropriate treatment.

Worst Case Scenario

Individuals remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Test diversion alternatives

Decision point 3: Jails/Courts

Scope

- 38,271 Number of individuals in local correctional facilities on any given day statewide.
- 5,323 Approximate number of individuals with mental illness in local correctional facilities on any given day statewide.
- 4 Number of suicides in county jails in 2006.
- 1,740 Number of courts statewide.
- 49,343 Number of felony convictions in 2006.
- 14 Number of mental health courts (which handle approximately 850 cases per year) statewide.

Impact

People with mental illness spend 2 to 5 times longer in jail than persons without mental illness.

People with mental illness are charged, convicted, and sentenced more severely than other people accused of similar crimes.

Jails are often not adequately staffed or equipped to provide mental health care. Jail costs more because of these challenges.

Worst Case Scenario

Individuals can remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Evaluate alternative to incarceration

Decision Point 4: Reentry

Scope

- 63,000 Number of state prisoners.
- 25,000 Number who have been released from prison per year.
- 12,000 Number who received outpatient Mental Health services in prison.
- 2,445 Number discharged with pre-release plans completed by 25 Pre-Release Coordinators located in prisons.
- 978 (40%) Number who have had shelter placements.
- 13 Number of suicides in prisons statewide in 2007.

Impact

Seriously mentally ill individuals leave prison to places of residence at a great distance (approximately 60% to NYC), thus it is difficult to connect to community based services.

Housing in conjunction with mental health programs is the greatest challenge. Individuals in the shelter system may be victimized by other individuals.

Delay in acquiring SSI/Medicaid benefits presents an obstacle to accessing community based mental health services.

Worst Case Scenario

Individuals reenter and cycle through criminal justice system, are injured or die, or commit suicide.

Opportunities

- Address specific mental health needs of re-entering mentally ill inmates.

Decision Point 5: Community corrections/Community support

Scope

- 59,000 Number of individuals on parole state wide as of 2007.
- 19,000 Number who have treatment contact with mental health service providers.
- 2,600 Number who are seriously mentally ill.
- 1,600 Number of seriously mentally ill parolees who will be on normal case loads of parole officers.
- 127,861 Number of adults on Probation in NYS.
- 20,457 Number of these probationers who are estimated to have mental illness.
- 9 Number of Probation Departments with dedicated mental health caseloads.

Impact

The stigma of criminal justice involvement for Parolees and Probationers increases their difficulties in accessing community based services.

A large majority (72%) of people with serious mental illness involved in the criminal justice system have a cooccurring substance abuse disorder.

Worst Case Scenario

Individuals reenter the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Develop treatment and housing for parolees and probationers, especially those with cooccurring disorders.



Cross-Systems Mapping

■ Creating a Local Cross-Systems Map

- This 1-day workshop visually depicts how people with mental illness come in contact with and flow through the criminal justice system
- It brings together key stakeholders to tap into local expertise
- A local map is created using the Sequential Intercept Model developed through the CMHS National GAINS Center at PRA
- Opportunities and resources are identified for diverting people to treatment
- Gaps in services are summarized

Cross-Systems Mapping Exercise

- Reflects how individuals move through the local criminal justice system
- Indicates points for intervention or diversion of people with mental illness
- Provides a visual depiction of the ways in which treatment systems interact with the local criminal justice system

■ Priorities for Change

- PRA provides examples of successful systems integration, promising programs, and emergent collaborations from around the U.S.
- Participants determine areas where immediate steps will effect a more cohesive, integrated approach to service delivery
- A local set of priorities for change

■ Additional Benefits

- This workshop facilitates cross-system communication
- The Cross-Systems Mapping Exercise facilitates cross-system collaboration
- This collaboration in turn improves the early identification of people with co-occurring disorders coming into contact with the criminal justice system, increases effective service linkage, reduces the likelihood of recycling through the criminal justice system, enhances community safety and improves quality of life

For information & pricing, contact PRA Training

Policy Research Associates, Inc. ■ 345 Delaware Avenue ■ Delmar, NY 12054
518.439.7415 ■ training@prainc.com

Policy Research Associates, Inc.—a national leader in mental health research and its application to social change since 1987, providing assistance to over 100 communities nationwide through a broad range of services to guide policy and practice.



