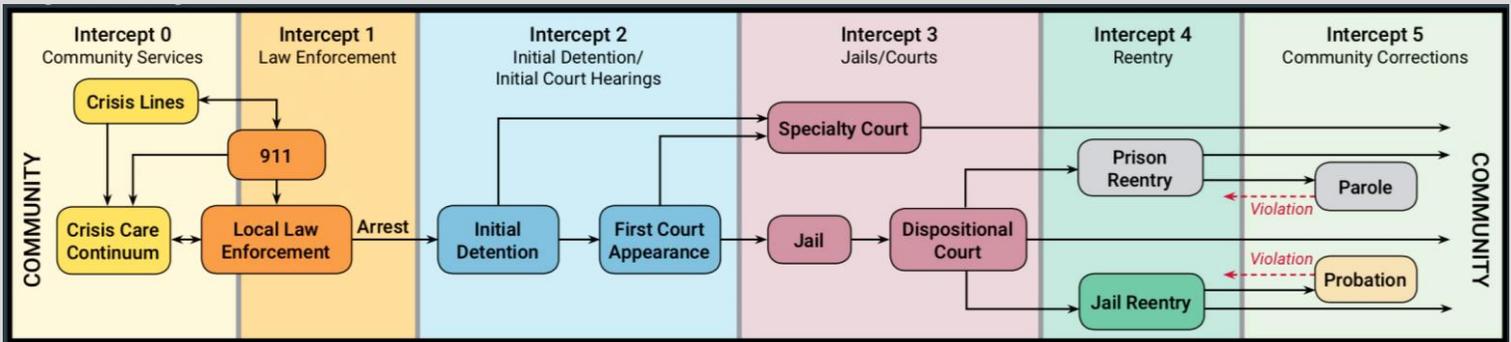
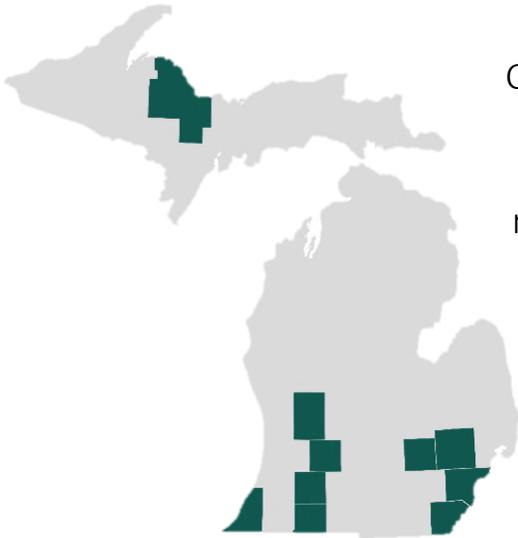




Promising Practices for Jail Diversion Across the Sequential Intercept Model

In partnership with the Michigan Mental Health Diversion Council and the Michigan Department of Health and Human Services, ten communities across Michigan are conducting jail diversion pilot programs which aim to reduce the number of people with mental illness and/or substance use disorder in the criminal/legal system.



The Sequential Intercept Model (SIM)¹ was developed as a strategic planning tool to map the criminal/legal system. It begins in the community with the continuum of crisis care services, and moves through contact with law enforcement, arrest, detention, court, jail and/or prison, reentry, and community corrections. Each intercept offers intervention points for diversion.



This document outlines **recommendations** for effective jail diversion at each intercept, and highlights **promising practices** happening in communities across Michigan as identified by the Center for Behavioral Health and Justice as the jail diversion program evaluators.

¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.



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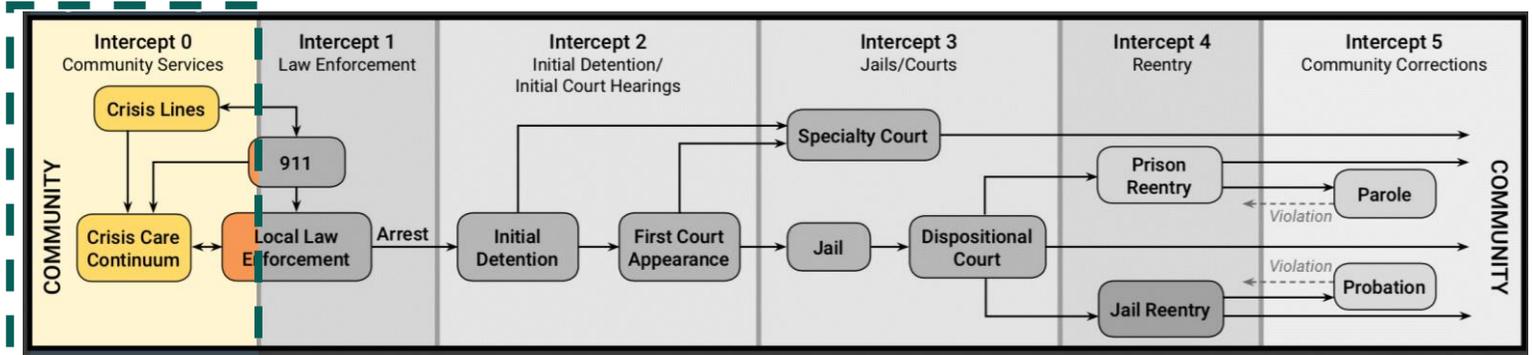
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Intercept 0: Community Services

