Michigan Mental Health Diversion Council

Tuesday, November 12, 2019

Wayne State University Center for Behavioral Health and Justice

Introduction

1. **Data Updates & Hot Topics** (10 min)
   Jail data collection spring 2019

2. **Stepping Up Initiative** (10 min)
   Statewide Map
   Process of Intervention

3. **'Inventory of Learning'** (10 min)
   Using Sequential Intercept to Present Best/Promising Practices

4. **Questions & Discussion** (10 min)
   Rising from the field

Data Updates & Hot Topics

Kessler 6 (K6) Screening Instrument

JAIL DIVERSION County Code: ##   WSU ID: ####   Booking Number: _____

Date: _____   Last Name: _____   First Name: _____

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

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

e. That everything was an effort?	O	O	O	O	O
f. Worthless?	O	O	O	O	O

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?   O Yes O No

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

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

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

Are you currently taking **any medication** for a mental health problem?   O Yes O No
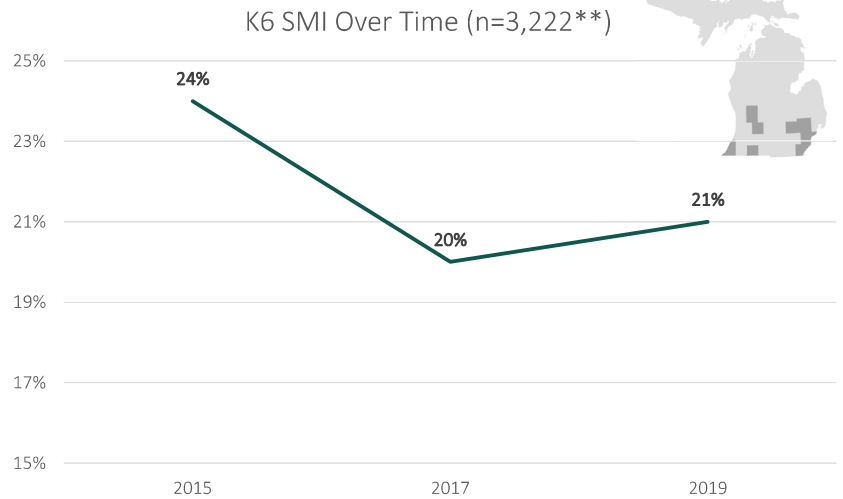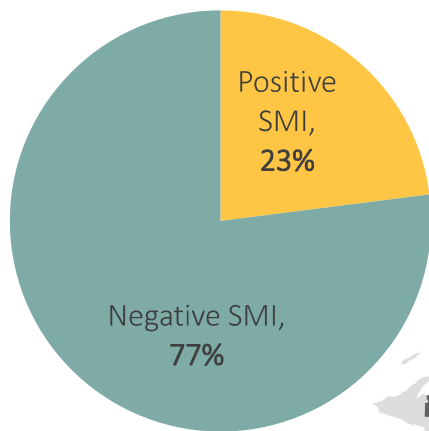
Where did **you live most often** *in the past 30 days* before you came to jail? *Check the* **one** *answer that* **best** *describes your situation.*

O House or apartment that I own/rent

O Moved around/stayed with a friend or family member

O Streets, car, homeless shelter, treatment facility or other place like that

O Other (*please specify*) _____

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

If YES, anytime *within the past year*?   O Yes O No

Past 30 days?   O Yes O No

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

Positive K6 – Serious Mental Illness (SMI)

Positive SMI, **23%**

Negative SMI, **77%**

2019 Collection*
(n=3,802)

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

24%

20%

21%

25%

23%

21%

19%

17%

15%

2015   2017   2019

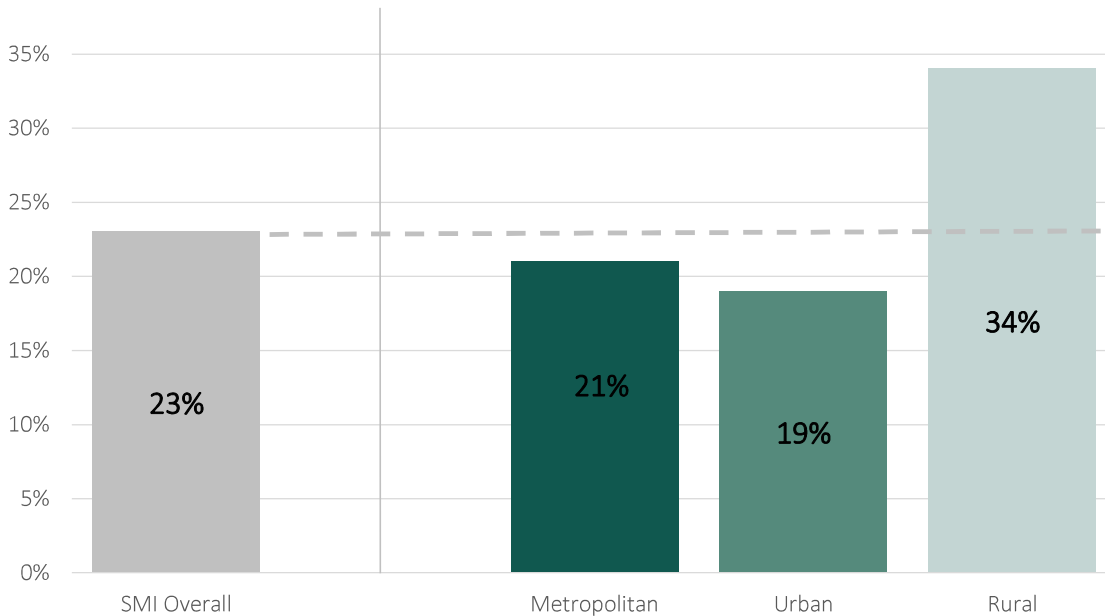** Includes two counties not included in 2017 collection*
** Includes only the original 8 counties for comparison purposes
Data Source: K6 Collection 2015, 2017, and 2019

