

ZORRO SUMMIT

MARCH 1<sup>ST</sup> 2013

JAIL DIVERSION, REENTRY  
PROGRAMS AND SERVICES

***CHAMPION***

***SPEAKER KRIS STEELE***

**WHY ARE JAIL  
DIVERSION AND  
REENTRY PROGRAMS  
NECESSARY?**

## **NATIONALLY**

People with untreated mental illness and substance use disorders often end up in jail.

Every year about 800,000 people with severe mental illness end up in our nation's jails.

## **NATIONALLY**

People with mental illness are more likely to be arrested than people who aren't mentally ill.

In one study, almost half of the people with mental illness were arrested following encounters with the police, compared to just 26% of people without mental illness.

## **NATIONALLY**

They also serve longer jail sentences. A person with mental illness will spend two to five times longer in jail, and average 15 more months in prison, than offenders without mental illness convicted of the same crime.

( N.C. Department of Health and Human Services. *Jail Diversion 2013*)

# OKLAHOMA

Approximately 13,000 (50%) out of 25,600 incarcerated offenders have a history of; or are currently exhibiting some form of mental illness.

Approximately 6,500 (26%) currently exhibit symptoms of a serious mental illness.

# JAIL DIVERSION IN OKLAHOMA

## THE SEQUENTIAL INTERCEPT MODEL

The ultimate intercept: An Accessible Mental Health Care System

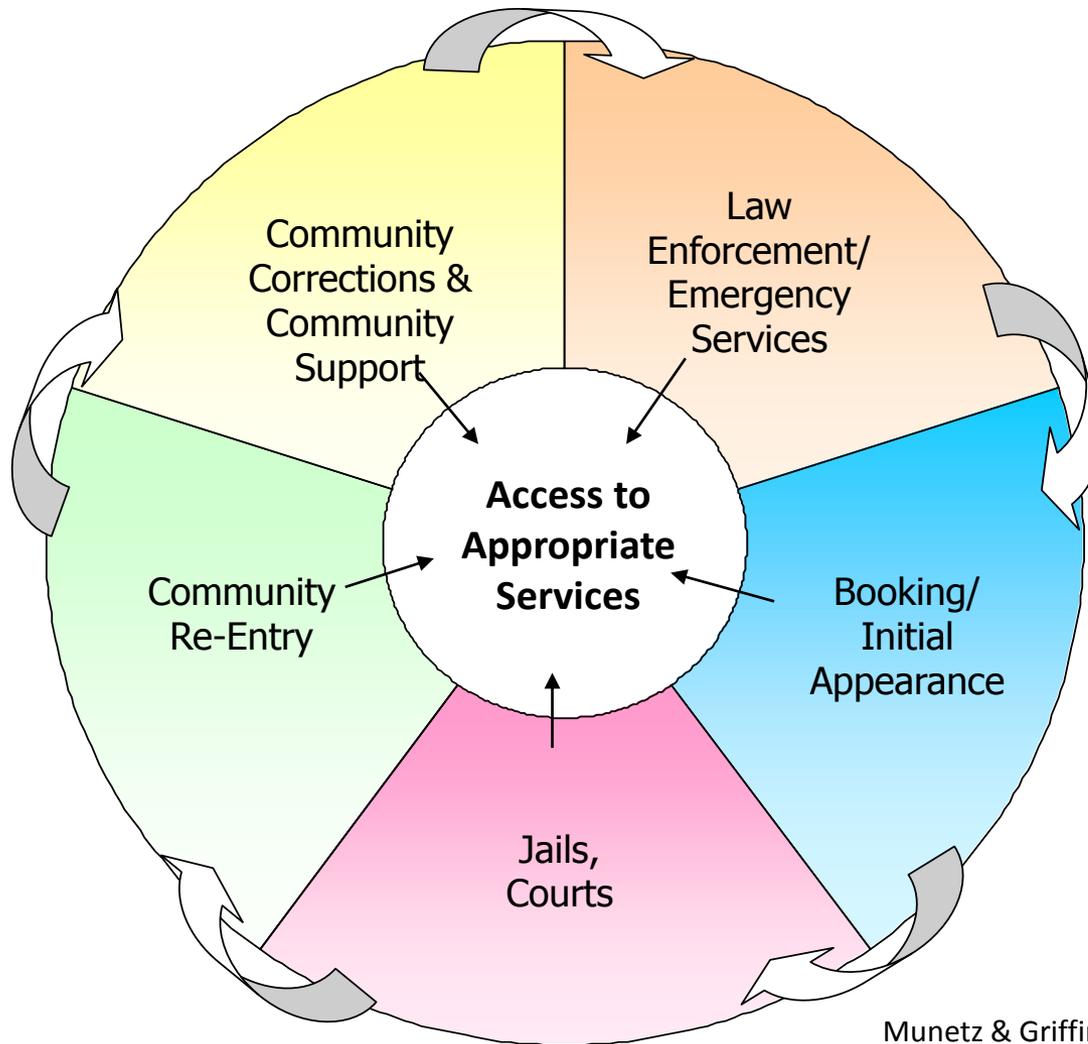
“An Accessible, comprehensive, effective mental health treatment system focused on the needs of individuals with serious and persistent mental disorders is undoubtedly the most effective means of preventing the criminalizing of people with mental illness”

