



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Making the Case for Diversion

Words to Deeds

Board of State and Community Corrections

2590 Venture Oaks Way

Sacramento, CA 95833

10:10 a.m.-11:05 a.m.

Thursday, November 7, 2019

Judge Stephen Manley, Superior Court of California, Santa Clara County

Hallie Fader-Towe, Program Director

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

<https://csgjusticecenter.org/>



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Justice and Mental Health Collaboration Program

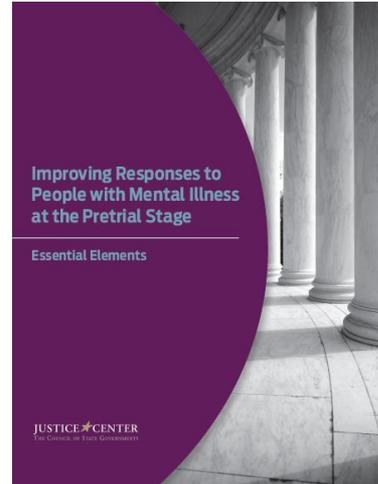
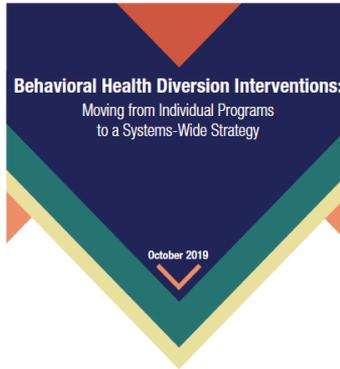


Bureau of Justice Assistance
U.S. Department of Justice

THE STEPPING UP INITIATIVE

Judges Psychiatrists Leadership Initiative

Developing a Mental Health Court: Online Curriculum



AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION
Judges Psychiatrists Leadership Initiative
JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

NOVEMBER 2018

Integrated Funding to Reduce the Number of People with Mental Illnesses in Jails: Key Considerations for California County Executives

In this guide:

- Introduction
- Key Considerations
- Resources to Facilitate Integrated Funding Planning
- Appendix A: How Did They Pay for That? Examples of Funding Sources to Pay for Policies, Processes, and Programs That Are Often Difficult for Counties to Fund
- Appendix B: County Examples

Introduction

It is not uncommon to hear California county leaders who concern themselves with people who have mental illness in their jails. At the same time, those familiar with local budgets know that health and public safety are generally the two largest expenditures in a county's budget. To manage these investments, local leaders from almost every county in the state think there are more people who have mental illnesses in jail today than five years ago.¹

Many counties in California are engaged in integrity efforts to address this challenge, including through Stepping Up—a national initiative to reduce the prevalence of people with mental illnesses in jail. Stepping Up calls on counties to shift the focus from jails and small-scale programs to systems-level change that can result in measurable reductions in the number of people with mental illnesses in jail.

Since Stepping Up launched in 2015, more than 30 California counties—representing almost 50 percent of the state's jail population—adopted a resolution in support of the initiative, and leaders from 25 counties attended the Stepping Up California Summit in January 2017. County steering teams pursuing this collaborative approach are using the initiative's framework to work with interagency leadership to use data and research-based principles to prioritize interventions and track progress. As these teams start to develop strategic plans and identify new funding opportunities, it is crucial that they implement strategies to efficiently maximize the reach of available dollars.

County executives are critical partners in the integrity dialogues necessary for achieving concrete results. Their central vantage point over the county provides county executives the unique ability to see how different strategies funded through health or public safety budget lines fit together, as well as help ensure that overall spending is achieving system-wide outcomes.

FIGURE 1. CALIFORNIA COUNTY SPENDING

Category	Percentage
Public Safety	38.1%
Health	31.2%
Other	30.7%

Making the Case for Diversion

- What is it?
- Why do it?
- How do we do it well?
- Take-Homes

Recognizing the crisis

The San Diego Union-Tribune

In California, jails are now the mental health centers of last resort

Sept. 20, 2019

SLO Tribune

We should have had this 20 years ago': Sheriff's Office gets training for people in crisis

Oct. 24, 2019

CAL MATTERS

All too often, California's default mental institutions are now jails and prisons

February 4, 2019

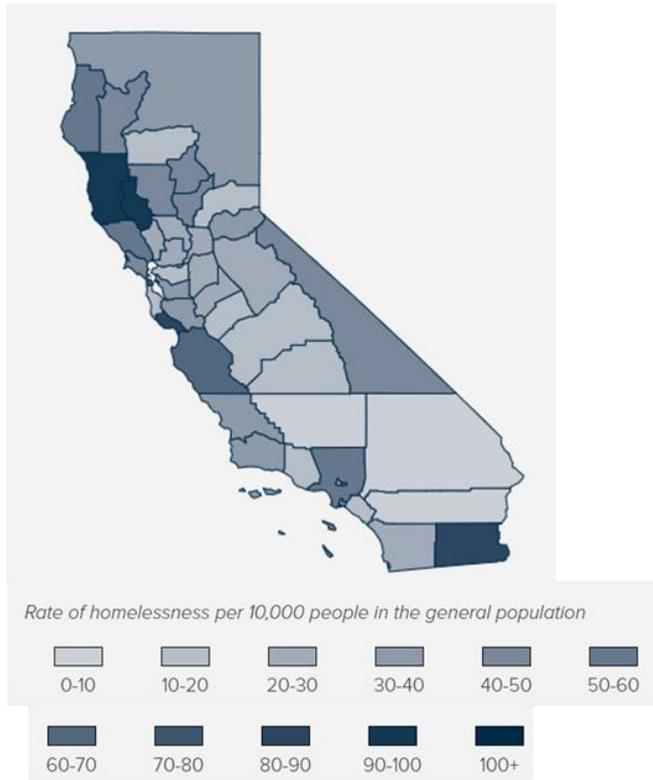
Los Angeles Times

'No more jails,' just mental health centers. Is that a realistic policy for L.A. County?

