Decriminalization of Mental Illness: A Snapshot Look at Diversion Models in the Commonwealth

Commonwealth of Massachusetts Department Of Mental Health Forensic Services and NAMI Massachusetts

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Mapping the State: Massachusetts Jail Diversion Efforts

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The goal of mental health diversion is to prevent entry (or minimize entry into) the criminal justice system, improving access to needed mental health services and enhancing public safety by linking people with mental illness and co-occurring substance use disorders to needed treatment. The Sequential Intercept Model (Munetz and Griffin 2006) provides a useful organizing tool for systematically considering diversion and treatment options and for addressing criminalization. The model defines the multiple points where diversion, which includes identification of persons in need and linkages to services, can occur including at the point of police and emergency services; initial detention; courts and forensic evaluations, jail and prisons, community reentry from incarceration, and probation's community corrections. Effective diversion programs can help people with mental illness live their lives with fewer symptoms and access appropriate treatment that can provide support and incentives for staying in treatment and can help end the costly cycling through crisis care. One of its additional goals is to promote public safety by addressing some of the factors that may place individuals at greater risk of engaging in criminal behavior.

The following document outlines several existing mental health "diversion" efforts across the Commonwealth. There are an array of additional programs that may not be included in this report. It is important to note that the existing programs, though meaningful and important, do not cover the vast majority of the 351 cities and towns in the Commonwealth.. As such, diversion efforts, which by their nature require local effort, may not be similarly available across the state. For more specific data analysis on state-funded jail diversion programming between 2006 and 2009 including diversion scenarios and FY09 data, please go to: http://www.mass.gov/Eeohhs2/docs/dmh/forensic/jail_diversion_program.doc.

POLICE-BASED DIVERSON

1. Pre-arrest jail diversion programs (JDP): the "Co-response Model"

The pre-arrest police-based mental health Co-Response diversion model places an emergency service clinician at the police department to co-respond with officers on calls that have a mental health component. This model impacts arrest rates for low level crimes that can be typical for individuals with acute psychiatric symptoms (e.g., Disorderly, Trespass, Malicious Destruction, Threats). When an arrest must occur because of the seriousness of the charge and the individual requires psychiatric treatment, diversion from custody to a community service, which may include a psychiatric hospital, occurs.

In this model, the officer determines when to involve the clinician and whether to move forward with charges. Although some of these co-response calls result in a psychiatric hospitalization, others are managed by on-site intervention and referral. Emergency

service clinicians are gate-keepers to acute psychiatric services and can readily provide access to needed services, unlike officers. JDP clients are thus variously diverted into outpatient referrals and treatment, psychiatric hospitalizations, respite, day treatment, and substance abuse services.

Funding history of JDPs to present:

- The Framingham JDP initiated in April 2003 with 1.0 FTE responder-clinician through support of private and grants funding. Department of Mental Health (DMH) support began in FY07.
- The Norfolk DA received a $50,000 Federal planning grant and subsequently received DMH funding in FY08 and continues to operate a pre-arrest jail diversion program based on the Framingham model.
- The Commonwealth's FY07- FY08 budget allocated to DMH additional funds through an earmark to the DMH for pre-arrest jail diversion programming.
- Although 9-C cuts required some reduction in funding for FY09, a new procurement and funding cycle has resulted in DMH rebuilding and reconfiguration of JDP programs.

Fiscal year 2009 findings from the DMH-funded mental health-police co-response jail diversion model in Massachusetts show for that year:

- Major positive impact on communities that have mental-health/police-based JDP programs.
- In FY09, over 2,281 individuals were aided by the presence of a mental health-police co-response via the jail diversion programs.
- Of those call outs where arrests could have occurred 86% have been diverted to treatment and the statewide average rate of diversion for the pre-arrest JDPs ranges from 76% to 96% of all calls where diversion was possible.
- Minor charges such as 'disturbing the peace' make up the largest number of those that are diverted from arrest into community services or hospitalization.
- Proactive prevention through the mental health-police interface in an individual's community allows for specialized wellness checks, access to school resource officers, and other interventions so that the community avoids subsequent costly encounters with police.
- Diversions have been performed with individuals in all age categories, with most frequent diversions occurring in the age range of 27–45.
- The large majority of clients seen by the jail diversion clinician are unemployed and living in temporary housing arrangements or public shelters.
- Up to one third (1/3) of the clients seen by jail diversion clinicians have had prior contact with police.
- The most frequent activity of a JDP clinician other than co-response to a potential arrest situation is participating in Safety Checks in the community with police officers. These typically occur for persons who are known to have mental health issues and where, without the JDP clinical intervention, subsequent contact with the police may be more likely.