Munetz & Griffin 2006

## SEQUENTIAL INTERCEPT

- Developed by Mark R. Munetz, MD, and Patricia A. Griffin, PhD, the Sequential Intercept Model provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with serious mental illness.

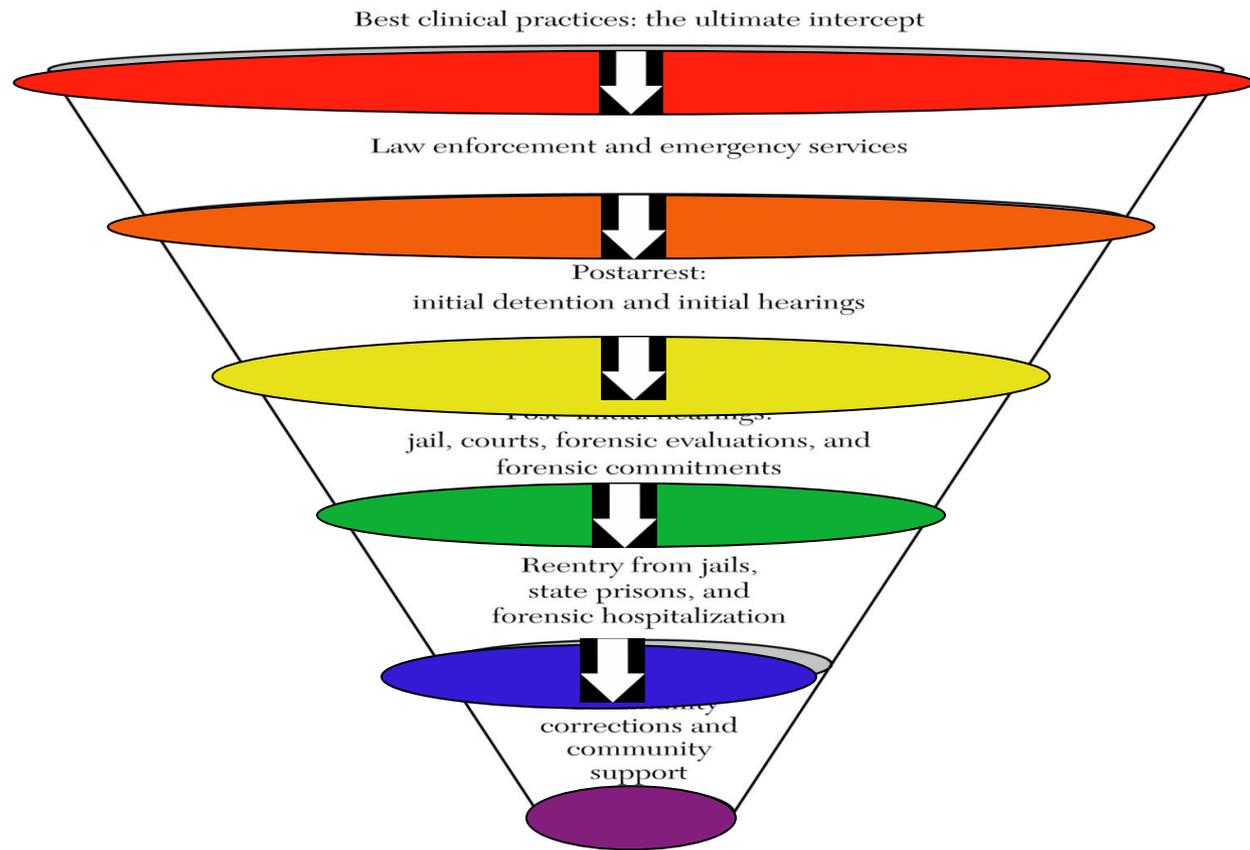
# Sequential Intercept Model: A Circular View (Revolving Door?)



