

MEMORANDUM

December 2, 2015

TO: Health and Human Services Committee
Public Safety Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Update – Pre-Arrest Diversion (Restoration Center)**

Expected for this session:

Robert Green, Department of Correction and Rehabilitation
Dr. Raymond Crowel, Chief, DHHS Behavioral Health and Crisis Services
Athena Morrow, Supervisor, DHHS Clinical Assessment and Triage Service (CATS)
Officer Scott Davis, Montgomery County Police Department (MCPD) Crisis Intervention Team

At this session, the joint Committee will receive an update on planning and implementation for deflection/diversion programs for people suffering from substance abuse and/or mental illness. This is a continuation of the discussion the joint Committee began last February when it reviewed gaps identified as a part of the Master Confinement Study, were briefed on the County's approach to using a Sequential Intercept model to develop appropriate options along a continuum of services for people interacting with law enforcement and criminal justice system that suffer from substance abuse and/or mental illness, and learned about the Bexar County, Texas Restoration Center, which provides a one-stop center for people who are assessed as not needing to be booked into the jail but suffer from substance abuse and/or mental illness.

Agenda Item #2 at this joint Committee session is an update on the work to implement a mental health court in Montgomery County. This is a treatment-focused option for people who have been arrested and will interact with the court system.

The joint Committee has previously discussed the growing number and percentage of inmates suffering from substance abuse and mental illness. From 2011 through 2014:

- The Montgomery County Police Department has seen a 24% increase in calls due to mental illness. (4,440 to 5,513).
- There has been a 61% increase in the number of people booked into the Central Processing Unit that need crisis mental health care (1,101 to 1,626) at the same time the average daily population in the jails declined from 914 to 664.
- In 2014, there were eight people that were identified as having mental illness that were arrested a total of 250 times (combined).

The joint Committee has also discussed studies, such as the Ohio Office of Criminal Justice Services review of Federal data, that found 63% of male jail inmates and 75% of female jail inmates reported mental health problems (a broader category than serious mental illness). Many times these co-occur with substance abuse problems. Federal data indicated that 17% of persons in local jails with mental health problems were homeless in the year before their incarceration compared to 9% without mental health problems.

Sequential Intercept

(Overview information at ©1-6)

The Criminal Justice Behavioral Health Initiative (CJBHI) has identified five main points along the Sequential Intercept:

Intercept 1 – Law Enforcement and Emergency Services (no arrest processing)

Intercept 2 – Arrest Processing, Initial Detention and Initial Court Hearings (Commissioner)

Intercept 3 - Booking into the Jail and Court Hearing

Intercept 4 – Re-Entry Services (after sentencing with both jail and pre-release services)

Intercept 5 – Community Based Corrections (may also be used for violations)

Significant progress has been made on Intercept 1 through the planning for implementation of the STEER program for those with substance abuse that will be “deflected” from jail. The Second Chance Act for Re-entry will serve those and Intercepts 2 through 5 as it will provide accelerated re-entry services for those who have gone to court and received a sentence. There has been some initial discussion about how to address those that do not need arrest processing (Intercept 1) but are suffering from mental illness.

At this session, the joint Committee will receive updates on STEER and the Second Chance Act for Re-entry effort.

Deflection Model for Substance Abusers (STEER)

(For some members of the joint Committee will find this program reminds them of the County effort several years ago for a sobering center.)

The County provided the following description in its grant application for this program:

The goal of the *Deflection Model* project is to deflect low-risk individuals with substance use disorders (SUDs) away from the criminal justice system and directly into community-based treatment. This deflection model presents an evidence-based approach to providing individuals treatment for substance use and will have many benefits not only for the affected individuals, but also for their families and our communities, as well as Montgomery County's overburdened expensive criminal justice system. This new process is akin to traditional diversion programs. Deflection occurs far earlier in the criminal justice case flow – rather than after arrest and in the jail, deflection takes place at the moment of initial encounter between police and citizens. At that time the police officer will conduct a standardized TCU Drug screening with the individual resulting in either a Prevention Contact or an Intervention Contact.