2011 Co-response Jail Diversion Program Contacts

JDP Program	Police contact	Clinical responder contact
Arlington	Captain Bongiorno	Michael O'Neill

	(781) 316-3905 rbongiorno@town.arlington.ma.us	(781) 761-5132 moneill@edinburgcenter.org
Boston	Deputy Spt. Darrin Greeley (617) 343-4300 Bureau Field Services GreeleyD.bpd@ci.boston.ma.us	Meredith Lipman (617) 414-8323 Meredith.Lipman@bmc.org
Framingham	Deputy Chief Craig Davis (508) 872-1212 CWD@framinghamma.gov	Sarah Abbott (508) 532-5904 Sabbott@AdvocatesInc.org
Marlborough	Chief Mark Leonard (508) 485-1212 police_dept@marlborough-ma.gov	Sarah Abbott (508) 532-5904 Sabbott@AdvocatesInc.org
Quincy	Lieutenant Patrick Glynn (617) 479-1212 qpdinfo@quincyma.gov (dept. info)	Melissa Bickler (617) 888-5467 mbickler@ssmh.org
Waltham	Sergeant Robert Scarpone (781) 314-3600 x8648 rscarpone@police.waltham.ma.us	Michael O'Neill (781) 761-5132 moneill@edinburgcenter.org
Watertown	Sergeant Dave Sampson (617) 923-1212 dsampson@police.watertown-ma.gov	Michael O'Neill (781) 761-5132 moneill@edinburgcenter.org

2. Crisis Intervention Teams (CIT) pre-arrest jail diversion programs

The CIT Model was developed in Memphis, Tennessee in 1988. In this model police officers and other stakeholders are provided with training to improve their understanding of mental illness, how to work with individuals with mental illness and to learn about available community resources. The training is provided through a formalized community, health care and advocacy partnership. The goal of CIT is to decrease injury to all and increase the likelihood of identifying individuals with mental illness in need of care. In a formal CIT program, it is generally expected that 20% to 25% of the police force (depending on the size of the department) or a specifically selected group within the police force are trained forty hours on issues relevant to mental health, emotional disturbances, and first responder crisis intervention strategies for adults and youth.

National data reveals that officers who are trained in CIT have enhanced preparedness and safety, greater confidence, and reduced social distance in terms of CIT officers' interactions with those individuals who had serious mental illness (SMI) and/or substance use disorders. CIT officers have speedier responses to calls and a substantially lower rate of arrest of individuals with mental disturbances (in Memphis, the arrest rate was 2%). In lieu of arrest, the Memphis CIT program transported 75% of these cases to a location where they could receive mental health treatment services. The Memphis CIT model of jail diversion is also associated with improvements in psychiatric symptoms for those who were in contact with it.

While the focus in CIT is on diversion from arrest and incarceration, it is important to realize that many of the calls also involve individuals who are at risk of or attempted suicide or experiencing other crises that would not typically result in arrest. Preliminary data related to CIT demonstrates some cost shifts from criminal justice to

treatment agencies early on, though the hope of the program is that there would be cost-savings over the long term, after individuals have been engaged in treatment. In Massachusetts, the availability of CIT is very limited, though nationally there are hundreds of such programs, and the growth of CIT has been widespread. As the CIT model has become more commonly seen, CIT conferences, model standards and the like have emerged. The following represents the efforts in Massachusetts related to CIT program development.

