



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Turning One-Off Programs into Systems-Wide Behavioral Health Diversion

September 29, 2020

Presentation Outline

- I. Organizations Overview
- II. Overview of Diversion
- III. Diversion in Fulton County, GA
- IV. Panel Discussion: Building a Diversion Strategy
- V. Questions and Answers

Speakers

- **Kristin Stoycheff Schillig**, Court Support Manager II, Office of the Court Administrator, Atlanta Judicial Circuit, Superior Court of Fulton County
- **Moki Macias**, Executive Director, Atlanta/Fulton County Pre-Arrest Diversion Initiative
- **Reinette Arnold**, Community Collaborator, Behavioral Health Link
- **Sheila Tillman**, Senior Policy Analyst, CSG Justice Center

The Council of State Governments Justice Center

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

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

Break the cycle of incarceration

We assist those working inside and outside of government to reduce both crime and incarceration among youth and adults in contact with the justice system.

Improve health, opportunity, and equity

We work across systems to develop collaborative approaches to improve behavioral health, expand economic mobility, and advance equity for people and communities affected by the justice system.

Expand what works to improve safety

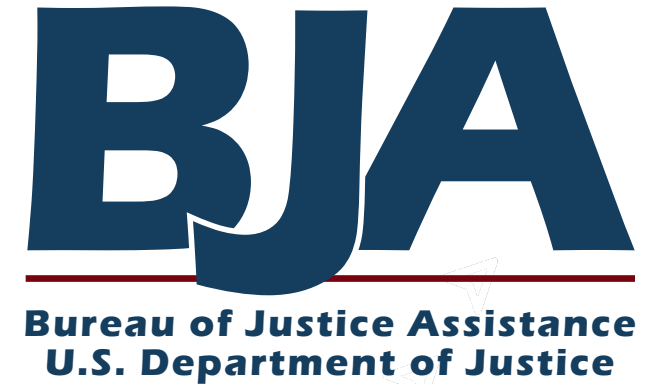
We help leaders understand what works to improve public safety and assist them to develop strategies, adopt new approaches and align resources accordingly.

Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system.

The U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA provides leadership and assistance to local criminal justice programs that improve and reinforce the nation's criminal justice system. BJA's goals are to reduce and prevent crime, violence, and drug abuse and to improve the way in which the criminal justice system functions. In order to achieve such goals, BJA programs illustrate the coordination and cooperation of local, state, and federal governments. BJA works closely with programs that bolster law enforcement operations, expand drug courts, and provide benefits to safety officers.



Visit the [BJA website](#) to learn more.

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Poll Question #1

- What agency do you represent?
 - Law enforcement
 - Court
 - Pretrial
 - Jail
 - Behavioral Health Agency
 - Other

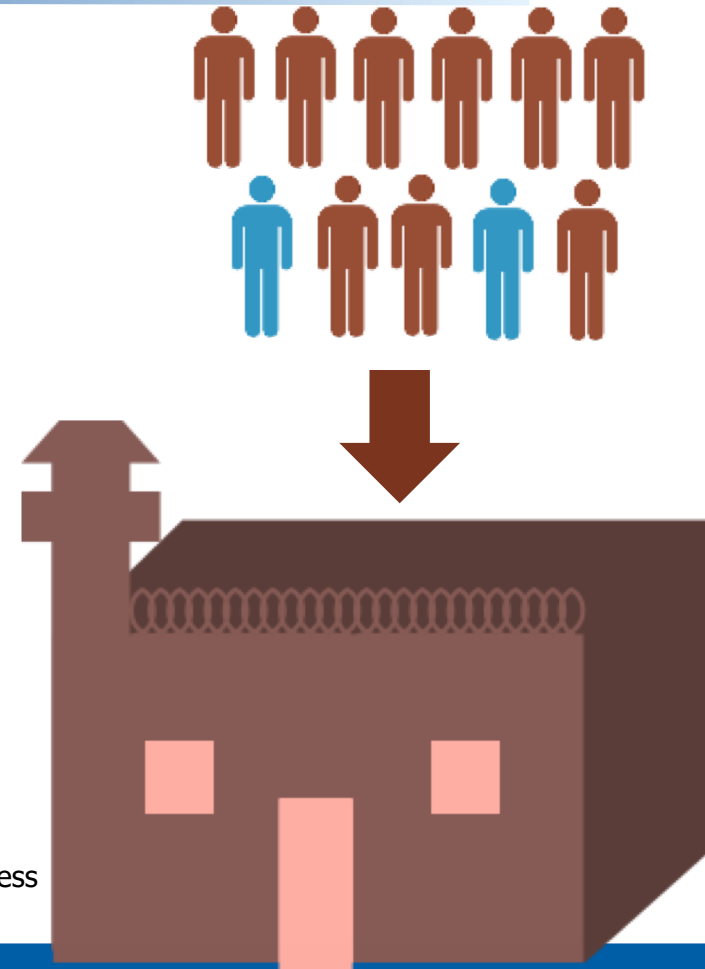
Poll Question #2

- Where are you focusing your diversion efforts?
 - Pre-arrest
 - Pre-bookings
 - Pre-trial
 - Other