# The Sequential Intercept Model

The Sequential Intercept Model viewed as a series of filters

---



Source: Munetz, Mark and Griffin, Patricia. "Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness." (2006) *Psychiatric Services* 57:544-549.

# **ZORRO SUMMIT GOAL STOP THE REVOLVING DOOR!**

- **IDENTIFY GAPS IN EXISTING PROGRAMS**
- **INCREASE ACCESS**
- **MAXIMIZE RESOURCES ALREADY IN PLACE**
- **IMPROVE QUALITY, BASED ON RESEARCH & DATA, USING EVIDENCED BASED PRACTICES**

# INTERCEPT ONE

- **Specialized Law Enforcement Training**
- The Crisis Intervention Team program is a community effort partnering police officers , mental health professionals and the community together for common goals of safety, understanding, and service to individuals with mental illness and their families.

# INTERCEPT TWO

- **North Care Day Reporting Center**
- North Care Day Reporting Center provides mental health services to Oklahoma County Detention Center inmates.
- Inmates selected must be incarcerated at the Oklahoma County Detention Center, be on pre-trial status, reside in Oklahoma County and have a mental health diagnosis. A North Care representative will meet with the inmate after a referral from jail personnel. The representative will describe the program and policies and give the inmate the option to voluntarily participate and sign a consent form.
- The District Attorney's office is then notified of the Oklahoma County Detention Center's recommendation to place the inmate in the day reporting center program, and the day reporting center's willingness to accept the inmate into the program.
- The District Attorney's office and the Public Defender's office review all referrals and recommendations. The case is then referred to the assigned judge who has final authority to grant or deny admission into the program. In the event the judge approves the release from the Oklahoma County Detention Center, North Care Day Reporting Center will coordinate and schedule an intake of the inmate.

# INTERCEPT TWO CONTINUED

- Family & Children's Services Jail Diversion Program
  - Charged with a non-violent offense
  - Not currently sentenced to prison or jail
  - Diagnosed with a severe mental illness
  - Referrals to community agencies for MH and SA treatment
  - Provide support and communication to families
  - Refer family members to other support organizations
  - Advocate court system for treatment
  - Advocate for mental health services while in jail

