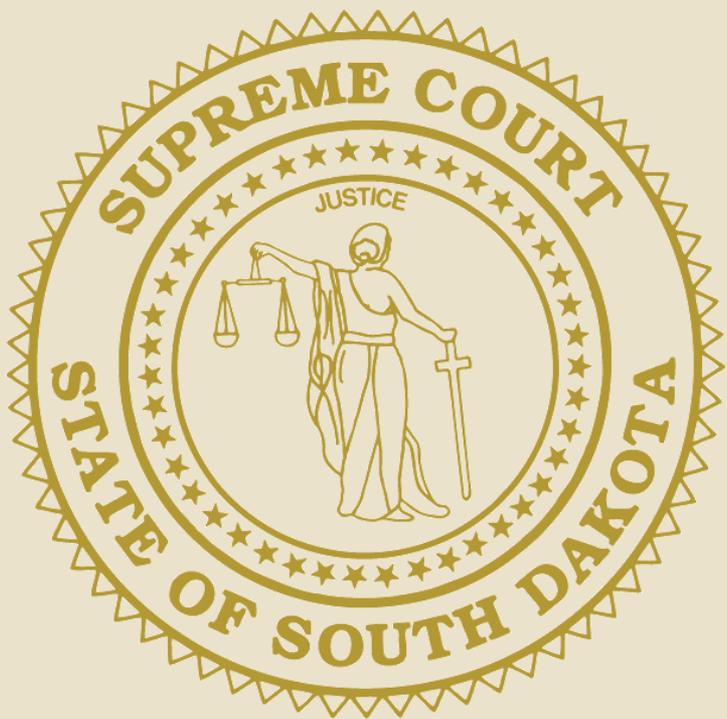


# Task Force on Community Justice and Mental Illness Early Intervention

July 11, 2016



# Meeting Agenda

- Welcome and Review of Task Force Goals
- Introduction to Policy Development—Goals, Promising Practices, Charge to the Subgroups
- Working Lunch: Subgroup Scheduling
- Public Input
- Subgroup Breakout Session: Brainstorming and Information Requests
- Next Steps

# Task Force Goals

- To improve public safety and the treatment of people with mental illness in contact with the criminal justice system through appropriate evaluation, intervention, diversion, and supervision.
- To more effectively identify mental illness in people coming into contact with the criminal justice system, through improved training in local criminal justice systems, better use of screening tools and skills, and expanded response and diversion options in communities for law enforcement and the courts, all while holding offenders and government more accountable.
- To better allocate limited local resources in order to improve early intervention services and preserve limited jail and prison resources for violent, chronic, and career criminals.

# Task Force Process

Understand the  
problem

Consider best and  
promising  
practices and  
successes from  
other jurisdictions

Develop tailored  
policy options for  
SD

Stakeholder engagement

# Introduction to Policy Development

# Review of Challenges

- Law Enforcement Contact/Options

- No data collected on number of encounters that involve people with mental illness
- First responders are generally law enforcement trained, not mental health trained
- Some communities do not have CIT or Mobile Crisis--two key statutorily authorized diversion options
- Crisis beds are only available in a very limited number of communities

- Initial Detention/First Appearance

- No early identification of/screening for mental illness (therefore, no data on people coming in with mental illness)
- People with indicators of mental illness are less likely to be released pretrial

# Review of Challenges

## • Court Processing/Jails

- Cases with commitment history take longer to move through court process; are more likely to be held in jail pretrial, and stay longer in pretrial detention; and are more likely to have a future criminal case
- Defendants detained in jail who access mental health services stayed longer than those who don't access these services, are more likely to have disciplinary issues and more of them, and are less likely to be released pretrial
- Number of competency evaluations tripled (but are down in FY16) and there are long wait times for forensic evaluations
- Cost to counties is lower for evaluations done at HSC but may cost counties more due to long wait times in jail
- Jails report inadequate access to MH professionals and services and little training on MI for jail staff

# Review of Challenges

- Jail Reentry and Probation

- Only 9 of 24 jails report any type of reentry services for people with mental illness
- Chief CSOs report challenges around lack of services in rural areas, specifically case management, medication management, dual diagnosis/co-occurring programs, psychiatric and psychological services

## Continuum of Treatment Services

- Access to services and cost of care are issues in some parts of SD
- Psychiatrist staffing challenges are significant compared to US and border states
- Wait times for psychiatric services
- Differing reports of availability of services for criminal justice-involved populations