National Estimates of This Crisis

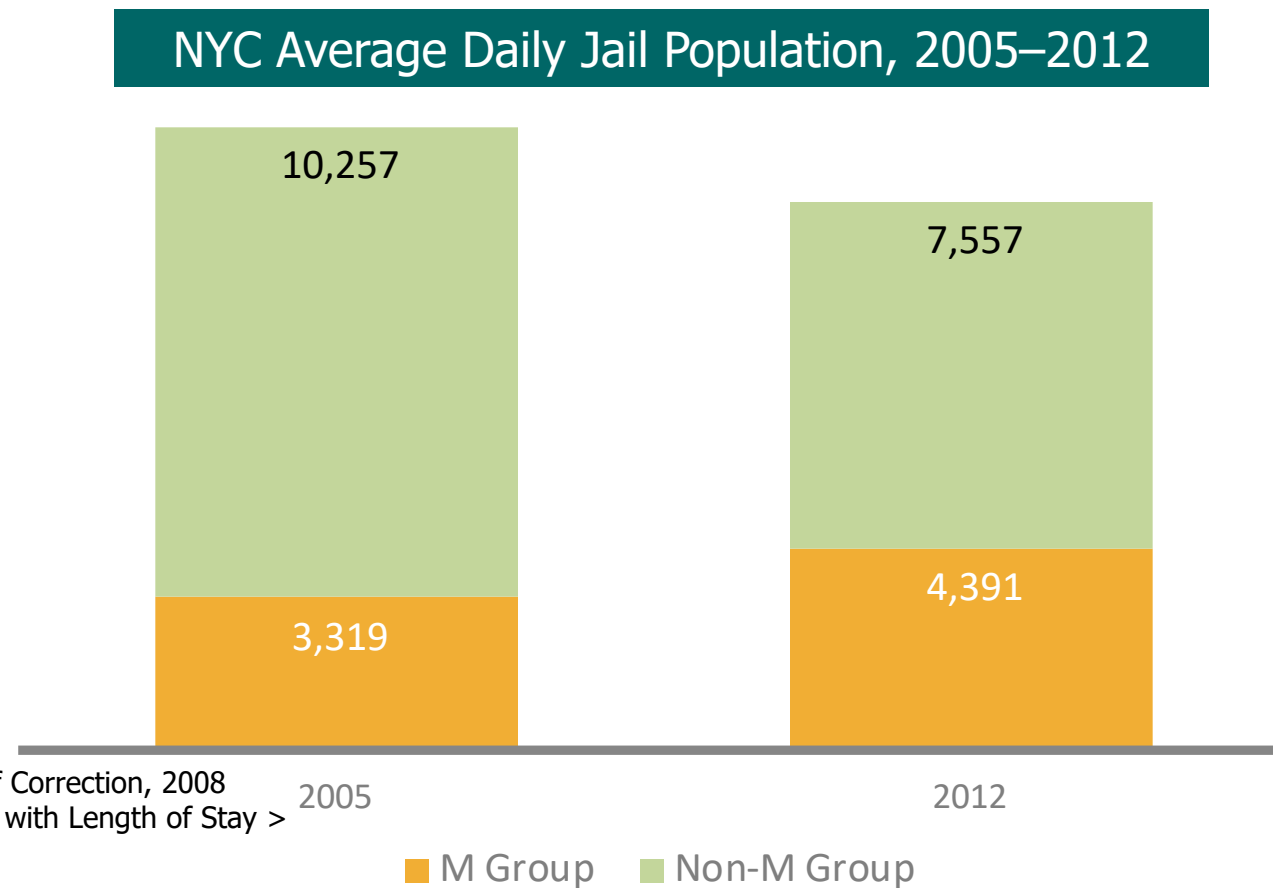
Of the **11 million**
people admitted to jail
annually...

...about **2 million** have
serious mental illnesses



Source: Steadman, HJ, Osher, FC, Robbins, PC, Case, B., and Samuels, S. Prevalence of Serious Mental Illness Among Jail Inmates, Psychiatric Services, 6 (60), 761-765, 2009.

Increase in SMI Numbers Despite Some Overall Jail Population Decreases

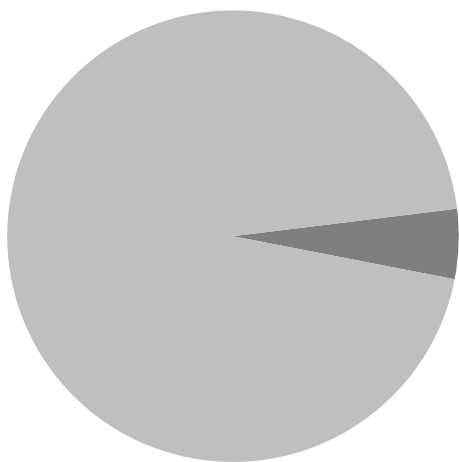


Source: The City of New York Department of Correction, 2008
Department of Correction Admission Cohort with Length of Stay >
3 Days (First 2008 Admission)

People who have Mental Illnesses are Overrepresented in Jails

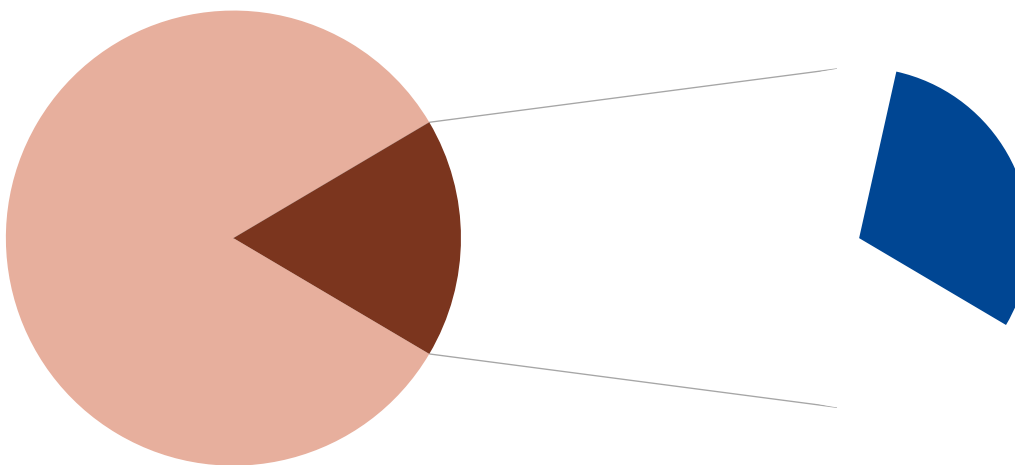
General Population

4% Serious
Mental Illness



Jail Population

17% Serious
Mental Illness 72% Co-Occurring
Substance Addiction

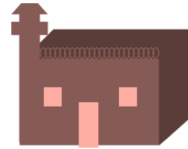


Source: Steadman, HJ, Osher, FC, Robbins, PC, Case, B., and Samuels, S. Prevalence of Serious Mental Illness Among Jail Inmates, *Psychiatric Services*, 6 (60), 761-765, 2009.; Center for Behavioral Health Statistics and Quality, *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*, 2016 (HHS Publication No. SMA 16-4984, NSDUH Series H-51), <http://www.samhsa.gov/data/>; Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036-1045.

Factors Driving the Crisis



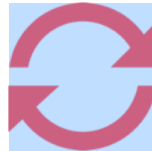
Disproportionately higher rates of arrest



Longer stays in jail



Limited access to healthcare



Higher recidivism rates



Low utilization of evidence-based practices



More criminogenic risk factors

Other Challenges Facing Counties



Law enforcement

lacking alternatives to arrest and options for crisis responses

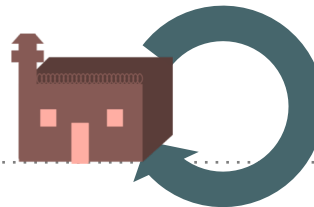


Courts lack diversion options and information to inform pretrial release



Behavioral health

service capacity is scarce, and may not necessarily align with what works to help reduce recidivism