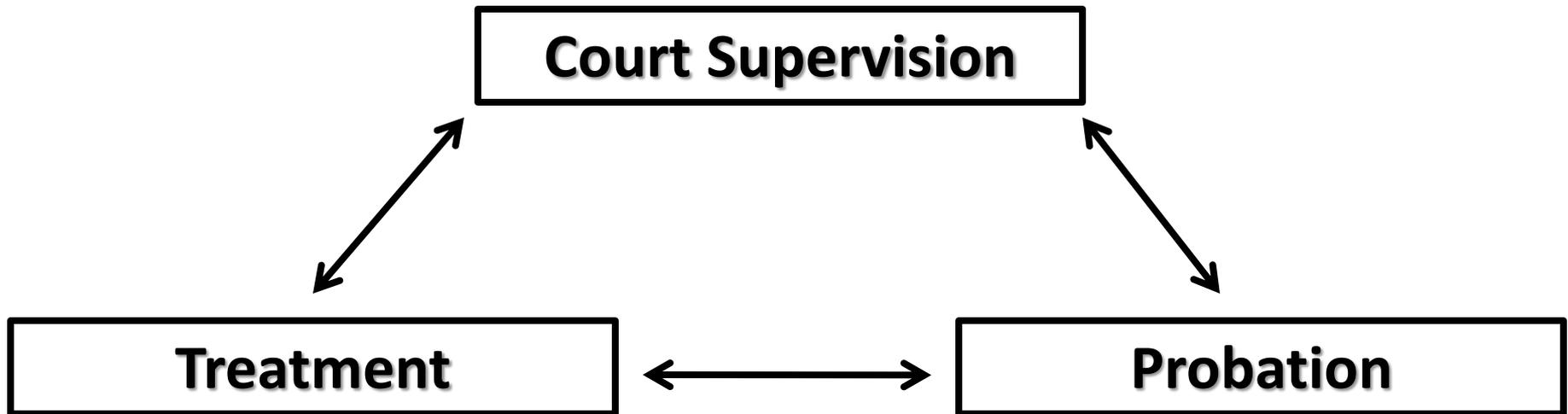
## INTERCEPT THREE

# Oklahoma's Specialty Courts

## **INTERCEPT THREE CONTINUED**

- **Oklahoma's Specialty Courts**
- Non-adversarial criminal justice programs in which non violent offenders assessed as having a substance abuse or mental health disorder can receive treatment for their disorder(s) under strict supervision in the community rather than incarceration

# Specialty Courts



Specialty Courts focus on partnerships between the courts, law enforcement, and treatment providers.

# The Solution

## **Therapeutic Court Team Members**

- Judge
- Program Coordinator
- District Attorney Representative
- Defense Attorney
- Treatment Providers
- Law Enforcement







# INTERCEPT FOUR

Collaborative Mental Health Reentry Program Partners:

- Department of Corrections
- Department of Mental Health and Substance Abuse Services
- Oklahoma Health Care Authority (Medicaid agency)
- Department of Human Services (determines Medicaid eligibility)
- Social Security Administration, State Office
- Department of Rehabilitation Services- Disability Determination Division
- Oklahoma Pardon and Parole Board