# Goals for Policy Reform

- ***Identify Mental Health Issues Early:*** Train first responders to recognize mental illness, and screen and/or assess people for mental illness who come into contact with the criminal justice system
- ***Expand Diversion Options:*** Ensure options are available at different points of the criminal justice process to better serve people with mental illness while holding them accountable
- ***Shift Investments to Community-based Alternatives:*** Better allocate limited local resources to effective alternatives and preserve limited jail resources for violent, chronic, and career criminals

# Goals for Policy Reform

- ***Increase Timeliness of Court Processing:*** Reduce barriers to timely court processing for people with mental illness
- ***Ensure Access to Services:*** Reduce barriers to accessing comprehensive, effective mental health treatment for those involved in and exiting the criminal justice system
- ***Hold Government More Accountable:*** Improve oversight and measure performance

# Identify Mental Health Issues Early

## First Responder/Law Enforcement Training

- Rhode Island

- Police academy includes Mental Health First Aid course
- A 2016 law will require all police officers statewide to be trained in Mental Health First Aid

- Indiana

- SB 380 directs the Indiana Criminal Justice Institute to establish a CIT Technical Assistance Center (TAC)
- The TAC will be responsible for creating a statewide CIT advisory committee, providing technical assistance to local CIT coalitions, and identifying grants and other sources of funding for CIT training

# Identify Mental Health Issues Early

## First Responder/Law Enforcement Training

- Illinois

- HB 4112 mandates a standard certified training program in crisis intervention addressing specialized policing responses to people living with mental illness

- Maryland

- SB 321 requires Baltimore city and county police officers to create behavioral health units with a minimum of 6 officers trained to understand mental health conditions, substance use disorders and co-occurring conditions by 10/1/16
- The unit will respond to emergency calls involving persons with mental health or substance abuse disorders to divert them into treatment and prevent unnecessary use of force

# Identify Mental Health Issues Early

## Early Screening in Jail

- **Montgomery County, MD**
  - Medical and suicide screenings are conducted at jail intake
  - If there is an indication of mental illness, a referral to Clinical Assessment and Triage Services (CATS) is made
  - CATS conducts assessment and provides recommendations for treatment and diversion

# Identify Mental Health Issues Early

## Early Screening in Jail

- Cook County, IL

- Team of mental health professionals conduct evaluation when individual is dropped off by police
- If mental illness is identified, defendants may enter into a Mental Health Transition Center
- To qualify, jail inmates:
  - Must have a bond of \$100,000 or less
  - Be charged with a nonviolent offense
  - Have no disciplinary infractions for at least 30 days in custody
- If eligible, packet is prepared and given to the defense attorney to ask the judge for diversion
- Participants undergo 2.5 hours of therapy/5 days a week, along with job readiness training and other enrichment

# Expand Diversion Options

## Specialized Pretrial Release

- Second Judicial District, Florida
  - Pretrial release program administered by the court monitors defendants with mental illness and connects them with service providers
  - Staffed by mental health specialist who reviews conditions, monitors defendants, and helps them access services
  - To be eligible, defendants must:
    - Have a diagnosis or diagnostic impression of mental illness, developmental disability, or traumatic brain injury
    - Not appear to be a risk to public safety and may be safely monitored outside jail (court decision)
    - Meet other required pretrial release criteria
  - From 2008-2011, 28,673 jail bed days were avoided

# Expand Diversion Options

## Deferred Prosecution Programs

- Washington

- Misdemeanor defendants can petition the court for entry into a deferred prosecution program if the crime was the result of mental health problems for which he/she needs treatment
- Defendant must complete 2 years of treatment and 3 years abiding by court-ordered conditions to have charges dismissed

- Highlands County, FL

- Behavioral Health Deferred Prosecution offers community treatment to defendants with mental illness who are charged with non-violent crimes
- Charges are dismissed after successful completion of the program

# Expand Diversion Options

## Diversion Program

- Connecticut
  - Multi-pronged community forensic services program
  - Diversion program
    - Staffed by clinicians from local mental health centers
    - Arraignment list checked daily against Department of Mental Health statewide information system for possible candidates
    - Treatment plan presented to judge, who may accept or reject
    - At later hearings, case may be dropped or pled to probation with treatment as condition
  - Also provides an array of other services, such as:
    - Communicating with jail staff about clients' psychiatric needs
    - Reentry services