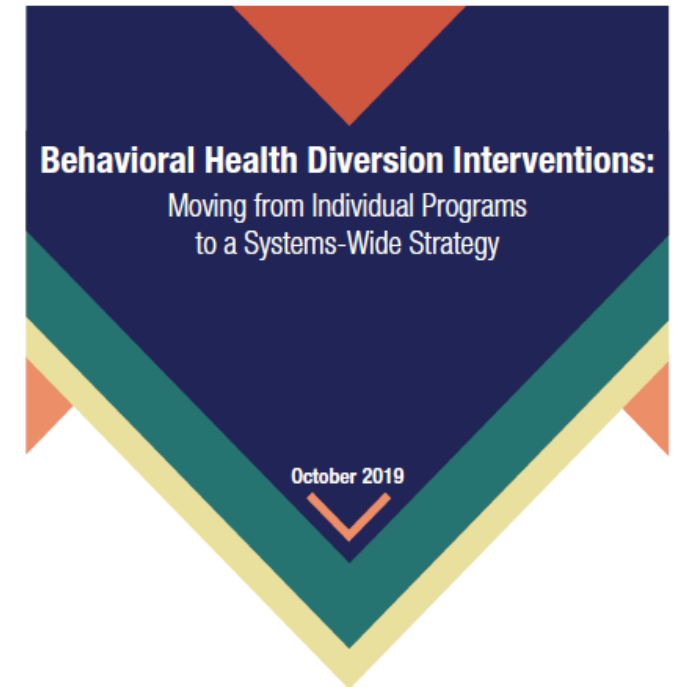


Probation

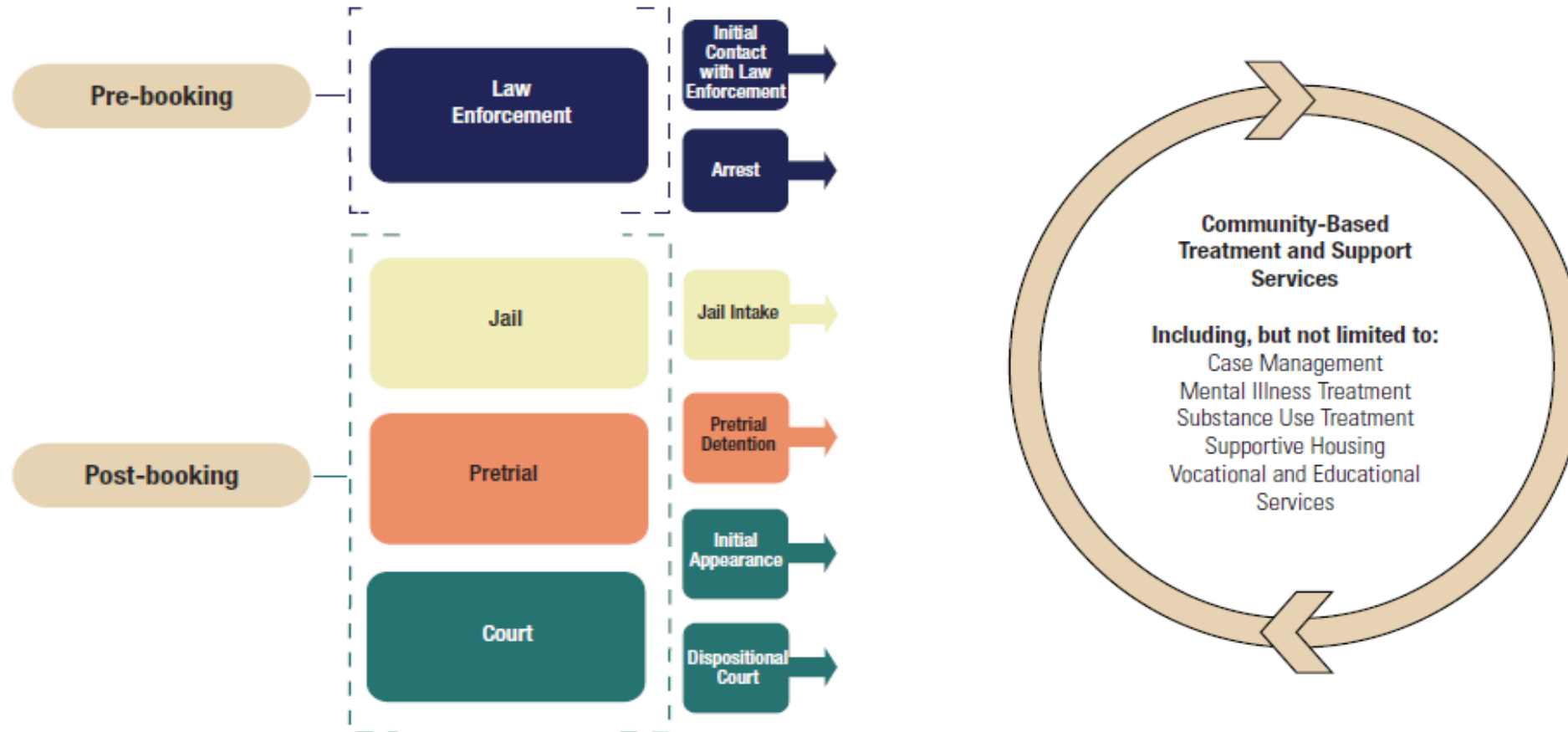
approaches are not always effective for people who have mental illnesses (e.g., high rates of technical violations)

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”)
- Available online: <https://csgjusticecenter.org/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



Does Diversion Work?

How do we make it work best?

It Can!

- ✓ **Reduce** jail days on current case
- ✓ **Reduce** court costs
- ✓ **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

Behavioral Health Diversion Interventions:

Moving from Individual Programs
to a Systems-Wide Strategy

October 2019



Behavioral Health Diversion Factsheets

FREQUENTLY ASKED QUESTIONS:

A Look into Court-Based Behavioral Health Diversion Interventions

MAY 2020

Justice Center
THE OFFICE OF STATE ATTORNEY

Recognizing that people with behavioral health needs are overrepresented in the criminal justice system,¹ many communities have developed alternatives to incarceration that connect eligible people to community-based treatment and supports. While efforts around preventing people from entering the criminal justice system and developing law enforcement diversion interventions are critical to connecting people to treatment community wide, this brief focuses on diversion efforts led by those working in courts, such as judges, prosecutors, defense attorneys, and court administrators. For information on other diversion opportunities, see [Behavioral Health Diversion Interventions: Moving from Individual Programs to a System-Wide Strategy](#) and other associated resources.

Why set up court-based behavioral health diversion interventions?

Court-based behavioral health diversion interventions focus on connecting people with needed community-based care, usually after someone with mental illness,² substance use disorders, or both,³ is booked into jail. These connections, which may be provided at a person's initial court appearance or at subsequent court appearances,⁴ can be done through programs operating in a court or prosecutor's office or as a pre-arrest component of an existing problem-solving court (e.g., drug courts,⁵ mental health courts,⁶ opioid courts). While the diversity of diversion programs across the U.S. makes conclusive statements about outcomes difficult, research has shown that court-based diversion can shorten average length of jail stays and increase connections to treatment and supports without additional risk to public safety. Some programs have also been shown to reduce future criminal justice involvement. There are also studies showing how diversion programs can potentially ease the criminal justice and behavioral health systems' money.⁷

Who can implement them?

