

Building Capacity to Advance Local System Change for People with Behavioral Health Needs: **A Snapshot of State-Led Solutions**

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Officials across the country agree that connecting people with behavioral health needs in local criminal justice systems to care and services helps protect public safety, improve public health, and save taxpayer dollars. State and local jurisdictions are taking new approaches to reduce the numbers of people with mental illnesses and co-occurring substance use disorders in the local criminal justice system, many of which have been seeded through federal programs such as the National Reentry Resource Center, Justice Reinvestment Initiative, and Justice and Mental Health Collaboration Program. But these efforts often run up against challenges, barriers, and gaps that require state leadership, coordination, or funding support to overcome.

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Drawing on lessons learned through initiatives funded by the U.S. Department of Justice's Bureau of Justice Assistance, this brief presents four ways that states can direct their efforts to support local communities:

1. Strengthen and formalize cross-system collaboration

Bring state and local leaders across multiple systems (criminal justice, behavioral health/health, housing, etc.) together to understand local challenges, establish shared goals, and identify opportunities for states to support local collaborative responses.

2. Improve local capacity to collect and share data

Equip states and localities to examine the impact of investments and target resources toward the most effective strategies.

3. Reduce avoidable contact with the criminal justice system

Build opportunities to (1) respond to people in mental health crisis prior to and upon law enforcement contact, (2) divert people with behavioral health needs who don't pose a public safety risk to appropriate community-based services and supports (and supervision, if applicable), (3) ensure timely movement/processing for people in the system, and (4) reduce the likelihood of return to the system.

4. Build community care and services

Ensure that sufficient capacity and access exist in the community to address people's unmet behavioral health needs, and available services and care are accessible and include effective responses to people in the criminal justice system.

State Strategies

The strategies highlighted below are intended to help spur further action and accelerate state and local innovation to improve responses to people with behavioral health needs across the local criminal justice continuum. However, they do not exhaust the many roles states can play. At the time of this publication, many of the states profiled are still working on full implementation of these strategies and assessing the long-term impact. The success of these efforts hinges on strong collaboration and close examination of data to track progress and determine whether policies and investments are leading to improved outcomes at both the state and local levels.

1. Strengthen and Formalize Cross-System Collaboration

Collaboration across service systems—including criminal justice, behavioral health, housing, employment, and others—is critical to removing barriers and increasing coordination to address the unmet behavioral health needs of people in the criminal justice system. Equally important is collaboration among leaders at the state and local levels. By working together, these partners can share information to develop common priorities; pursue integrated strategies; and leverage resources to improve the range, capacity, and quality of services.

STATE-LED SOLUTIONS

1.1

Hosting statewide summits to showcase promising practices and identify shared challenges

Iowa convenes an annual statewide summit focused on reducing the prevalence of people with mental illnesses in jails. Hosted by the Iowa State Association of Counties, the summit brings together county teams (comprising sheriffs, behavioral health directors, chief probation officers, and county supervisors), legislators, and people who have been in the criminal justice system to share successes and engage in local strategic planning efforts.¹

1.2

Establishing local councils to support strategic planning

The **Oregon** state legislature established Local Public Safety Coordinating Councils (LPSCCs) to strengthen county planning structures and to formalize and facilitate state-county engagement to improve public safety. LPSCCs provide a forum for identifying local criminal justice challenges,

including those related to people with behavioral health needs, and setting priorities and allocating resources accordingly. LPSCC members include county representatives from law enforcement, courts, the public defender's office, and the county behavioral health agency, among others.²

1.3

Creating standing or time-bound committees and task forces that include state and local stakeholders to examine high-priority issues affecting local communities

Vermont law established the Substance Misuse Prevention Oversight and Advisory Council to strengthen the state's response to the opioid crisis by increasing coordination between state and local governments. The council focuses on engaging law enforcement to reduce the sale and use of opioids and connecting people to effective treatment and recovery services. Representatives from state health and public safety agencies, local agencies and businesses, and community-based service providers serve on the council.³

