Behavioral Health and Criminal Justice

Peter Morin, Town Administrator
Norwell, MA
ICMA Conference Presenter

#ICMA2018
Three Largest Mental Health Providers in U.S.

- Los Angeles County Jail
- Cook County Jail
- Rikers Island, New York City
The Problem
There are 10 times more mentally ill people in prisons and jails than hospitals (Torrey & Kennard 2010)

565,000 hospital beds in 1955

Between 35,000 to 55,000 in 2016
How Did We Get Here?

• For the first century inpatient hospitalization was the only model

• 1948 Lithium Carbonate introduced for treatment of depression

• 1950 Thorazine introduced for schizophrenia

• “Meds over Beds” trend begins

• Abilify is now the fourth highest selling medicine-$9.3 billion in sales in 2017
The Problem with Prescriptions Only

- Non-compliance with drug treatment
- Failure to fund and establish community mental health centers
- Mentally ill persons are left without treatment
- Estimates of mentally ill persons being booked into jails range from 650,000 (American Jail Association) to 2 million (includes repeat offenders) (NAMI)
- 20,000 seriously mentally ill persons accused or convicted of major crimes are released from jails, prisons and hospitals annually (Treatment Advocacy Center 2017)
How Do We Reverse The Trend

• Jail Diversion
• Mental Health Courts
• CIT/Police Training
• “Local Heroes” Developing Informal Solutions that Evolve into Best Practices
• Re-entry programs
• Guardianships or Substituted Judgement Orders with Treatment Plans/Monitors
Jail Diversion

• Bexar County, Texas has the model that we all should envy.
• Training, CIT, jail diversion at every “point of intercept.”
• 5000 officers trained
• 26,000 people seen a year
• Crisis Care decreased psych evaluation wait time in ER’s from 12 to 14 hours to 15 minutes
• Estimated savings of $10 million in jail and ER costs (National Association of Counties 2015)
Mental Health Courts

- Massachusetts Judge Maurice Richardson applied for Baer Foundation Grant
- Subsequently seven district courts have been established
- Defendants voluntarily participate anywhere in court process
- A mental health clinician monitors each defendant and updates court on treatment progress
- About 200 defendants per year in this program.
Training Police/CIT

- Quote from a Massachusetts Police Chief: “When responding to an incident involving a mentally ill person, I have more readily available access to a SWAT team than a mental health clinician”.

- CIT training is needed. Police officers will use less intrusive measures when given an option.

- Build Relationships with DA’s, police and mental health providers using the “victim first” approach.

- IACP’s One Mind Program is a good first step
Local heroes

• Judges, Police, Clinicians, Local Officials and Families often create solutions on their own

• Treatment Advocacy Center Rated Massachusetts statutes an F but graded courts a C+ for their use of laws. (Treatment Advocacy Center 2014)

• Public safety, mental health professionals develop working relationships and informal practices. Find common ground over victimization of the mental ill and go from there.

• Through advocacy these policies can become better or best practices.
Re-entry Initiatives

• Best model is connect released detainee to an array of services
  • Health care programs
  • Counseling
  • Day treatment
  • Peer advocacy
  • Housing assistance
  • Employment,
Guardianships and Substituted Judgement Orders

• Massachusetts does not have an involuntary outpatient commitment law

• The Rogers decision allows a court to make a finding that a person is incompetent to make treatment decisions due to mental illness but would accept treatment if he or she were competent

• Guardianships and even health care proxies can allow for treatment when an individual is unable to competently consent due to mental illness.
Assessing Effectiveness

- CIT shown to reduce officer injuries (Compton 2008) (Reuland 2009)
- CIT averted 3100 unnecessary hospitalizations or incarcerations in San Diego (SD County Grand Jury 2016)
- Law Enforcement Assisted Diversion reduced homelessness and recidivism in King County, Washington (Court Monitor 2016)
- Same county saw a 47% reduction in re-hospitalization through peer support
- Mental Health Courts in San Francisco reduced recidivism by 15% (McNeil/Binder 2007)
- Data needs to be gathered across medical and legal institutions developing common indicators and a mutual taxonomy
Resources

- Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
- Council of State Governments Justice Center (www.justicecenter.csg.org)
- National Alliance on Mental Illness (www.nami.org)
- International Association of Chiefs of Police (www.iacp.org)
- Washington State Department of Social and Health Services (www.dshs.wa.gov)

- Bibliography on request (pmorin@townofnorwell.net)