Leadership of court-based diversion usually stems from judges and prosecutors, who drive the development of diversion policies and bring partners together. But they cannot do it alone. Other critical stakeholders in the court system include:

- Pretrial services staff to identify potential candidates for diversion by adding behavioral health screening and assessments to pretrial intake processes;⁸ they may also play an important role in providing consistent monitoring and feedback to the court while people are on community supervision, which can help alleviate judges' and prosecutors' public safety concerns.⁹
- Defense counsel, including public defenders, who can partner with social workers or clinicians to screen and assess potentially eligible defendants;⁹ advocate that eligible clients be referred to a court-based diversion intervention, and assist social workers in developing a case plan that features service linkage recommendations.
- Behavioral health providers, who can make recommendations for services and facilitate connections to community-based organizations that link people to housing, substance use disorder treatment, and access to employment services, among others.⁹
- Prosecutors to determine who might be eligible for behavioral health diversion programs and connect people to the most appropriate services; these decisions can be made by individual prosecutors or on a larger scale by the elected prosecutor.¹⁰ Prosecutors, like defense attorneys, may also partner with social workers on their diversion efforts.
- Judges, in addition to their potential role as system leaders, to recognize when a defendant is displaying signs of potential behavioral health needs¹¹ and should be assessed and diverted from standard criminal court proceedings. Judges may also order a diversion, receive reports on progress, and oversee the dismissal of charges or resumption of a criminal case based on the participant's completion of the program.
- Court administrators to operationalize diversion programs by developing policies and procedures, assigning calendars, facilitating accessibility for participants and program partners, and potentially ensuring ongoing training and program sustainability.

"The overrepresentation of people with behavioral health disorders in the criminal justice system is a problem that cannot be ignored and should not be tolerated. As a judge, I have been uniquely positioned to bring criminal justice and clinical professionals together with community partners to develop and implement behavioral health diversion programs that offer hope and recovery to people whose lives have been devastated by addiction and mental illness. At the same time, these efforts promote public safety by dramatically reducing the likelihood that they will reoffend. The public safety and quality of life benefits of these programs to the individuals, their families, and the community can't be overstated."

— Judge Janet Holmgren,
17th Circuit Court, Illinois

FREQUENTLY ASKED QUESTIONS:

A Look into Jail-Based Behavioral Health Diversion Interventions

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Why set up jail-based behavioral health diversion interventions?

Jail-based diversion presents an important opportunity to shorten average length of stay (ALOS) for people with behavioral health needs without increasing public safety risk.² By shortening ALOS, these interventions can help reduce jail costs. They also can alleviate or reduce the significant damage that time in a jail setting can do to people with behavioral health needs, including exposure to risk of violence and disruption of community-based care and supports to keep them stabilized. Jail-based diversion can also help to reduce the impact of collateral consequences associated with long periods of incarceration, such as barriers to finding employment, housing, or connections to community-based treatment and recovery support services.³ Additionally, these interventions can increase connections to supports, such as housing, that ideally position people to improve their health and reduce their risk of returning to jail.

People with behavioral health needs often stay longer in pretrial detention than people without who are facing similar charges, making diversion at this stage a critical opportunity.⁴

"I've been working with a broad set of stakeholders across Massachusetts to bolster approaches that focus on connecting people to treatment. This means providing excellent treatment within our jail and working with our partners to identify diversion opportunities. By using data to identify those who can benefit most from diversion and co-locating behavioral health services in the jail, we can get people the help they need, improve public safety, and make our communities safer and stronger."

— Sheriff Peter Koutoufian,
Middlesex County,
Massachusetts Sheriff's Office

Who can implement them?

Jail administrators and staff are critical to the implementation of jail-based behavioral health diversion interventions, whether during pretrial or after someone has been sentenced. But they cannot do it alone. Some common collaborators can include:

- County sheriffs to oversee behavioral health diversion programming
- Dedicated jail diversion staff or liaisons from the jail facility itself or from community-based case management or behavioral health treatment providers, who can screen and assess for substance use disorders and mental illnesses and refer people to community-based services
- Medical and/or behavioral health staff from correctional health care providers, county behavioral health, or contracted community-based providers, who can help identify people with behavioral health needs and also appropriately share information with jail staff, case management agencies, and community-based behavioral health treatment providers
- Discharge planners (also sometimes known as jail liaisons or navigators, whether from the jail, a community-based organization, or county behavioral health organization, who can help identify people who might be eligible for behavioral health diversion, assist with benefits, and make referrals to community-based care and supports
- Probation, pretrial, or court staff who can provide case management and supervision

1. James C. Gendreau et al., "Prevalence of Mental Health Problems among Jail Inmates," *Psychiatric Services* 62, no. 3 (2011): 331–35.
2. James C. Gendreau and G. Smith, "Shortening the Length of Stay of Jail Inmates: Impacts on Recidivism, Public Safety, and Costs," *Journal of Criminal Law and Criminology* 92, no. 4 (2002): 1023–35.
3. See, e.g., *Report of the Task Force on the Prevention of Recidivism: The National Academy of Sciences* (Washington, D.C.: National Academy of Sciences, 2003), 10–11; *Report of the Task Force on the Prevention of Recidivism: The National Academy of Sciences* (Washington, D.C.: National Academy of Sciences, 2003), 10–11; *Report of the Task Force on the Prevention of Recidivism: The National Academy of Sciences* (Washington, D.C.: National Academy of Sciences, 2003), 10–11.
4. The Council of State Governments (CSG) and the Justice Center, *Behavioral Health Diversion Interventions: Moving from Individual Programs to a System-Wide Strategy* (Chicago, IL: CSG, 2019), 10–11. <https://www.csg-justicecenter.org/publications/behavioral-health-diversion-interventions>