# Shift Investments to Community-based Alternatives

## Community-Based Programs

- Forensic Assertive Community Treatment
  - Serves clients with criminal histories and SMI
  - Referrals often from jail or other criminal justice source
  - Uses legal leverage/court sanctions to encourage participation
  - Addresses criminogenic needs and behavioral health needs
  - Multidisciplinary staff/team approach
  - Integrated services, includes medication management
  - 24/7 access
- One randomized control study from the California Central Valley showed significantly fewer jail bookings, and that higher outpatient mental health service use costs were offset by lower inpatient use and costs

# Shift Investments to Community-based Alternatives

## Mental Health Courts

- Anchorage (AK) Coordinated Resources Project
  - Voluntary post-booking court program for any adult charged with a misdemeanor crime or Class C felony diagnosed with a mental disability
  - *Multidisciplinary team* of designated and trained judges, prosecutors, defense attorneys and probation officers who consistently participate in court hearings
  - Court orders *individualized case plan* as a condition of bail or probation
  - Court monitors adherence to case plan through regular status hearings and receives reports on the participant's progress.
    - If treatment non-adherence, court may adjust the plan to motivate adherence or employ non-jail-based sanctions or incarceration

# Shift Investments to Community-based Alternatives

- Anchorage (AK) Coordinated Resources Project evaluation
  - Combined institutional savings generated by the ACRP is estimated to be almost two and one-half times the annual operational costs of the program
  - Average daily cost to operate the ACRP estimated at \$19.82 per person, substantially less than the average daily cost of incarceration (\$121.60)
  - ACRP participants less likely to engage in new criminal conduct after exiting the program than an equivalent group of people experiencing mental illness also involved in the criminal justice system
    - Among those who did engage in new criminal conduct, ACRP participants were less likely than an equivalent group to commit new felonies, violent or drug related crimes.

# Increase Timeliness of Court Processing

## Professionals who Conduct Competency Evaluations

- Some states allow professionals other than physicians and psychologists, for example:
  - Montana: advanced practice registered nurse (MCA § 46-14-202)
  - Nevada: psychiatric social worker in misdemeanor cases (NRS 178.415)

# Increase Timeliness of Court Processing

## Time Limits for Forensic Evaluations

- Washington performance targets
  - For evaluations done at state hospital or jail: target is 7 days, maximum time is 14 days
  - For evaluations done in the community: target is 21 days or less
  - Clock starts when following information is received:
    - Court referral and charging documents, discovery, police reports, the names and addresses of the attorneys for the defendant and state or county, the name of the judge ordering the evaluation, information about the alleged crime, and criminal history information related to the defendant
  - Also requires annual report to the legislature on timeliness of competency evaluations

# Increase Timeliness of Court Processing

## Time Limits for Forensic Evaluations

- Maine time limits
  - Competency exams
    - If the defendant is incarcerated, examination must take place within 21 days of the court's order, and the report of that examination must be filed within 30 days of the court's order
  - Insanity exams
    - If incarcerated, must take place within 45 days of the court's order and the report of that examination must be filed within 60 days of the court's order

# Ensure Access to Services

## Coordination between Criminal Justice and Mental Health Systems for Reentry

- Douglas County, KS
  - Brings the local mental health staff into the jail to provide services, help with reentry and case management in the community
- Hampden County, MA
  - Jail inmates are assigned a treatment team that addresses treatment, housing and other concerns prior to release
  - Work with same caseworker inside the facility and after release

# Ensure Access to Services

## Medicaid Applications for Reentry

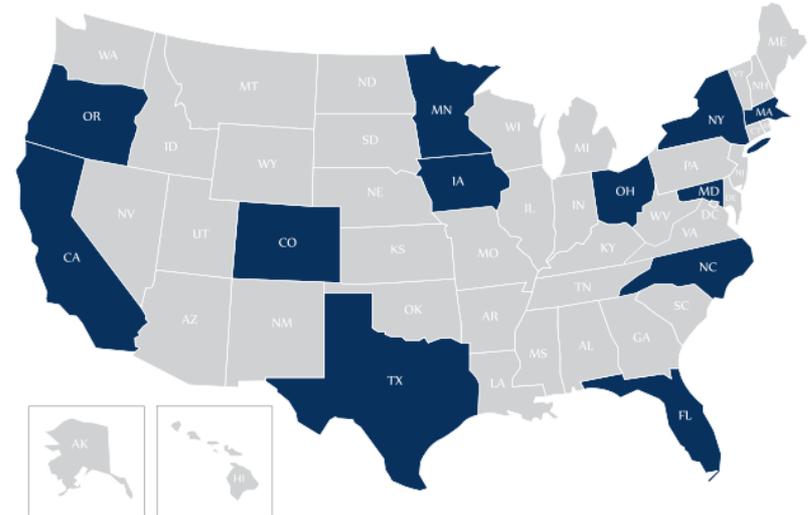
- Expansion of Medicaid among persons incarcerated
  - Cook County, IL: CountyCare application is initiated at intake in the jail allowing all processed inmates a chance to obtain Medicaid.
  - California: In 2013, Assembly Bill 720 allowed staff to assist inmates with Medicaid applications.