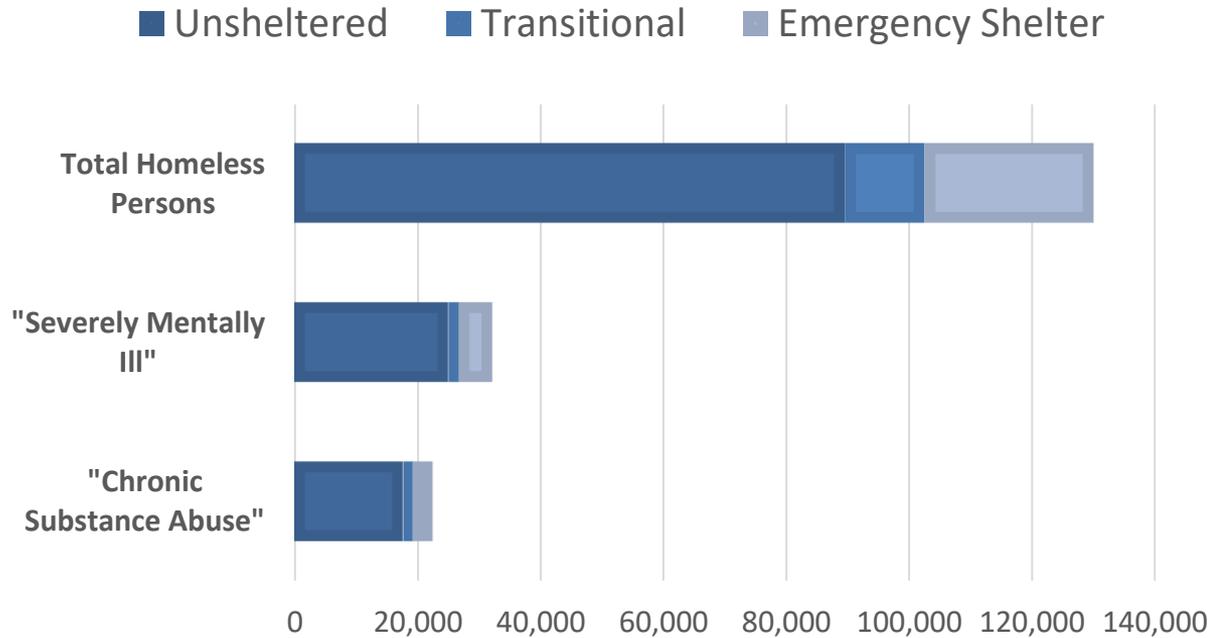
Aug. 26, 2019

Homelessness Affects All California Counties

Rate of Homelessness by Continuum of Care
2018 Point-in-Time Count



Homelessness Persons in California
2018 Point-in-Time Count

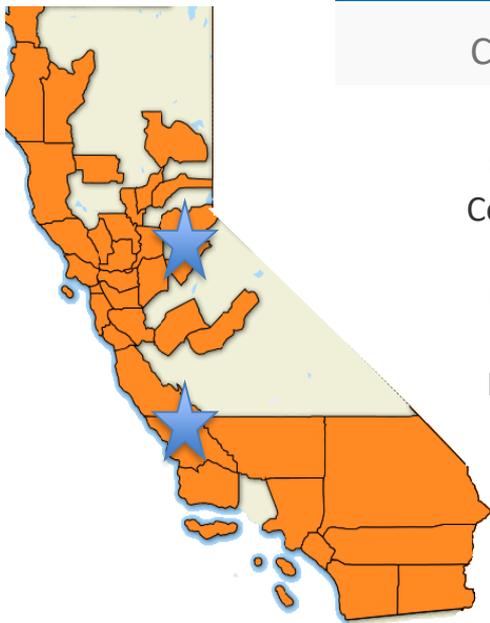


HUD 2018 Continuum of Care Homeless Assistance Program Homeless Populations and Subpopulations

California Steps Up

36 Counties passed a Stepping up Resolution

Calaveras and San Luis Obispo Counties are national **Innovator Counties!**



- | | | | | |
|------------------|-------------|----------------|------------------------|---------|
| Alameda | Kern | Nevada | San Joaquin | Sutter |
| Calaveras | Los Angeles | Orange | San Luis Obispo | Trinity |
| Contra Costa | Madera | Plumas | San Mateo | Yolo |
| Del Norte | Marin | Riverside | Santa Barbara | Yuba |
| El Dorado | Mendocino | Sacramento | Santa Clara | |
| Glenn | Merced | San Bernardino | Santa Cruz | |
| Humboldt | Monterey | San Diego | Solano | |
| Imperial | Napa | San Francisco | Sonoma | |



California State
Sheriffs' Association
Serving Law Enforcement Since 1894



Chief Probation Officers
of California

cbhda



BOARD OF
STATE AND
COMMUNITY
CORRECTIONS
BSCC
CALIFORNIA

 **CCJBH**
Council on Criminal Justice and Behavioral Health



**FORENSIC
MENTAL HEALTH**
Association of California

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Mental health diversion: In California & Nationally

Criminal Justice Standards on Mental Health- American Bar Association (2016)

Standard 7-1.2. Responding to persons with mental disorders in the criminal justice system

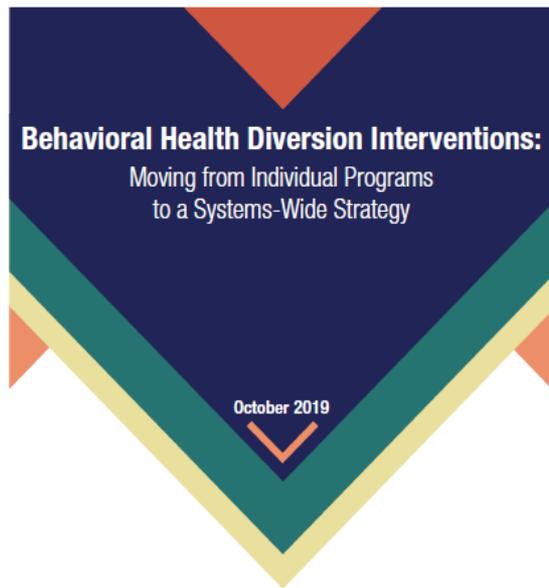
(b) Criminal justice officials should work with community mental health treatment providers and other experts to develop valid and reliable screening, assessment, diversion, and intervention strategies that identify and respond to the needs of individuals with mental disorder who come into contact with the justice system, whether the setting is traditional criminal court, problem-solving court, a diversion program, or post-adjudication supervision and monitoring.

- (i) **When appropriate, services should be configured to divert people with mental disorders** from arrest and criminal prosecution into treatment, consistent with the [draft ABA Diversion Standards].
- (ii) Court systems should **consider establishing special dockets** for defendants with mental disorders, consistent with the [draft ABA Specialized Courts Standards].
- (iii) Criminal justice officials should consider consulting mental health professionals knowledgeable about the possible **impact of culture, race, ethnicity, and language on mental health** in designing strategies to respond to persons with mental disabilities in the criminal justice system.



AMERICAN BAR ASSOCIATION

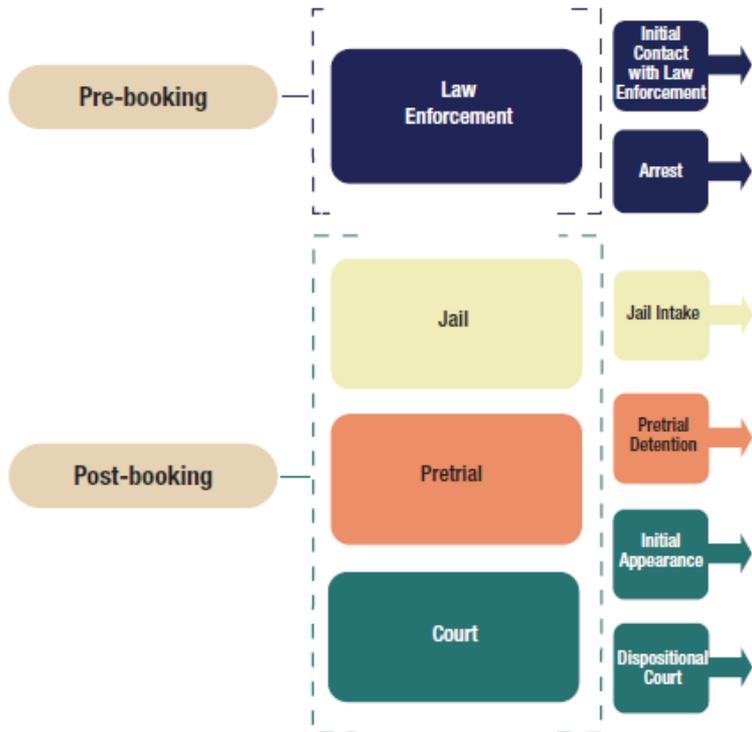
Behavioral Health Diversion Interventions



- Common terminology for “diversion”
- Examples of diversion programs that can be started by stakeholders in:
 - Law enforcement
 - Jail
 - Pretrial
 - Courts
- Strategies for building a “system of diversion” (a.k.a., “systems not siloes”)

NOW available online at: <https://csgjusticecenter.org/mental-health/publications/behavioral-health-diversion-interventions-moving-from-individual-programs-to-a-systems-wide-strategy/>