SMI by County, Over Time

Monroe
16% → 12%

Oakland
22% → 19%

Livingston
18% → 16%

Kent
21% → 22%

Wayne
21% → 22%

Berrien
22% → 25%

Barry
18% → 27%

St. Joseph
19% → 32%
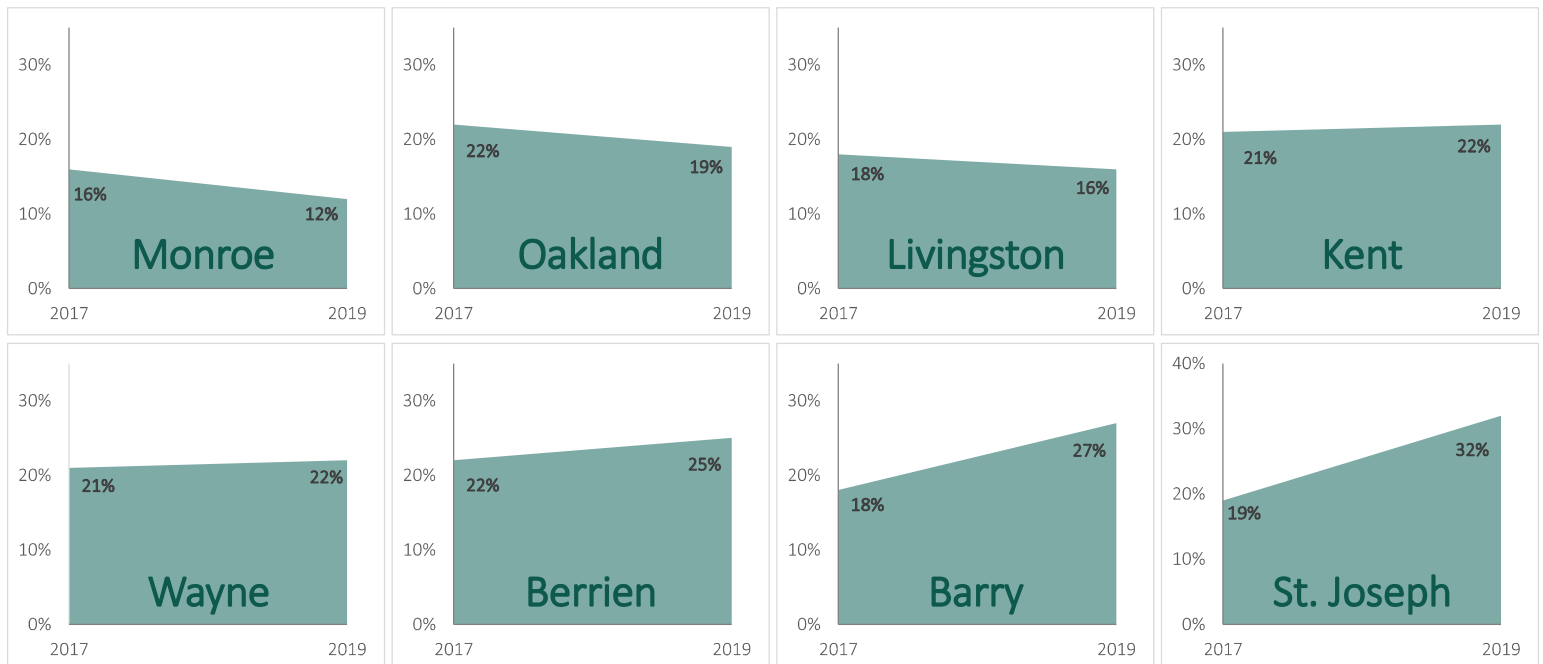
Data Source: K6 Collection 2017 & 2019
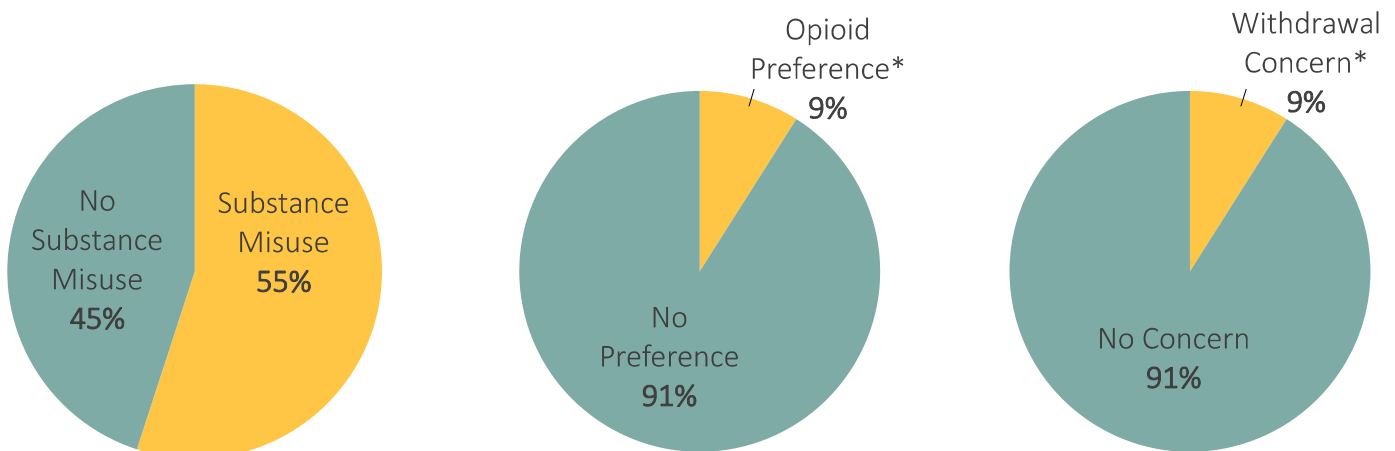
SMI by County Size* (n=3,802)