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Not A Pretty Picture



Shelby County, TN Systems Map

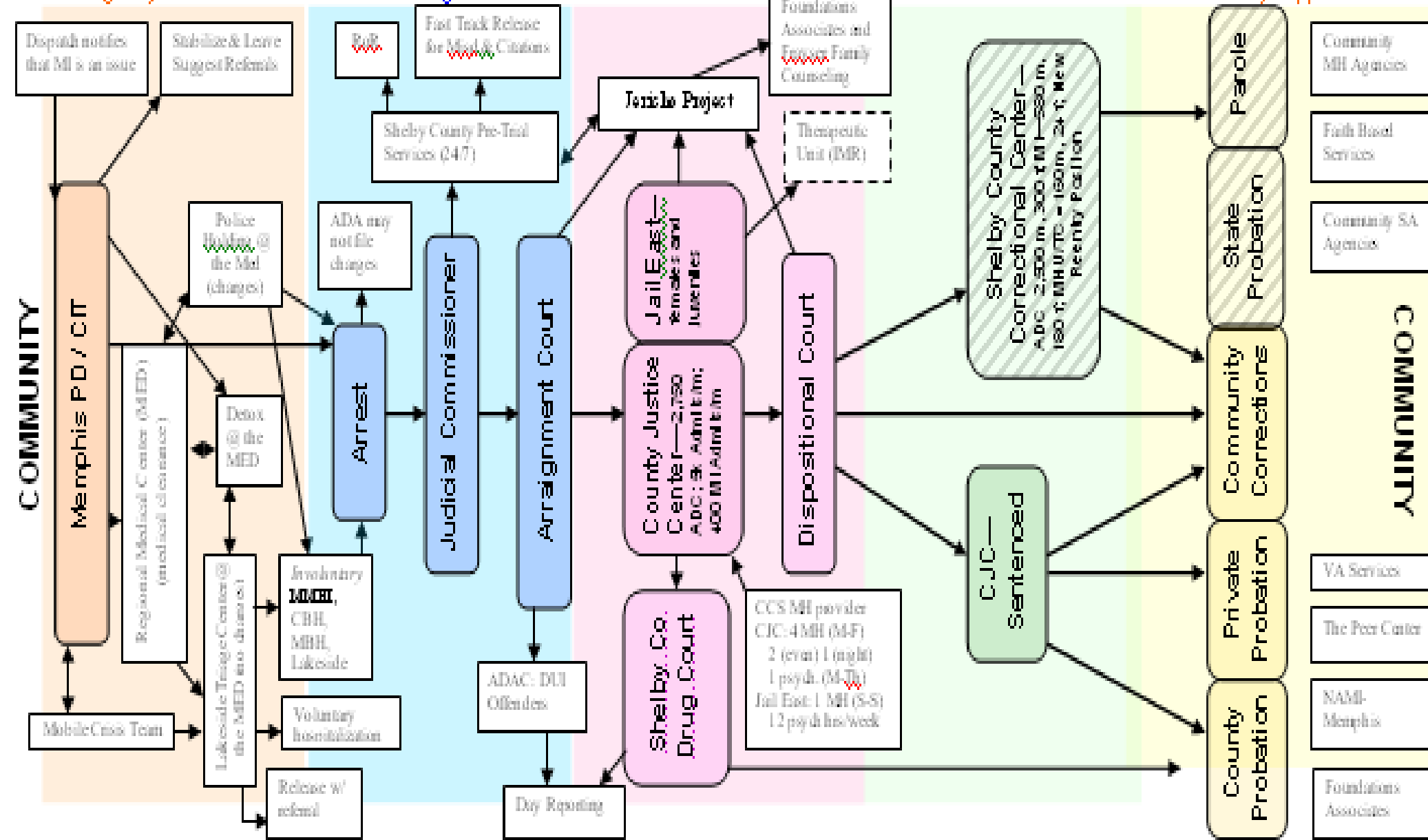
Intercept 1
Law enforcement /
Emergency services

Intercept 2
Initial detention / Initial
court hearings

Intercept 3
Jails / Courts

Intercept 4
Reentry

Intercept 5
Community corrections/
Community support



Cross-Systems Mapping

Train the Trainer Initiatives

- Florida
- New Jersey
- Virginia

“I also saw how bringing disparate groups together --- even those with conflicting missions --- could often be effective The power of proximity --- spending time side-by-side --- had pulled us all to compromise in our efforts to help People, not programs, change people. The cooperation, respect, and collaboration we experienced gave us hope that we could make a difference ... “

- Bruce Perry & Maia Szalavitz, 2007

What's New at the GAINS Center?