The information further noted that:

- The proposed Montgomery County Deflection Model presents an evidence-based approach similar to the model in Seattle, WA that has demonstrated initial success in reducing rates of recidivism. Successful treatment has benefits not just for the individual, but for the community and criminal justice system. With successful treatment, individuals can be re-integrated into conventional society far more easily than if they incurred a criminal record, which creates barriers to successful community reentry by making it more difficult to secure housing, employment, and other necessities.
- There are three outcomes expected: 1) a reduction in the number of individuals with substance use disorders who have continued involvement in the justice system, 2) a reduction in drug use among individuals regularly encountered by officers on the street, and 3) restored health and increased opportunities for individuals who were deflected as indicated by treatment completion rates.
- The County will actively support Medicaid enrollment for individuals in this program (if they are not already insured or enrolled). Deflecting people from incarceration directly to treatment service providers who can bill Medicaid will add to the savings from avoiding incarceration.
- In the long-term, the County would like to serve all of the individuals in Montgomery County who would likely be eligible. However, a full-scale model would be expensive and far beyond available resources. In addition, while the model has an evidence-based pedigree, it has not been rigorously evaluated. The County is moving forward with an initial smaller-scale implementation that will be funded for 12 months.
- The Police will be the key to success at the front end and the Department of Health and Human Services (in conjunction with local treatment service providers) will provide the long term client management.

- Program evaluation will be overseen by the Police Executive Research Forum (PERF). There will be two major components to the evaluation: a process assessment (evaluating the fidelity of implementation), and an outcome assessment (evaluating the impact of the program). Having this two-stage evaluation will help address challenges, both expected and unexpected, across the scope of the project and allow confidence in the conclusions. Evaluation will be dependent on the data collected from Police, DHHS, DOCR and private service providers.

Current implementation work includes identifying a drop off center where the Police can take individuals to be monitored and receive appropriate short-term services.

Second Chance Act for Re-Entry

Last March, the Council appropriated a \$600,000 Federal grant from the Bureau of Justice Administration's Second Chance Reentry Program for Adults with Co-Occurring Substance Abuse and Mental Health Disorders. The grant award funds and effort to use the Pre-Release Center to provide transitional housing for non-violent offenders with co-occurring disorders. The offenders will be engaged and identified at the time of booking and screening and receive stabilization services while living at the PRC. The goal is to divert people with moderate to severe mental health or co-occurring disorders from jail beds and link them to stable community services. The effort is specifically targeted to those people referred to as "frequent flyers." The program will include:

- Intensive case management through the establishment of a Forensic Assertive Community Treatment Team (FACT).
- Housing assistance through the services of a Housing Locator (Montgomery County Coalition for the Homeless is a partner) that will also help advocate with landlords and assist people to overcome barriers.
- Assistance in enrolling in the most appropriate health insurance/healthcare plan.
- Training on the impact of incarceration on clinical needs.

It is expected that over the grant period 120 offenders will be served with at least 20% being women. The stabilization period at the PRC is expected to be about 60 days. Case management and other support services would be provided for a minimum of 10-12 months.

A portion of the funds is being used to establish a FACT Team, or Forensic Assertive Community Action Team. Once established, the FACT Team will bill Medicaid and other insurance for reimbursement for those being served. Attached at ©7-8 is a summary of how the FACT Team model is used in King County, Washington.

Initiatives across Montgomery County's Sequential Intercept Map

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Goals to be accomplished

1. Identify service & intervention gaps
2. Examine the needs of offenders at various intercepts
3. Analyze system's capacity Vs demand at various intercepts
4. Examine the flow of cases through the system
5. Reach consensus in prioritizing goals

Criminogenic Factors (Static)

1. Criminal history
2. Number of Arrests
3. Number of Convictions
4. Type of Offenses
5. Current Charges
6. Age of First Arrest
7. Current Age
8. Gender

Criminogenic Factors(dynamic)

1. Antisocial thoughts
2. Antisocial companions
3. Antisocial personality
4. Substance Abuse
5. Employment
6. Education
7. Leisure and Recreation

Initiatives in Montgomery County across the Map

□ SUD Pre-Booking Deflection Model - **Intercept 1**

- Low-level risk of re-offending
- Focus on Substance Use Disorders
- Pre-approved list of offenses by SAO
- Risk Proxy and TCUDS-II questionnaire administered by police officer on the street
 - No charges – Prevention - Referral to Treatment (no leverage or follow up)
 - Charges on hold– Intervention - referral to neutral case manager for treatment & follow up (will activate charges if Tx not completed)

Initiatives in Montgomery County across the Map

□ Crisis Stabilization & Engagement - **Intercept 1**

- For those with committing low-level offenses, who present with BH symptoms during arrest
 - Create an alternative to CPU
 - Arrestees get dropped off by police instead of at CPU
 - Held for crisis stabilization, detox and triage for up to 23 hours
 - If successfully engaged in treatment - placed in the continuum of care
 - If unsuccessful in engaging – taken to CPU to be processed