- Rural jails have a higher proportion of individuals with SMI in their jails (34%), compared to metropolitan (21%) or urban jails (19%).
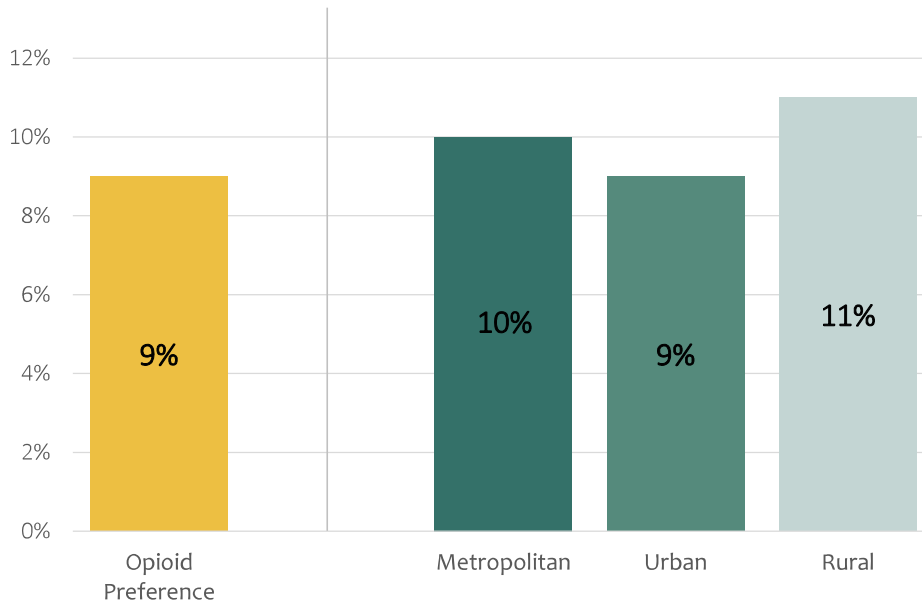
Data Source: K6 Collection 2019

*Difference statistically significant

Substance Misuse, Opioid Preference & Withdrawal Concern (n=3,802)

* Includes only 9 counties
Data Source: K6 Collection 2019
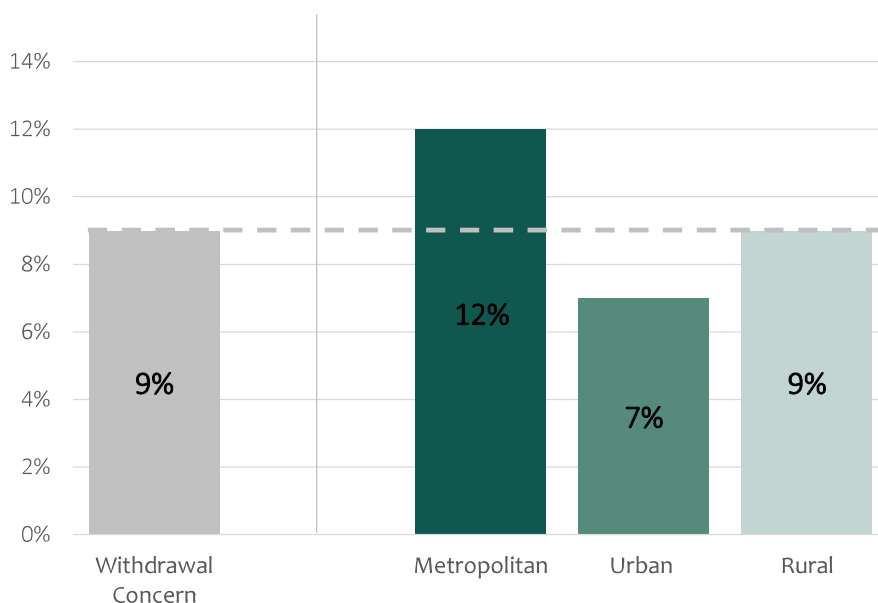
Opioid Preference by County Size (n=3,802)