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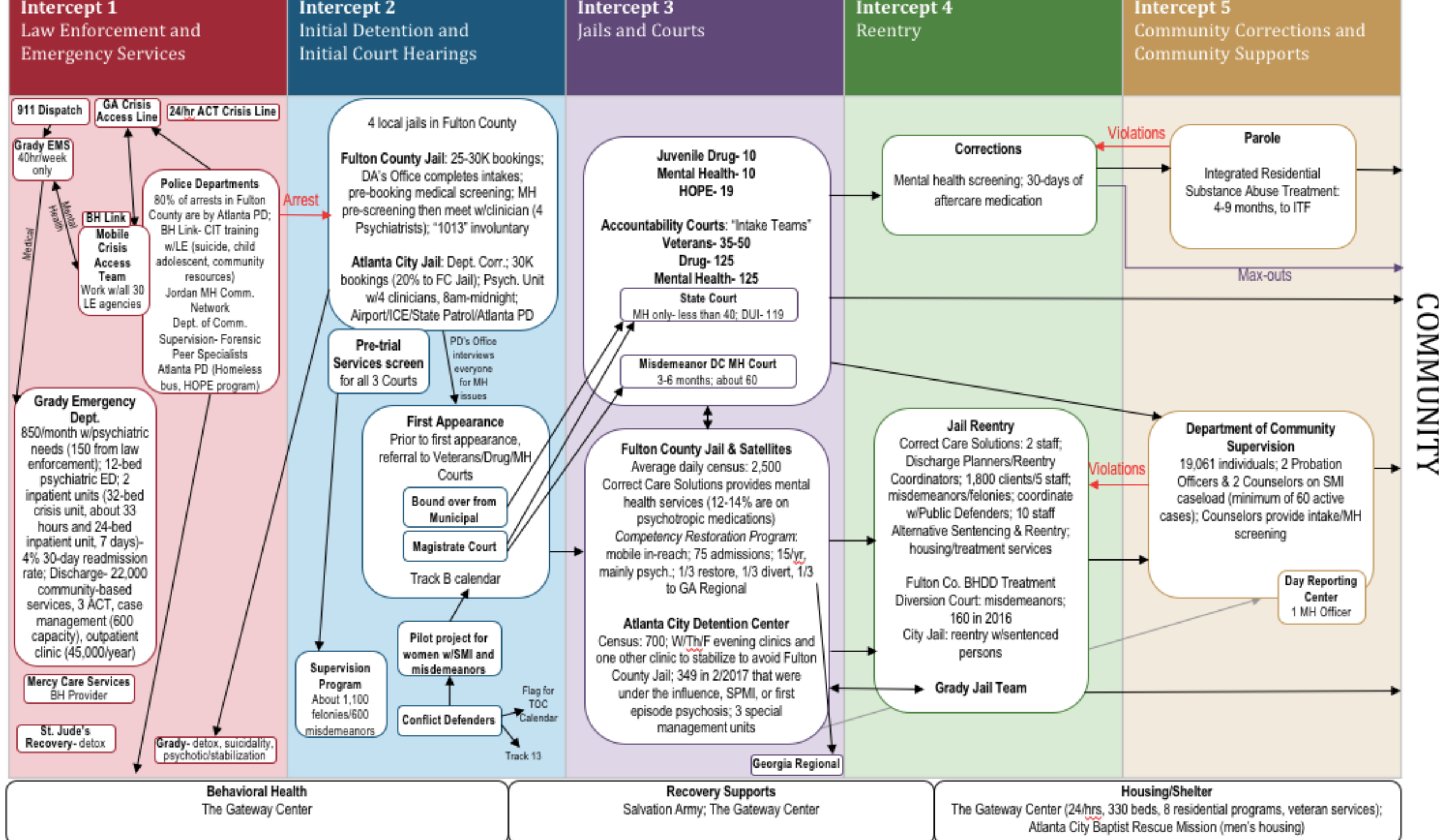
Stepping Up / Cross-systems Strategy

Kristin Stoycheff Schillig, Court Support Manager II, Office of the Court Administrator, Atlanta Judicial Circuit, Superior Court of Fulton County

Fulton County Stepping Up Efforts

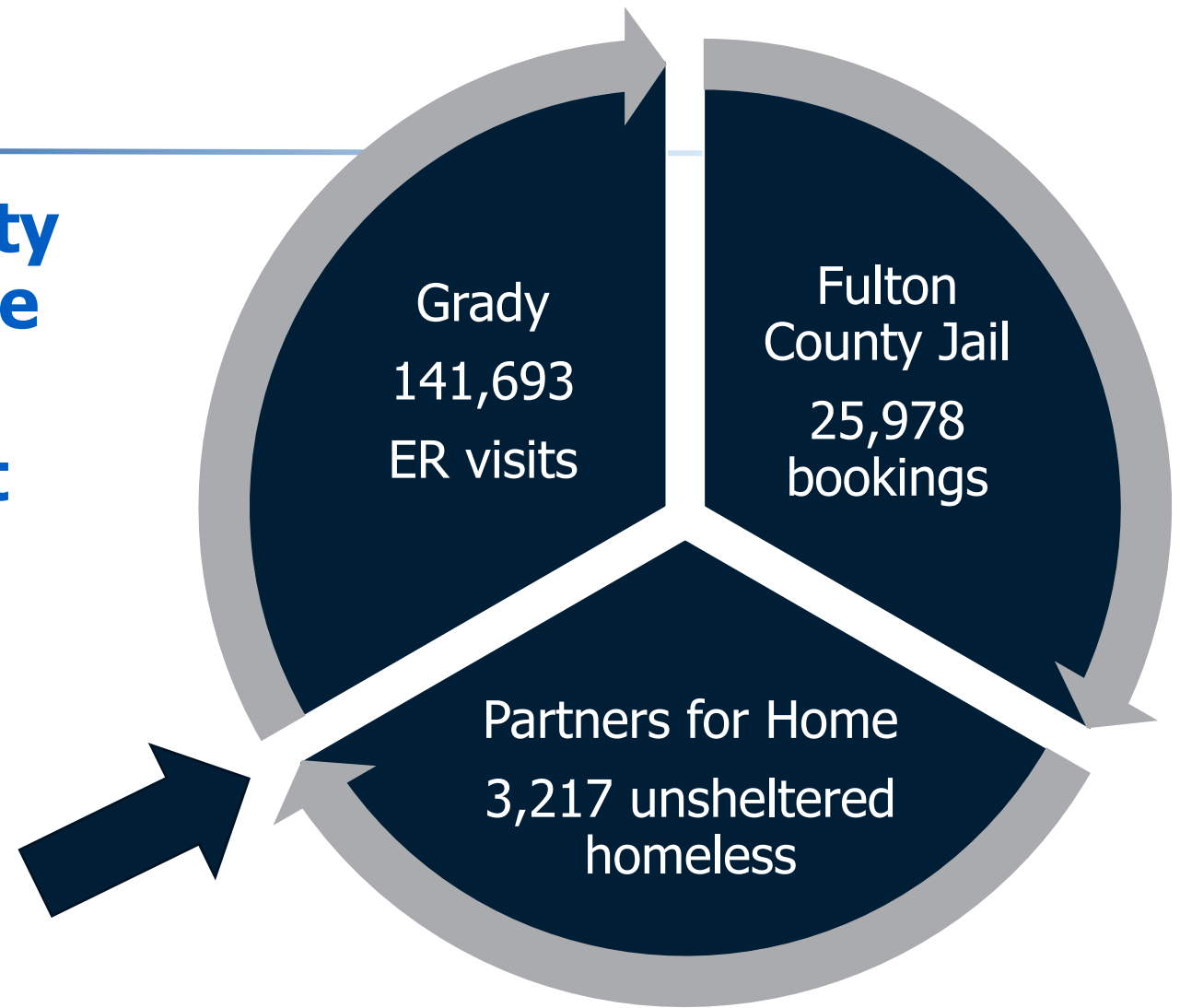
Brief History

- Fulton County Commissioner Joan Garner championed the Stepping Up Initiative Resolution that was signed on May 4, 2016
- \$250,000 JMHCP Planning Grant (Category I) awarded to Superior Court in October 2016
 - Purpose: Conduct comprehensive analysis of Fulton County's criminal justice and behavioral health systems with consideration to people with SPMI booked into Fulton County Jail
 - Method: PRA SIM Workshop*Task Force Convening*Workgroups
 - Workgroups: Pre-Arrest, Housing, Court Collaboration, Re-Entry, and Data-Sharing
 - Result: Formal Task Force Report (2017), Prioritized Recommendations, and Business Cases