The Berkshire Crisis Intervention Team (CIT): The Berkshire CIT was initiated by the NAMI Berkshire County chapter in late spring, 2009. NAMI brought together stakeholders from the local police forces, community college, the District Attorney's office, Sheriff's Department, hospital, Emergency Service Providers (ESP), DMH, and others to develop a curriculum for a week-long CIT training. The training was held the week of June 7th, 2010, and represented the first 40 hour CIT training in the Commonwealth. That week, 17 officers and detectives in Berkshire County were trained in safe and sensitive responses to individuals with mental illness. In collaboration with NAMI and the Berkshire CIT steering committee, other CIT and specialized training opportunities for first responders are being planned. Though this initial outreach was successful, ongoing program discussions have focused on sustainability of staffing and funding.

JDP Program	contact
NAMI Berkshire County CIT	Marilyn Moran (413) 443-1666 the_morans@verizon.net

The Taunton Community Crisis Intervention Team (CCIT): The Taunton CCIT provides bi-annual 3-day trainings to Taunton police officers, local community providers in the Taunton community, and municipal and state agencies. They are supported through DMH Jail Diversion Program funding and United Way grants, along with volunteer and in-kind services. Over 30% of officers from both the Taunton and Attleboro Police Departments have received the training.

The CCIT membership meets monthly with multiple stakeholders (state social service agencies, community providers, police and court clinicians, family members, clients, schools and peers). They discuss individuals at risk of contact with the criminal justice system and improve their access to services.

Count of individuals trained by the Taunton CCIT since 2003

Police Department	Court	School Department	Hospital	Social Service Providers	Fire Department	Corrections	Clergy
119	58	10	18	148	2	6	3

JDP Program	contact
Taunton CCIT	Kathy Lalor (508) 977-8138 KLalor@comcounseling.org

3. Mental Health First Aid

pre-arrest jail diversion programs

Northampton Mental Health First Aid (MHFA) training for police: The Northampton Police Department has been awarded the first DMH-funded jail diversion grant in the Commonwealth based on Mental Health First Aid (MHFA) model. With this award, the Northampton Police Department will train forty of its police officers, two-thirds of its department (40 officers), to become MHFA certified. The police department will host a quarterly roundtable with essential and emergency community mental health providers to discuss shared issues and develop opportunities for diversion into treatment.

Developed in Australia in 2001, MHFA is increasingly used by police departments, professional workers, and others in various states so that first responders are well-equipped to identify and deal with incidents involving serious mental health, traumatic, and substance abuse difficulties. MHFA is an intensive twelve hour first responder training that is provided by credentialed MHFA trainers.

JDP Program	contact
Northampton MHFA	Lt. Dorothy Clayton (413) 587-1144 dclayton@northamptonma.gov

COURT-BASED JAIL DIVERSION INITIATIVES

1. **MISSION DIRECT-Vet:** (**MISSION**: **M**aintaining **I**ndependence and **S**obriety **T**hrough **S**ystems **I**ntegration**, O**utreach and **N**etworking): A SAMHSA Federally Funded Jail Diversion and Trauma Recovery Program for Veterans

   Approximately one in five veterans returning from Iraq and Afghanistan will develop Post Traumatic Stress Disorder (PTSD) and/or a substance abuse problem. When untreated, these disorders may result in behaviors leading to criminal charges. The risk for criminal justice involvement greatly increases when mental health and substance abuse problems occur together, especially for individuals between 18 and 25 years old—the age range of most Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans.

   A court-based jail diversion program for veterans in Massachusetts, called MISSION DIRECT VET (MDV) is funded through a federal grant awarded to DMH in 2008 in partnership with UMass Medical School and the VA New England Health Care System. Over 16 agencies and advocates, including Probation, the Department of Public Health, NAMI, the Worcester District Attorney, the District Court, Parole, the Department of Correction, and others have partnered to ensure this project's success. The goals of MISSION-DIRECT VET are to: 1) identify criminal defendants who are veterans with mental illness and substance use disorders, 2) provide services and treatment options as a term of probation and an alternative to incarceration following the adjudication of the criminal matter when this option seems appropriate and safe, and, 3) coordinate services between treatment providers and the courts, attorneys, jails, probation officers, and houses of correction.

In November of 2009, MDV began accepting referrals for the pilot phase in Worcester. The second site opened in Lawrence on November 1st, 2010, and a third will open at a later date.