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

Data Source: K6 Collection 2019

Difference NOT statistically significant

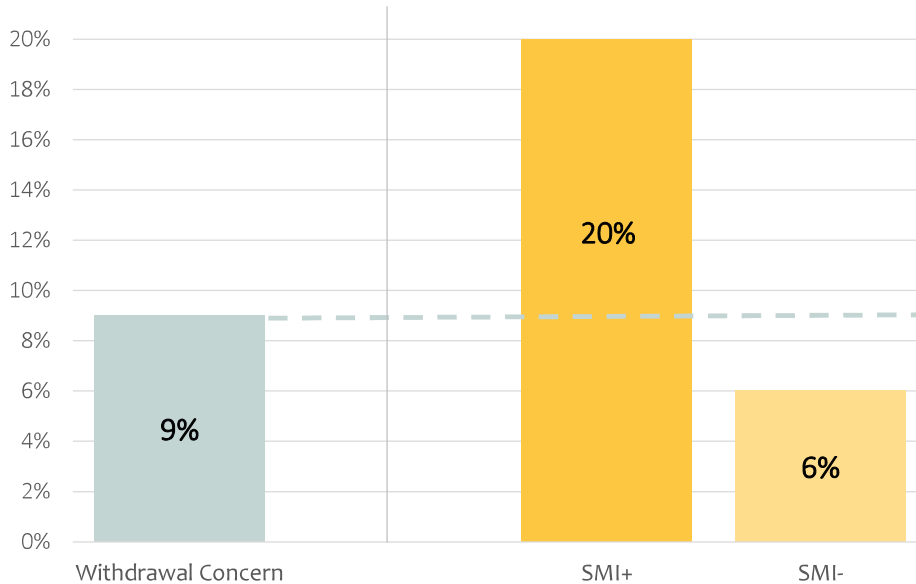# Withdrawal Concern by County Size* (n=3,802)

- 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
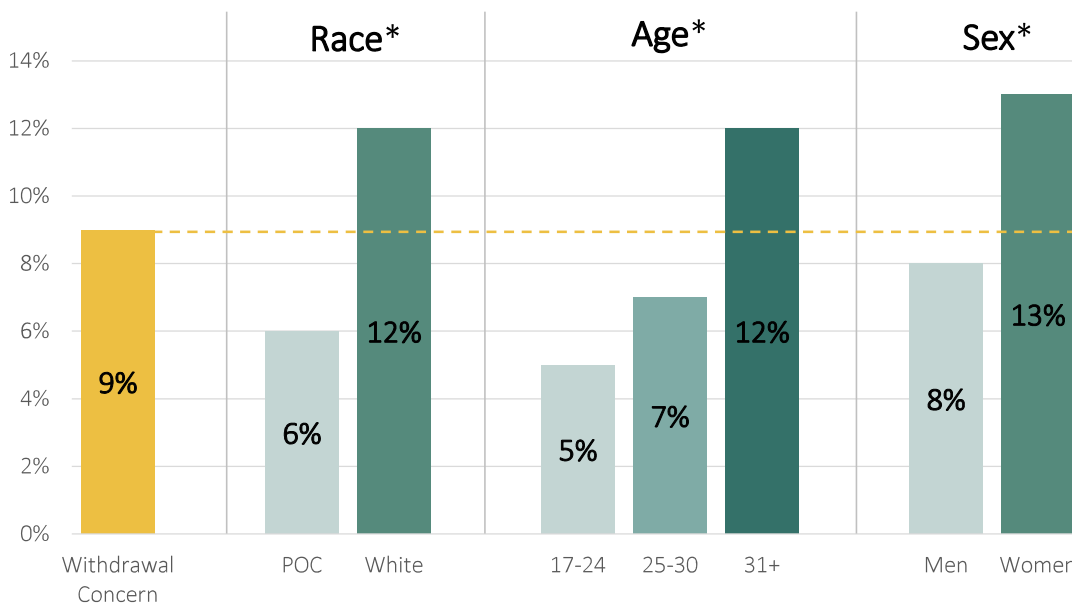
Withdrawal Concern & SMI* (n=3,802)

- 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 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