Diversion is an off-ramp from criminal justice to the community

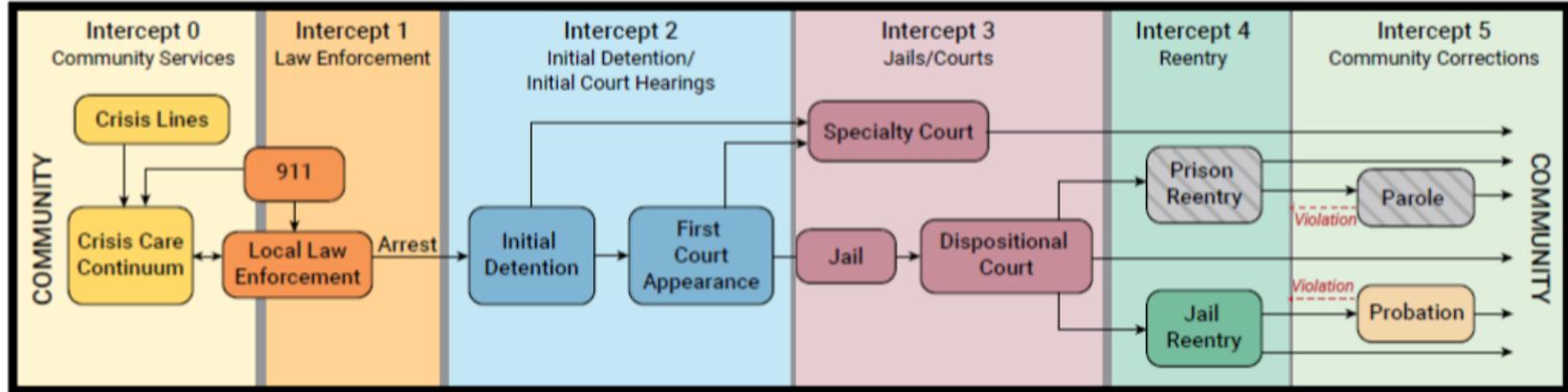


[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)



Sequential Intercept Model

WE ARE HERE TODAY



Primary Care
Pediatricians/ Schools

Post-Booking (Intercepts 2, 3)

Identify, Transition to Community

- Court liaisons
- Jail navigators (mental health, benefits housing)
- “Diversion”
- Pre-plea collaborative courts
- Specialized court dockets/calendars
- Specialized Pretrial Release/Supervision

Collaborative, Comprehensive Case Plan

- Case management
- Housing, often supportive housing
- Community-based treatment based on assessed behavioral health needs at different levels of care
- Educational/vocational support
- Peer support
- *Should treatment/supervision address “criminogenic risks”?*
- *Should it otherwise restrict liberty (e.g., drug tests, EM)*

Proof of Concept for Behavioral Health Diversion

Study of 3 pre-booking and 3 post-booking diversion programs for people with SMI & COD

“Jail diversion ‘works’ in terms of”:

- Reducing time spent in jail (2 months more in the community)
- Not increasing public safety risk
- Link people to community-based services*
- Reduce criminal justice costs and increase treatment costs

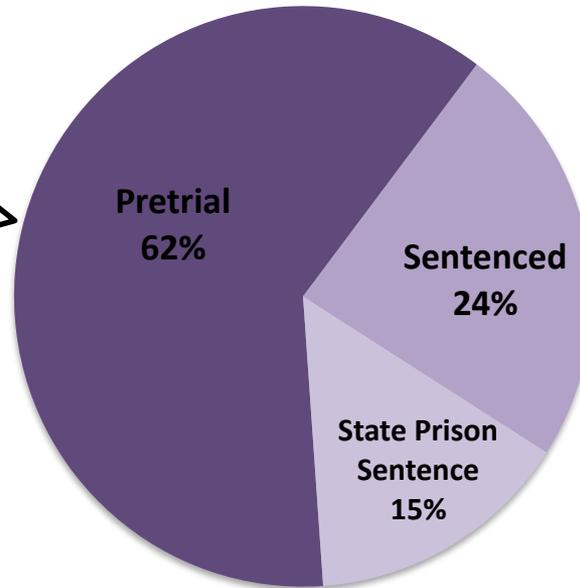
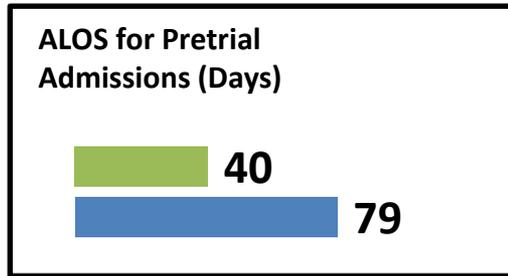
SAMHSA Jail Diversion Programs Evaluation (2005)

* Treatment engagement and appropriateness were not measured

Steadman, Henry J., and Michelle Naples. “Assessing the Effectiveness of Jail Diversion Programs for Persons with Serious Mental Illness and Co-Occurring Substance Use Disorders.” *Behavioral Sciences & the Law* 23, no. 2 (2005): 163–70. <https://doi.org/10.1002/bsl.640>

Pretrial detention for those with mental illnesses

New York City Department
of Correction (2008)



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Research Indicates Harmful Impacts of Pretrial Detention. . .



Detained for pretrial period

Vs.



Released pretrial

- **4x** as likely to get a **jail sentence**
 - Jail sentence will be **3x** as long
- **3x** as likely to get a **prison sentence**
 - Prison sentence will be **2x** as long

Low risk defendants detained 24 hours+

- More likely **new criminal activity while on release**
- More likely **2 year recidivism**

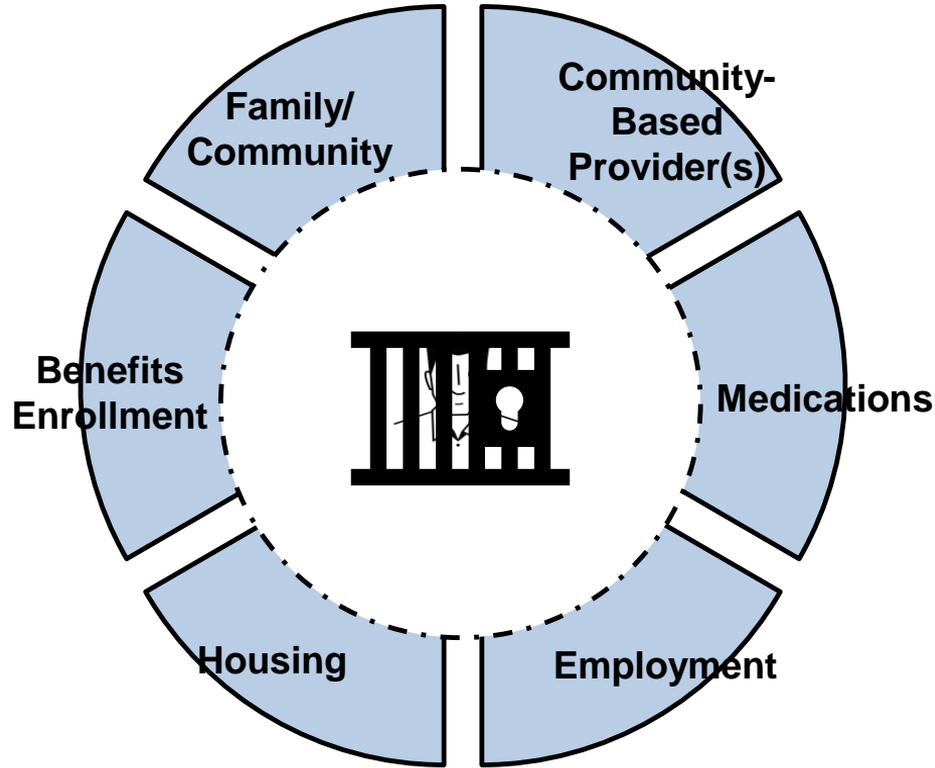


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laura and john arnold foundation®

... And detention separates people with behavioral health needs from community treatment and supports



NIJ Multi-Site Study Prosecutor-Led Diversion Programs (2018)

Evaluation of diverse prosecutor-led diversion programs (no behavioral health focus)



Does Diversion Work?

How do we make it work best?

It Can!

