

ESTABLISHING A CRIMINAL
JUSTICE COORDINATING COUNCILS:

SOUTH CAROLINA

(RICHLAND COUNTY)



**“Don’t box yourself into
one narrow model of diversion.”**

–Allison Ferrell, Project Director

VISION

The South Carolina Department of Mental Health (SCDMH) directly delivers treatment services across all 46 counties in the state through a variety of inpatient and community settings. Its mental health agency in Richland County had been successful in founding a mental health court 17 years before and had built strong partnerships with law enforcement and the courts. These and other stakeholders are seeking to build on that foundation to establish a broader portfolio of diversion strategies. To engage and organize the county to improve public safety and community well being, Richland adopted the Criminal Justice Coordinating Council of Charleston County (<https://cjcc.charlestoncounty.org/>) as a model (see Figure 1). TTI funds were used to hire a council coordinator and a data analyst to begin to tap and present available data on justice and treatment data in the county to inform strategic planning and implementation.

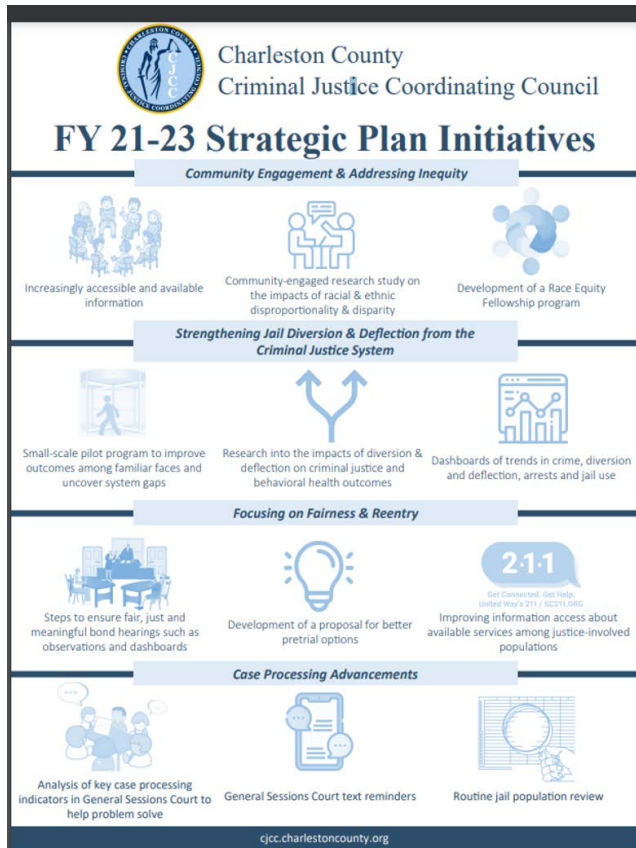
JAIL DIVERSION APPROACH

Criminal justice coordinating councils have been established across the country to improve the administration of justice and promotion of public safety through planning, research, education, and system-wide

coordination of criminal justice initiatives. Councils are composed of elected officials, senior leadership of law enforcement, justice, corrections, and behavioral health agencies, advocacy groups, and other stakeholders who meet regularly to and address issues of mutual concern involving the law enforcement, judicial, and correctional components of the criminal and juvenile justice systems and to make recommendations to improve the efficiency and effectiveness of the systems.

The focus of the Richland Criminal Justice Coordinating Council (RCJCC) is to reduce justice involvement at the earliest possible opportunity in multiple ways. These can be as simple as instituting an automated call system to remind individuals when they will be due in court. Richland already has a mobile crisis team that is dispatched by crisis call centers in the state and has recently begun deploying a co-responder program that joins a Crisis intervention Team trained law enforcement officer with a mental health clinician to respond to 911 calls involving domestic disputes and mental health issues. SCDMH also received a second TTI award in 2020 to provide clinician services at the detention facility. This service connects detainees with mental illness to mental health services during their stay and immediately upon discharge. The RCJCC is made up of representatives of the solicitor’s office, public

FIGURE 1: THE CJCC MODEL



defenders, mental health, hospitals, judges, private attorneys, mental health, drug and alcohol treatment providers, homeless services, patient advocacy, peer support, NAMI, sheriff and police convened to think critically and plan innovatively.

MEASURING PROGRESS

The intent of this initiative is to collect data from detention, law enforcement, and mental health agencies that would inform decision makers and stakeholders about the most effective opportunities for diversion. Unfortunately, the reduction of staffing levels due to the COVID 19 pandemic hampered the RCJCC momentum in two ways. Access to the data from all three agencies has been limited as staff were redirected to fill service gaps in these agencies. The RCJCC has convened virtually and less frequently than planned. As throughout the country, the “Great Resignation” in late 2021 has extended staffing shortages. Data will be focused on understanding those who are in detention with mental illness who have not been enrolled into mental health care and why they have not.

INTEGRATION WITH CRISIS SYSTEM

Cross system planning between mental health and first responders are conducted through the RCJCC. The state has a crisis lifeline and operates a crisis call line that is linked with 911. Richland County Mental Health, operated by the state of South Carolina, has a mobile crisis team that is dispatched through the state crisis line. Of 2500 calls from Richland County, the crisis line deployed the mobile crisis team 789 times. A living room model crisis stabilization unit (>24 hour stay) is scheduled to open during the summer of 2022 on the grounds of a local hospital. Individuals who are in need of transportation to a hospital emergency department can be transported in unmarked vehicles operated by security personnel and/or ambulance. Neither the county nor the state have a crisis bed registry.

BEHAVIORAL HEALTH EQUITY

The project director reports that people of color are over-represented in the county detention facility. Data on the race and gender of detainees are among the many characteristics that will be collected, distributed, and examined by members of the RCJCC as they seek to understand barriers to care and improve efforts to deflect and divert people with mental illness from justice involvement.

PROJECT LEGACY

Despite the impact of COVID on the project’s momentum, ongoing funding for the coordinator’s position has been secured through the county solicitor’s office. Richland hopes to outshine Charleston County as a model of collaboration and community engagement, addressing racial inequities, and in effective deflection and diversion.

WHAT HAVE CRIMINAL JUSTICE COORDINATING COUNCILS TAUGHT US?

Coordinating councils demonstrate the value and power of engaging the community in problem solving. No single solution or one agency can change complex programmatic, administrative, and judicial practices that result in the criminalization of mental illness and over-representation of people of color in the justice system.

For further information about this project contact Allison Ferrell at allison.farrell@scdmh.org.