

Pre- and Post-Booking Diversion: Update and Training

DSHS Office of Forensic Mental Health Services

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Learning Objectives

Participants will learn:

- Purpose of diversion initiatives
- About the Sequential Intercept Model
- Pre-booking diversion options
- Post-booking diversion options
- How to get more information

Overview

The DSHS Office of Forensic Mental Health Services (OFMHS) works in collaboration with the Governor's office, state agencies, community partners, and stakeholders to lead and implement diversion efforts. Presently, OFMHS manages three prosecutorial diversion contracts, which are operated in King, Spokane, and Benton/Franklin counties.

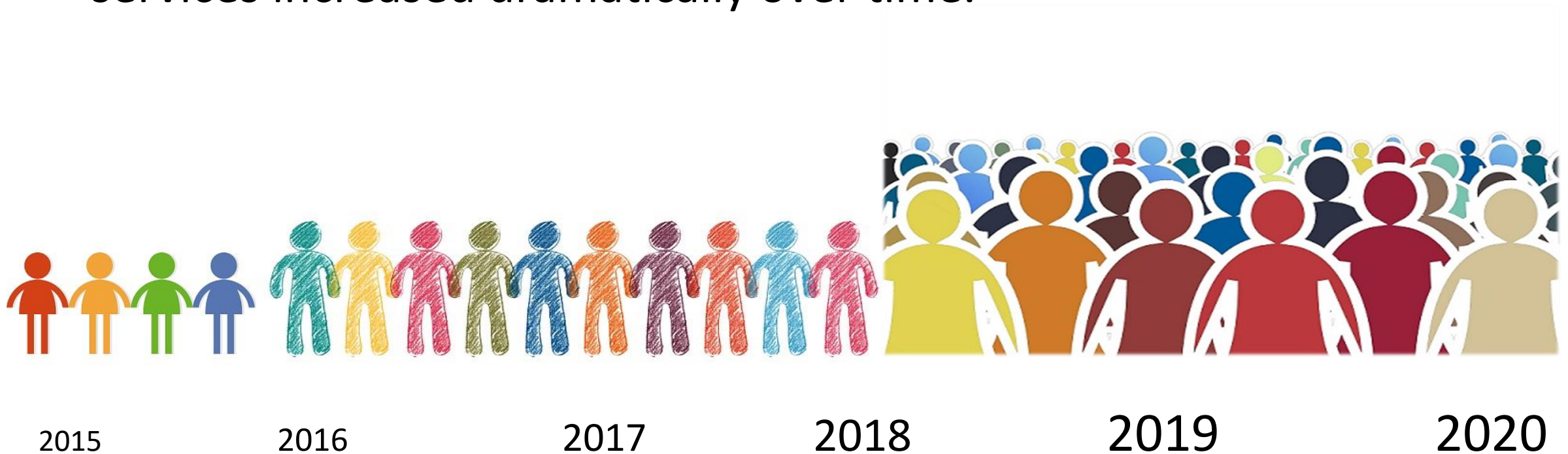
Background

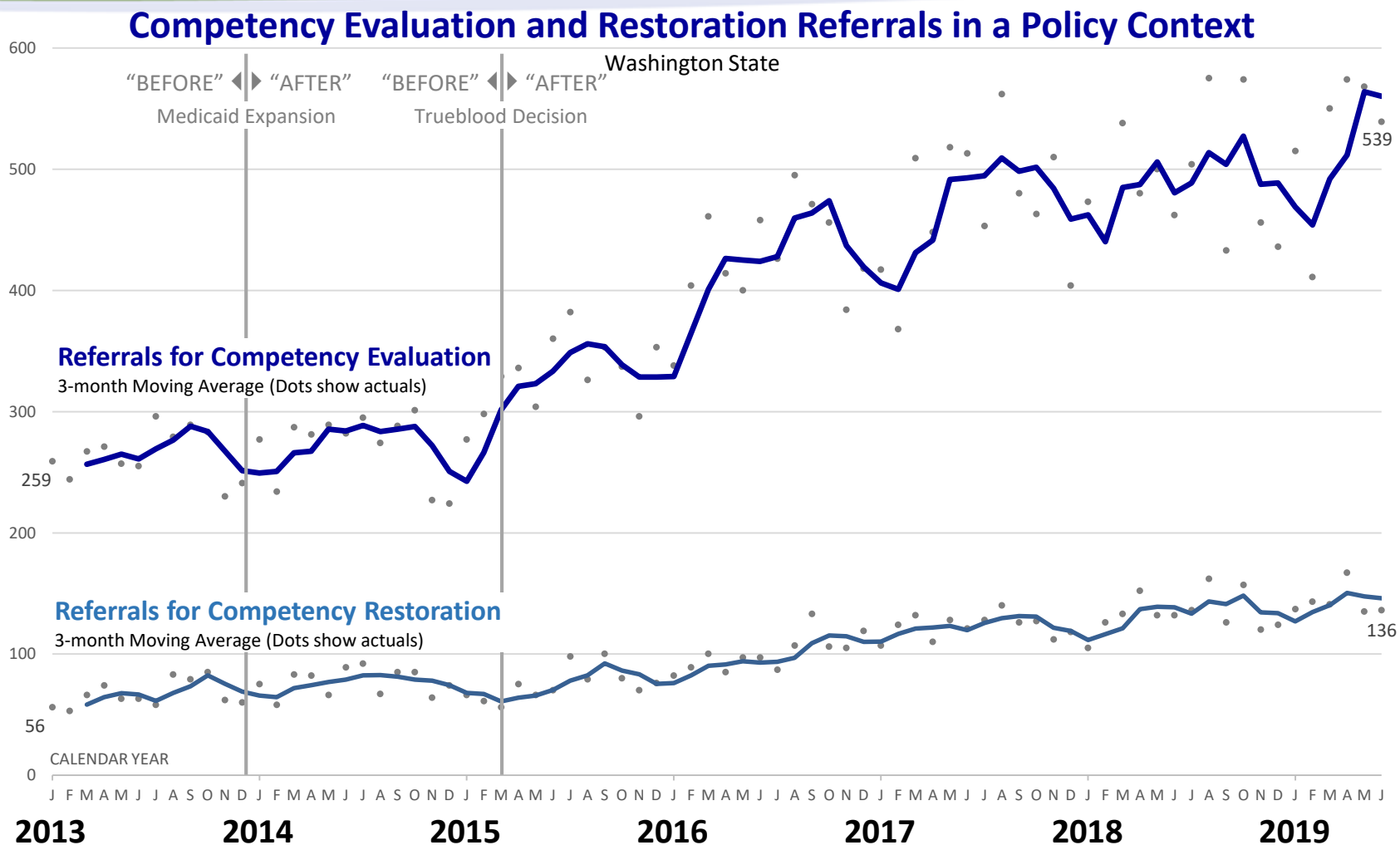


In response to the Trueblood lawsuit DSHS began working to improve timely service to class members.

Background (cont.)

Despite these efforts the demand for competency to stand trial services increased dramatically over time.





NOTES: 1. Total Competency evaluation referrals includes jail, inpatient, and personal recognizance (PR) based competency evaluations. The data also includes Pierce County Evaluation Panel data from January 2016 to July 2019. 2. Total Competency restoration referrals includes inpatient admissions to state hospitals and other competency restorations facilities.

DATA SOURCE: FES modules in Cache database (WSH), MILO database (ESH), Pierce County, and the Forensic Data System (FDS).

Background (cont.)

Competency to stand trial (CST) evaluations:

- Increased **32.5%** from 2010 through 2015 in Wisconsin
- Increased **206%** in Colorado from 2005 through 2014
- Increased **273%** in Los Angeles county from 2010 to 2015



(Gowensmith, 2019)

Delays for competency to stand trial services

When it comes to the causes of delays for CST services it is unlikely that a singular cause will be identified but rather a constellation of causes is more likely.