Next Steps

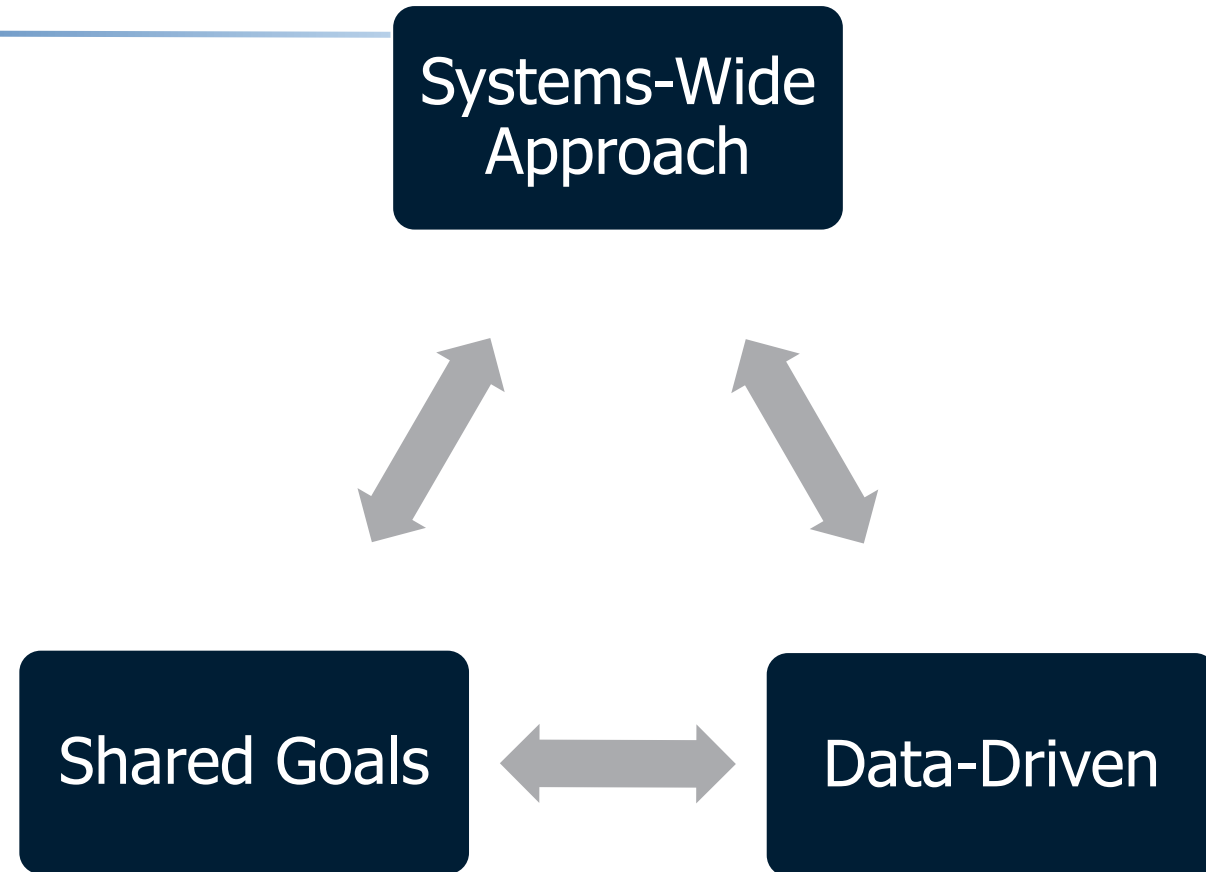
- **Needed to build capacity to move the work to the next phase...**
- **Volume of persons that interact with these systems too great to assume into already existing roles.**
- **NEED MORE DATA!**



JMHCP

Category 3 2018 Award

- ***Stepping Up Engagement Team***
 - Project Manager
 - Policy & Data Analyst
 - Community Health Worker/ICM (Grady)
 - Data Analysis & Evaluation (Contract-Applied Research Services)



Key Activities

- Promote vision and culture of data-sharing
- Develop a working data team to measure and track goals of Stepping Up
- Report on progress of task force recommendations
- Conduct cross-system data analysis
- Implement process to screen people entering the hospital, jails, and homeless services
- Collaborate with providers to improve services and prioritize care and treatment
- Create process to leverage funding streams
- Evaluation

“Familiar Faces” Projects Underway

Fulton Superior Court

(State & local criminal justice data, hospital utilization, HMIS)

Partners for Home (Atlanta CoC)

(HMIS, Grady ER admissions, local jail data)

Grady Health System

(Emergency & inpatient utilization)

How We Identify Familiar Faces

Local Jail Data Method

- 3 year data extracts from Fulton County Jail & Atlanta City Detention Center
- Bookings & releases
- All jail episodes at both jails
- Reorganized from charge-based to episode-based
- Coded based on charge types and level of seriousness

Systems for Cross-Reference

- GA Computerized Criminal History
- GA Dept. of Corrections (prison admissions)
- GA Dept. of Community Supervision (probation and parole)
- Grady Health Systems
- DBHDD
- HMIS

911 Call Research Project

- Police spend significant resources responding to 911 calls for services
- Need understanding of calls that could be routed to 311 or community-based services
- Need to reliably distinguish calls that require immediate police response from those that don't to improve outcomes for involved persons and communities
- Research team currently analyzing over three million calls for service over a three year period in Atlanta, examining the call types, response types, and outcomes (and the relationships between them) to identify and geolocate the types of calls that would be most suitable for diversion and community-based agency, rather than law enforcement response
- The results of this study will inform data-driven efforts to expand diversion throughout the Atlanta and Fulton County
- Important link between the top jail charge for Familiar Faces (illegal trespassing) and the top "probable cause" indicated in the PAD data by the referring officer, which is also illegal trespassing

