Mental Health Diversion Council and Statewide Initiatives: AN OVERVIEW

Steven Mays
Diversion Administrator MDHHS
Mental Health Diversion Council Liaison

Background

- 5% of the general population suffers from serious mental illness while16% of prison inmates and 17% of jail inmates have a serious mental illness nationally* (20%-22% MI MDOC stats)
- Estimated 75% of inmates have a mental illness with co-occurring substance use disorder nationally*
- A 2014 MDHHS commissioned study of 86 juvenile justice youth in residential placement determined that 75% of the youth met the diagnostic threshold for at least one mental health disorder and about 30% met diagnostic criteria for substance use disorder.
- Governor Snyder has stated that preventing the unnecessary incarceration of those with mental illness is a priority for his Administration
- Commitment to "De-criminalizing Mental Illness"

*Statistics from the Council of State Governments Justice Center and the Mental Health Consensus Project

Mental Health Diversion Council

- Established via Executive Order 2013-7
- Juvenile Justice appointees established via Executive Order 2014-7
- Began meeting on a monthly basis in April, 2013
- Advisory Body to the Governor – within Michigan Department of Health and Human Services (MDHHS)
- Lieutenant Governor provides monthly updates to Stakeholders and Chairs the Diversion Council

Mental Health Diversion Council Membership

- Lieutenant Governor -Chair
- Director or designee from the Department of Health and Human Services
- Director or designee from the Department of Corrections
- State Court Administrator
- Medicaid pre-paid inpatient health plan
- Adult services agencies/providers
- Judiciary
- Prosecutors
- Community prisoner r-entry
- Court Administrators
- County Sheriffs
- Local law enforcement
- Attorneys representing MI and DD interests
- Mental Health and DD advocate
- Juvenile Justice
- School Administration
- Juvenile Courts
- Children's medical/psychiatric

Mental Health Diversion Council Charge

- Adopt and implement a diversion action plan to improve efforts to divert individuals with mental illness, intellectual, and developmental disabilities (including comorbid substance abuse disorders) from criminal justice involvement.
- Make recommendations for statutory, regulatory, and contractual requirements applicable to criminal justice and behavioral health services. These recommendations are to include the use of screening and assessment tools to improve identification of those in need of treatment.
- Identify areas of best practice in Michigan to expand the use of effective pre-booking and post-booking options for those with mental illness or intellectual and developmental disabilities.
- Recommend a performance monitoring process to include baseline and post-implementation data for prevalence of mental illness, outcomes, and return on investment.
- Recommend a model for improving overall community response for individuals with mental illness, intellectual disabilities, or developmental disabilities who engage in illegal or disruptive behavior.
- Coordinate with the Mental Health and Wellness Commission created by Executive Order 2013-6.

Diversion Council Tasks

- **Pilots** – devising innovative programs to improve jail diversion on a statewide basis
- **Consent and Communication** – interaction with agencies, policy/forms
- **Screening and Assessment** – tools to better screen/assess pre arrest, in jails and for pre-release
- **Data and Outcomes** – MSU data and evaluation team working hand in hand with pilots to extrapolate meaningful data and to seek out best practices
- **Juvenile Justice** – Separate but connected Action Plan established from Mental Health and Wellness Commission recommendations
- **Ad Hoc** – working on major statewide issues (Kevin's Law, guardianship issues)

Action Plan Primary Goals

- Strengthen pre-booking diversion for those with mental illness
- Ensure quality, effective and comprehensive behavioral health treatment in jails and prisons
- Expand post booking jail diversion options for those with mental illness
- Reduce unnecessary incarceration or re-incarceration for those with mental illness
- Establish an ongoing mechanism to coordinate and assist with implementation of action plan goals and to facilitate needed system change
- Juvenile Justice – prioritize and implement three action items

Overall Approach: Sequential Intercept Model

- Sequential Intercept Model identifies "Points of Intercept" that help to reduce or eliminate the likelihood of an individual with mental illness and/or developmental disability from being incarcerated.

Intercept Points

- **Pre-emptive**
  - Utilization of **"Intercept 0"** as means to treat people before they have interaction with law enforcement
  - Expand use of Assisted Outpatient Treatment (new law 2-14-17)
- **Intercept 1: Law Enforcement**
- Law enforcement and emergency services (911,CIT, CIT-Y)
- **Intercept 2: Initial Detention/Initial Court Hearings**
  - Increased comprehensive screenings/assessments
  - Improve local in-jail behavioral health treatment at initial detention or booking
  - Greater presence at sentencing/forensic evaluations/Boundary Spanners
- **Intercept 3: Jails/Courts**
  - Expand/strengthen mental health courts and mental health resources in criminal probation
  - Greater access to medications/treatment in jail
  - Comprehensive jail in-reach and post release coordination
- **Intercept 4: Reentry**
  - Re-entry from jails, prisons and forensic center, "warm handoffs"
  - Greater communication with jail/treatment staff for coordination
- **Intercept 5: Community Corrections**
  - Linkage to community services from probation/parole.