1.4

Standardizing practice through specialized learning communities

The **Georgia** legislature created the Council of Accountability Court Judges to increase statewide collaboration among accountability courts, which serve as a form of alternative sentencing, when appropriate, for people who have mental illnesses and/or substance use disorders. Made up of judicial officials representing drug, mental health, veterans, and other specialty courts, the council was tasked with providing training on the effective implementation of accountability courts and establishing statewide standards for accountability courts based on national best practices.⁴

2. Improve Local Capacity to Collect and Share Data

Reducing the number of people with behavioral health needs in local criminal justice systems requires communities to move beyond guesswork, consistently collect data (such as the Stepping Up Initiative's four key measures to better understand local systems coordination and how people enter and move through the criminal justice system⁵), and continually analyze that data. But localities often face a lack of staff and IT capacity needed to build information systems and data collection processes that are consistent within and across agencies. Improving local communities' ability to consistently track progress over time better positions state and local leaders to identify which responses and investments are having an impact; focus resources to scale up what is working; and identify gaps where new policies, interventions, or investments are needed.

STATE-LED SOLUTIONS

2.1

Establishing common definitions of key terminology

The **Ohio** Department of Mental Health and Addiction Services developed a model definition of serious mental illness (SMI) based on state regulations. This definition helps counties consistently identify and track outcomes for people with SMI within local criminal justice systems and across agencies and other local jurisdictions. This consistency also improves efficiency in determining eligibility for services, what services are needed in the community, and how resources should be allocated.⁶

2.2

Creating statewide warehouses for state and local data

Virginia collects and houses data from jails across the state in a central, statewide repository. In 2018, the state issued a survey to identify behavioral health needs among people in jail and has plans to match jail data with behavioral health data collected by the state, which provides valuable insights for local communities to pinpoint opportunities for improvement.⁷

2.3

Providing technical assistance to support local data collection efforts

The **Pennsylvania** Commission on Crime and Delinquency established the Stepping Up Technical Assistance Center, which offers in-person and distance-based trainings for local behavioral health providers, jail staff, and other stakeholders to improve counties' ability to identify mental illnesses among people admitted to their jails. The trainings also help strengthen data collection among local jails and establish a baseline of performance measures to track progress toward connecting people to needed treatment.⁸

2.4

Enhancing continuity of care with real-time data

The **Texas** Department of Public Safety and the Health and Human Services Commission (HHSC) partnered to develop a real-time identification and data exchange system to ensure the continuity of care for people with mental illnesses in jail. When people are booked into jail, their personal identifying information (i.e., first and last name, social security number, date of birth, sex, and race) is compared to HHSC's database, which allows jails to identify whether the person has a history

of receiving mental health services in the HHSC system (including state hospitals, contracted psychiatric facilities, and local behavioral health authorities). This has helped increase collaboration between jails and local providers and redirect people with mental illnesses from jail to community-based mental health services. Texas is expecting to expand the data exchange system to capture people with intellectual or developmental disabilities in 2021.⁹

2.5

Facilitating cross-agency information sharing

The **California** Office of Health Information Integrity developed comprehensive, statewide guidance to clarify for communities how mental health and substance use information can be used and shared among providers to improve care coordination and integration. This State Health Information Guidance summarizes state and federal confidentiality laws and presents practical scenarios to clarify how these provisions apply in day-to-day situations.¹⁰

3. Reduce Avoidable Contact with the Criminal Justice System

Improving responses to people with behavioral health needs in the criminal justice system requires a comprehensive, system-wide approach that is tailored to local needs. Communities need support to expand opportunities to divert people from formal criminal justice system involvement, particularly at the early stages of the continuum, and instead connect them to necessary behavioral health services. Working together, state and local leaders can reduce recidivism and support successful reentry by connecting people in local correctional facilities and those on community supervision to appropriate care and services.