# INTERCEPT FOUR CONTINUED

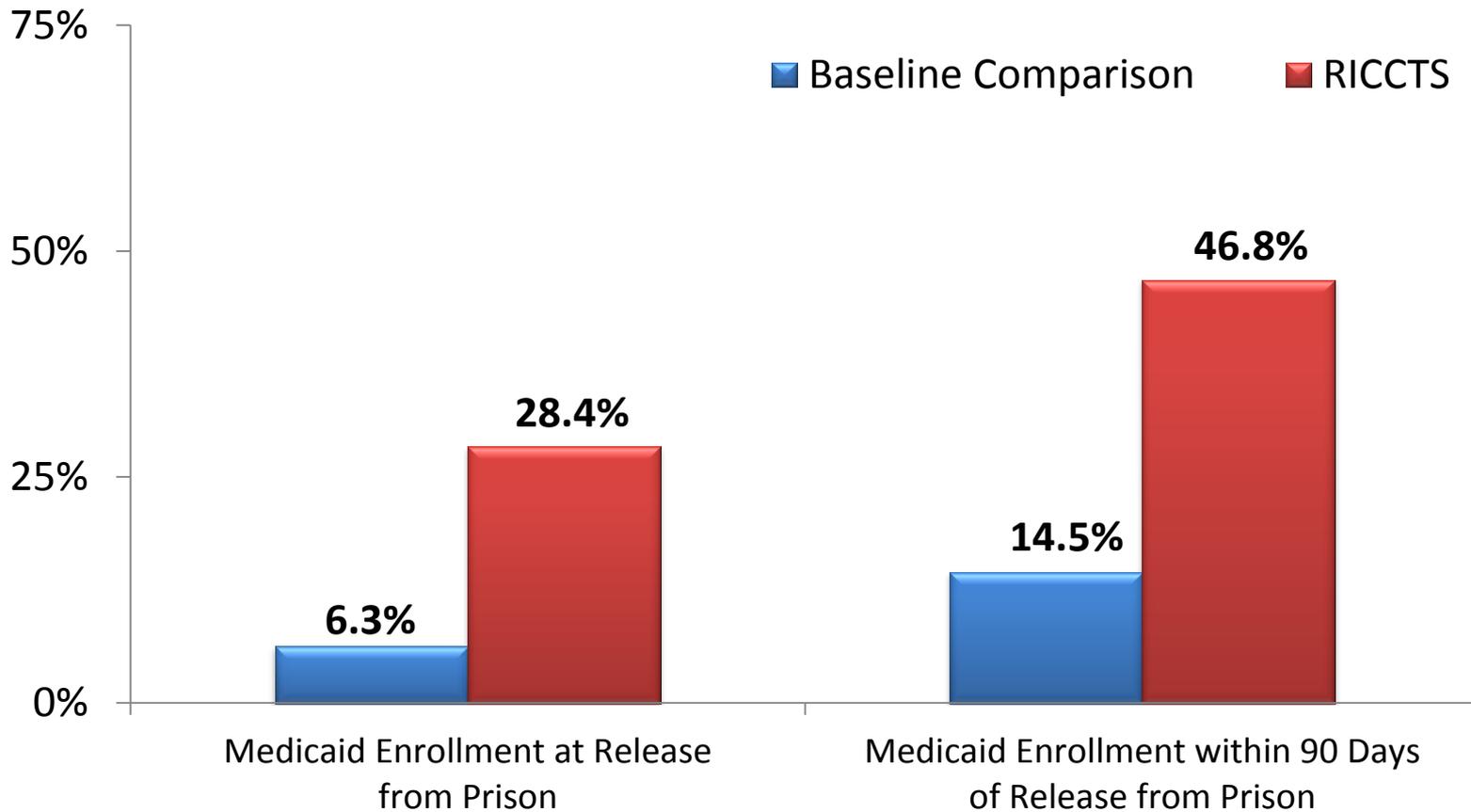
- The ODMHSAS has taken ownership for providing staff, as well as over 1 million dollars from their annual budget for integrated, specialized, strengths based -discharge planning services for offenders with SMI.
- Services begin inside prison facilities; including getting pre-approval for public benefits prior to release for offenders meeting disability criteria. The goal is that each participant leave prison with SSI/SSDI benefits pre-approved and Medicaid approval in place the day of release.

# Key Staff For Implementing Mental Health Reentry-Reentry Intensive Care Coordination Teams (RICCT)

- Four CMHC based teams:
  - Two in Tulsa, two in Oklahoma City
- Each team consists of a Case manager and a recovery support specialist
  - Experience or training related to co-occurring disorders
  - Ability to provide face-to-face services as needed during after-hours, weekends and holidays
  - Works with the consumer in the community until integrated in traditional services (case management, PACT, etc)
  - Flex funds available to help with needs

