


Mental Health Diversion as a Part of the Jail Expansion Project

Presented by:
Kathleen Reynolds,
WCHO
Donna Sabourin, CSTS



Agenda

- History and terminology
- Response to Board Areas of Consideration
- Three distinct gaps in the system
- Solutions to the three gaps
- Summary

History and Terminology



History of Jail Diversion

- Required by Michigan Mental Health Code as unfunded mandate
- Jail Diversion Guidelines issued June 2004
- Requires Pre-booking and Post Booking Diversion

Pre-booking Diversion

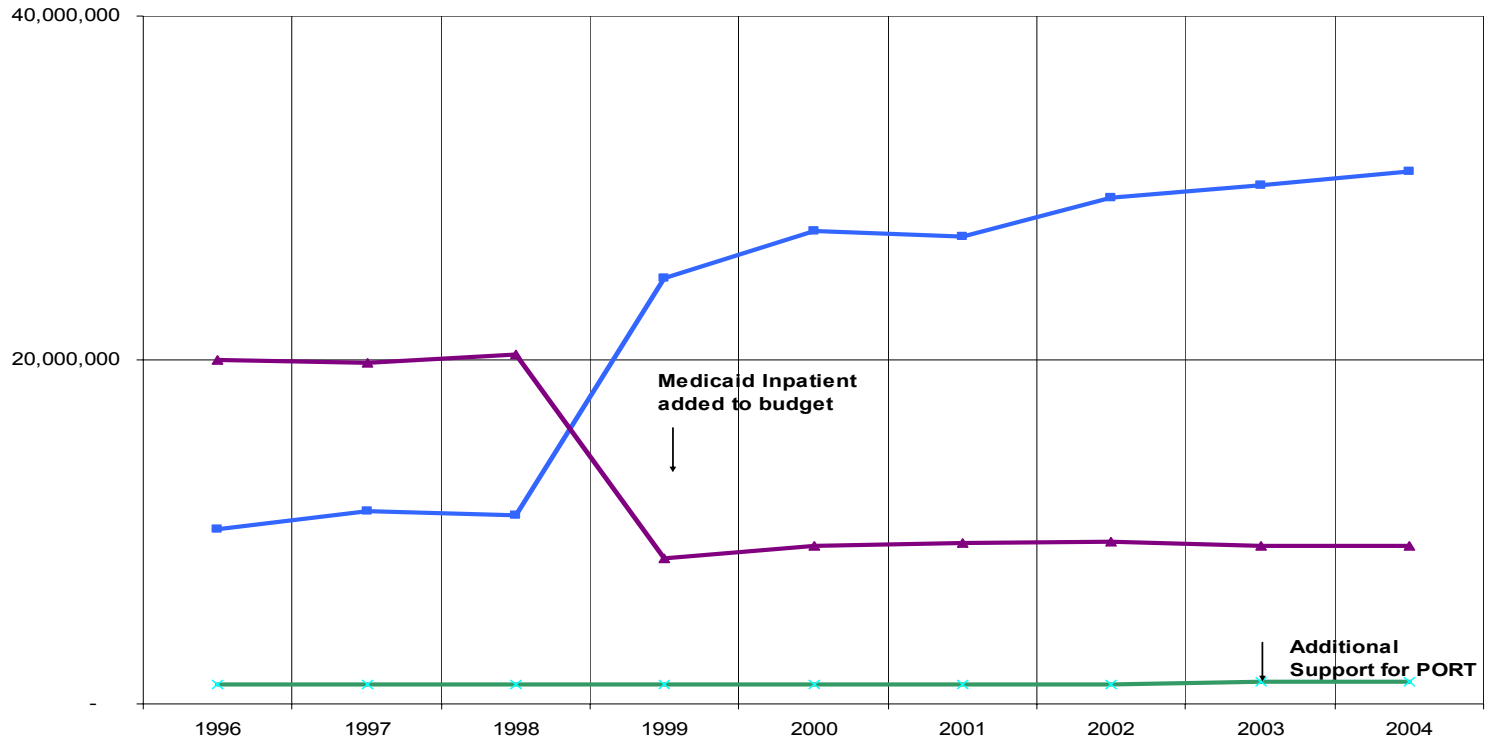
- Diverting individuals to treatment rather than incarceration
- Diversion from jail, not from charges and/or prosecution
- No violent crimes (misdemeanor or felony) will be diverted; public safety is paramount concern

Post Booking Diversion

- Diverting individuals to treatment/services after they have been incarcerated
- 63 individuals referred this year for post booking diversion
- 43 placed, 15 not placed, 5 in progress
- Placements: Mental health and/or substance abuse residential treatment, outpatient treatment and/or private services
- Does not include Community Corrections

Mental Health Funding Constraints

WASHTENAW COMMUNITY HEALTH ORGANIZATION
State and Local Funding 1996-2004



Jail Mental Health Statistics

- Inmates on psychotropic meds (including anti-depressants) over the past nine months = 20 – 28% or (60-96 a month)
- 10 -12 individuals are seriously and persistently mentally ill/CSTS consumers
 - Impact on jail
- Rest are jailed on medications prescribed by their family physicians or private psychiatrists
 - Impact of lack of general funds and local funds for mental health treatment

Response to Issue



BoC Areas of Consideration Addressed By This Proposal

- Continuum of Sentencing Options
- Mental Health Services and Corrections –
Mental Health Diversion