Stepping Up Initiative

Stepping Up Initiative
Statewide Map
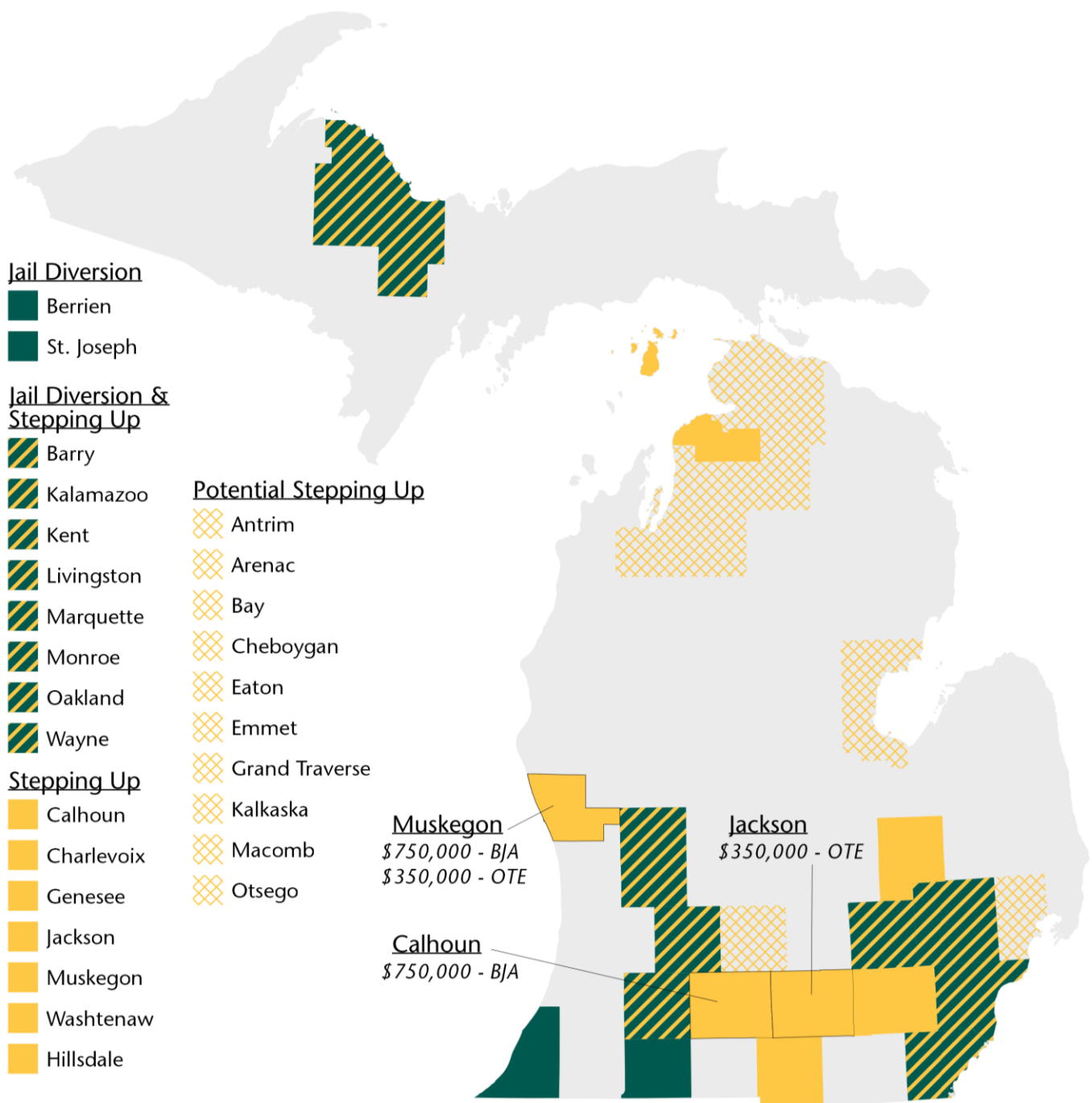
Jail Diversion
- Berrien
- St. Joseph

Jail Diversion & Stepping Up
- Barry
- Kalamazoo
- Kent
- Livingston
- Marquette
- Monroe
- Oakland
- Wayne

Stepping Up
- Calhoun
- Charlevoix
- Genesee
- Jackson
- Muskegon
- Washtenaw
- Hillsdale

Potential Stepping Up
- Antrim
- Arenac
- Bay
- Cheboygan
- Eaton
- Emmet
- Grand Traverse
- Kalkaska
- Macomb
- Otsego

Muskegon
$750,000 - BJA
$350,000 - OTE

Jackson
$350,000 - OTE

Calhoun
$750,000 - BJA

THE STEPPINGUP INITIATIVE TECHNICAL ASSISTANCE
Funded by MDHHS

PHASE ONE

ASSESS

OBSERVE

Question 1: **Is Your Leadership Committed?**

Introductory Meeting (1-2 hours)
- How did Stepping Up evolve in the community?
- What steps have been taken to date?
- What agencies are represented on the diversion council? Who should be?
- What are the goals & objectives for Stepping Up?

