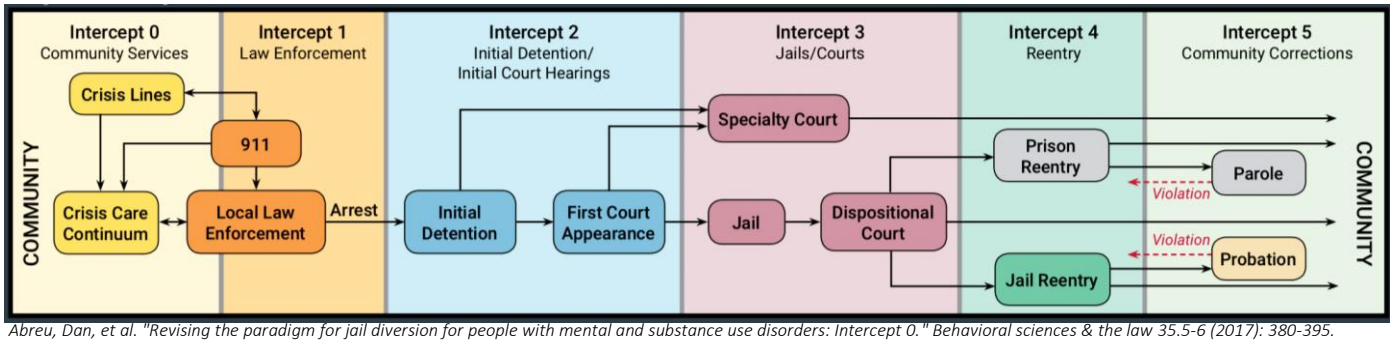
MICHIGAN MENTAL HEALTH DIVERSION COUNCIL

The Michigan Mental Health Diversion Council (MMHDC) was established in 2013 with the intent and focus of diverting individuals with mental health disorders and/or developmental disabilities from the criminal/legal system across the state. In 2014, the MMHDC, through the Michigan Department of Health and Human Services (MDHHS), sought proposals for interventions at one or more intercept points (e.g. Sequential Intercept Model (SIM)) to enhance diversion opportunities.

Sequential Intercept Model



Abreu, Dan, et al. "Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0." Behavioral sciences & the law 35.5-6 (2017): 380-395.

Between 2014 and 2017, ten counties were funded for pilot projects (Barry, Berrien, Kalamazoo, Kent, Livingston, Marquette, Monroe, Oakland, St. Joseph and Wayne Counties). Programs focused primarily on law enforcement training and jail services. Dr. Sheryl Kubiak (Wayne State University Center for Behavioral Health and Justice (WSU CBHJ)) and team lead an implementation and long-term outcome study of these pilot projects. In 2017, the MMHDC expanded support of these counties to bolster diversion efforts across all intercepts of the SIM. This expansion required an evaluation encompassing all intercepts, recognizing that individuals interact with multiple systems across the criminal/legal continuum. Using these two programmatic initiatives of the MMHDC and the evaluation research supporting them, specific practices at each intercept have been identified that empirically demonstrate improved outcomes, such as reducing recidivism or jail stays, increasing treatment access/continuum of care, and enhancing the knowledge and skills of officers.

Summary of Empirical Evidence to Support Actionable Practices

Intercept 0 Community Services	Intercept 1 Law Enforcement	Intercept 2 Initial Detention/ Initial Court Hearings	Intercept 3 Jails/Courts	Intercept 4 Reentry	Intercept 5 Community Corrections
Individuals with **co-occurring substance use and mental health disorders were over 2 times more likely to recidivate** than those with a only mental health disorder. **Delivery of integrated treatment is hindered** by separate mental health and substance use funding and data systems.	Fidelity to the CIT Model improves officer knowledge and skills and changes behavior. In the month after CIT training, **officers were 38 times more likely to use the Crisis Center**; the increase was sustained 18-months later.	Across all jails, use of a standardized mental health screen at booking **improved the identification of mental health issues**; officer only identification varied from 3% -33%. Across all jails, **47% of individuals booking in were charged with a 'divertable' offense.**	Training corrections officers in de-escalation techniques **decreased forcible cell removal by 50%.** Individuals receiving an in-reach or diversion service in jail were **twice as likely to receive a mental health service in the community.**	Improving discharge services (currently, **only 30% of individuals with SMI received a discharge service**) and discharging during business hours (**44% of those with SMI are released from jail during non-business hours (5 pm – 8 am)**) will enhance continuity of care.	Enhancing the relationship between county-level CMH and parole/probation officers may decrease the number of individuals incarceration for probation/parole violations. Currently **four of ten counties** report such a relationship.

While outcomes may vary across sites, all of the outcomes are achieved through best practices and align with the goals of the MMHDC. Based on the data and the practices of the pilot counties, the MMHDC and the WSU CBHJ have identified recommendations for state and county administrators that will support improved identification, referral and service delivery and decrease incarceration for those with serious mental illness and/or substance use disorders.

Recommended Best Practices for Jail Diversion for Individuals with Mental Health Disorders

1. Valid screening for mental health and substance use disorder—particularly risk of withdrawal—at jail intake that is consistent across the state,
2. Use of 'boundary spanners' who can work across criminal/legal and treatment systems to facilitate both diversion from jail and optimal community re-entry,
3. Increased training for law enforcement/corrections officers to enhance mental health knowledge and de-escalation skills, and
4. Identify alternative locations for officers to divert individuals from jail.

While these best practices and outcomes pertain to adult systems of care, similar principles in the juvenile justice system are also supported by MMHDC.

WAYNE STATE UNIVERSITY
School of Social Work
Center for Behavioral Health and Justice