# Offenders Enrolled in Medicaid

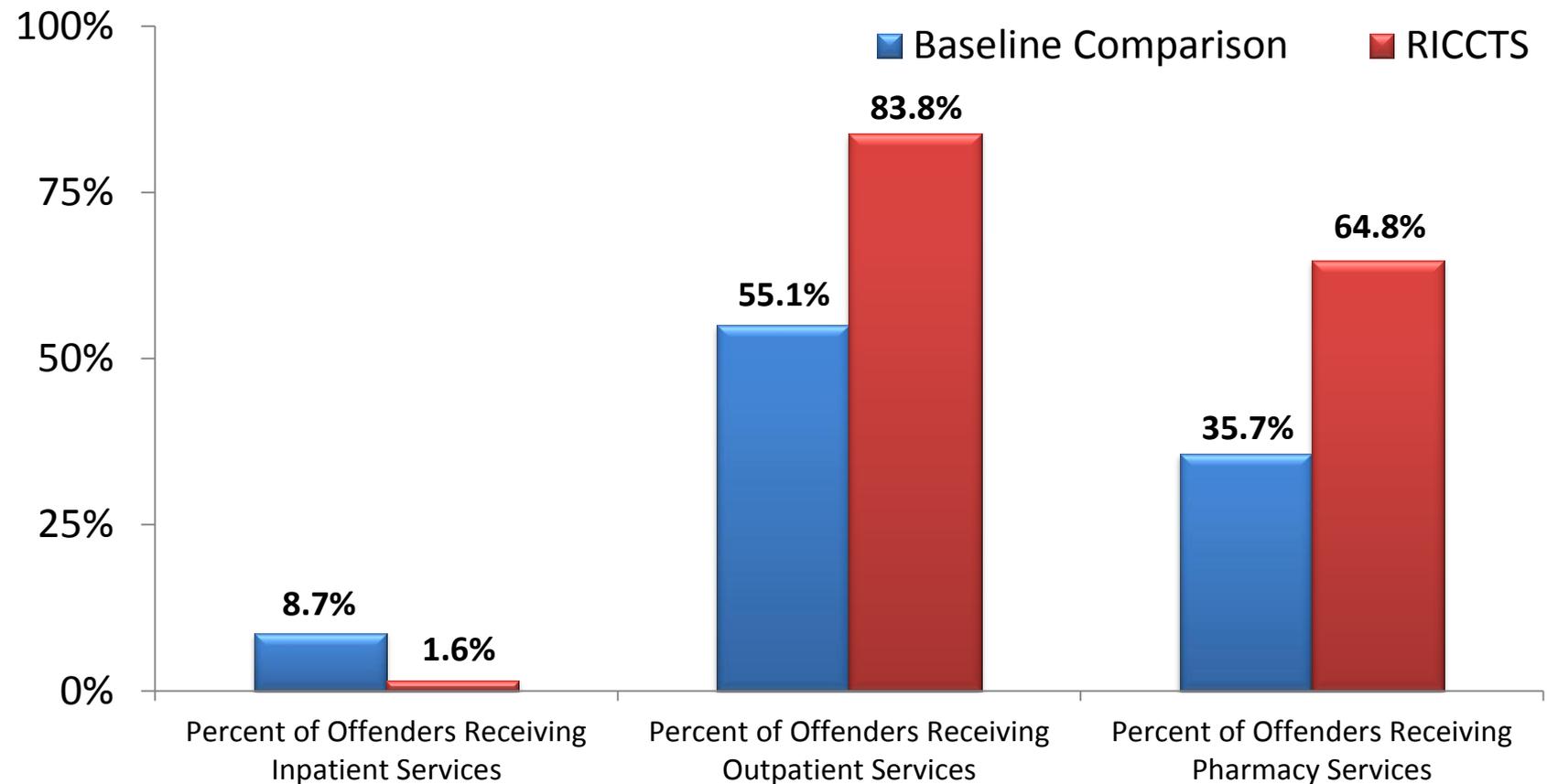
MHRP offenders were over 4 times more likely to be enrolled in Medicaid at prison release than the baseline comparison group.



