

From Words to Deeds

Criminal Justice and Mental Health: Changing the Paradigm

A Roadmap for Shifting the Paradigm

California is a pioneering state in both spirit and policy. In an effort to carry on that tradition – to blaze a new trail and change the paradigm between criminal justice and mental health – I am pleased to present a roadmap to successfully divert people with mental illness from the criminal justice system.

The “best practices” defined in the following pages are a compilation of the experiences, research and objectives shared by dozens of criminal justice and mental health leaders who have come together from across the state to discuss viable, innovative strategies for reducing the criminalization of individuals with mental illness.

I believe that by collaborating to generate the ideas contained within this document, we have taken a step in the right direction; however, there is still more to be done. As leaders in law enforcement, corrections and California’s mental health community we have an intrinsic opportunity to lead the way.

Together we can use the following information to reinvent the way individuals with mental illness have traditionally been treated within the criminal justice system. Each of us has the potential to champion this worthwhile effort – not only because it saves lives and money, but also because it’s the right thing to do. I hope that you will accept the challenge and join me in paving the path *From Words to Deeds*.

Sincerely,

Michael Carona
Orange County Sheriff

From Words to Deeds

A Statement of Principles and Proposals from an Interactive Workshop

Workshop Overview

On June 30, 2005, experts from the worlds of criminal justice and mental health gathered in Orange, California for an all day workshop to challenge themselves, others like them and policy makers to define solutions for a shared problem: too many individuals who have a mental illness are becoming involved with law enforcement and the courts, and too many repeatedly become involved. While much is known and has been said about this issue, too little has been done to address it.

Under the initiative of Orange County California Sheriff Mike Carona, the group sought action-based solutions to these problems. After hearing from presenters about strategies that work, the participants divided themselves into four specific areas of concern. The groups then brainstormed the significant features of each area of concern and developed specific proposals for action to address them. In summary, the workshop revealed that while the problems are deep and unyielding, solutions to the problems of individuals with mental illness in the criminal justice system do exist and can be replicated. This paper summarizes the proceedings of the workshop and reflects the proposals for solutions developed by the experts.

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Jail Diversion

The term "jail diversion" refers to programs that divert individuals with serious mental illness (and often co-occurring substance use disorders) in contact with the justice system from jail and provide linkages to community-based treatment and support services. The individual thus avoids or spends a significantly reduced time period in jail and/or lockups on the current charge or on violations of probation resulting from previous charges.

(As defined by the National GAINS Center under the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.)

What Works

We have experience in and knowledge about what works, and what doesn't work, from California's trailblazing Mentally Ill Offender Crime Reduction grant program, or MIOCR. We know that communities and agencies with different outlooks or responsibilities can come together to achieve results from the experience of Washington State Partners in Crisis, or WAPIC.

During the morning of the workshop, a panel of experts on the subject of MIOCR discussed the program and described the lessons learned from it. Administered by the California Board of Corrections, MIOCR provided more than \$80.5 million in competitively awarded grants among 30 projects in 26 California counties. The purpose of MIOCR was to develop and evaluate what works most effectively in reducing recidivism among mentally ill offenders.

MIOCR grant recipients used a variety of approaches to the problem, ranging from programs of Assertive Community Treatment to Mental Health Courts. Two facts were plain, however. The breadth

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and intensity of services brought to bear had a direct impact on program success. Ultimately, the data and experience established that positive outcomes were had

from these program elements: accurate diagnosis, timely services, close offender monitoring and effective post-custody aftercare interventions. To accomplish these objectives, the MIOCR programs established that ten strategies had the most significant impact on positive outcomes. These were: interagency collaboration, intensive case management, direct involvement of the courts, mental health courts, benefits assistance, housing assistance, effective medication management, clinic or center support, assistance with transportation and peer support.