Issue: Ensure appropriate array of treatment for individuals with mental illness who interface with the public safety and justice system

Current Activities to Address Areas of Consideration

- Jail Overcrowding Task Force
- Jail Health Oversight Committee
- Crisis Response Team
- Regional Jail Diversion Committee
- Criminal Justice Collaborative Council
 - Mental Health Diversion Committee

Mental Health Diversion Subcommittee Members

- Bill Birdsall (U-M Prof. Emeritus)
- John Kettley (WCHO-PES)
- Rick Visel (Sheriff)
- Kathleen Reynolds (WCHO)
- Donna Sabourin (CSTS)
- Virginia Koster (CSTS)
- Kirk Filsinger (Sheriff)
- Jason Fee (Support Services)
- Sheila Blakney (Public Defender)
- Julie Chaffee (Com. Cor.)
- Ruth Shabazz (Housing Alliance)
- Steve Hiller (Prosecutor)
- Scott Patton (Support Services)
- George Siasoco (Support Services)
- Barbara Levin Bergman (Commissioner)
- Diane Davidson (Housing Alliance)
- Elizabeth McGuire (Pittsfield PD)
- Linda Rama (Consumer Advocate)
- Ellen Schulmeister (Shelter Assoc.)
- Fred Fitch (Com. Cor.)
- Hannele Waissi (CSTS)

Factors Considered in Selecting Service Models

- Evidence based or best practice models
- Endorsement by recognized authorities
- Local expertise and experience and/or implementation in other communities
- Build on existing partnerships
- Flexibility and adaptability
- Ability to provide linkages and continuity of care with other service components
- Address community impact concerns
- Long range potential for reimbursement streams
- Cost effectiveness

Three System Gaps



Three Gaps

- Assessment and Triage
 - Police recognizing mental health issues
 - Medical assessment
- Stabilization
- Long-Term Referral

Current Reality: Triage

- Crisis Response Team
 - Police training in recognizing mental health issues
 - 52 officers representing 5 local departments
 - Based on nationally recognized Memphis model
- Psychiatric Emergency Services (PES)
 - Important medical interface with UofM hospital
 - Alternative drop-off spot for police
 - 24/7 services; currently evaluates 25-35 individuals per month
- Jail's physical plant and staffing does not support rapid triage and assessment

Current Reality: Stabilization

- Crisis Residential Services (CRS)
 - Six bed, licensed facility located in community
 - Short term alternative to incarceration
 - Intensive clinical services; staffed 24/7
 - Currently, an alternative to in-patient care
 - May be used pre- or post booking or post-incarceration as transition back into community
 - Beds are nearly always filled

Current Reality: Long-Term Referral

- Assertive Community Treatment (ACT)
 - Multi-disciplinary treatment team
 - Provides assistance in accessing community resources
 - 24/7 on-call capacity
 - Two teams serving 150 individuals
 - Currently, six month wait list
 - Immediate access is necessary for diversion

Solutions to the Three Gaps



Triage Gap: Solutions

- Crisis Response Team (CRT)
 - Build on current success
 - Offer additional trainings semi-annually
 - Provide training by local mental health professionals
- Psychiatric Emergency Services (PES)
 - Continue to improve linkages with stabilization
 - Respond to increased referrals from CRT
- Incorporate triage into proposed Assessment Center in the Jail

Stabilization Gap: Solutions

- Additional Crisis Residential Services
 - 18 additional beds (3 sites) in a phased approach
 - 6 beds (one site) dedicated to co-occurring
 - May be pre- or post booking or post-incarceration
 - Make recommendations to proceed with charges or provide treatment alternative

Long-Term Referral Gap: Solution

- Additional Assertive Community Treatment Team
 - 90 clients (post-booking or early release)
 - Add a probation agent to team to act as liaison with criminal justice system
 - Intensive services provided in community setting
 - Daily status review of all participants
 - Gradual transition to less intensive services

Summary of Proposed Mental Health Diversion Service Components

	Triage	Stabilization	Long Term
Component	Officer Training PES Assessment Center	Crisis Residential Center	Assertive Community Treatment Team with Criminal Justice Specialty
Capacity	30 officers Bi-annually PES 25-35 per month Assessment – screening of all admits to jail	18 new beds (3 facilities)	90
LOS	PES – 2-4 hours Assessment – up to 24 hours	14 day average	2 years – full service 6 months step down
Annual expected usage	PES -420 Assessment	Up to 800 per year at full capacity	15 admits per year after first 2 years
Location of Services	PES – U of M ER Assessment – Jail	3 facilities located in community	Services provided in consumers place of residence

Summary



Overview of Proposed Costs

Component	Unit Cost	Total 2004 Costs	Comments
Officer Training	\$50,000 per training series	\$100,000	Trainings semi-annual to start
PES	N/A	N/A	Provided by mental health system
Assessment Center	N/A	N/A	Costs included in facility and operating plan for jail
Crisis Residential Services	\$300 per day per bed	\$655,224 per home \$1,965,672 Total	Can be phased in and capacity matched to demonstrated usage and performance
Assertive Community Treatment	\$10,507 per client per year	\$945,618	
TOTALS		\$3,011,289	Does not include phasing

Community Impact of Diversion Options

- Support to officers in interacting with individuals with disabilities
- Quicker, more appropriate link to services with improved outcomes by addressing root causes
- Reduction in recidivism: potential long-term relief for overcrowding