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 system¹.



Promising Practices & Recommendations²



Integrated Mental Health and Substance Abuse Treatment

- Address structural funding and data barriers to increase accessibility of integrated mental health and substance abuse treatment.

Access to Services

- Explore changes to existing policies and practices to attain effective transition of Medicaid coverage from jail to community.
- Hire mental health employees and social workers to prevent case intensification and reduce potential police involvement and support collaboration between community services and the criminal/legal system.

Crisis Services

- The continuum of crisis care services includes crisis hotlines, community dispatchers coordinating with law enforcement, stabilization and observation centers, mobile crisis services, and peer crisis services¹.
- Spread awareness of crisis services that exist in Michigan communities.
- Develop crisis center and crisis care services to be accessible to law enforcement.
- Utilize Assisted Outpatient Treatment (AOT), or Kevin's Law, in the repertoire of available treatment.

Cross-System Planning and Collaboration

- Create opportunities for law enforcement to collaborate across the criminal/legal system through efforts such as Advisory Councils, Community Advisory Boards, and regular collaboration meetings.
- Define and operationalize the definition of diversion before arrest.

Culture and Community Conversation

- Create a community-wide discussion about the needs of and challenges faced by those with serious mental illness through strategies such as community forums.
- Build a cultural understanding to separate serious mental illness from societal deviant behaviors.

Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) is automatically notified of client bookings and releases through their integrated data system³.



¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.

² Visit behaviorhealthjustice.wayne.edu/reports-publications-resources to view source reports for CBHJ Recommendations

³ Data Source: County Jail Interviews





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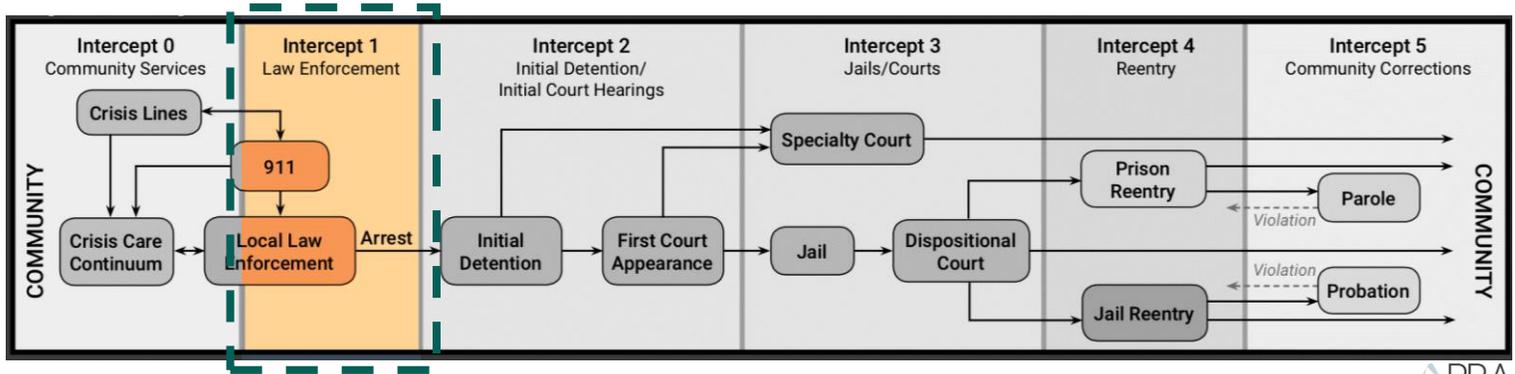
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Intercept 1: Law Enforcement

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



Promising Practices & Recommendations²

Training

- Develop sustainable law enforcement training plans within counties and encourage fidelity to the CIT model.
- Encourage cross-system training for officers, dispatch personnel, probation/parole officers, judges, court administrators, case managers, behavioral health associates, healthcare administrators, and community members utilizing techniques such as ride-alongs, hospital walk-throughs, and experiential and classroom training models.
- Create opportunities for officers to refresh their training and to debrief challenging mental health calls.
- Incorporate CIT (and similar models) in orientation training for law enforcement and other professionals.
- Update uniform and safety regulations to allow CIT trained officers to wear CIT pin.