- To date, over 30 individuals have been screened between Worcester and Lawrence with over 20 having been diverted from incarceration to MISSION services;
- Preliminary findings indicate that veterans being served via MISSION have significant challenges with co-occurring disorders, as well as housing needs;
- Throughout the program a **peer specialist** and case manager will work with the participating veteran to connect participants with additional services as needed.
- The program is designed to ensure veterans receive wraparound services including the coordination of care between local, state, probation and parole agencies, to ensure seamless services and support to veterans;
- The program operates as a post adjudication condition of probation in order to divert individuals from incarceration.

JDP Program	contact
Worcester MISSION-Direct Vet	David Goldstein (508) 373-7995 dgoldstein@communityhealthlink.org
Lawrence MISSION-Direct Vet	1-866-309-3359 (toll free) Email: mission.direct.vet@umassmed.edu

2. Boston Municipal Court Department Central Division Mental Health Diversion Initiative (MHDI)

This mental health specialty court project was established in 2007, making it the first active mental health court in the Commonwealth. MHDI is available for defendants who have been placed on supervised pre-trial probation and those who are on supervised probation pursuant to a guilty finding or disposition of a continuance without a finding. This diversion program offers defendants with serious and persistent mental illness an opportunity for appropriate mental health treatment in the community arranged by the MHDI social worker and overseen by the court. To fulfill its role linking court session clients to community treatment providers, BEST MHDI clinical staff attends the weekly court session; meets with clients, their families, attorneys, and providers. The court tracks new participants on a regular basis until adequate community services are in place. Later, the frequency of contact with the court depends on the individual's stability and compliance with probation conditions. Participants provide documentation verifying compliance with treatment.

MHDI is a partnership between Boston Emergency Services Team Jail Diversion Program (run by Boston Medical Center Department of Psychiatry); Boston Municipal Court, Central Division; Suffolk County District Attorney's Office along with the Committee for Public Counsel Services; Boston Municipal Court Probation Department; and the Massachusetts Mental Health Diversion and Integration Program of the University of Massachusetts Medical School. The court session is held every Thursday and has a dedicated Judge, Clinical Social Worker, Assistant District

Attorney and Probation Officer. Funding for BEST MHDI social worker is provided by the Sidney R. Baer Foundation.

With the assistance of the MHDI social worker and designated probation officer, the MH specialty court strives to meet the varied treatment needs of the defendants and help them to remain compliant with probation supervision and avoid re-arrest. Accordingly, MHDI works with a broad network of government and not-for-profit service providers to address issues of homelessness, unemployment, substance abuse and serious mental health problems.

Since its inception almost four years ago, more than 250 individuals have been referred and served in some capacity by the program.

JDP Program	contact
Boston Mental Health Diversion Initiative	Meredith Lipman (617) 414-8323 Meredith.Lipman@bmc.org

3. Recovery with Justice Program: The Springfield Specialty Court

This mental health session of the District Court, the second mental health court in the Commonwealth, began October 2009 with a 3-year grant from the Blue Cross/Blue Shield Foundation to Behavioral Health Network, Inc (BHN). The Recovery with Justice Program is a special condition of post-disposition probation for individuals who are competent to stand trial and have disposed of their criminal cases by an admission to sufficient facts or a guilty plea and have been placed on post-disposition probation. In the first year, the program received 50 referrals and 22 individuals became part of the special session of the court. Currently there are eleven participants, seven pending referrals, and eight program graduates. The process initiates when appropriate referrals are made to the Adult Court Clinic (with services contracted by BHN), which is located in the Courthouse.

After an initial screening post-adjudication ensures that the individual meets program criteria, the person receives services from the Recovery with Justice Program case manager. Potential services received include: a comprehensive assessment, in-person community meetings, referrals, supportive phone contact, and assistance with benefits. Program progress is reported to the court.

JDP Program	contact
Springfield Specialty Court	Jeannette Walker (413) 301-9495 jeanette.walker@bhninc.org

4. Plymouth Mental Health Court

This is a new initiative, launched in August 2010 in partnership between the District Court, the Department of Mental Health and the District Attorney, Committee for

Public Counsel Services (CPCS), Probation and the Sheriff's department, local police departments and local community agencies. Planning for this mental health court is currently underway with an anticipated start date of services in approximately April 2011. Funding for a court liaison specialist is provided by the Department of Mental Health as part of its jail diversion initiatives portfolio. This mental health court will work with program participants who are diverted to the community post-adjudication of the criminal case.