National

The Center for Mental Health Services'

GAINS

Center





United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Forensic Peer Specialists

- Peer Support within Criminal Justice Settings
- Overcoming Legal Impediments to Hiring




Screening and Assessment of Co-Occurring Disorders in the Justice System



**Roger H. Peters
Marla G. Bartoi
Pattie B. Sherman**

**In association with:
The CMHS National GAINS Center**



The EXIT Program:

**Engaging Diverted Individuals
Through Voluntary Services**

outcomes·mental health·court·criminal justice·accountability·sustain

Practical Advice on Jail Diversion

Ten Years of Learnings on Jail Diversion from the CMHS National GAINS Center

CMHS National GAINS Center
CMHS GAINS TAPA Center for Jail Diversion

reentry·transportation·boundary spanner·community

ability·advocacy·funding·evidence-based practices·family

·housing·child care·public safety·recovery·integrated treatment·

Responding to the Needs of Justice-Involved Combat Veterans With Service-Related Trauma and Mental Health Conditions

Wars Exact Heavy MH Toll

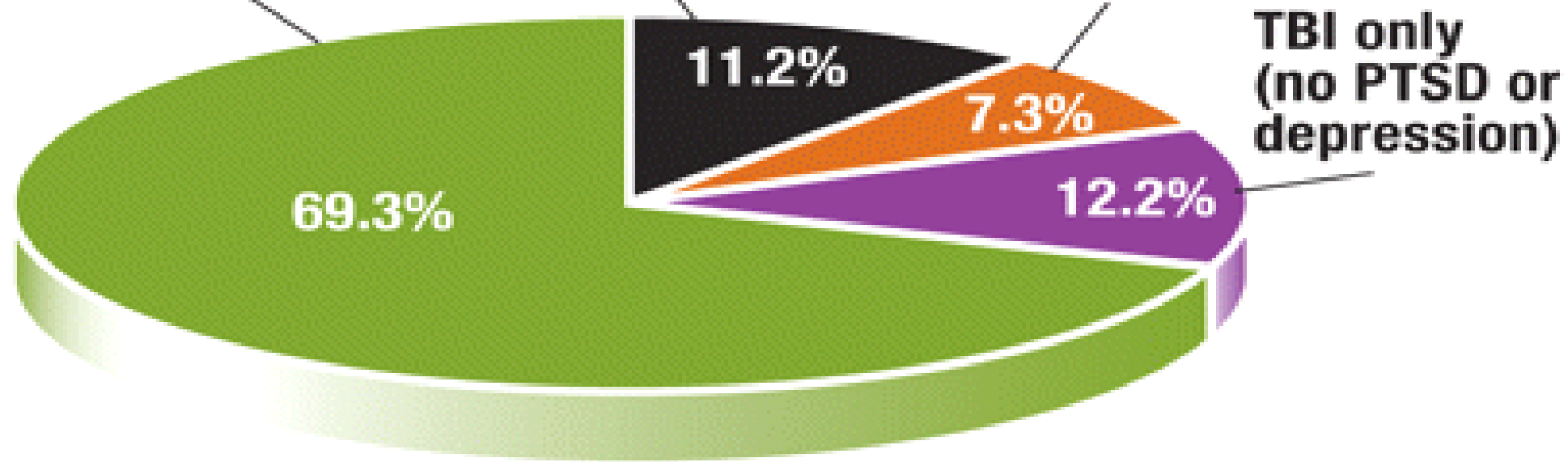
Researchers found that 19.5% of returning service members reported having experienced a probable traumatic brain injury (TBI) during deployment. At the time of the study, 18.5% had depression or PTSD.

**No disorder
(no PTSD,
depression)
and no TBI**

**Mental health
condition only (PTSD
or depression) no TBI**

**Mental health
condition (PTSD
or depression)
and TBI**

**TBI only
(no PTSD or
depression)**



Source: The RAND Corporation, "Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans," 2008

Veterans in Jails & Prisons

On Any Given Day, Veterans
Constitute:

- 10.4% of the US Adult Population
- Approx 9% of Jail, State, and Federal
Prison Inmates

Patty Griffin, PhD

Senior Consultant

CMHS National GAINS Center for People with
Co-Occurring Disorders in the Justice System
Philadelphia Dept. of Behavioral Health

8503 Flourtown Ave.
Wyndmoor PA 19038

215 836-0570
Fax 215 836 0571
pgriffin@navpoint.com