(Gowensmith, 2019)

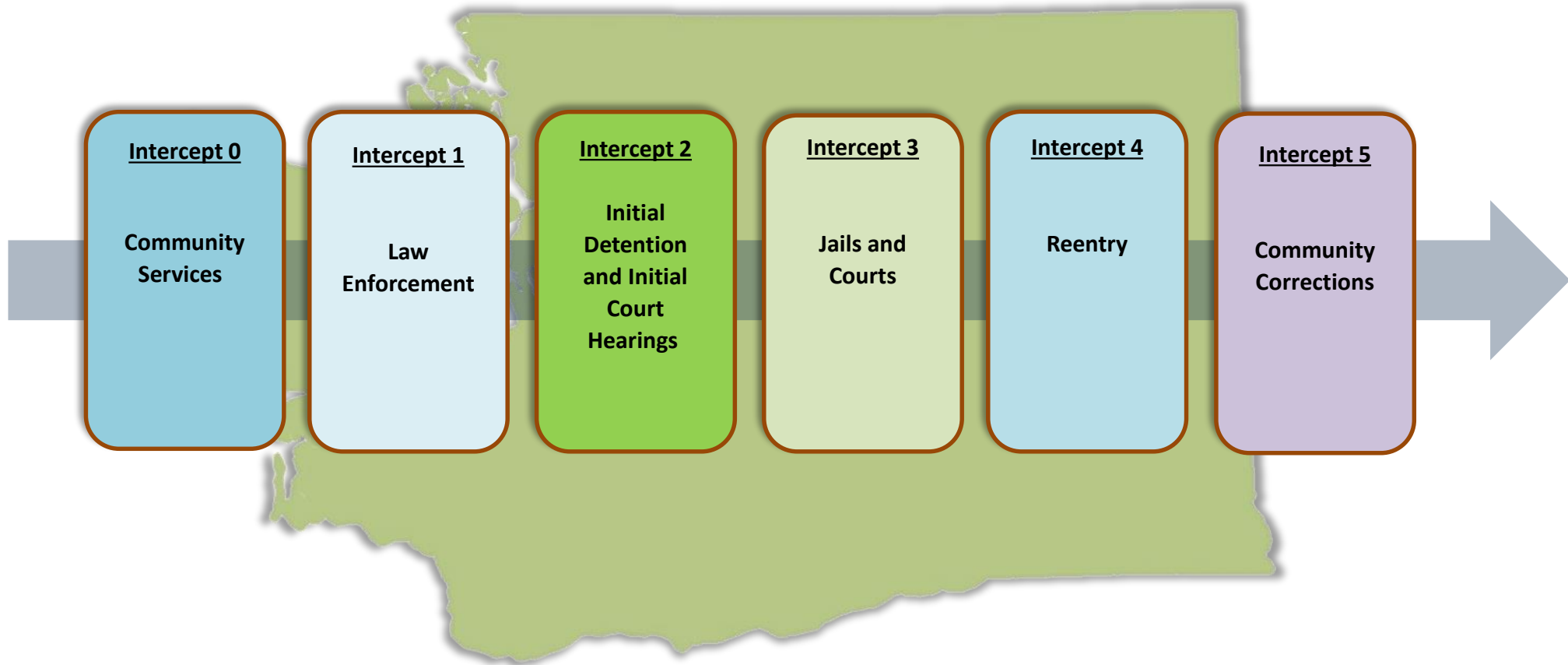
Purpose of diversion

Diversion initiatives are focused around four goals:

- Preventing individuals with behavioral health issues from frequent involvement in the justice system
- Reducing the demand for competency services
- Reducing incarceration rates for individuals with behavioral health issues
- Serving defendants in the least restrictive environment possible

The Sequential Intercept Model

(Munetz & Griffin, 2006; Policy Research Associates, Inc., 2019)



Intercept 0-1: pre-booking diversion

- Mobile crisis outreach teams and co-responders
- Emergency department diversion
- Police-friendly crisis services
- Crisis intervention teams (CIT's)