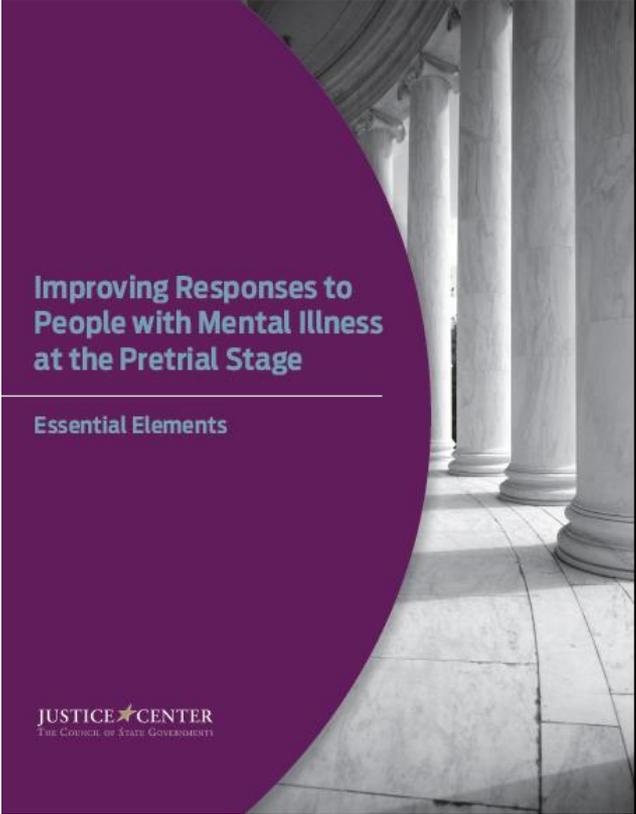
- ✓ **Reduce** jail days on current case
- ✓ **Reduce** court costs
- *Reduce state hospital admissions?*
- ✓ **Increase** treatment engagement
- **Reduce:**
 - ✓ Missed court dates
 - ✓ Recidivism (arrest, booking, conviction)
 - ✓ *Homelessness (post-program?)*
- **Save** overall system money

It Cannot Eliminate:

- **New crime**
- **New violent crime**
- **Mental illness**
- **Homelessness**

But it may reduce them

Essential Elements



Improving Responses to
People with Mental Illness
at the Pretrial Stage

Essential Elements

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1

Collaboration

2

Training

3

Pretrial Release and Diversion Options

4

Informed Decision Making

5

Quick and Appropriate Behavioral Health and
Support Services

6

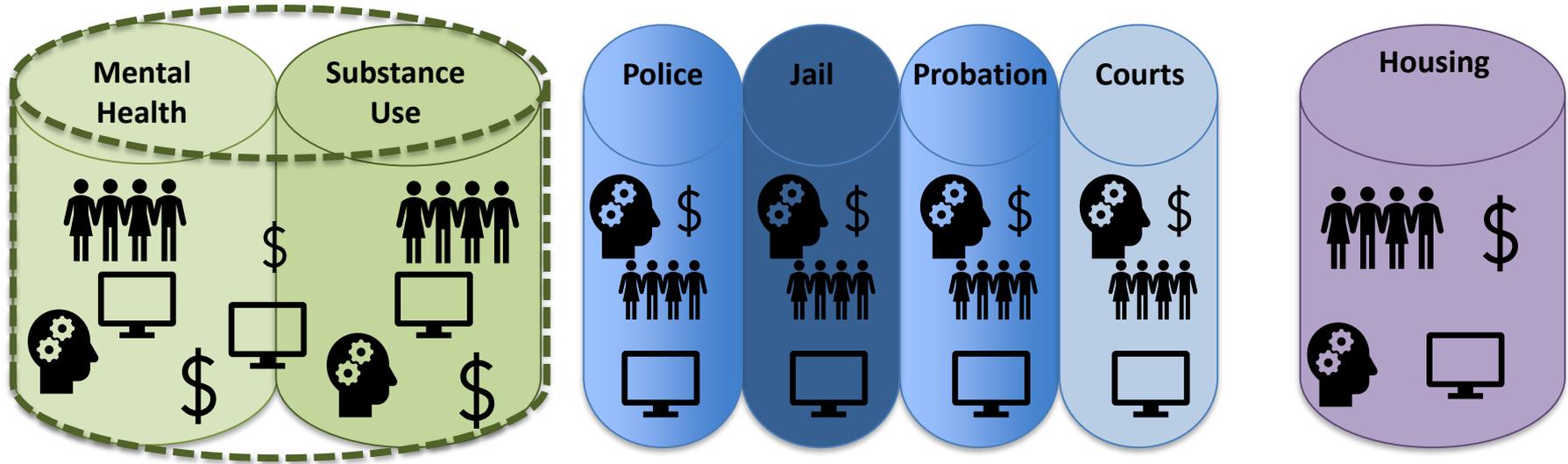
Community Supervision and Treatment at the
Pretrial Stage

7

Performance Measurement and Evaluation

https://csgjusticecenter.org/wp-content/uploads/2015/09/Improving_Responses_to_People_with_Mental_Illnesses_at_the_Pretrial_Stage_Essential_Elements.pdf

Overcoming Siloes in Collaboration



Risk-Need-Responsivity (RNR) Framework

Risk Principle

Match the intensity of individual's intervention to their risk of reoffending (*WHO to target*)

Focus resources on high **RISK** cases

Needs Principle

Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers (*WHAT to target*)

Target criminogenic **NEEDS**, such as antisocial behavior, substance abuse, and antisocial attitudes

Responsivity Principle

Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender (*HOW to best target*)

Address the issues that affect **RESPONSIVITY** (e.g., mental disorders)

Over-Valuation of Risk for People with Mental Illnesses

“The link between serious mental illness and risk of engaging in criminal behavior is relatively weak and applies to a relatively small number of people.”

The same is true for the link between serious mental illness and risk of violence.”

Available online at: https://csgjusticecenter.org/wp-content/uploads/2016/03/JC_MH-Consensus-Statements.pdf

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“It appears that scientific evidence cannot correct the rhetoric surrounding mass shootings that link violence and mental illness.”

For more, see Pescosolido et al., *Evolving Public Views on the likelihood of violence from people with mental illness: stigma and its consequences*, *Health Affairs* 35, No 10 (2019).

On the Over-Valuation of Risk for People with Mental Illnesses

FALL 2015

An estimated two million people with serious mental illnesses are booked into jail each year, making prevalence rates for people with serious mental illnesses in jails three to six times higher than for the general population. Almost three-quarters of these adults have co-occurring substance use disorders. Once incarcerated, they tend to stay longer in jail and are at a higher risk of recidivism upon release than individuals without these disorders.

There are many reasons for this situation, including a shortage of accessible, high-quality community-based behavioral health treatment services, diversion programs, and specialized community supervision (pretrial/probation/parole). The common perception that people with mental illnesses pose a greater risk to public safety than those without these illnesses is a contributing factor as well. In particular, judges who are responsible for making decisions about pretrial release and sentencing often believe that people with mental illnesses pose a greater risk of failing to appear in court or committing new crimes, particularly violent crimes.

The Council of State Governments Justice Center and the American Psychiatric Association Foundation, in partnership with the National Judicial College, convened a national expert panel of leading researchers, judges, and forensic psychiatrists to consider the current state of the research on the assessment of the risk of violence, failure to appear in court, and recidivism for people with serious mental illnesses (SMI).¹ Judicial advisors responded to the presentations from these experts and provided input on key judicial considerations about this issue.

Consequently, members of the panel agreed on the following consensus statement:

1. People with serious mental illnesses (SMI), including those with co-occurring substance use disorders, are over-represented among people involved in the criminal justice system for a variety of complex reasons.
2. The direct link between active symptoms of serious mental illness and risk of engaging in criminal behavior applies to a relatively small number of people. The same is true for the link between serious mental illness and risk of violence.

