

Behavioral Health and Criminal Justice

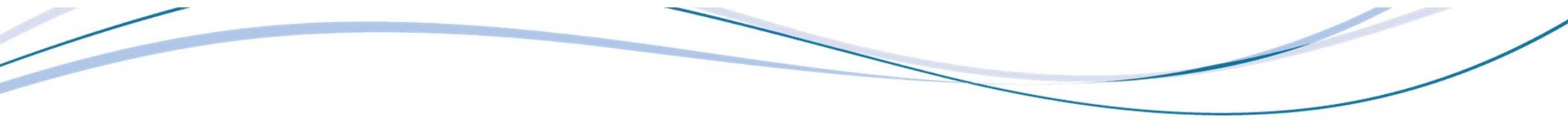
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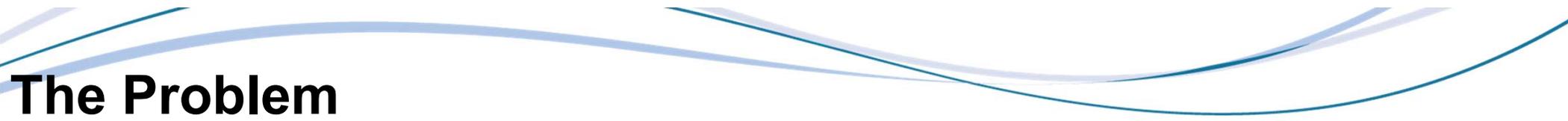
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Three Largest Mental Health Providers in U.S.

- 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

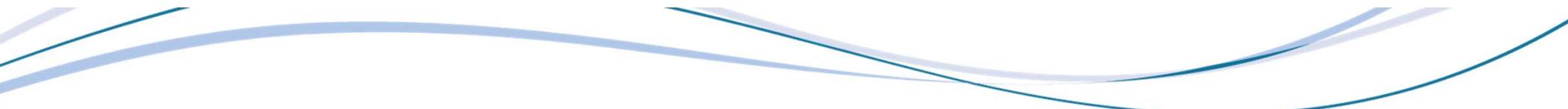
Between 35,000 to 55,000 in 2016

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)

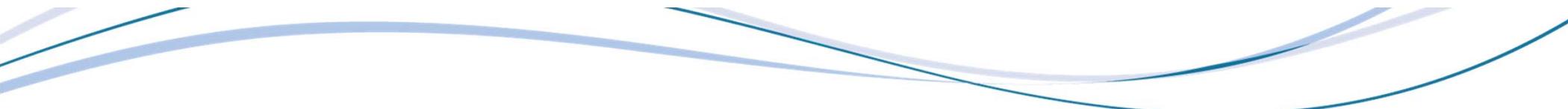


How Do We Reverse The Trend

- 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)

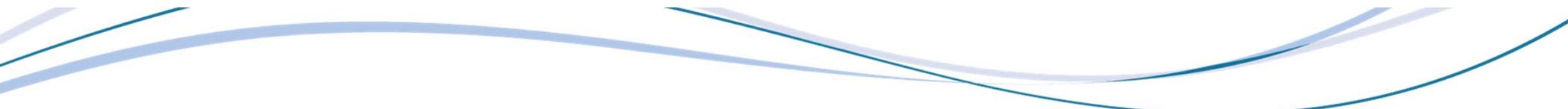


Mental Health Courts

- 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)