During the afternoon, former judge, Peter Lukevich, who now serves as Executive Director of Washington State Partners in Crisis, explained the formation and accomplishments of WAPIC. This group of elected officials, treatment providers, government administrators, mental health services consumers and law enforcement representatives has a mission "... dedicated to speaking with one voice on behalf of people of all ages with mental illness by promoting public safety and education and by advocating for public policies and structures that support and enhance earlier intervention, access, and better treatment outcomes through comprehensive and integrated community-based mental health treatment services throughout the state." While the groups and individuals comprising WAPIC vary in their roles and

interests, they are committed to acting together on public issues and legislation that impact individuals with mental illness coming into contact with the criminal justice system.

As legislative advocates, WAPIC has ensured that community mental health funding has been restored and protected from budget cuts. It worked with the developmental disability community to create a training module for law enforcement personnel to address interaction with developmentally disabled and mentally ill individuals. In the community, WAPIC continues to bring together groups and individuals from a broad spectrum of the community and the professions on shared issues related to mental illness and the criminal justice system.

The day’s keynote presentation was from Orange County Sheriff Mike Carona. The Sheriff addressed the need for collective leadership and joint commitment to reduce the criminalization of persons with mental illness. The Sheriff highlighted programs such as Judge Wendy Lindley’s homeless court. Sheriff Carona encouraged attendees to think and act creatively and outside traditional boundaries to develop collaborative strategies that maximize available resources.

Words to Deeds: Action Steps

Actions speak louder than words. During the afternoon, those in attendance divided themselves into four groups to brainstorm the problems and potential solutions related to people with mental illnesses who are becoming involved with law enforcement and the courts. The groups focused on Pre-booking, In-Custody, Release and opportunities made available through California’s Mental Health Services Act (known more commonly as “Prop. 63”). After brainstorming, the groups prioritized their work into the top three most pressing issues and reported back to those in attendance. Each group also developed concrete “key actions” that can be taken to address these priorities. The work of the groups is reflected on the following pages.

4 Components of Effective Jail Diversion

Pre-Incarceration	Diversion at Time of Arrest	In-Jail Treatment	Re-Entry
Outreach (full service partnership)	Contact with law enforcement <i>psychiatric emergency vs. jail home vs. jail</i>	Train officers in jail	Discharge, planning and follow through (e.g., MH courts)
Community Alliance (forum)	Mental Health Court	Train mental health staff in jail	Medications
	Mental health training for law enforcement	Transition planning for release	Housing
	Mobile crisis teams (CIT, PERT, SMART)	Specialty beds for inmates with mental illness	Connecting with treatment providers (new referrals)
	Social service/law enforcement eviction assistance program		Parole outpatient programs

Action Steps, Continued

Pre-Booking Group

Key issues

- 1) Mental Health Teams and Crisis Intervention Training (CIT) qualification prior to arrest
- 2) Early intervention in mental health crises
- 3) Eliminate gaps in existing services

Key actions to address these issues:

- Increase and make mandatory CIT and similar training, including mandatory Peace Officers Standards and Training (POST) requirements and legislation. Cultural competency must be part of the training.
- Mental health intervention must occur as early as possible. Families, clinicians and care providers should be contacted and histories understood as soon as possible in order to achieve this goal. Barriers to early intervention related to confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA), must be eliminated through changes to regulations, and if necessary, laws.
- Gaps in existing services must be closed. Law enforcement and mental health providers must work together to better understand the roles and outlooks of each. Training and cross-functional law enforcement/mental health teams should be used to provide training, develop solutions and build bridges across the gaps.