# Ensure Access to Services

## Suspension of Medicaid

- Oregon
  - HB 3536 mandated suspension of Medicaid instead of termination for incarcerated individuals
- Other states also suspend rather than terminate

### STATES THAT SUSPEND RATHER THAN TERMINATE



### ■ STATES THAT SUSPEND

California, Colorado, Florida, Iowa, Maryland, Massachusetts (recently passed legislation requiring suspension and is in the process of creating a plan for its suspension and reactivation procedure), Minnesota, New York, North Carolina, Ohio, Oregon and Texas (suspends for only 30 days, then terminates).

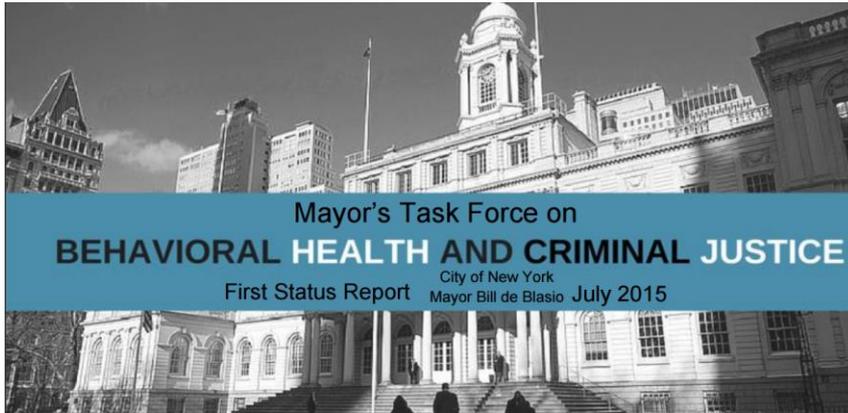
Source: National Association of Counties

# Hold Government More Accountable

## Oversight

- New York City
  - In 2014, Mayor de Blasio released an action plan developed by the Mayor's Task Force on Behavioral Health and the Criminal Justice System
  - Office of the Deputy Mayor for Health and Human Services and the Mayor's Office of Criminal Justice is responsible for:
    - Oversight of the plan, and
    - Convening agency leaders and key stakeholders, including representatives from the provider and consumer communities, to monitor the performance of the initiatives
  - Required to report regularly on the status of implementation

# Hold Government More Accountable



<b>ON THE STREET</b>	
<i>Recommendation</i>	<i>Percentage Complete</i>
Expand training for first responders to recognize behavioral health needs	<div style="width: 10%;"></div>
Open two clinical community public health diversion centers (drop-off centers)	<div style="width: 10%;"></div>
<b>FROM ARREST TO DISPOSITION</b>	
<i>Recommendation</i>	<i>Percentage Complete</i>
Add 2,300 slots to citywide supervised release	<div style="width: 10%;"></div>
Develop a scientifically validated risk assessment tool and deploy citywide	<div style="width: 10%;"></div>
Implement physical and behavioral health screening pre-arraignment	<div style="width: 20%;"></div>
Identify and divert veterans	<div style="width: 40%;"></div>
Develop a strategy to reduce reliance on monetary bail	<div style="width: 20%;"></div>
Develop a strategy to significantly shorten case processing times	<div style="width: 10%;"></div>
<b>INSIDE JAIL</b>	
<i>Recommendation</i>	<i>Percentage Complete</i>
Implement Crisis Intervention Teams	<div style="width: 10%;"></div>
Reduce the use of punitive segregation	<div style="width: 10%;"></div>
Revise the Department of Correction's use of force policy and update training materials	<div style="width: 10%;"></div>
Establish four units to provide intensive care to inmates with behavioral health needs	<div style="width: 20%;"></div>
Provide additional mental health training for corrections officers	<div style="width: 20%;"></div>
Provide specialized services to adolescents	<div style="width: 20%;"></div>
Develop a plan to expand substance use disorder treatment	<div style="width: 10%;"></div>
Develop a plan to reduce idle time and violence	<div style="width: 10%;"></div>
<b>RELEASE AND RE-ENTRY</b>	
<i>Recommendation</i>	<i>Percentage Complete</i>
Expand discharge programs to serve an additional 4,100 individuals	<div style="width: 10%;"></div>
Minimize disruption in public health insurance coverage	<div style="width: 10%;"></div>
Connect eligible individuals to Health Homes	<div style="width: 10%;"></div>
Establish a working group to coordinate all discharge planning	<div style="width: 10%;"></div>
<b>BACK IN THE COMMUNITY</b>	
<i>Recommendation</i>	<i>Percentage Complete</i>
Create 267 supportive permanent housing slots	<div style="width: 10%;"></div>
Launch behavioral health services teams at the Department of Probation	<div style="width: 10%;"></div>
Create a planning team to increase supportive affordable housing	<div style="width: 10%;"></div>
Develop a plan to expand supported employment	<div style="width: 10%;"></div>