Identification and Referral of Mental Health Needs and Services

- Develop identification tools for law enforcement officers in the field to assist with identification of mental illness.
- Develop clear eligibility criteria for diversion and provide officers with resources for referrals, such as referral cards, mental health resources, and decision flowcharts.
- Train officers in how to record and code diversions.
- Identify opportunities for law enforcement to collaborate with mental health agencies in staffing crisis services.

Data Collection and Communication

- Identify and reduce barriers to data collection across law enforcement agencies.
- Explore how to define and track “diversion” within dispatch and law enforcement systems.
- Explore strategies for law enforcement and mental health professionals to share information in compliance with HIPAA.

Cross-System Planning and Collaboration

- Create opportunities for law enforcement to collaborate across the criminal/legal system through efforts such as Advisory Councils, Community Advisory Boards, and regular collaboration meetings.

Officers in Oakland County trained in CIT were 3 times more likely to use the Crisis Center³.



¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.

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³ Wald=24.305, p<.001



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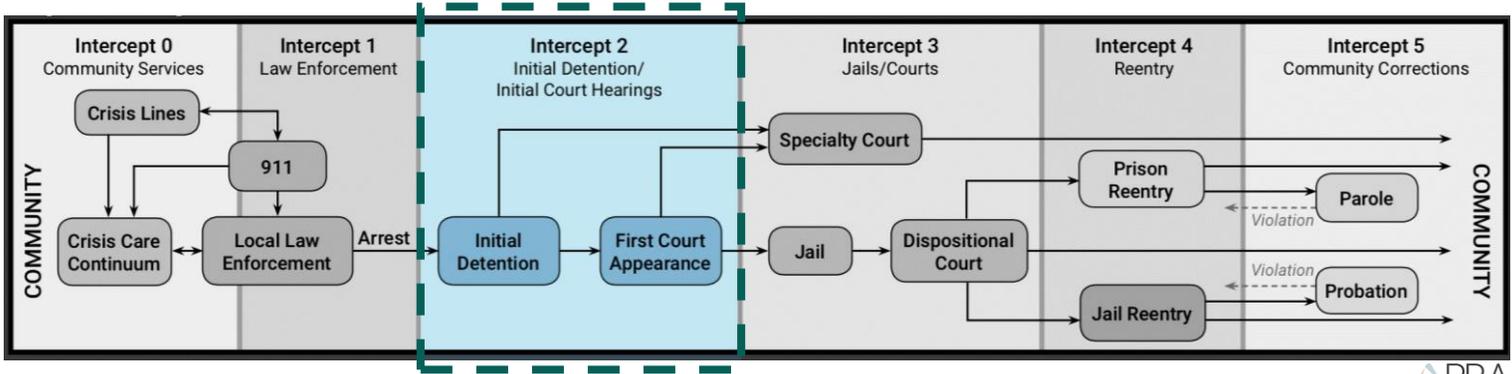
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Intercept 2: Initial Detention/Initial Court Hearings

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 prosecution¹.



Promising Practices & Recommendations²

Identification and Tracking of Mental Health Issues and Risk

- Implement a standardized mental health screen at jail booking to augment identification of mental health issues.
- Develop strategies to add standardized screening tools to jail management systems across counties.
- Emphasize ‘criminogenic’ risk factors in addition to mental health factors.
- Attempt to reduce jail time for low-level misdemeanor offenses (for example, in instances where individuals cannot pay bond) in order to minimize disruption to community-based mental health treatment.

Cross-System Collaboration

- Improve collaboration between courts and Community Mental Health to increase pre- and post-booking diversions.
- Build rapport and trust between jail systems, court systems, and mental health treatment systems.
- Create opportunities for collaboration across the criminal/legal system through efforts such as Advisory Councils, Community Advisory Boards, and regular collaboration meetings.



100% of individuals booked into the Monroe County Jail receive a standardized substance misuse and mental health screen³.

¹ SAMHSA’s GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.

² Visit behaviorhealthjustice.wayne.edu/reports-publications-resources to view source reports for CBHJ Recommendations

³ Data Source: K6 collection and jail identification.