3. For people with mental illnesses, judges (and others) should consider the same factors used to assess risk for all other defendants. Past behavior should be considered as judges try to predict future behavior, and judges should be informed most by risk factors that are associated with threats to public safety.

4. Empirically developed, validated assessment tools have identified factors that are truly predictive and relevant to various judicial decisions at different stages of a criminal case. These tools are carefully designed to appropriately account for predictive factors, such as past behavior.

5. There is a small portion of the population for whom the presence of active symptoms of SMI is itself a direct risk factor for crime and violence that should be taken into account when making release and detention decisions for this population.

• SMI is relevant to release and detention decisions only when the crime appears to be directly related to or the result of the mental illness, which may be difficult to determine in time for an initial decision about pretrial release.

• The most important and relevant risk factors that should be considered are those shared by defendants with or without SMI. These are the factors discussed above, which can be identified in a timely manner at different stages of a criminal case.

6. When people have an SMI that is not clearly linked to crime and violence, care should be taken to ensure the presence of an SMI is not used to justify more severe criminal justice sanctions, especially incarceration. When possible, connections should be made with appropriate community-based treatment providers. Addressing mental health symptoms can help individuals respond to interventions directly targeted to reduce future criminal activity.

7. A better understanding about these issues among judges and other decision makers can have a significant impact on reducing the over-representation of people with SMI in the criminal justice system.

¹ The Substance Abuse and Mental Health Services Administration defines people with serious mental illnesses (SMI) as those age 18 and over who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, resulting in a functional impairment that substantially interferes with or limits one or more major life activities.

Additional Challenges Due to Stigma

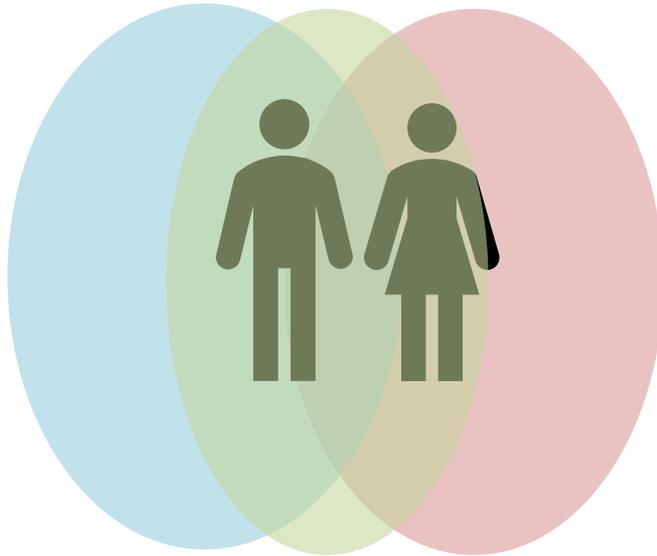
"Those people"

"Drug-addicted"

"Crazy"

"Homeless"

"Criminal"



- Bias
- Distrust
- Prejudice
- Fear
- Avoidance
- Distress
- Anger
- Stereotyping

- Reduced Access:
 - Treatment
 - Housing
 - Employment
 - Other services
- Perception of violence
- Discrimination

Source: Surgeon General's Report on Mental Health (1999)

Leveraging medical, judicial, and personal experience in setting conditions of release

November 2017

Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs

A Judicial Guide



Guide developed for judges with input by:

- Judges
- People with Lived Experience
- Addiction, Forensic, Community Psychiatrists

“[The judge in my case] had my girlfriend and my counselor write my conditions of release. It made me want to fulfill those terms so much more because the people close to me were involved in the process. We all got to be a part of the solution.”

– Paton Blough
Mental Health Advocate,
Founder of Rehinge.com

Felony Diversion can work

The Nathaniel Project (NYC)

Felony mental health “diversion” serving 53 people in NYC (Evaluation from 2002* program has since changed)

Behavioral Health Needs:

- 33% schizophrenia
- 21% schizoaffective disorder
- 21% major depression
- 21% bipolar disorder
- 4% psychotic disorder
- **85% Co-occurring substance use disorder**

Criminal Justice Involvement

- Post-indictment, facing prison for a felony
- 74% prior felony convictions
- 75% history of violence

92% homeless at program intake

2 years

Plan involves defendant

- Pre-release collaboration with jail medical/mental health provider
- “intrusive case management” small caseloads
- Benefits enrollment assistance
- Housing services
- Behavioral health treatment
- Accompaniment to court
- Engagement/counseling
- Hope/belief in client success

- **Reduced arrests** during program (vs. year prior to arrest)
- **Program retention** of 80% for two years
- **All participants engaged in treatment**
- **79 percent of participants had housing in the year after intake**

National GAINS Center for People with Co-Occurring Disorders in the Justice System (2002). The Nathaniel Project: An alternative to incarceration program for people with serious mental illness who have committed felony offenses. Program Brief Series. Delmar, NY: Author. Available online at: http://www.antonioacasella.eu/archipsy/nathaniel_project_2002-2005.pdf For Nathaniel ACT today see <https://www.cases.org/programs/nathaniel-act/>

More words you can turn into deeds

- The general public over-values the risk of people with mental illnesses
- Diversion for people with behavioral health needs can reduce jail days, justice costs, and recidivism, and increase connections with treatment
- Risk cannot be eliminated but it can be mitigated by programs that:
 - Assertively offer quality case management
 - Respond to people's treatment needs
 - Respond to people's needs for supports like occupation and housing
 - Treat people with respect and hope in a culturally appropriate way
 - Build skills and ways of thinking that discourage criminal behavior
 - Do constant stakeholder, public, and media engagement and collect outcome data
- It is possible to stand up and maintain these programs even without DSH funding (but it can help!)

Getting into the Research

Policy Guides with Research Summaries

The Council of State Governments Justice Center, Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs: Judicial Guide (New York, The CSG Justice Center, 2017), available online at: <https://csgjusticecenter.org/courts/publications/practical-considerations-related-to-release-and-sentencing-for-defendants-who-have-behavioral-health-needs-a-judicial-guide/>

Hallie Fader-Towe and Fred C. Osher, Improving Responses to People with Mental Illnesses at the Pretrial Stage: Essential Elements (New York: The Council of State Governments Justice Center, 2015), available online at: <https://csgjusticecenter.org/courts/publications/improving-responses-to-people-with-mental-illnesses-at-the-pretrial-stage-essential-elements>

National Center for State Courts, “Effective Court Responses to Persons with Mental Disorders.”, September 2018. <https://www.ncsc.org/~media/Files/PDF/Topics/Criminal/Effective-Court-Responses-Mental-Disorders.ashx>

Research

Steadman, Henry J., and Michelle Naples. “Assessing the Effectiveness of Jail Diversion Programs for Persons with Serious Mental Illness and Co-Occurring Substance Use Disorders.” Behavioral Sciences & the Law 23, no. 2 (2005): 163–70.

Landess, Jacqueline, and Brian Holoyda. 2017. “Mental Health Courts and Forensic Assertive Community Treatment Teams as Correctional Diversion Programs.” Behavioral Sciences & the Law 35 (5/6): 501–11. (Good research summary)

Specific Programs

CT ASIST Program (CT). Frisman, Linda K., Hsiu-Ju Lin, Eleni T. Rodis, Joseph Grzelak, Michael Aiello, and Hsiu-Ju Lin. 2017. “Evaluation of CT’s ASIST Program: Specialized Services to Divert Higher Risk Defendants.” Behavioral Sciences & the Law 35 (5/6): 550–61.