STATE-LED SOLUTIONS

3.1

Preventing unnecessary arrest among people with behavioral health needs

Illinois enacted legislation that authorizes and provides funding to support partnerships among local law enforcement agencies and community treatment providers that develop programs to divert people who have overdosed or who have substance use disorders away from the criminal justice system and into treatment services.¹¹

3.2

Increasing opportunities to divert people from court or jail

Colorado recently expanded funding for judicial districts to develop post-arrest, pre-plea diversion programs for people with mental health needs who are arrested for low-level, misdemeanor offenses. Mental illness screening and assessment results are used to identify participants who can be diverted from criminal case processing to mental illness and/or psychiatric treatment. Upon completion of six months of treatment with no new criminal charges, a person's original case is dismissed.¹²

3.3

Facilitating successful reentry for people with behavioral health needs

The **Massachusetts** legislature allocated funds to the Executive Office of Health and Human Services to develop a pilot program—administered by MassHealth, the state Medicaid provider—for people in the criminal justice system. People who are MassHealth eligible and have SMIs, substance use disorders, or co-occurring mental illnesses and substance use disorders are identified either while incarcerated or while on community supervision. Eligible participants are connected with a community-based health care provider who, based on each person's needs, can help with a range of supports, including developing post-release treatment plans, assisting with MassHealth applications and enrollment after release, scheduling appointments, starting medication-assisted treatment, obtaining housing, and establishing a community support network.¹³ The program is one example of how states and local communities are leveraging Medicaid to provide care and supportive services to people in the criminal justice system who have behavioral health needs.¹⁴

3.4

Helping people with behavioral health needs successfully complete their community supervision terms

In **North Dakota**, state policymakers created a community-based behavioral health program as a collaboration between the Department of Corrections and Rehabilitation and the Department of Human Services. The Free Through Recovery program is designed to increase access to services for people on or transitioning to community supervision who have serious behavioral health conditions and are at a high risk of reoffending. The state created training and certification processes for peer support specialists who use their experience to support others on their path to recovery. The state also provides additional training for care coordinators who connect people to treatment, housing, and employment resources and help support collaboration among service providers and probation and parole officers.¹⁵

4. Build Community Care and Services

Behavioral health care providers and services are often under-resourced and unable to fully meet the needs of people in the community, including people in the criminal justice system. Behavioral health systems are also characterized by a complex web of services and financing structures that can be difficult to navigate for even the most knowledgeable consumer. To address these challenges, local communities need help expanding the availability of behavioral health services and tailoring these supports to people in the criminal justice system or those who have been diverted from it. By doing so, local communities can create an integrated continuum of care that meets the needs of everyone in the community and reduces duplication of services.

STATE-LED SOLUTIONS

4.1

Improving responses to people in crisis

Arkansas passed legislation that allocated resources for four crisis stabilization units (CSUs), small inpatient facilities for people experiencing a mental health crisis whose needs cannot be met safely in non-residential service settings. The legislation also funds Crisis Intervention Team training for law enforcement officers who can connect people in crisis to the CSUs as an alternative to arrest. The Arkansas Department of Human Services worked with county officials and community-based treatment providers to identify data to collect from CSUs so that state and county leaders can analyze the effectiveness and potential cost savings of diverting people from county jail and hospital emergency departments.¹⁶

4.2

Building the capacity of community-based providers

West Virginia's Division of Justice and Community Services established training requirements to improve community-based behavioral health treatment providers' understanding of the distinct needs of people in the criminal justice system. Providers serving clients on community supervision are required to complete a training program covering topics including the use of risk and needs assessments, motivational interviewing, and cognitive behavioral interventions. State policymakers later enacted legislation to invest millions in staff training programs and expanding substance use services across the state.¹⁷

4.3

Strengthening the continuity of care for people with complex needs

Rhode Island launched the health home model to improve outcomes for people with complex behavioral health needs by integrating the delivery of health services, such as primary care, mental health care, substance use treatment, and chronic disease management. The health home model includes a specific focus on people leaving prisons or jails, such as facilitating connections to benefits and care prior to release to support their transition back to the community.¹⁸

4.4

Increasing remote access to care

Louisiana has expanded the availability of telemedicine across the state to connect people, particularly those in rural communities, to needed behavioral health and medical care. In tandem, the state has helped make telemedicine available in 9 state correctional facilities and 14 local jails, supplementing on-site staff to increase access to specialized care while people are incarcerated, and to reduce long wait times and far distances often associated with in-person visits.¹⁹

ENDNOTES

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