Mobile Crisis Teams

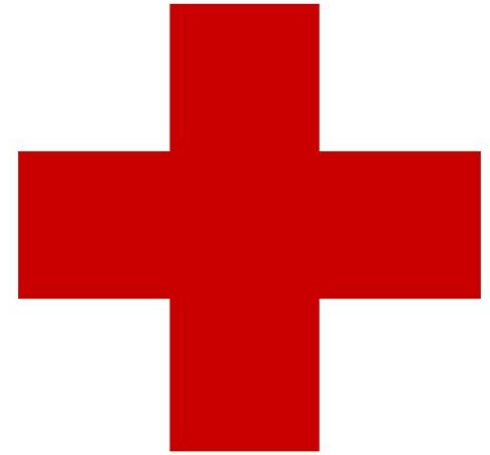
- Mobile crisis teams (MCTs) help to divert people from arrest or hospitalization
- May be comprised of mental health and substance use disorder professionals who respond to individuals in crisis
- Often work in collaboration with law enforcement, designated crisis responders, and medical first responders
- Able to respond to the location of the individual in crisis to provide the individual with what they need (e.g., mental health care, transportation to a provider)

Co-responder programs



- Pair behavioral health professionals with law enforcement officers
- Respond together to dispatched calls and often help avoid arrest by de-escalating behavioral health related issues
- Often connect the individual with the appropriate services and provide follow-up to help prevent future crises

Emergency department (ED) diversion



- Typically a collaborative effort among community providers
- Intended to divert individuals with mental illness and/or substance use disorders from the ED to more appropriate non-emergent services
- May include the use of specialized hospital diversion teams, co-responder programs, mobile crisis teams, or other community resources

Police-friendly crisis services

- May include stabilization units, walk-in services, or respite care
- Police-friendly policies
- Officers can perform a warm hand-off and return to their duties in a timely manner

(Policy Research Associates, Inc., 2019)



Crisis Intervention Teams



- Typically comprised of interdisciplinary stakeholders in behavioral health, criminal justice officers, dispatchers, and program coordinators
- Commonly have greater knowledge of resources available in the community to divert individuals with mental illness from incarceration to appropriate care in the community

Intercept 2-3: post-booking diversion

- In-custody screening for mental and substance use disorders
- Pre-trial supervision and diversion services
- Specialized courts (e.g., veterans' court, drug court, mental health court)

In-custody screening

- Universal screening of all individuals brought into jail is a best practice
- Individuals who screen positive and meet legal requirements may be diverted



Pre-trial supervision and diversion

- Typically structured requirements (e.g., attend treatment services, regular contact with court) are put in place to qualify for and remain in the diversion track
- Non-adherence could result in prosecutorial track or revised requirements depending on the agreements in place with the court of jurisdiction