Question 2: **Do You Have Timely Screening & Assessment?**

Question 3: **Do You Have Baseline Data?**

Site Visit & Jail Tour (4-6 hours)
- Observe Diversion Council meeting (when applicable)
- Map jail process from booking to release
- Review current screening & assessment tools
- Review existing data/data validation
- Review or establish baseline data
- Develop of technical assistance plan

PHASE TWO

ASSIST

PLAN

Question 4: **Have You Conducted a Comprehensive Process Analysis?**

Regular Data Calls & Data Collection (3-6 months)
- Execute technical assistance plan
- Establish data collection protocol
- Conduct regular data collection calls with key stakeholders
- Assess current system efficacy

Question 5: **Have You Prioritized Policy, Practice, & Funding?**

Question 6: **Do You Track Progress?**

Action Planning (3-6 months)
- Presentation of findings & next steps to stakeholders
- Create context: compare data with other like counties and state
- Identify short- and long-term goals
- Identify strategies for sustainability
- Develop integrated report to track progress

CUSTOMIZED DELIVERABLES:
- Technical Assistance Plan
- Prevalence & Baseline Data
- Comprehensive Analysis
- Short- & Long-Term Goals
- Integrated Report

Stakeholder Feedback

What Stakeholders say about Technical Assistance:

"Appreciate the WSU team, and their commitment to assisting communities with gaining real-time data so that effective measurements can be put into place for future diversion activities. I would also like to thank the WSU-CBHJ Team for being so committed to the Stepping Up Initiative, and for merging so well with so many different players in the community."
– Genesee County Stakeholder (Criminal/Legal)

"I can't extend enough appreciation to the work that has been accomplished to date to support my community. I look forward to continued opportunities to work with CBHJ."
–Muskegon County Stakeholder (Treatment)

"You have helped recognize and put together all the resources we have. We seem be working more together as a team. There are a lot of agencies trying to obtain a common goal. You guys were awesome for someone like me, a front line worker that keeps everything in my head and not good at documentation. You guys are awesome."
– Genesee County Stakeholder (Treatment)

"The team is very professional. It was especially helpful to have Scott Smith's [CBHJ Law Enforcement Consultant] experience and input given the mix of stakeholders."
– Charlevoix County Stakeholder (Treatment)

"The data reported from Stepping Up was eye opening and will be used in any way possible to help connect those with mental health and dependency issues to treatment services. Staff have only reported positive feedback."
–Genesee County Stakeholder (Criminal/Legal)

"Thanks for all your hard work and dedication"
– Jackson County Stakeholder (Treatment)

Out of Stepping Up Technical Assistance Stakeholders who responded to an anonymous feedback survey…

100% AGREED

that staff at the **Center for Behavioral Health and Justice** are:

- 👍 **knowledgeable of data-informed diversion opportunities** in the criminal/legal system.

- 👍 **responsive** to communications.

- 👍 **understanding of the unique needs** in their community.

Current Stakeholders are

VERY LIKELY

-100   100

to recommend Technical Assistance from CBHJ to other communities.

ASSESS   OBSERVE   ASSIST   PLAN

Nearly 90% of Stakeholders agree that Technical Assistance from CBHJ has helped their community address the six Stepping Up questions.

Center for Behavioral Health and Justice
Wayne State University School of Social Work

Inventory of Learning

*Using the Sequential Intercept Model to Present Best/Promising Practices*

Center for Behavioral Health and Justice
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The Michigan Mental Health Diversion Council (MMHDC) was established in 2013 with the intent and focus on 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 points along the Sequential Intercept Model (SIM) framework to initiate diversion opportunities along the intercepts of the criminal/legal system.

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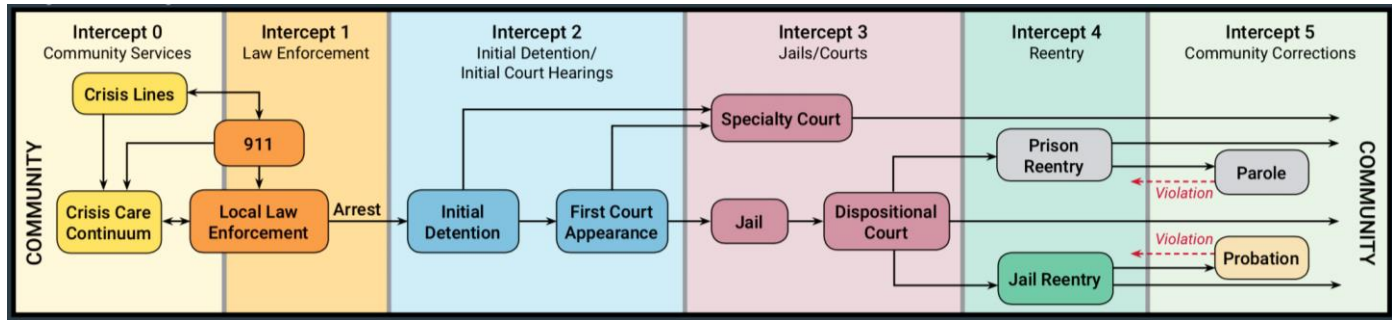
Abreu, Dan, et al. "Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0." Behavioral sciences & the law 35.5-6 (2017): 380-395.