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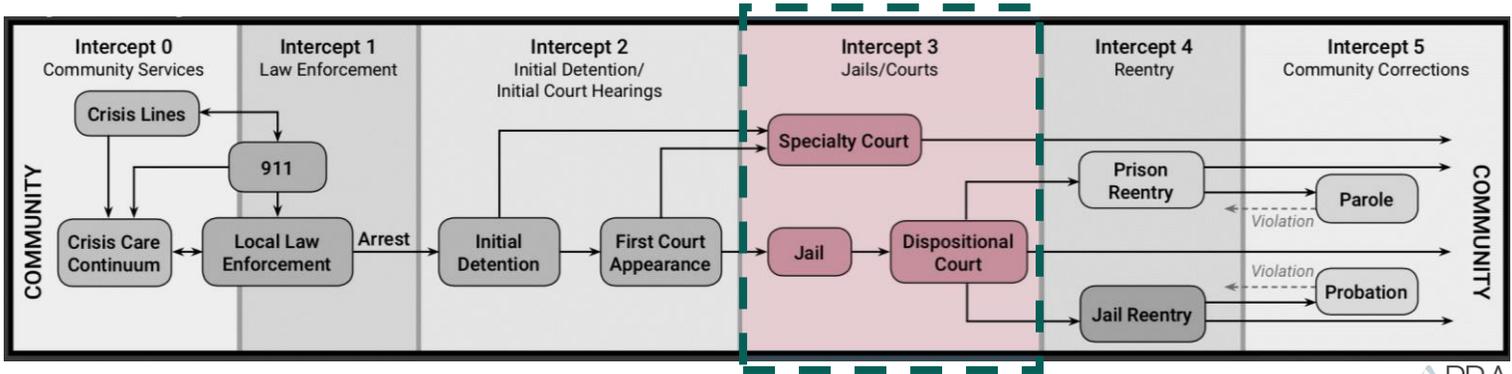
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Intercept 3: Jails/Courts

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 supervision¹.



Promising Practices & Recommendations²

Length of Stay Differences

- Explore length of stay differences between individuals with and without serious mental illness, including uniform risk assessment, implications of CIT training, and behavioral indicators such as tickets and incident reports.

Mental Health Treatment

- Fund Community Mental Health Staff of provide in-reach services with incarcerated consumers.
- Expand services to Include Non-Community Mental Health consumers.
- Decrease wait time for services.
- Enhance the spectrum of psychotropic medications available on jail formularies.

Cross-System Collaboration

- Build relationships between Community Mental Health and criminal/legal systems.
- Remove HIPPA barriers for information sharing between law enforcement officers and mental health providers.
- Create opportunities for jail and court staff to collaborate across the criminal/legal system through efforts such as Advisory Councils, Community Advisory Boards, and regular collaboration meetings.
- Integrate criminal justice databases with Community Mental Health databases to notify caregivers of case updates.

In Kent County, 144 individuals were identified by the jail as having a mental health need. Of those individuals, 100% (144) were referred to services, and 98% (141) received an assessment or service³.



¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.

² Visit behaviorhealthjustice.wayne.edu/reports-publications-resources to view source reports for CBHJ Recommendations.

³ Data Source: County-level jail and treatment provider data.



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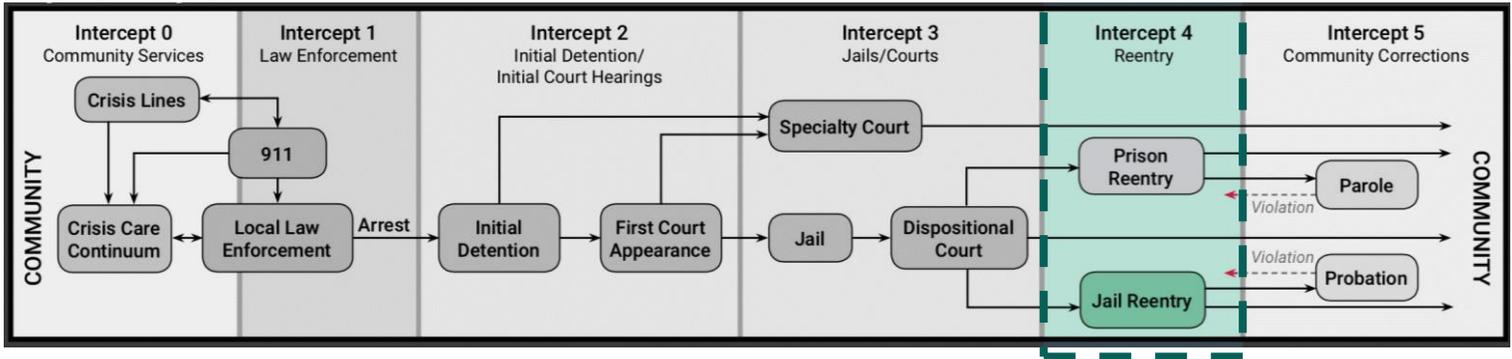
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Intercept 4: Reentry

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 supervision¹.