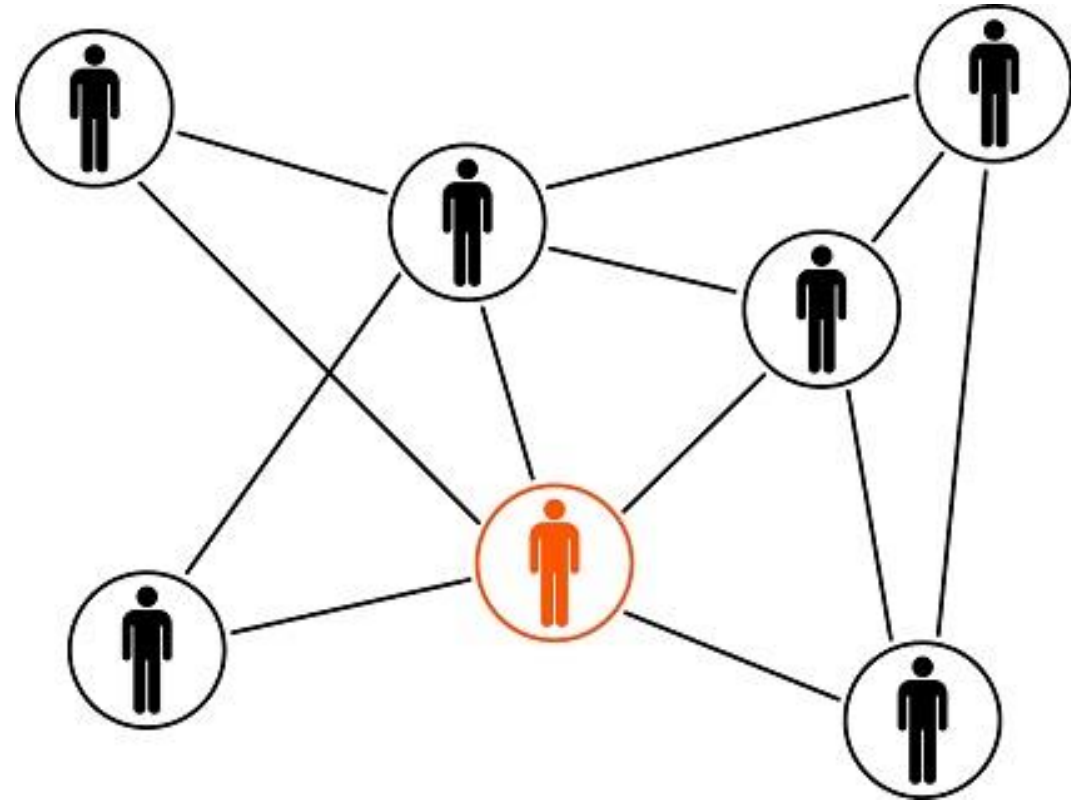
Specialized courts

- Drug court, mental health court, and veterans' court are examples of specialized courts
- Intended to support individuals in recovery as an alternative to incarceration
- The types of specialized court an individual may qualify for depends on the individual's needs and circumstances



Intercept 4: reentry

- Treatment plans
- Continuity of care
- Transition plans



Treatment plans

- Individualized and based on screening and assessment results
- Serves as a plan to address the individual's needs both while in custody and upon transition
- Created in coordination with the individual and the individual's outside provider if one exists

Continuity of care

- Individual-provider relationship: the provider is the single point of contact over time
- Continuity of information: provider has access to and utilizes past information in current care plans
- Management continuity: care between providers is seamless and coherent

Transition plan

- Time following release is critical and should be strategically addressed in the transition plan (warm hand-off)
- Application/enrollment for income supports and benefits should be initiated
- Medication in sufficient amount should be provided

Intercept 5: community supervision

- Specialized community supervision
- Medication-assisted treatment
- Access to recovery supports



(Policy Research Associates, 2019)

Specialized community supervision

- Community corrections officers maintain caseloads comprised of persons with mental health disorders
- Maintain a problem-solving mindset and approach
- May increase rates of compliance

(Policy Research Associates, 2019)

Medication assisted treatment

- May be initiated in jail and continued in the community
- Improved recovery outcomes when combined with psychological support

(NCCHC, 2018)

Access to recovery supports

- Peer support
- Housing
- Employment
- Medical and Behavioral Health



What questions do you have?

Resources:

[Policy Research Associates](http://www.prainc.com) at www.prainc.com

[GAINS center](http://www.samhsa.gov/gains-center) for behavioral health and justice transformation at www.samhsa.gov/gains-center

For additional assistance or training on this process please email us at:

jailassistance@dshs.wa.gov



References

- Gowensmith, W.N. (2019). Resolution or resignation: The role of forensic mental health professionals amidst the competency services crisis. *Psychology, Public Policy, and Law*, 25(1), 1-14.
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- National Commission on Correctional Health Care. (2018). Jail-based MAT: Promising practices, guidelines. Retrieved from
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- [Policy Research Associates](https://www.prainc.com), Inc., (2019) at www.prainc.com

Thank you!

Please don't forget to complete our training evaluation survey at <https://www.research.net/r/KRD8QY8>

A downloadable PDF version of this training and video is available at our website:

<https://www.dshs.wa.gov/bha/office-forensic-mental-health-services/jail-technical-assistance-program>