The Nathaniel Project/Nathaniel ACT (NYC). National GAINS Center for People with Co-Occurring Disorders in the Justice System (2002). The Nathaniel Project: An alternative to incarceration program for people with serious mental illness who have committed felony offenses. Program Brief Series. Delmar, NY: Author. [Available online at: http://www.antonioacasella.eu/archipsy/nathaniel_project_2002-2005.pdf](http://www.antonioacasella.eu/archipsy/nathaniel_project_2002-2005.pdf) For Nathaniel ACT today see <https://www.cases.org/programs/nathaniel-act/>

For More Information and Resources: The Stepping Up Resources Toolkit

Project Coordinator's Handbook

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask The Project Coordinator's Handbook

Choosing a Stepping Up Project Coordinator

Determining who will serve as the project coordinator is the first step for a jurisdiction in the *Stepping Up* planning process. A criminal justice coordinator can fill this role, if that position already exists. If not, the county can contract for these services, or the county planning team can designate someone to serve in this role—such as a staff member from the jail, behavioral health care provider, or community supervision agency—in addition to that person's regular duties. The person selected should have knowledge of the local criminal justice and behavioral health systems, have excellent facilitation and organizational skills, and demonstrate the ability to proactively drive the planning process to ensure progress.

This handbook is designed to complement the *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (Six Questions) framework as a step-by-step facilitation guide for project coordinators. For each of the framework's six questions, this handbook provides:

- A summary of the question and its related objectives for the planning team;
- Facilitation tips to assist the project coordinator in managing the planning process; and
- Facilitation exercises designed to achieve objectives and establish an efficient process for capturing the work of the planning team.

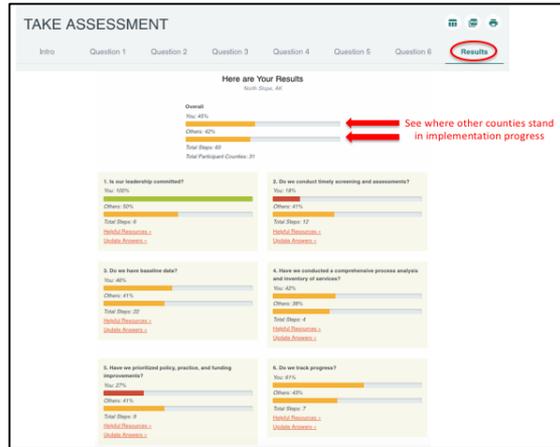
The Role of the Project Coordinator

Your role as the project coordinator is critical to the success of your county's *Stepping Up* efforts. It is the project coordinator who ensures that key leaders are engaged, manages meeting agendas and minutes, coordinates subcommittee work, provides research and data to guide the decision-making process, and continuously motivates the planning team.

This handbook is designed to help you manage your county's planning process. It will guide and systematize the flow of your work as you develop meeting agendas and decide how best to utilize members of the planning team. Other members of the planning team may benefit from having access to this handbook, especially those who are providing facilitation support, such as leading subcommittee work. You are not required to fill out or submit this handbook to the *Stepping Up* partners.

Additional complementary training materials are available through the [Stepping Up Toolkit](#), including webinars, briefs that provide information and guidance for applying the *Six Questions*, and other [resources](#).

Online County Self-Assessment



Series of Briefs

IN FOCUS IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT

This brief focuses on implementing a mental health screening and assessment process, specifically to identify the number of people booked into jails who have serious mental illnesses (SMI). While implementing this process may also identify people who have less serious mental illnesses and other behavioral health needs who may require treatment while in jail, this brief is focused on identifying the people who have SMI because this population tends to represent the greatest draw on scarce behavioral health and social service resources. Determining the prevalence of people who have SMI in jails will allow counties to develop or refine a strategic plan that will have the greatest impact on addressing this population's needs.

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined *Stepping Up* are using the initiative's framework document, *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (Six Questions), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses in their jails, and using data to inform systems-level changes and strategic plans to track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the *Six Questions* framework. For key resources related to *Stepping Up*, including case studies, webinars, and network calls, visit the [Stepping Up Toolkit](#).

WHY IT'S IMPORTANT

To reduce the number of people who have SMI in jails, counties need to have a clear and accurate understanding of the size of the population that has SMI. Prior to being booked into jail, some people who have SMI may never have been diagnosed and may be unaware of their mental illness, while others may have been diagnosed with a mental illness and received but discontinued treatment. Screening and assessment are essential to identifying who should be connected or reconnected to services and treatment to address their behavioral health needs, which may also decrease the likelihood that they return to jail. Having this information will make counties better able to determine the treatment resources required to address this population's behavioral health needs. Moreover, having the ability to accurately and consistently identify the number of people who have SMI will help counties to track progress toward their goals.

WHY IT'S CHALLENGING

Implementing a screening and assessment process can be difficult, especially for counties that do not already have the staff, tools, and procedures in place to systematically conduct these activities. Jails are fast-paced environments, with many people being released in less than 48 hours, there is little time to complete screenings and assessments.

1. This brief does not include detailed information about additional screenings and assessments for suicide, substance addiction, and criminogenic risk, which are also beneficial to complete at the time of booking into jail to best match people with other services they need. For additional information on targeting resources based on behavioral health needs and criminogenic risk factors, refer to *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*.

Stepping Up Strategy Lab

An interactive library of **over 65 programs, policies, and practices**

Features **over 100 examples** from **40 counties**

Updated every 6 months to reflect progress and changes in the field

STEPPING UP STRATEGY LAB

Enter your search parameters below to search our database of resources and view details about each matching one. If you do not see an intervention in the database that has been implemented in your county and you believe it should be included, please let us know by [submitting a suggestion](#).

Filters

SEARCH IN RESULTS

TYPES

- Policy & Practice
- Program

MEASURES

- 1 - Reduce bookings into jail
- 2 - Reduce length of stay
- 3 - Increase connection to treatment
- 4 - Reduce recidivism
- N/A

CATEGORIES

- Behavioral Health Services
- Court
- Crisis Services
- Housing
- Jail
- Law Enforcement
- Pretrial
- Project Coordination
- Reentry

Interventions

68 results found

« 1 2 ... 7 »

Title	Type	Measures	Categories
Arrest warrants reviewed by mental health provider	Policy & Practice	2 - Reduce length of stay 3 - Increase connection to treatment	Behavioral Health Services Court Jail Pretrial
The jail allows their mental health provider to see arrest warrants, which the provider scans for people that receive or have received services from their agency. Once identified, the provider can follow up to see if diversion options are available for the person, assist them through the criminal justice process, and ensure the provider's involvement in further disposition.			
Behavioral health assessment informs in-custody care	Policy & Practice	3 - Increase connection to treatment	Jail
The jail uses the results of a behavioral health assessment to inform a person's treatment and services while incarcerated.			
Case management team	Program	1 - Reduce bookings into jail 3 - Increase connection to treatment	Behavioral Health Services Law Enforcement
Law enforcement officers work with behavioral health professionals and pretrial and probation officers to develop specific solutions to reduce the likelihood someone will have repeat interactions with law enforcement. This approach--which often includes outreach and follow up--aims to keep people connected to mental health and community services and following their treatment plans.			

California Stepping Up Resources

A Model Shared Definition of Serious Mental Illness & Practical Strategies for Its Use to Reduce the Number of People with Mental Illnesses in California's Jails

"This is a shared problem. Developing a shared definition is the starting point for a shared solution."
 -Samuel Leach, Chief Probation Officer, Calaveras County

In over 30 counties across California, representing more than 70% of the state's jail population, Boards of Supervisors have passed resolutions in support of Stepping Up, a national initiative to reduce the number of people with mental illnesses in jails. Local leaders are working together to develop cross-system plans that set measurable goals along Stepping Up's four outcome measures:

- Reducing the number of people with mental illness in jails,
- Reducing their average length of stay,
- Increasing the percentage of people connected to treatment, and
- Reducing their recidivism rates.

Through this collaborative approach, many counties have recognized the need for a shared definition of "serious mental illness." Adopting a common language not only ensures that all systems are using the same measure to consistently identify their target population, set baselines, and measure progress, but it also eases the inherent cultural and professional differences that arise when different professions use different terminology.

