Michigan Mental Health Diversion Council
2019 Pilot Summit
Thursday, August 29, 2019

Michigan Mental Health Diversion Council &
Wayne State University Center for Behavioral Health and Justice
**Panel Discussion: Best Practices, Promising Practices, and Lessons Learned**

**Intercept 1: Law Enforcement**

**Law Enforcement** officers and/or emergency services are the first responders for people experiencing a mental health crisis or emergency, which can be an intervention point to avoid formal entry to the criminal justice system. Intercept 1 includes all prearrest diversion options and concludes when someone is arrested.¹

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**Best Practices in Crisis Intervention Training for Officers**

Featuring **Dan Holloway**

*Oakland County Health Network*

Officers in **Oakland County** trained in CIT were **3x more likely** to use the Crisis Center than untrained officers.

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**Promising Practices in Standardized Referrals**

Featuring **Adria Clark**

*Monroe Community Mental Health Authority*

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**Lessons Learned in Implementing a Diversion Room**

Featuring **Lynn Johnson**

*Pathways Community Mental Health*  
*Marquette County*

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**Promising Practices in Cross-Sector Relationships**

Featuring **Chad Surque**

*Lifeways Community Mental Health Authority - Jackson County*

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**Lessons Learned in Developing a Crisis Center**

Featuring **Ross Buitendorp**

*Network 180*  
*Kent County*

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Visit [https://behaviorhealthjustice.wayne.edu/reports/publications-resources](https://behaviorhealthjustice.wayne.edu/reports/publications-resources) to view reports and publications for data sources.

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**2019 Jail Diversion Pilot Summit – Thursday, August 29th, 2019**

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Panel Discussion: Best Practices, Promising Practices, and Lessons Learned

Intercept 2: Initial Detention/Initial Court Hearings

Initial Detention/Initial Court Hearings aims to avoid the costly collateral consequences of incarceration and connect people to services, and encompasses postarrest diversion options including diversion to treatment instead of incarceration or prosecution.¹

Best Practices in Cross-System Data Matching for Timely Intervention
Featuring Bob Butkiewicz
Kalamazoo Community Mental Health and Substance Abuse Services

63% of KCMHSAS clients flagged by the notification system received their first post-release service within a week.

Best Practices in Implementing Standardized Screens at Booking
Featuring Major Troy Goodnough
Monroe County Jail

100% of individuals booked into the Monroe County Jail receive a standardized opioid misuse and mental health screen.

Promising Practices in Standardized Screening and Follow-up
Featuring Lisa Ianielli
Community Mental Health and Substance Abuse Services of St. Joseph County

Panel Discussion: Best Practices, Promising Practices, and Lessons Learned

Intercept 3: Jails/Courts

Jails/Courts focuses on people being held in pretrial detention and awaiting the disposition of their criminal cases, and concludes when someone is sentenced to incarceration or community supervision.¹

Promising Practices in Boundary Spanning and Data Sharing

Featuring Dane Beckford
Riverwood Center - Berrien County

Best Practices in Jail-Based Identification, Referral and Services

Featuring Nikole Skipp
Kent County Correctional Facility
Mental Health Unit

100% of individuals identified as having a mental health need were referred to services;
98% received an assessment or service.

Building from Baseline Data

2019 Michigan Mental Health Diversion Council Pilot Summit

Wayne State University Center for Behavioral Health and Justice
We envision communities in which research, data, and best practices are used by multiple stakeholders to enhance the optimal well-being of individuals with mental illness and/or substance use disorders who come in contact with the criminal/legal system.

We serve as consultants and evaluators for the Council’s pilot programs currently underway in ten counties. Our staff also help the Diversion Council identify state-level policy and practice improvements.

The Center for Behavioral Health and Justice works with six Stepping Up communities to gather sufficient data to properly identify the target population, select and implement appropriate interventions, and develop a sustainable system to track and monitor impact.
2019
K6 Mental Health Screen
(N=3,802)
### Kessler 6 (K6) Screening Instrument

<table>
<thead>
<tr>
<th>Over the last 4 weeks, how often have you felt …</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Nervous?</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<td>b. Hopeless?</td>
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<tr>
<td>c. Restless or fidgety?</td>
<td>☐</td>
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<tr>
<td>d. So depressed that nothing could cheer you up?</td>
<td>☐</td>
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<tr>
<td>e. That everything was an effort?</td>
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<td>☐</td>
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<tr>
<td>f. Worthless?</td>
<td>☐</td>
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</tr>
</tbody>
</table>

**How many times in the past year have you had five or more drinks in a day?**

**How many times in the past year have you used an illegal drug or used a prescription drug for non-medical reasons?**

**Do you have any concerns about withdrawal from any drug while in jail?**

**Given a choice to use any drug, would you choose an opioid first?**

**Have you received treatment for a psychiatric or emotional condition?**

**Have you received mental health services during the past month?**

**Are you currently taking any medication for a mental health problem?**

**Which one of these best describes your race/ethnicity?**

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Kessler 6 (K6) Screening Instrument