Promising Practices & Recommendations²



Discharge Planning and Release

- Increase in-reach and discharge planning strategies to improve continuity of care for individuals with mental health and/or substance use disorders.
- Expand accessibility to outreach programs.
- Develop interventions that span the continuum from low to high service intensity when transitioning from jail.

Mental Health Care Continuity

- Reduce after hours jail releases for individuals identified with serious mental illness.
- Expand accessibility to services in the community.
- Reduce or prevent lag for reinstatement of Medicaid coverage post-jail release.

Cross-System Collaboration

- Create opportunities for jail and court staff to collaborate across the criminal/legal system through efforts such as Advisory Councils, Community Advisory Boards, and regular collaboration meetings.
- Integrate criminal justice databases with Community Mental Health databases to notify caregivers of case updates.

Central City Integrated Health provides continuity of care based on the Forensic Assertive Community Treatment (FACT) model to individuals in the Wayne County Jail—participants were in jail a total of 256 days fewer after intervention³.



¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

² Visit behaviorhealthjustice.wayne.edu/reports-publications-resources to view source reports for CBHJ Recommendations

³ Data Source: Stakeholder interviews.





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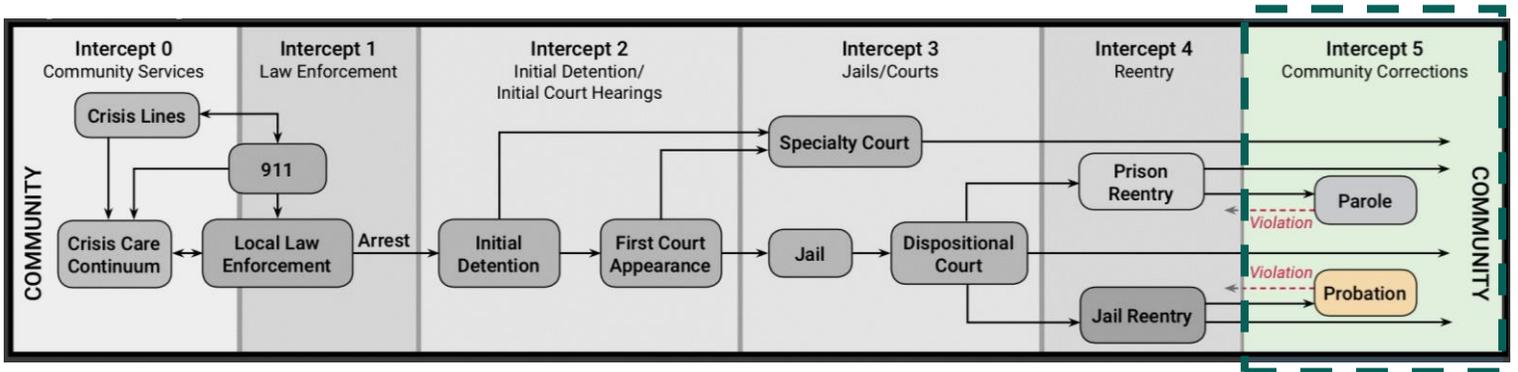
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Intercept 5: Community Corrections

Community Corrections encompasses probation and parole¹.



Promising Practices & Recommendations²

Training

- Train probation/parole officers in recognizing signs and symptoms of mental health issues so that alternative decisions to reincarceration can be made.

Cross-System Collaboration

- Build and strengthen relationships between CMH and probation/parole to reduce violations that result in recidivism including specialized caseloads, formal collaboration, case consultation, and mental health training.
- Create opportunities for jail and court staff to collaborate across the criminal/legal system through efforts such as Advisory Councils, Community Advisory Boards, and regular collaboration meetings.

Kalamazoo County Jail and Community Mental Health staff coordinate with probation/parole officers on a weekly basis and have specialty caseloads for mental health³.



¹ SAMHSA's GAINS Center (2013), *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.)*. Delmar, NY: Policy Research Associates, Inc.

² Visit behaviorhealthjustice.wayne.edu/reports-publications-resources to view reports from which CBHJ Recommendations were drawn.

³ Data Source: Interviews with jail and CMH staff.