More information

A public website was created as a repository for all project documents and meeting information:

www.fultonstepsup.org

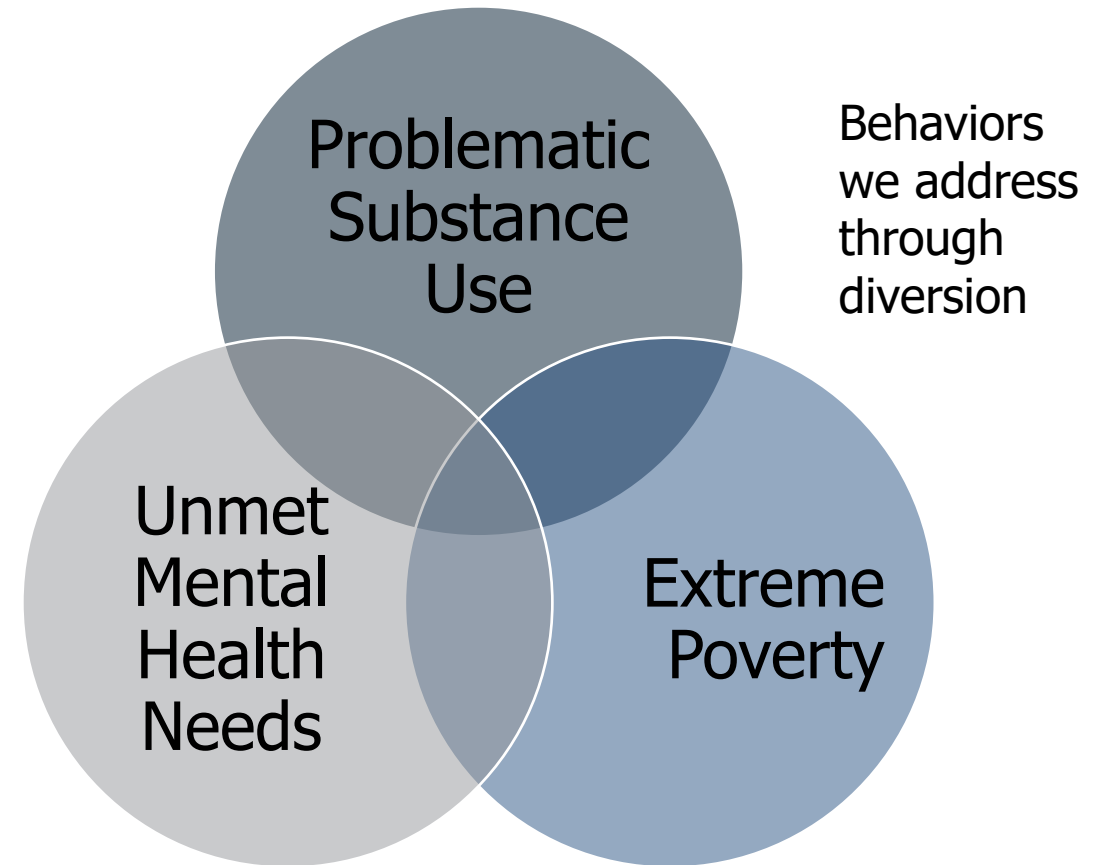
Atlanta/Fulton PAD Initiative

Moki Macias, Executive Director, Atlanta/Fulton County Pre-Arrest Diversion Initiative



Atlanta/Fulton PAD Initiative

- Since 2017, the Atlanta Fulton PAD Initiative has provided an immediate alternative to arrest for individuals detained by the Atlanta Police Department.
- We have diverted over 200 people since launching in APD Zones 5 & 6.
- In 2019, PAD diverted 101 people. Of these individuals, 92% did not have stable housing at the time of diversion, and 68% did not have state identification. 81% of diverted individuals identified substance use or mental health issues as barriers to their stability.



What happens when individuals are diverted from arrest?



INITIAL INTAKE & OPEN CASE REVIEW

Diverted individuals are reviewed by criminal legal partners to identify and begin resolving legal barriers.

IMMEDIATE SHELTER & BASIC NEEDS

All participants are offered emergency shelter, transportation and food assistance for up to 3 months.



OUTREACH & CASE MANAGEMENT

Care Navigators and outreach workers engage participants during weekly in-office and street-based visits.

LINKAGE TO CARE

Participants receive linkage to service providers for identification, mental health/substance use, employment, and other services.



PAD Approach

- No exclusions based on criminal conviction history or re-arrests
- Consent-based
- Goal is harm reduction for the individual & community
- Success is systems change, from punishment to care

LEAD Diversion Criteria

Good fit for a LEAD referral.

- ☑ Zones 5 or 6 (Citywide coming soon)
- ☑ There is probable cause for arrest
- ☑ The activity is likely driven by substance use, mental health concern, and/or survival & extreme poverty
- ☑ The individual is able to provide informed consent for a LEAD referral

Not a good candidate.

- ☒ Officers was not planning on making an arrest
- ☒ The individual is in need of immediate medical care or experiencing a mental health crisis
- ☒ The individual has expressed an *active plan* for suicide or are acting violent toward others
- ☒ The individual is not lucid or sober enough to provide informed consent

Legal navigation to reduce barriers

- Operational Working Group
- Prosecutors, public defenders and police department
- Review referrals & address individual cases
- Support PAD staff with navigating local criminal legal systems
- Courtroom support
- Case Resolution

PAD Planned Strategies

PAD's mission is to reduce arrest and incarceration of people experiencing extreme poverty, problematic substance use, or mental health concerns, and increase the accessibility of supportive services to promote a new approach to community safety and wellness.

Law Enforcement Assisted Diversion

- Expansion to all APD Zones
- Available to officers who have probable cause
- Coordination with prosecutors/defense to reduce legal barriers
- Case management

Community Referrals

- Community referrals through ATL311 beginning October 2020
- For non-crisis issues of community concern (behavioral health, poverty)

Harm Reduction

- Street outreach and relationship-building
- Law enforcement training and engagement
- Creative problem-solving with businesses & service providers

Community Referrals

- As of October 2020, PAD will begin accepting community referrals through 311ATL
- Community members will be able to call 311 to report issues of community concern related to substance use, mental health, and poverty
- 311 will dispatch to PAD Harm Reduction teams, who will provide on-call response and triage
- Goal to provide alternative to police response and connection/re-connection to existing service providers
- For qualified individuals, may also propose enrollment in LEAD

Behavioral Health Link

Reinette Arnold

Community Relations and Education Coordinator - Region 3

A Crisis Has No Schedule...

- Behavioral Health Link
 - Contact Center - GCAL
 - Mobile Crisis Response Program – An integrated model

GOAL: To provide crisis intervention services 24-7/365 to individuals in need. Our focus is providing access to the appropriate level of care in a timely manner.