In-Custody Group

Key issues

- 1) Immediate and ongoing stabilization and risk assessment, including suicide prevention interventions and identification of mentally ill and dually-diagnosed individuals
- 2) Early assessment, diagnosis and initiation of treatment
- 3) Specialized housing areas

Key actions to address these issues:

- Risk reduction protocols should be developed for all arrest situations. Patrol, arresting, transporting and custody officers should be trained to identify and immediately communicate observed risk to local corrections personnel. Collateral resources, such as clinicians and families should be contacted as soon as possible.
- A team approach must be used to deal with inmates who are mentally ill. This includes adequate clinical staffing and appropriately-trained custody personnel. Joint responsibility and a sense of urgency must be communicated and continuously supported from the top down by the sheriff and the director of clinical services. A continuum of services should be available to address the clinical needs of special populations such as dual-diagnosis individuals and transition-age youth. This continuum must include shared access to community health records. Discharge planning and linkages to community services should be provided. This process should begin at intake.
- Separate protected housing should be provided to all inmates who are mentally disabled. Acute care treatment must be provided in the appropriate, certified jail or clinical facilities. Changes should be

made to Correction Treatment Center (CTC) regulations that unnecessarily prevent in-custody care. Special housing dedicated to the needs of non-acute and transition-age youth individuals should be provided.

Release Group

Key issues

- 1) Lack of housing resources
- 2) Gaps in services needed to transition successfully to the community
- 3) Failures in coordination of services to persons released

Key actions to address these issues:

- Provide post-release access to both short-term and long-term housing. Access to long-term housing should be coordinated with benefits entitlement.
- Establish an individualized release plan that deals with all the needs of the person being released. The release plan should address transportation services, continuity of medication and coordinated release times that permit the person to immediately access community services and housing.
- Implement interagency and intergovernmental coordination of release services related to benefits, housing and clinical care. A common means of identifying individuals and their records should be established, so that inmates upon release can access services that require a means of identification (i.e., services passport).

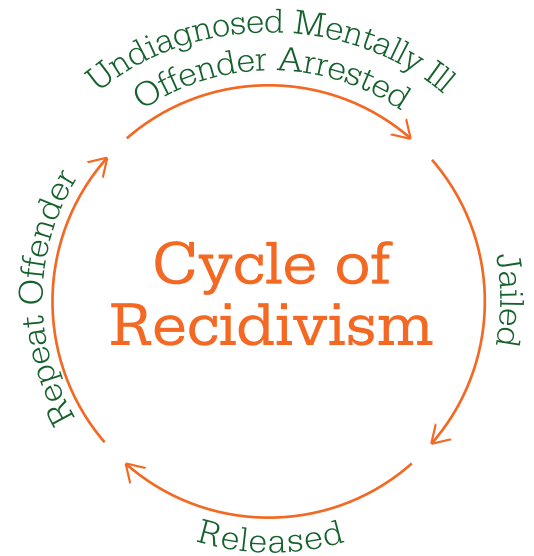
Mental Health Services Act Group

Key issues

- 1) Diversion of individuals from the criminal justice system into community services that can be funded under Prop. 63
- 2) Training of first-responders in dealing with individuals with mental disabilities
- 3) Programs targeted at preventing new contacts with law enforcement or a return to the criminal justice system

Key actions to address these issues:

- Establish additional mental health courts. Train the personnel servicing the court about mental illness and the management of individuals with mental illness. Changes in the laws and court procedures should be made to allow judges the latitude necessary to leverage the recovery of a person with mental illness.
- Address all of the individual's needs—clinical, social and legal—with an individualized plan to prevent recidivism. Address special needs such as dual-diagnosis and physical health.



Description

From Words to Deeds is the result of a collaboration of leaders in criminal justice and mental health from throughout California who joined together to identify and advance strategies to effectively divert individuals with mental illness from jail.

Mission

The leaders in criminal justice and mental health participating in this effort strive to end the criminalization of individuals with mental illness by supporting proven strategies that promote early intervention, access to effective treatments, a planned re-entry and the preservation of public safety.

Vision

A true shift in the paradigm between criminal justice and mental health will embody an effective jail diversion system that fosters a successful and ongoing exchange of information among courts, criminal justice agencies, mental health professionals, government and non-government organizations, to achieve a substantial positive change in the way individuals with mental illness are treated within our communities.

To obtain more information about this effort, or the group of individuals who have joined together in this effort please call, email or mail Perry Communications Group at:

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