# Inpatient, Outpatient & Pharmacy Services

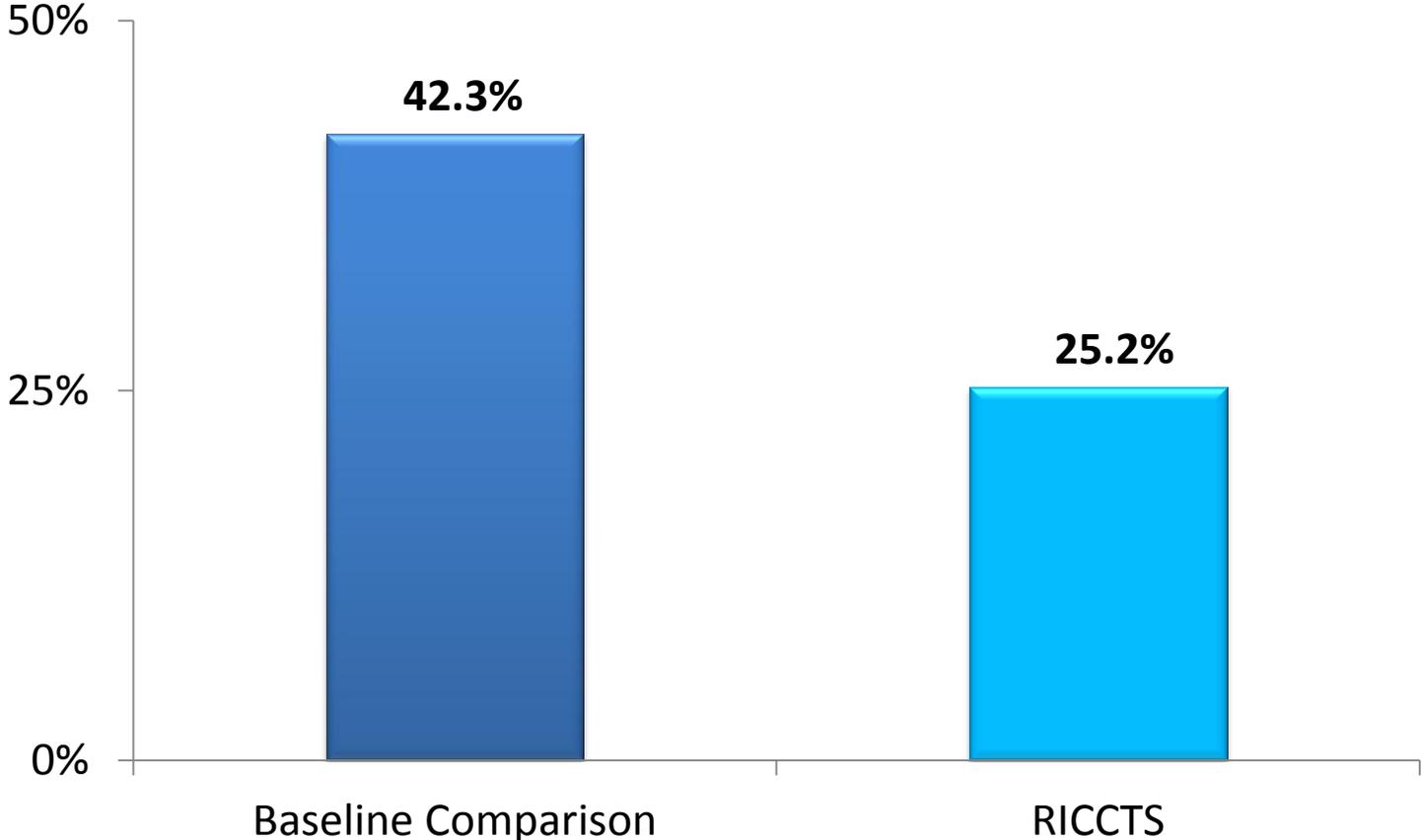
MHRP offenders showed 80% less inpatient admissions than the baseline comparison group.  
(\$776,000 estimated savings from 2/07 to 10/09)

MHRP offenders received over 50% more outpatient services than the baseline comparison group.



# Offenders Returning to Prison Within 36 Months

Returns to prison for RICCTS offenders were 41% lower than the baseline comparison group.



## Intercept Five: Community Corrections and Community Support Services

- DOC Probation and Parole Officer specialized case load
  - Mental Health Consumers
  - RICCT Consumers
- DOC/ODMHSAS Collaboration Grant
- Correctional Crisis Resolution Training  
*(previous training for Correctional Staff)*

## 2012 ODMHSAS SAMHSA GRANT EXPANDS REENTRY SERVICES FOR DOC OFFENDERS

- The ODMHSAS submits application for SAMHSA Offender Reentry Program (ORP) May 2012
- September 30<sup>th</sup> SAMHSA Awards 1.2 million for 3 year Substance Abuse & Mental Health Recovery Action/Recovery Teams (SMART)
- Design is similar to Reentry Intensive Care Coordination Teams (RICCT)
- Target group for RICCT is SMI
- Target group for SMART is Co-occurring DO
- Will allow collaborative reentry services to expand to serve offenders who did not previously meet criteria

# SMART PROJECT

- Contracts with Hope CSI in OKC and Family and Children's Services in Tulsa for teams.
- Each team, comprised of full time case manager, half time LADC, and half time peer recovery support specialist
- Although ASI/ASAM assessments & referral process conducted inside prison facilities; 85% of services to be provided in the community by SMART staff.