Between 2014 and 2017 ten pilot projects were funded in ten counties (including Barry, Berrien, Kalamazoo, Kent, Livingston, Marquette, Monroe, Oakland, St. Joseph and Wayne Counties). Programs focused primarily on CIT for law enforcement and jail services. Dr. Sheryl Kubiak (Wayne State University Center for Behavioral Health and Justice) and team lead an implementation and long-term outcome study of the pilot projects. In 2017, the MMHDC committed to continue to support the initial ten pilot counties to allow those communities to further focus on and bolster diversion efforts across all intercepts of the SIM. This expansion in diversion programming required an evaluation encompassing all intercepts, recognizing that individuals interact with multiple initiatives across the criminal/legal continuum within the same county and accounts for the influence of multiple interventions within the system.

Using these two programmatic initiatives of the MMHDC and the evaluation research supporting them, specific practices at each intercept have been identified within counties that empirically demonstrate improved outcomes, including: reducing recidivism or jail stays, increasing treatment access/continuum of care, and enhancing knowledge and skills for 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 Center for Behavioral Health and Justice (CBHJ) has identified recommendations for state and county administrators that will support improved identification, referral and service delivery that will decrease incarceration for those with serious mental illness and/or substance use disorders. The CBHJ promotes:

1) Valid screening for mental health and substance misuse at jail intake that is consistent across the state,
2) 'Boundary spanners' working between systems who are focused on issues of transition in and out of jail for individuals with mental health and substance use disorders,
3) Funding for in-reach mental health services by community CMH to provide warm hand-offs and facilitate discharge, and
4) Increased training for law enforcement/corrections officers to enhance mental health knowledge and de-escalation skills and identify alternative locations for officers to divert individuals from jail.

These recommendations are focused on improving identification, referral and service delivery that will decrease incarceration for those with serious mental illness and/or substance use disorders.

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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 health and/or substance use disorders in the criminal/legal system.

Michigan Mental Health Diversion Council
MDHHS
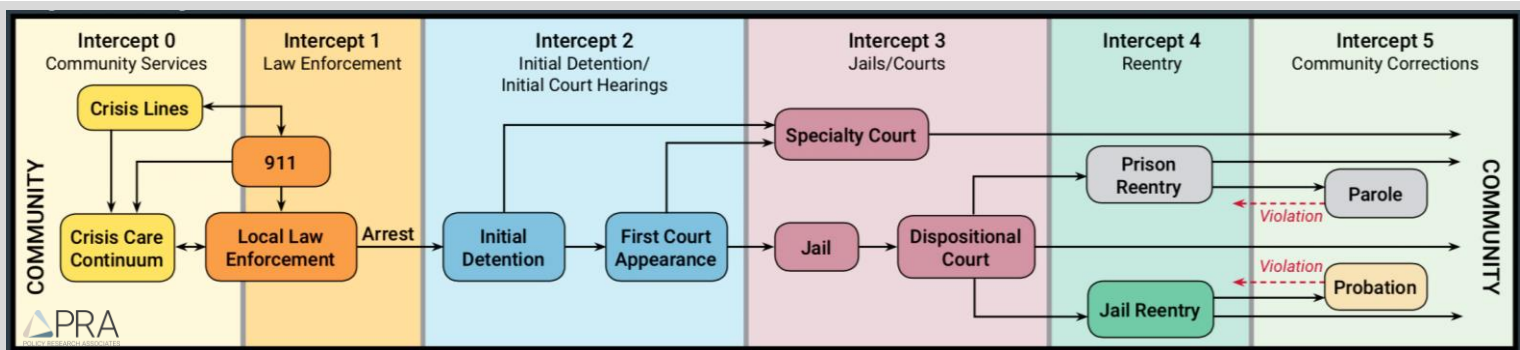
The Sequential Intercept Model (SIM)[1] was developed as a strategic planning tool to map the criminal/legal system. It begins in the community with the continuum of crisis care services, and moves through contact with law enforcement, arrest, detention, court, jail and/or prison, reentry, and community corrections. Each intercept offers intervention points for diversion.
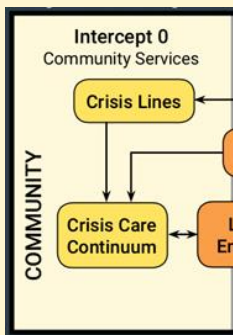
Intercept 0

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[1].

OUTCOME:

Individuals with **co-occurring mental health and substance use disorders were over 2 times more likely to recidivate** than those with only a mental health disorder.

OUTCOME:

Delivery of integrated treatment is hindered by separate mental health and substance use funding and data systems.