# Hold Government More Accountable

## Data Collection and Performance Measures

- Pennsylvania
  - Created the Mental Health and Justice Center of Excellence
  - Purpose is to work with PA communities to identify points of interception at which an intervention can be made to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system
  - Will function as a central repository for information and data collected on criminal justice/mental health responses



# Hold Government More Accountable

- Washington
  - SB 5732/HB 1519 – relating to improving behavioral health services provided to adults in Washington state
  - Requires phased implementation of public reporting of outcome and performance measures in a form that allows for comparison of performance and levels of improvement between geographic regions of Washington

# Hold Government More Accountable

## 5732-1519 Recommended Performance Measures

APRIL 24, 2014

### Health/Wellness, Utilization and Disparities

Access/effectiveness	1	Adults' Access to Preventive/Ambulatory Care	Contract
	2	Well-Child Visits	Contract
	3	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Contract
	4	Alcohol/Drug Treatment Penetration	Contract
	5	Mental Health Treatment Penetration	Contract
	6	SBIRT Service Penetration	Contract
	7	Home- and Community-Based Long Term Services and Supports Use	Contract
Utilization	8	Suicide and drug overdose mortality rates	System Monitoring
	9	Psychiatric Hospitalization Readmission Rate	Contract
	10*	Emergency Department (ED) Visits	Contract
	11	Inpatient Utilization	Contract
	12	Plan All-Cause Readmission Rate	Contract
	13	Hospital Admissions for diabetes complications	Contract
	14	Hospital Admissions for Chronic Obstructive Pulmonary Disease	Contract
	15	Hospital Admissions for Congestive Heart Failure	Contract
Care coordination	16	Hospital Admissions for asthma	Contract
	17	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Contract
Wellness	18	Medical Assistance with Smoking and Tobacco Use Cessation	System Monitoring
	19	Body Mass Assessment	Contract
	20	Tobacco Use Assessment	Contract

### Health Disparities

To support measurement of disparities and performance differences across service contracting entities, where feasible and appropriate, metrics will be reported by:

- Race/ethnicity or primary language
- Age group and gender
- Geographic region
- Service-contracting entities
- Delivery system participation (for example, measuring mental health service penetration for clients receiving long-term services and supports, relative to its own benchmark or the experiences of other disabled clients not served in the long-term services and supports delivery system)
- Medicaid coverage type (for example, persons with disabilities, newly eligible adults)
- Chronic physical and behavioral health conditions
- History of criminal justice involvement
- Housing stability



### Housing, Employment, Education and Meaningful Activities

Housing	21*	Homelessness/housing instability (broad)	System Monitoring
	22	HMIS-recorded housing assistance penetration	Contract
	23	Homelessness (narrow)	Contract
	24	Residential instability	Aspirational
Employment	25*	Employment rate	Contract
	26*	Earnings	Contract
	27*	Hours worked	Contract
Education	28	School-age children enrolled in school	Contract
	29	On time and late graduation from high school	Contract
	30	Adult enrollment in post-secondary education or training	Contract
Meaningful Activities	31*	Survey item: "To what extent do you do things that are meaningful to you?"	System Monitoring