About the Serious Mental Illness Shared Definition Workgroup

In response to requests from around the state, the County Behavioral Health Directors of California and California State Sheriffs' Association worked with other partners to draft guidance on selecting such a definition. In August 2017, an interdisciplinary workgroup co-chaired by Sheriff Bill Brown (Santa Barbara County) and Behavioral Health Director Anne Robin (San Luis Obispo County) came together to determine a model shared definition and provide suggestions for its use. The process included perspectives from community behavioral health, jail mental health, probation, psychiatry, and sheriff/jail commanders from small, medium, and large counties, as well as staff from the host associations, the Board of State and Community Corrections, California State Association of Counties, and the Council of State Governments Justice Center. The guidance was developed as a tool for counties that find it useful. There is no requirement to use it for any purpose.

Model Shared Definition A common language interpretation of Welfare and Institutions Code (WIC) §5600.3(b)

Serious mental illness is a severe disabling condition which impairs behaviors, thoughts, and/or emotions.

Without treatment, support, and rehabilitation, serious mental illness may interfere with the ability to do any or all of the following: manage activities of daily living, function independently, maintain personal or community safety, achieve emotional or cognitive stability, and/or develop and sustain positive relationships.

Serious mental illness includes, but is not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. Individuals with serious mental illness may also have substance use problems, developmental disabilities or other physical illnesses.



Frequently Asked Questions: A Model Shared Definition of Serious Mental Illness & Practical Strategies for Its Use to Reduce the Number of People with Mental Illnesses in California's Jails

Frequently Asked Questions Sections

- I Understanding the Model Shared Definition of Serious Mental Illness and its Terminology
- II Considerations for Adopting the Model Shared Definition of Serious Mental Illness
- III Using the Model Shared Definition of Serious Mental Illness in Local Planning

In August 2017, an interdisciplinary workgroup came together to determine a model shared definition of serious mental illness and to provide suggestions for its use. (See the accompanying one pager titled *A Model Shared Definition of Serious Mental Illness & Practical Strategies for its Use to Reduce the Number of People with Mental Illnesses in California's Jails*). This Model Shared Definition is not required or mandated for any purpose, but intended as guidance, particularly for counties engaging in the Stepping Up Initiative to reduce the prevalence of people with mental illness in jails. These Frequently Asked Questions (FAQs) address questions and concerns that workgroup participants thought would be most useful in understanding and operationalizing the Model Shared Definition.

I. Understanding the Model Shared Definition of Serious Mental Illness and its Terminology

1. What does "serious mental illness" really mean?

Serious mental illness refers to specific diagnoses and significant difficulties functioning over a period of time. People meeting the criteria for serious mental illness are generally considered those with the most significant treatment needs. While specific prevalence figures are not available for California, national estimates suggest that about four percent of the general public are believed to have serious mental illnesses;¹ this percentage increases to 17 percent for those entering jails, 16 percent for those in prisons, and seven to nine percent of those on probation and parole.²

The state's Welfare and Institutions Code (WIC) definition of serious mental illness drives certain publicly funded mental health services, and the Workgroup's plain language version of this definition is meant to help clarify who fits into this category. Publicly funded mental health services that use the WIC definition include Medi-Cal specialty mental health (or county mental health plans),³ Mental Health Services Act (or Prop. 63) funded treatment and services, and

¹ Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, (2017): 36.

² Fred Ober, et al. *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*. New York: The Council for State Governments Justice Center, 2012: 6.

³ County mental health plans use the definition in Title 9 of the California Code of Regulations to make a clinical determination regarding whether the beneficiary qualifies for Medi-Cal specialty mental health services or should be referred to their Medi-Cal managed care plan for non-specialty mental health services.

Integrated Funding to Reduce the Number of People with Mental Illnesses in Jails: Key Considerations for California County Executives

In this guide:

- Introduction
- Key Considerations
- Resources to Facilitate Integrated Funding Planning
- Appendix A: How Did They Pay for That? Examples of Funding Sources to Pay for Policies, Processes, and Programs That Are Often Difficult for Counties to Fund
- Appendix B: County Examples

Introduction

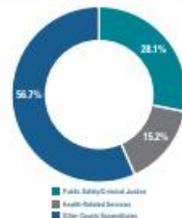
It is not uncommon to hear California county leaders voice concern that there are too many people who have mental illnesses in their jails. At the same time, those familiar with local budgets know that health and public safety are generally the two largest expenditures in a county's budget.¹ Despite these concerns, local leaders from almost every county in the state think there are more people who have mental illnesses in jail today than five years ago.²

Many counties in California are engaged in interagency efforts to address this challenge, including through *Stepping Up*—a national initiative to reduce the prevalence of people with mental illnesses in jails. *Stepping Up* calls on counties to shift the focus from plans and small-scale programs to systems-level changes that can result in measurable reductions in the number of people with mental illnesses in jails.

Since *Stepping Up* launched in 2015, more than 30 California counties—representing almost 80 percent of the state's jail population—adopted a resolution in support of the initiative, and leaders from 53 counties attended the *Stepping Up* California Summit in January 2017. County planning teams pursuing this collaborative approach are using the initiative's framework to work with interagency leadership to use data and research-based principles to prioritize interventions and track progress.³ As these teams start to develop strategic plans and identify new funding opportunities, it is crucial that they employ strategies to efficiently maximize the reach of available dollars.

County executives are critical partners in the interagency dialogues necessary for achieving concrete results. Their central vantage point over the county budget provides the unique ability to see how different strategies funded through health or public safety budget items fit together, as well as help ensure that overall spending is achieving system-wide outcomes.

FIGURE 1. CALIFORNIA COUNTY SPENDING



Mental Health Diversion in California

National

- The Council of State Governments Justice Center
 - Judges' and Psychiatrists' Leadership Initiative
 - JMHCP Grantees
- The National Center for State Courts
- The Stepping Up Initiative

California

- Judicial Council of California
- California Council on Criminal Justice and Behavioral Health
- California Department of State Hospitals- Diversion

What You Can Do: Housing

Immediate

- ❑ Identify the **Continuum of Care** in your community on the [HUD Exchange](#) and reach out, add them to existing stakeholder meetings and understand/attend their key meetings (Data, \$\$\$, housing)
- ❑ Identify funding to apply for and opportunities to braid funding for supportive housing
- ❑ Learn about housing best practices for CJ/BH population
- ❑ Explore hiring a housing navigator or adding this function to an existing position
- ❑ Identify available data on housing needs for your program's participants & add data collection capacity

Next 12 months

- ❑ Identify strategies to engage landlords/owners about PSH
- ❑ Identify strategies to increase available affordable housing stock
- ❑ Reach out to business community, law enforcement, and other neighborhood groups about housing for your program's population
- ❑ Collect data on role of housing needs in your program's participants
 - Successes
 - Gaps
- ❑ Document barriers to housing for your program's population & identify strategies to address
- ❑ Develop narratives for local and state policymakers