NEXT STEP:

Address structural funding and data barriers to **increase accessibility to integrated mental health and substance use treatment.**

NEXT STEP:

Explore changes to existing policies and practices to **attain effective transition of Medicaid coverage from jail to community.**
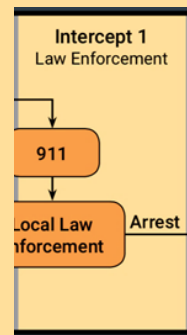
Intercept 1

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].

OUTCOME:

In the month after CIT training, **officers were 38 times more likely to use the Crisis Center**; the increase was sustained 18-months later.

NEXT STEP:

Identify **alternative locations for officers to divert individuals from jail.**

NEXT STEP:

Explore how to **define "diversion" within dispatch and law enforcement systems.**

NEXT STEP:

Develop sustainable law enforcement training plans within counties and encourage fidelity to the CIT Memphis Model.
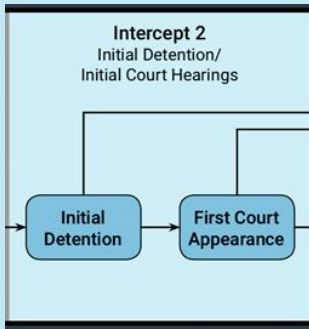
[1] SAMHSA's GAINS Center (2013), Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

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Intercept 2

Intercept 2
Initial Detention/
Initial Court Hearings

Initial Detention → First Court Appearance

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].

OUTCOME:
Across all jails, use of a standardized mental health screen at booking **improved the identification of mental health issues**; officer identification varied from 3% - 33%.
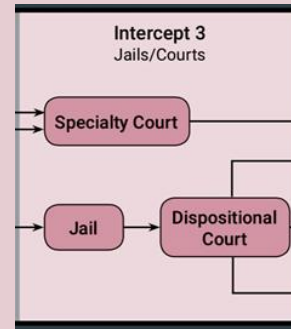
OUTCOME:
Across all jails, **47% of individuals booking in were charged with a 'divertable' offense**.

RECOMMENDATION:
Implement a standardized mental health at jail booking to augment identification of mental health issues.

RECOMMENDATION:
Develop strategies to **add standardized screening tools to jail management systems** across counties.

Intercept 3

Intercept 3
Jails/Courts

Specialty Court
Jail → Dispositional Court

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].

OUTCOME:
Training officers in de-escalation techniques **decreased forcible cell removal by 50%**.

OUTCOME:
Individuals receiving an in-reach or diversion service in jail were **twice as likely to receive a mental health service in the community**.

RECOMMENDATION:
Prioritize the hiring of **'Boundary Spanners' to focus on issues of transition in and out of jail** for individuals with mental health concerns.

RECOMMENDATION:
Explore length of stay differences between individuals with and without serious mental illness, including risk assessment and behavioral indicators.

Intercept 4

Intercept 4
Reentry
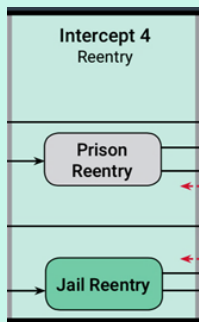
Prison Reentry
Jail Reentry

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].
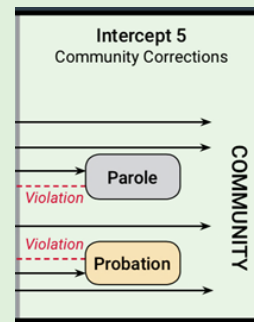
OUTCOME:
Improving discharge services (currently, only **30% of individuals with serious mental illness received a discharge service**) and discharging during business hours (**44% of those with serious mental illness are released from jail during non-business hours (5pm – 8am)**) will enhance continuity of care.

RECOMMENDATION:
Increase in-reach and discharge planning strategies to **improve continuity of care for individuals with mental health and/or substance use disorders**.

RECOMMENDATION:
Reduce after-hours jail releases for individuals with serious mental illness.

Intercept 5

Intercept 5
Community Corrections

Parole
Violation
Violation
Probation
COMMUNITY

Community Corrections encompasses probation and parole[1].

OUTCOME:
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.

RECOMMENDATION:
Explore opportunities for passing **Public Health** and/or **Public Safety millages**

RECOMMENDATION:
Build and strengthen relationships between Community Mental Health agencies and probation/parole departments to **reduce violations that result in recidivism** including specialized caseloads, formal collaboration and case consultation, and mental health training.

[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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MDHHS

Questions & Discussion

Rising from the Field

Rising from the Field

- Taskforce on Jails and Pre Trial Incarceration –
  - Committee/Sub Committee Structure
  - Dates: November 19th – Lansing
  - Next Steps

- MDHHS Contract with PIHP –
  - Potential to define diversion as: 'preventing or reducing incarceration of persons with SPMI through the use of best practices at each intercept of the criminal/legal continuum'.
  - Method: Building SIM framework into contract, with best practices embedded at various intercept points.

- Continuity of Care –
  - Sharing of Information between law enforcement/jail staff and CMH/SUD Providers.
  - MHEF document