Current Major Initiatives

- Pilots- CIT/CITY, Diversion Centers, In jail assessments, Mental Health Courts, In jail services, Boundary Spanners, Pre/Post Release Treatment (warm handoffs), Longer term housing, Probation/Parole Intervention
- Kevin's Law Revamp (Completed) – Implementation
- Implementing Michigan Juvenile Justice Assessment System
- Stepping Up Initiative (Statewide Summit)
- Universal Release Form
- Youth Mental Health First Aid Training Statewide
- Guardianships both Adult and Juvenile
- Suspending Medicaid Services in jails
- Intercept "0" (Treatment before interaction with the law

Pilots

- MDHHS (on behalf of the Mental Health Diversion Council and in addition to MDOC allocation) secured funding to pay for maintenance funding and new initiatives for 11 pilots around the state
- Pilots will demonstrate the effectiveness of various diversion approaches and help build case for expansion on a statewide basis
- Lessons learned will be used to inform a broader pilot approach in FY18 and beyond
- Broad considerations in selection:
  - Innovation
  - Urban/rural mix
  - Readiness

PILOTS – Priority Considerations

1. Expanded services and training with law enforcement (CIT, CIT-Y)
2. Centralized crisis/diversion facility
3. More comprehensive and enhanced mental health treatment for those in jail and transitioning out of jail with more emphasis on "warm handoffs"
4. Those agencies willing to put together a resolution with their county commission (through StepUpTogether.org) to establish a formal agreement with key stakeholders in their communities to address succinctly the issue of reducing the number of people with mental illness in jails
5. Agencies willing to develop a plan to reduce parole violations and recidivism of parolees who have been diagnosed with mental illness

Pilots chosen for 2017-18

- ***Barry*** – CIT, Juvenile Diversion, Screening Tool,
- ***Berrien*** – CIT, Jail Clinicians, Intensive Follow Thru
- ***Detroit Central City***- F.A.C.T, Longer Term Housing
- ***Detroit SW Community Court***- Comm. Based Sentencing
- ***Kalamazoo***- CIT, CIT-Y, Longer Term Housing, Data Warehousing
- ***Kent*** – Full Time Jail Clinicians and Intensive Follow Up, Div. Center
- ***Livingston*** – CIT, In Jail Staff-Clinicians, Pre-Release Assessments
- ***Marquette***- CIT, Crisis Beds, Jail Liaison, MRT, Diversion Unit
- ***Monroe***- Jail Staff-Peer Supports, Mental Health Court
- ***Oakland***- CIT, CIT-Y, In Jail Staff, Boundary Spanner
- ***St. Joseph***– CIT, Diversion Center, Boundary Spanner

Pilot Summit

- Annual meeting of all pilots to come together to share their experiences and exchange ideas as well as network.
- Meeting held in Lansing every August.
- Presentations given by each of the pilots and also includes an exposition by the Michigan State Data and Evaluation Team.
- Dignitaries invited to attend and speak including the Lt. Governor and Mental Health Diversion Council members.

MSU Data and Evaluation

- Partnership with Michigan State University to collect and evaluate data from each of the pilot sites…shared data to include:

1. Individual site data to be collected and evaluated as well as shared data points.

2. Will utilize shared and individual data to calculate return on investment and best practices.

3. Initial findings collected and published in a baseline report Nov. 2016 and complete one year findings due out in Fall '17

Revised AOT (Kevin's Law) Legislation

- Revised language to prior law of 2004
- New law took affect 2/14/17
- Current and upcoming training/implementation
- Focuses on Capacity and not Conduct
- No longer requires existing noncompliance (401(d))
- Clarifies that AOT may be ordered under 401 (a),(b),(c)or(d)
- One petition process for AOT(Assisted Outpatient Treatment) or for ATO (Alternative Treatment Order)

Summing Up

- Commitment to changing how we do business
- Mental Health Diversion Council's role
- Innovative methods of diversion
- Comprehensive data gathering, evaluation and reporting
- Impacting future legislation
- Striving to improve relationships and culture

Questions?

- **Contact Information:**

Steven M. Mays Diversion Administrator
MDHHS/Mental Health Diversion Council Liaison
Mayss1@Michigan.Gov
(517)-241-3302