Initiatives in Montgomery County across the Map

❑ **Second Chance Act for Reentry – *Intercept 2-5***

- ❑ Adult, MoCo residents - 120 inmates (30 women)/2years
- ❑ Major mental illness or co-occurring disorder
- ❑ Moderate-High risk for recidivism
- ❑ No barriers to release (no detainers, threat to community)

- ❑ Targeted wraparound services begin upon booking
- ❑ Jail in-reach
- ❑ Diversion or step down reentry
- ❑ FACT model - follow up for one year
- ❑ Housing location services

Initiatives in Montgomery County across the Map

❑ **Medication Assisted Treatment for Inmates Pilot – *Intercept 4***

- ❑ Sentenced MoCo residents (40 inmates)
- ❑ Diagnosed with Alcohol or Opioid Dependence
- ❑ Participants of the Jail Addiction Services program at the Montgomery County Correctional Facility

- ❑ Participants participate in education, and specialized curriculum while in JAS
- ❑ Receive first dose of Vivitrol 2 weeks prior to release (from MCCF or PRC)
- ❑ Upon release continue with treatment at OAMHS
- ❑ Receive State Care Coordination, initiated in JAS



Initiatives in Montgomery County across the Map

□ Mental Health Court - ***Intercept 3-4***

- Adults
- Major Mental illness
- Level of Risk (TBD)
- Circuit Court

**Forensic Assertive
Community Treatment
(FACT) Program**



Extending the ACT Model to the Criminal Justice Population

The “forensic” adaptation of the Assertive Community Treatment (ACT) model is the most service intensive outpatient treatment model available and an evidence-based practice recognized by the US Substance Abuse and Mental Health Services Administration (SAMHSA). Forensic Assertive Community Treatment (FACT) is adapted for individuals with criminal justice involvement and addresses this involvement as part of treatment.

FACT is a self-contained team of staff from multiple disciplines (mental health professional, chemical dependency specialist, nurse, psychiatrist, vocational specialist, forensic peer specialist, forensic specialist and dedicated administrative support staff) who work together to provide recovery oriented, 24/7 wraparound services. The team, employed by **Sound Mental Health**, works seven days per week via staggered shifts and provides after hours crisis response to enrolled participants.

The FACT Program has all the Core ACT Components Including

- Transdisciplinary team approach (shared caseloads)
- Integrated Dual Disorders Treatment (evidence-based practice for the treatment of co-occurring mental health and substance-related disorders)
- Low participant-staff ratios (1:8)
- Assertive outreach and engagement
- Community-based service provision (75% of all services) at participants’ residence or in the community
- Focus on psychiatric rehabilitation, recovery oriented services and community tenure
- 24/7 direct access to staff in times of crisis
- Time-unlimited services

FACT Eligibility

Eligible adult individuals must meet ACT admission criteria and additional forensic criteria including:

1. Diagnosed with a severe and persistent mental illness; **and**
2. Frequently booked for misdemeanor offenses in King County jails

FACT Referral Criteria

Referrals are restricted to King County District Court Regional Mental Health Court and involve felony drop down (reduction) cases only.

Criminal Justice Interface in the FACT Program

The FACT program does not have a probation officer/parole officer on the actual team as many FACT programs do nationally; however, because King County is not a unified court system, and FACT is focused on high utilization of jails within King County, the FACT program staff work with any criminal justice jurisdiction in King County. This includes a close interface with both the King County Regional Mental Health Court and the City of Seattle Municipal Mental Health Court and Community Court and the Washington State Department of Corrections Special Needs Unit.

The FACT team members ensure close communication with any attorney, court and probation entity involved in FACT participants' criminal justice context and strive to work collaboratively to help participants transitioning from jail to the community (continuity of care). This includes release planning, jail in-reach visits and meeting participants at point of release.

FACT Housing

The FACT program, from implementation (January 2008) has included a permanent supportive housing component for participants. Both the Seattle Housing Authority and the King County Housing Authority have dedicated vouchers to the program to ensure that housing is available to all FACT participants. This is a very important aspect of the FACT program as most of the participants have been homeless at intake.

Contact Information

- **Sound Mental Health Forensic Manager Richelle Nordeen at (206) 302-2826 or RichelleN@smh.org**
- **Referral Point: Sound Mental Health FACT team supervisor : Bekka Sartwell: (206) 302-2812, rebeccasa@smh.org**

MHCADSD CJ Contact: Jesse Benet, CJ Initiatives, at (206) 263-8956 or jesse.benet@kingcounty.gov



King County

This program receives funding from the King County Veterans and Human Services Levy and the Mental Illness and Drug Dependency (MIDD) Action Plan.