### Criminal Justice and Forensic Patients

Criminal Justice Involvement	32	Criminal Justice Involvement	Contract
	33	Jail Admissions	Contract
	34	Days in Jail	Contract
	35	Referrals for Competency Evaluation	Contract
	36	Persons in Prison with Serious Mental Illness	Contract
	Access to Treatment for Forensic Patients	37	Mental Health Treatment after Release from Incarceration
38		Serving Previously Un-served Offenders	System Monitoring
39		Alcohol or Drug Treatment after Release from Incarceration	Contract
40		Alcohol or Drug Treatment Retention	Contract
41		Mental Health Treatment Engagement	Contract
42		New Medicaid Enrollments after Release from Criminal Justice Facilities	System Monitoring

### Quality of Life

Physical Health	43	WHOQOL-BREF Physical Health Scale	System Monitoring
Emotional Health	44	WHOQOL-BREF Emotional Health Scale	System Monitoring
Social Health	45	WHOQOL-BREF Social Health Scale	System Monitoring
Autonomy/Safety	46	WHOQOL-BREF Autonomy/Safety Scale	System Monitoring
Overall Quality	47	WHOQOL-BREF Overall Quality of Life Scale	System Monitoring
Hope	48	WHOQOL item: "How positive do you feel about the future?"	System Monitoring
Respect	49	New survey item: "To what extent are you respected and treated fairly?"	System Monitoring
Choice	50	New survey item: "To what extent do you make your own choices?"	System Monitoring
Cultural Connectedness	51	New survey item: to be defined	System Monitoring

\*Measures 10 under Health/Wellness, Utilization, and Disparities and 21, 25, 26, 27, and 31 under Housing, Employment, Education and Meaningful Activities are shared with Quality of Life.

# Policy Development Subgroups

# Task Force Subgroup Process

- The Task Force will split into 3 subgroups to develop tailored policy options for consideration by the full Task Force
- Subgroups will meet by phone 3 or more times before the August Task Force meeting
  - We will provide staff support for:
    - Scheduling
    - Agenda planning
    - Material development and research
- Subgroups will present their recommendations at the August meeting

# Task Force Subgroups

## 1. Early Identification and Diversion

- a) Law enforcement contact
- b) Initial detention
- c) First court appearance

## 2. Court Processing and Detention

- a) Court processing, including forensic evaluations
- b) Jail mental health services, staffing, training
- c) Jail reentry/coordination with service providers
- d) Probation supervision

## 3. Continuum of Treatment Services

- a) Mental health services for people in the criminal justice system
- b) Gaps in services
- c) Funding mechanisms

# Task Force Subgroup Members

EARLY IDENTIFICATION AND DIVERSION	COURT PROCESSING AND DETENTION	CONTINUUM OF TREATMENT SERVICES
<ol style="list-style-type: none"> <li>1. Rep Johns (chair)</li> <li>2. Aaron McGowan</li> <li>3. Scott Peters</li> <li>4. Sec Emery</li> <li>5. Wendy Giebink</li> <li>6. Tim Neyhart</li> <li>7. Mick Gibbs</li> </ol>	<ol style="list-style-type: none"> <li>1. Greg Sattizahn (chair)</li> <li>2. Sen Solano</li> <li>3. Judge Long</li> <li>4. Sheriff Milstead</li> <li>5. Sarah Peterson</li> <li>6. Mike Miller</li> <li>7. Sec Kaemingk</li> </ol>	<ol style="list-style-type: none"> <li>1. Jim Seward (chair)</li> <li>2. Judge Pfeifle</li> <li>3. Sec Valenti</li> <li>4. Sheriff Thom</li> <li>5. Cindy Heiberger</li> <li>6. Belinda Nelson</li> <li>7. Dr Pavlis</li> </ol>
<p><i>Staff support:</i> Barbara Sadie</p>	<p><i>Staff support:</i> Barbara Lisa Margot</p>	<p><i>Staff support:</i> AJ Barbara Lisa</p>

# Task Force Subgroup Charge

- Given what we know about the challenges facing SD, our strengths, as well as promising policies and practices adopted by other states and localities, propose a set of recommendations that help to meet the task force goals
- *Note: Funding mechanisms will be the responsibility of the Continuum of Treatment Services Subgroup, so the other groups should discuss ideas and recommendations without concern with potential costs*

# Next Steps

- Policy subgroups meet by phone before August 18th
- Subgroups report out to Task Force

# Upcoming Meetings

<u>Date:</u>	<u>Time:</u>	<u>Location</u>
August 18 <sup>th</sup>	10am-3pm CT	Ft. Pierre- AmericInn Conference Center
September 22 <sup>nd</sup>	10am-3pm CT	Pierre- Red Rossa Conference Room
October 14 <sup>th</sup>	10am-3pm CT	Pierre- Red Rossa Conference Room