Do you have any concerns about withdrawal from any drug while in jail?  
○ Yes  ○ No

Given a choice to use any drug, would you choose an opioid first?  
(Ex. Heroin, Vicodin, Oxycodone)  
○ Yes  ○ No

- That everything was an effort?  ○ ○ ○ ○ ○ ○
- Worthless?  ○ ○ ○ ○ ○ ○

How many times in the past year have you had five or more drinks in a day? ___ times

How many times in the past year have you used an illegal drug or used a prescription drug for non-medical reasons? ___ times

Do you have any concerns about withdrawal from any drug while in jail?  ○ Yes  ○ No

Given a choice to use any drug, would you choose an opioid first?  ○ Yes  ○ No  (Ex. Heroin, Vicodin, Oxycodone)

Have you received treatment for a psychiatric or emotional condition?  ○ Yes  ○ No

Have you received mental health services during the past month?  ○ Yes  ○ No

Are you currently taking any medication for a mental health problem?  ○ Yes  ○ No

Which one of these best describes your race/ethnicity?  ○ White  ○ Black  ○ Latino  ○ Native American  ○ Other (please specify)________________________

Where did you live most often in the past 30 days before you came to jail? Check the one answer that best describes your situation.

- House or apartment that I own/rent  ○ ○ ○ ○ ○ ○
- Moved around/stayed with a friend or family member  ○ ○ ○ ○ ○ ○
- Streets, car, homeless shelter, treatment facility or other place like that  ○ ○ ○ ○ ○ ○
- Other (please specify)________________________

Have you ever been booked at this jail before?  ○ Yes  ○ No

If YES, anytime within the past year?  ○ Yes  ○ No

Past 30 days?  ○ Yes  ○ No
Total jail bookings during the study period increased between 2017 and 2019*.

Equal proportions of ‘usable’ K6 screens were gathered in 2017 (64%) and 2019 (62%).

*Booking numbers estimated for one county.
Data Source: K6 Collection 2017 & 2019
Proportion of ‘usable’ K6 screens ranged from 38% to 86%.
Positive K6 – Serious Mental Illness (SMI)

- Positive SMI, 23%
- Negative SMI, 77%

2019 Collection* (n=3,802)

K6 SMI Over Time (n=3,222**)

* Includes two counties not included in 2017 collection
** Includes only the original 8 counties for comparison purposes

Data Source: K6 Collection 2015, 2017, and 2019
SMI by County, Over Time

Data Source: K6 Collection 2017 & 2019
SMI by County Size* (n=3,802)

- Rural jails have a higher proportion of individuals with SMI in their jails (34%), compared to metropolitan (21%) or urban jails (19%).

Data Source: K6 Collection 2019

*Difference statistically significant
Substance Misuse, Opioid Preference & Withdrawal Concern (n=3,802)

- No Substance Misuse: 45%
- Substance Misuse: 55%
- No Opioid Preference: 91%
- Opioid Preference: 9%
- No Withdrawal Concern: 91%
- Withdrawal Concern: 9%

* Includes only 9 counties
Data Source: K6 Collection 2019
Individuals with SMI were more likely to report opioid preference, alcohol misuse & drug misuse than individuals without SMI*.

Older individuals were more likely to report opioid preference & alcohol misuse than younger individuals*.

Females were more likely to report opioid preference & drug misuse than males*.

Males were more likely to report alcohol misuse than females*.

White individuals were more likely to report opioid preference, alcohol misuse & drug misuse than People of Color*.

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*Difference statistically significant

Data Source: K6 Collection 2019
Opioid Preference by County Size (n=3,802)

- Individuals reported no difference in opioid preference by county size.

Data Source: K6 Collection 2019

Difference NOT statistically significant
Withdrawal Concern by County Size* (n=3,802)

- Individuals in metropolitan counties (12%) are more likely to report withdrawal concern than individuals in urban counties (7%).

Data Source: K6 Collection 2019

*Difference statistically significant
Withdrawal Concern & SMI* (n=3,802)

- Individuals with SMI are more likely to report withdrawal concern (20%) than individuals who do not have SMI (6%).

Data Source: K6 Collection 2019

*Difference statistically significant
Withdrawal concern is more likely to be reported by:

- Individuals who reported opioid preference (45%) than those who did not report opioid preference (5%).
- Individuals who reported drug misuse (17%) than those who did not report drug misuse (6%).
- Individuals who reported alcohol misuse (13%) than those who did not report alcohol misuse (7%).
Withdrawal Concern by Demographics (n=3,802)

- White individuals (12%) are more likely to have a withdrawal concern than People of Color (6%).
- Older individuals (12%) are more likely to have a withdrawal concern than younger individuals (17-24= 5%; 25-30= 7%).
- Women (13%) are more likely to have a withdrawal concern than men (8%).