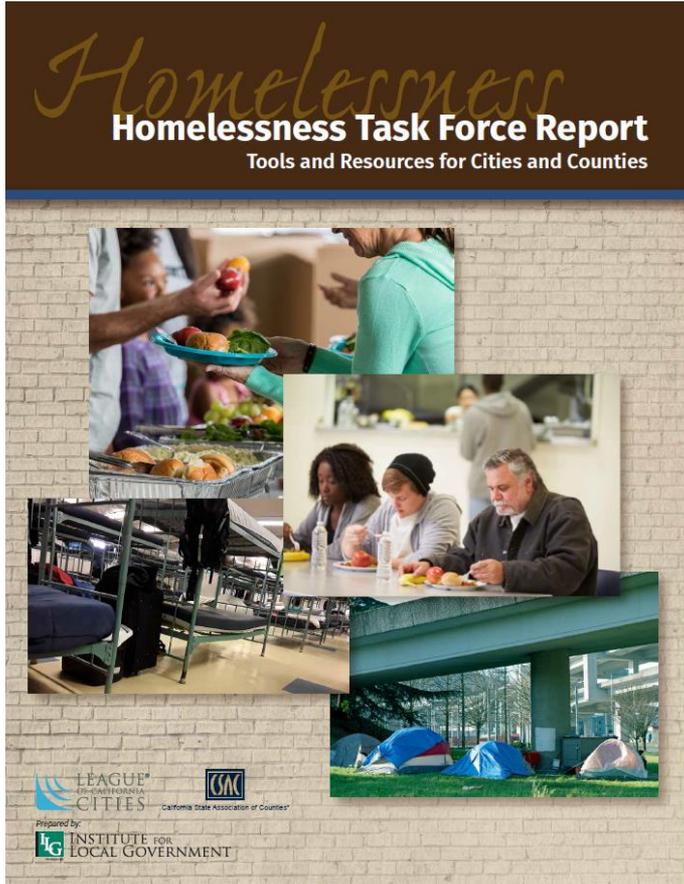
Next 3 Years

- ❑ CoC and housing partners part of ongoing operations and sustainability planning
- ❑ Pursue strategies to increase use of available housing for your program
- ❑ Support increased housing stock for your program's population
- ❑ Analyze data on role of housing in your program's participants
 - Successes
 - Gaps
- ❑ Ongoing engagement with local and state policymakers



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

California's Counties & Cities



- Key partners
- Funding sources used (also funders' collaborative)
- Different housing types
- Programmatic approaches
 - **Homeless Outreach Teams**
 - Housing navigators
- Strategies for specific subpopulations (e.g., veterans, families)
- Developing a plan
- Strategies for public engagement

<http://www.ca-ilg.org/homelessness-0>

Prosecutor-Led Diversion



THE PROSECUTOR

VOLUME 53 / NUMBER 4 • OCTOBER 2019

The cover of the Prosecutor-Led Diversion Toolkit features a blurred background of a woman in a suit. In the foreground, there is a scale of justice and a speech bubble containing a stylized icon of a building with columns. The title "PROSECUTOR-LED DIVERSION TOOLKIT" is prominently displayed in white text.

PROSECUTOR-LED DIVERSION TOOLKIT

GETTING STARTED

GETTING STARTED | PROGRAM PLANNING & IMPLEMENTATION | RESOURCES | TRAINING & TECHNICAL ASSISTANCE | CONTACT US

Helping to Build the Next Generation of Prosecutor-Led Diversion Programming

<https://www.diversiontoolkit.org/>

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WAYS PROSECUTORS CAN BOLSTER THE LOCAL CONTINUUM OF BEHAVIORAL HEALTH CARE AND ACCESS TO MENTAL HEALTH SERVICES

UNDERSTANDING HOW MENTAL ILLNESS IMPACTS THE DELIVERY OF JUSTICE

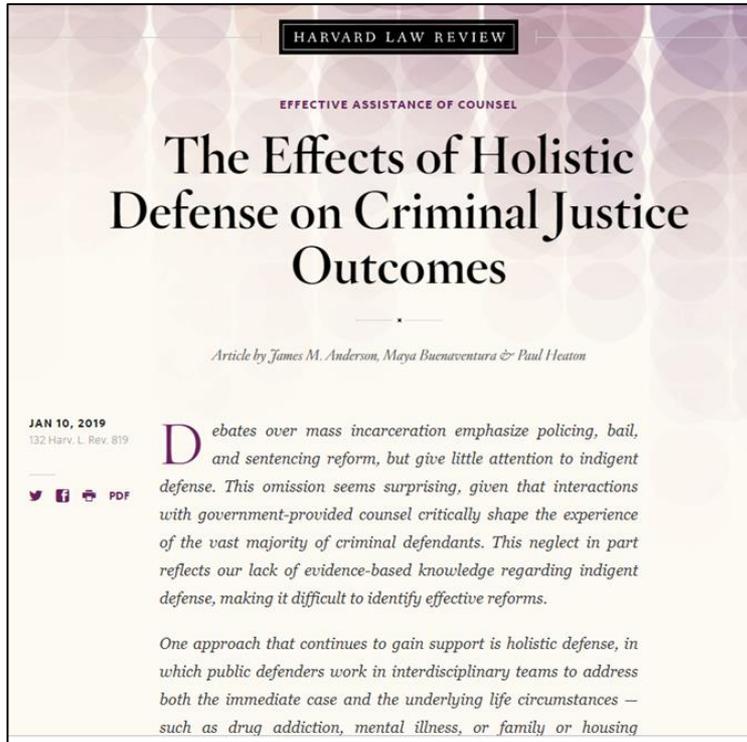
NON-CONSENSUAL PORNOGRAPHY AND SEXTORTION: A CASE STUDY IN VICTIMIZATION AND OFFENDER PROFILES

THE WORK OF JUSTICE BEYOND THE CONVICTION

COLLABORATIVE APPROACHES TO MENTAL HEALTH DIVERSION IN MIAMI-DADE



Holistic Defense



The cover of the Harvard Law Review article features a background of overlapping circles in shades of purple and pink. At the top, the Harvard Law Review logo is displayed in a dark box. Below it, the text 'EFFECTIVE ASSISTANCE OF COUNSEL' is centered. The main title, 'The Effects of Holistic Defense on Criminal Justice Outcomes', is prominently displayed in a large, black serif font. Below the title, the authors' names are listed in a smaller font. The date 'JAN 10, 2019' and the volume information '132 Harv. L. Rev. 819' are on the left. Social media icons for Twitter, Facebook, and LinkedIn are also present. The abstract text is in a serif font, and a short paragraph at the bottom describes the article's focus on holistic defense.

HARVARD LAW REVIEW

EFFECTIVE ASSISTANCE OF COUNSEL

The Effects of Holistic Defense on Criminal Justice Outcomes

Article by James M. Anderson, Maya Buenaventura & Paul Heaton

JAN 10, 2019
132 Harv. L. Rev. 819

Debates over mass incarceration emphasize policing, bail, and sentencing reform, but give little attention to indigent defense. This omission seems surprising, given that interactions with government-provided counsel critically shape the experience of the vast majority of criminal defendants. This neglect in part reflects our lack of evidence-based knowledge regarding indigent defense, making it difficult to identify effective reforms.

One approach that continues to gain support is holistic defense, in which public defenders work in interdisciplinary teams to address both the immediate case and the underlying life circumstances — such as drug addiction, mental illness, or family or housing

<https://harvardlawreview.org/2019/01/the-effects-of-holistic-defense-on-criminal-justice-outcomes/>



Texas Mental Health Defender Programs



October 2018

http://www.tidc.texas.gov/media/58014/tidc_mhdefenders_2018.pdf

Pre-Booking (Intercepts 0, 1)



The PMHC Toolkit provides resources for law enforcement agencies to partner with service providers, advocates, and individuals with mental illness and/or intellectual and developmental disabilities (I/DD). The goal of these partnerships is to ensure the safety of all, to respond effectively, and to improve access to services and supports for people with mental illness and I/DD.

<https://pmhctoolkit.bja.gov/home>

APRIL 2019

Police-Mental Health Collaborations

A Framework for Implementing Effective Law
Enforcement Responses for People Who Have
Mental Health Needs

<https://csjusticecenter.org/law-enforcement/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/>

Developing Comprehensive Collaborative Case Plans

1. Interagency Collaboration and Information-Sharing
2. Staff Training
3. Screening and Assessment
4. Case Conference Procedures
5. Participant Engagement
6. Prioritized Needs and Goals
7. Responsivity
8. Legal Information
9. Participant Strengths
10. Gender Considerations



<https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>



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For more information, contact **Hallie Fader-Towe** at hfader@csg.org .

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.