## GAPS IDENTIFIED IN REENTRY PROGRAM SERVICES

- Although the new groundbreaking, highly successful collaborative Reentry Program in Oklahoma assists hundreds of offenders each year; a gap still exists for offenders who are not appropriate referrals for these programs.
- This group of offenders include those who often refuse medications, are consistent risks for security, some have TBIs, do not respond well to medication and mental health intervention/services provided by QMHPs or other various reasons.

# SUCCESSFUL COMMUNITY INTEGRATION

- Mental health consumers, *including those involved with the legal system*, generally have the same aspirations as the rest of the population: meaningful work, decent housing, friendships, health, financial security and a high quality of life. (Carling, et al. 1995)

# EXPLORING GAPS

- Employment and access to education are challenges for people with histories of incarceration, legal involvement and with SMI.
- Over 85% of persons with SMI are unemployed, despite compelling evidence that most want to work (McQuilken et al., 2003)

# EXPLORING GAPS

- Housing continues to be the #1 challenge and obstacle with current mental health & substance abuse programs for offenders released from prison or jail.
- Most subsidized housing programs prohibit anyone convicted of a felony from housing; even though this does not correlate with HUD policy and standards.
- Affordable, sustainable, safe housing should be obtainable

# EXPLORING EFFECTS OF STIGMA

- Many offenders report feeling they will be considered and treated as “criminals” the rest of their lives
- In contacts with mental health centers, consumers often experience “spirit-breaking” messages reflecting low expectations regarding their potential to realize their dreams (Prince & Prince, 2002).

# EXPLORING EFFECTS OF STIGMA

- Social Integration, involving reciprocal relationships between consumers, family and others in society can be effected by stigma.
- Stigma can also effect consumer choice and self determination, which are key fundamental characteristics of evidenced based practices.
- (Bond et al., 2004, Community Mental Health Journal, *How Evidenced –Based Practices Contribute to Community Integration.*)

# RECOMMENDATIONS

- ***There is great room for optimism***
- #1. The emergence of Evidenced Based Practices (EBPs)
- #2. Emerging knowledge base on how to effectively train and consult with agencies to implement and support these practices
- #3. Increasing expertise and knowledge based on involving consumers and family members
- #4. Growing understanding of the critical importance of providing mental health, vocational rehabilitation, and substance abuse services by integrated teams of providers.

(Bond et al., 2004, Community Mental Health Journal, *How Evidenced –Based Practices Contribute to Community Integration.*)

# RECOMMENDATIONS

- Court Clinic Services; clinical services, social workers, psychologists and some psychiatrists available to approximately 75 district and superior courts in the Commonwealth of Massachusetts
- Clinicians evaluate referred cases identify appropriate treatment services; which can serve to divert them from the criminal justice system.
- (Department of Mental Health and NAMI Massachusetts. 2011)

# RECOMMENDATIONS

- Jail Diversion Case Management: Help identify persons with mental illness who are in jail, and determine who may be effectively and safely treated in the community.
- The case managers negotiate with the court to establish a community based treatment disposition for the person with mental illness.
- Finally, they link these persons to treatment and services upon their release from jail.

(N.C. Department of Health and Human Services. *Jail Diversion 2013*)

# RECOMMENDATIONS

- Additional ODMHSAS specialized staff in prison facilities coordinating discharge planning for offenders with SMI, co-occurring disorders & substance use disorders.
- Expansion of Reentry Intensive Care Coordination Teams (RICCT) to include other large counties/areas in Oklahoma.