Data Source: K6 Collection 2019

*Difference statistically significant
K6 Data Takeaway Points

• Proportion of individuals with SMI in 8 county jails has decreased from 24% in 2015 to 21% in 2019.
  • Communities with continued dialogue and collaboration have seen the largest decreases.
  • Rural communities need more resources and continued innovation to decrease rates of SMI in jail.

• Individuals with SMI are much more likely to select opioids as their drug of choice and to be concerned about withdrawal during their jail stay.
  • Medication Assisted Treatment (MAT) in jails provides an evidence-based treatment opportunity to individuals at risk for serious health and social consequences.

• Dialogue can maximize resources and efficiencies between systems and decrease barriers to sustainability.
OUD Screen

• The Rapid Opioid Dependence Screen (RODS) includes 11 questions and takes approximately 2 minutes to complete.

  • Includes questions about substance use in the last 12 months, current medication assisted treatment for opioids (MAT), and social consequences of opioid use disorder.

• Utilizing a standardized screen enhances the detection of Opioid Use Disorder, and therefore the ability to treat.

• Questions to consider:
  • Do you screen for OUD?
  • Do you have a standard protocol for withdrawal?

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Next Steps

• Current: Jail-based services analyses.
• Upcoming: Site visits (potentially Fall and Winter) and start of integrated report.
• Next Spring: Long-term outcomes:
  • Discharge Planning.
  • Treatment Engagement.
  • Jail Recidivism.
  • Courts: Specialty & Traditional.
  • Comparison with 2017 Baseline Data.
• Technical assistance for jail diversion sites.
• Support communities as evaluators/research partners on federal grants.
Data Integration

• Data integration is the process of bringing together information from multiple sources so it can be examined to provide holistic knowledge.
  • Track trends over time & regular updates/feedback from stakeholders.

• Establish sources of data & assist in the definition of variables.

• CBHJ will create template file with codebook & specific instructions on each variable.

• Data Integration process will begin with site visits to assess specific needs & to establish a timeline.
Data Integration

Organization A
- Dataset 1A
- Dataset 2A
- Dataset 3A

Organization B
- Dataset 1B
- Dataset 2B
- Dataset 3B

Gatekeeper Organization integrates data

Global Dataset
- Dataset 1A
- Dataset 2A
- Dataset 3A
- Dataset 1B
- Dataset 2B
- Dataset 3B
Data Integration Utility

• Track trends over time & provide regular updates/feedback to stakeholders.
• Enhances data-driven decision making to better identify resource gaps & other issues that contribute to incarceration/recidivism.
  • Integrated Model of Prevention.
• Could be used to identify unintended consequences of policy implementation & inform policy change.
• Increases competitiveness to apply and obtain future funding opportunities.
Thank you

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Intercept 4: Reentry

Reentry addresses the continuity of care between correctional facilities and community behavioral health providers as people return to their communities, and concludes when someone is released from jail or prison and start community supervision.¹

Promising Practices in Discharge Planning
Featuring Ashley James
Barry County Community Mental Health Authority

Best Practices in Using Evidence-Based Practices for Continuity of Care
Featuring Steve Stuckey
Central City Integrated Health Wayne County

Participants in Central City Integrated Health’s FACT based program were in jail a total of 256 days fewer after intervention.

Promising Practices in Using Peer Support for Discharge Planning
Featuring Matt Faust
Livingston County Community Mental Health Authority

Lieutenant Jeff LeVeque
Livingston County Sheriff’s Office

Panel Discussion: Best Practices, Promising Practices, and Lessons Learned

Intercept 5: Community Corrections

Community Corrections encompasses probation and parole.

Best Practices in Collaborating with Community Corrections

Featuring Bob Butkiewicz
Kalamazoo Community Mental Health and Substance Abuse Services

Promising Practices in Developing a Diversion Council

Featuring Heather Wiegand
HealthWest
Muskegon County

Promising Practices in Community Corrections

Featuring Marlene Collick
Genesee County Community Corrections

11% of a subsample of those identified by the K6 as having a mental health concern entered the jail on violation charges.

Panel Discussion: Best Practices, Promising Practices, and Lessons Learned

Intercept 0: Community Services

Community Services is considered a gate-keeper to formal interaction with the criminal justice system. It encompasses the early intervention points for people with mental health issues before they are arrested and involves entities outside the criminal justice system.

Promising Practices in Passing a Mental Health Millage

Featuring

Maribeth Leonard
Lifeways Community Mental Health
Jackson and Hillsdale Counties

Promising Practices in Passing a Public Safety & Mental Health Millage

Featuring

Sheriff
Jerry Clayton
Washtenaw County Sheriff’s Office

Trish Cortes
Washtenaw County Community Mental Health


Visit https://behaviorhealthjustice.wayne.edu/reports-publications-resources to view reports and publications for data sources.
Questions & Discussion
Thank you