JDP Program	contact
Plymouth Mental Health Court	DMH Forensic Services (413) 587-6244 john.barber@state.ma.us

5. Court Clinic Services

Although primarily serving as a forensic evaluation service on psycho-legal and related mental health matters, DMH funds court clinic services with social workers and psychologists and some psychiatrists that are available to every (approximately 75) district and superior court in the Commonwealth. Often clinicians evaluate court-referred cases and identify appropriate treatment services, which can serve to divert them from the criminal justice system. In some cases, criminal cases are converted to civil cases resulting in hospitalization or outpatient care. In addition, the DMH and the Juvenile Court work together to provide juvenile court clinic services that refer, when appropriate given the legal context, youth from delinquency proceedings to treatment services.

RE-ENTRY SERVICES AND COMMUNITY CORRECTIONS INTERVENTIONS as Diversion Initiatives

As part of the Sequential Intercept Model, Re-entry Services focused on individuals with mental illness and co-occurring substance use disorders can be a critical part of jail diversion efforts in that they provide needed identification, linkage, and treatment supports that can reduce the risk of individuals from re-offending and cycling back to the criminal justice system. There are several such efforts in place across the Commonwealth.

1. Forensic Transition Team (FTT)

The Forensic Transition Team (FTT), established in 1998, is a program that supports the DMH initiative to improve the quality of life for adults with serious and persistent mental illness who become incarcerated or detained in correctional settings. FTT Coordinators are boundary spanners who work between systems that include DMH site offices, public safety agencies and community service providers. FTT staff is available to all correctional facilities to assist in re-entry planning for persons who are authorized to receive DMH services. FTT staff often provide informal information and referrals for non-DMH involved individuals who may be seeking mental health services upon

release. Data from FY08 shows that over 400 cases were overseen for case coordination and monitoring, while FTT staff provided community re-entry services for approximately 120 individuals across the state. The program enhances continuity of care by engaging clients before their release, summarizing psychosocial and criminal information for the service providers and monitoring clients' status for three months post-release.

JDP Program	contact
Forensic Transition Team	Paul Benedict, LICSW (617) 626-8097 Paul.benedict@state.ma.us

2. Juvenile Forensic Transition Services (JFTC)

In 2005, the DMH initiated the Juvenile Forensic Transition Coordinator position to provide a means for the Department of Youth Services (DYS) to consult directly with the DMH for youth served by the statewide DYS Butler Center program which houses DYS' clinically complex young men. The JFTC assists the Butler Program and DYS in early identification of youth who appear to have serious mental illness and by working to streamline access to adult DMH services, where appropriate.

JDP Program	contact
Juvenile Forensic Transition Services	Bill Dimmick (617) 626-8095 William.Dimmick@state.ma.us

3. MISSION-CREW (**MISSION**: **M**aintaining **I**ndependence and **S**obriety **T**hrough **S**ystems **I**ntegration**, O**utreach and **N**etworking: **C**ommunity **R**e-**E**ntry for **W**omen)

With Bureau of Justice Assistance grant support beginning in 2009, the DMH, in collaboration with the Department of Correction, Department of Public Health, and UMass Medical School, and SPAN, Inc. initiated MISSION-CREW to expand reentry services to women with co-occurring mental health and substance use disorders and histories of trauma incarcerated at MCI Framingham and South Middlesex Correctional Complex being released to the greater Boston area. The project seeks to provide training related to trauma-informed care and to increase stakeholder engagement in re-entry programs for people with co-occurring disorders. The initiative seeks to reduce criminal justice involvement of women with co-occurring mental illness and substance use disorders through use of evidence-based practices that includes trauma-sensitive treatment, care coordination and **peer support**. Over 30 referrals have been screened since the program was launched, and over 25 have received community services upon re-entry. In addition, the funding for this grant was able to leverage training for correctional and mental health staff related to trauma-informed care.

JDP Program	contact
MISSION-CREW	Nancy Sali (508) 532-5100 x 107 nancy.Sali@state.ma.us

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