Cross System Collaborations

- Building Cross System Collaborations—
 1. What are the needs of your community?
 2. Who are the stakeholders?
 3. Importance of outreach and engagement
 4. Establishing a platform to collaborate
 5. Tracking outcomes and data sharing
 6. Continued engagement with stakeholders

"Alone we can do so little; together we can do so much." – Helen Keller

Current Partnerships

- **Grady EMS Collaboration:**
 - Formal Collaboration
 - Co-responder model for City of Atlanta
 - Dispatched from 911 system
- **Other Collaborations:**
 - Fulton Justice Mental Health Taskforce
 - Suicide Prevention Coalition
 - Homeless Taskforce
 - Formal and informal collaborations with local law enforcement agencies, FBI and GBI.

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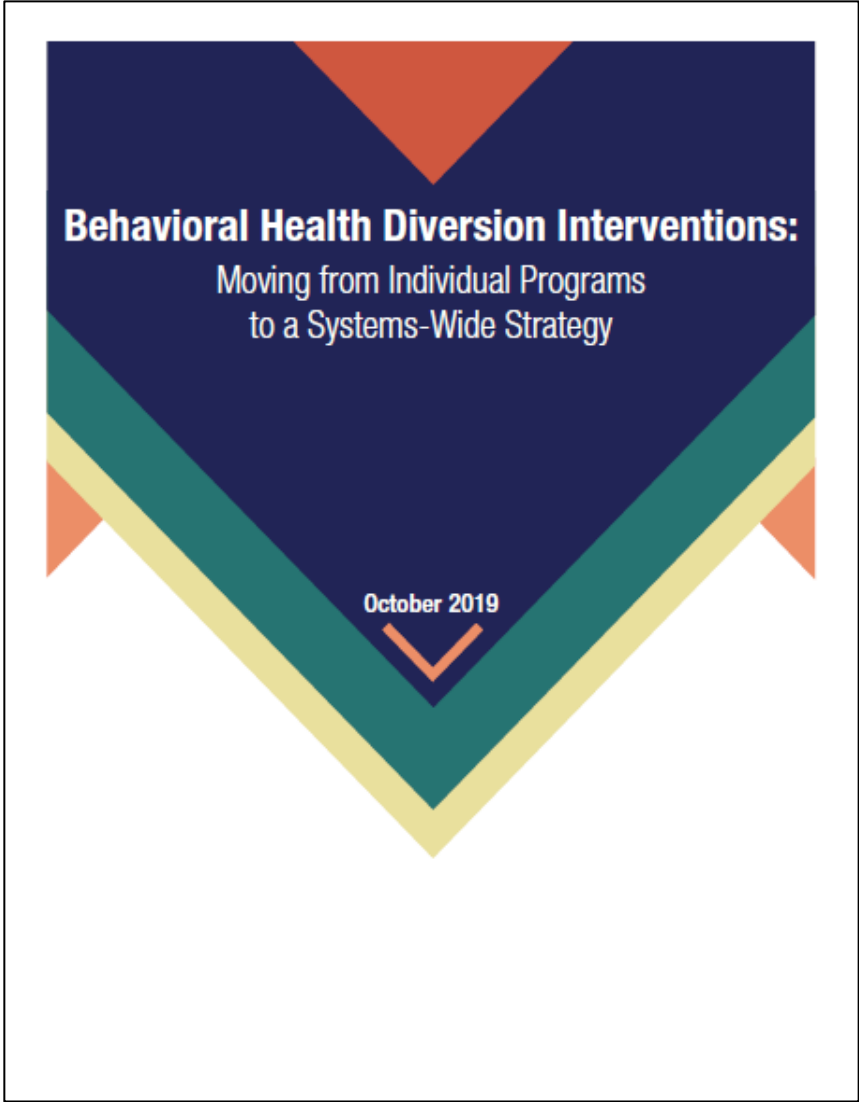


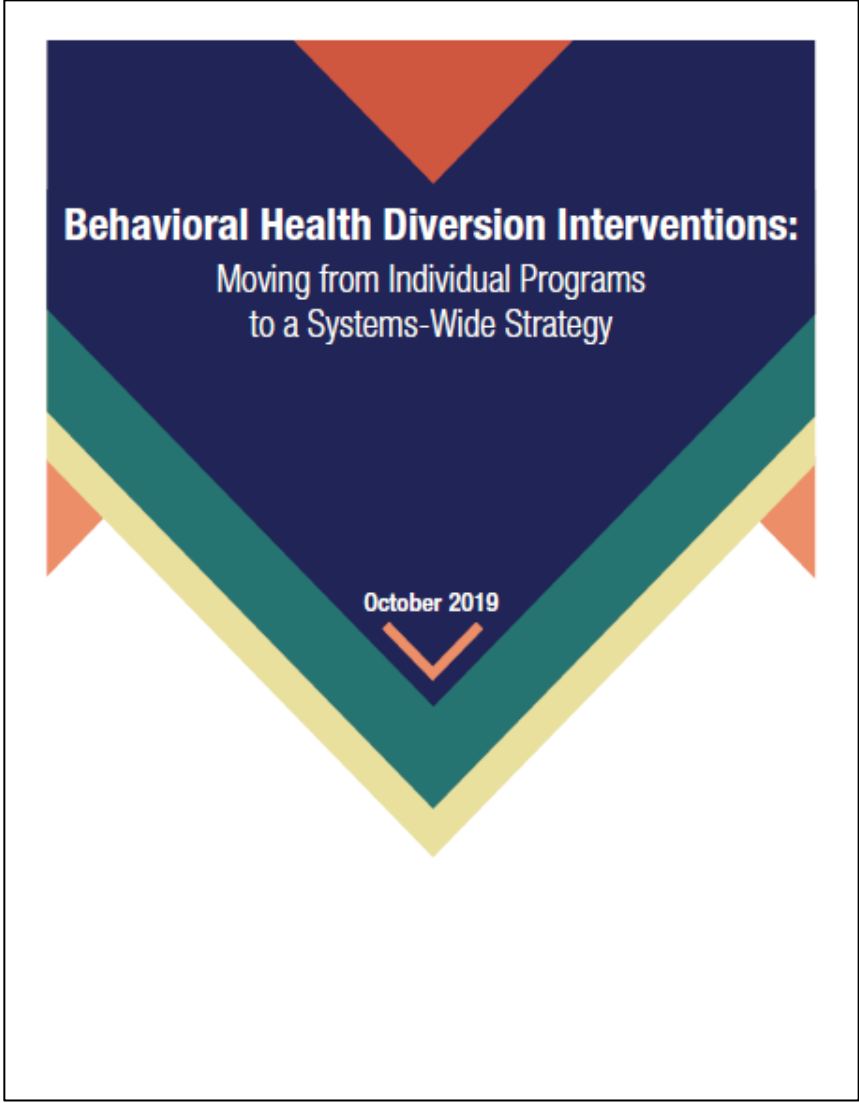
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