

MENTAL HEALTH DIVERSION COUNCIL

DIVERSION STRATEGIES ACTION PLAN 2015-20

GOALS	ACTION STEPS	MILESTONE DATE	DELIVERABLE / OUTCOME
1. Strengthen "Pre-booking" Jail Diversion for Individuals with Mental Illness	A. Implement statewide Crisis Intervention Team (CIT) program and other best practice models and to include the standardized Washtenaw County intensive two day mental health in law enforcement training as a statewide curriculum to enhance officers general knowledge and skills in addition to promoting CIT for further specialty training. (CIT PILOTS Kalamazoo, Oakland, Marquette, St Joseph, Barry, Berrien)	Current and Ongoing	Statute/solution/CIT teams
	1) Increase the number of counties where CIT, CIT-Y and the Stepping Up Initiative are in place	Ongoing until all 83 Counties have signed on	Have gone from 10 to 14 counties with signed resolutions
	2) Solicit and find legislative sponsor and/or propose solution to appropriate body (assuming positive return on investment)	4/01/20	
	B. Clarify statutory/contractual Jail Diversion relationship between law enforcement agencies and CMHs (Statewide)	4/1/18	Statute/or other Mechanism
	C. Collect baseline performance indicators for diversion	4/30/18	Data Collection Process, Standard incident report
	D. Implement ongoing process for evaluation (performance dashboard) (Statewide-OPTUM and or SECANT)	4/1/20	
2. Ensure Quality, Effective, and Comprehensive Behavioral Health Treatment in Jails and Prisons	A. Improve behavioral health treatment provision (Statewide)	Diversion Council recommendations submitted	Jail Diversion Standards, Statute (if applicable), other Recommended Deliverable
	1) Finalize ongoing work with MDHHS regarding recommendations by the Diversion Council on suspending Medicaid services while in jail	4/1/16 Completed as of 7/1/15	Completed

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	2) Amend judgment of sentence form to allow order of release mental health records to jail or MDOC (SCAO, Circuit-District Court Judges)	12/1/17	Statute or other Mechanism Standard Patient Release Form Guideline
	B. Develop an ongoing performance monitoring process to include baseline and outcome data (fiscal, clinical, and societal)(PILOT and MSU data and evaluation team)	Current and Ongoing: Baseline report completed 11/1/16	Surveys, Executive Summaries, Gap Identification
	1) Identify and address gaps in information/validity issues (Network 180 pilot Diversion Center)	Address all remaining gaps by 9/30/18	
	2) Create a best practice statewide	12/1/20	
3. Expand "Post-Booking" Jail Diversion Options for individuals with Mental Illness	A. Develop uniform standards for post-booking diversions.	5/30/18	Uniform Standards and/or Statute
	1) Include process for probation and parole violators) (PILOT -RFP process to include this as priority consideration)	5/30/18	
	2) Complete draft statute or other suggested change.	3/1/19	
	3) Solicit and find legislative sponsor and/or propose solution to appropriate body	5/30/19	
	B. Expand the availability of and resources for (state and other) Mental Health Court for individuals with a mental illness and explore ways to remove barriers to maximize Mental Health Courts (violent offender language) (PILOT Monroe MHC)	9/30/17	Statute/or other Mechanism, Assessment, Michigan implementation guideline

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	1) Devise Michigan-specific Mental Health Court implementation guideline (Look at violent offense language for possible change)	5/30/17 (Delayed until new Prosecutor is represented)	Currently being considered by SCAO and legislative staff
2) Conduct process for ongoing assessment and/or review existing evaluations of Mental Health Courts (and similar models)(MSU)	5/30/18		
3) Identify potential resources for sustaining existing Mental Health Courts and for creating additional Mental Health Courts (Hybrid pilot, Regional vs. Local models, Multi county courts vs. single county courts) (SCAO, RFP specific consideration).	3/30/19		
	C. Integrate necessary mental health services into probation consistently throughout Michigan.	1/1/20	Post-booking Diversion Standards, Statute, Best Practices
1) Canvas Michigan courts and identify probation/MH service models.	9/30/18		
2) Assess proven models effectiveness and viability statewide. (MSU)	6/1/19		

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	D. Explore/enhance availability of mental health services for Drug Court participants who have a mental illness. (Future / Hybrid Pilot)	8/15/17	Identify courts that have strong CMH/SA provider relationships to forge a possible hybrid court
	1) Research Michigan Drug Courts to learn how MH services are integrated into their programming (SCAO)	1/30/18	
	2) Assess proven models effectiveness and viability statewide. (MSU)	6/1/18	
	a) Statewide training based on best practices.	12/31/18	
4. Reduce Unnecessary Incarceration or Re-incarceration of Individuals with Mental Illness	A. Strengthen involuntary mental health treatment process in Probate Courts (PILOT)		Potential Statute or other solution
	1) Mental Health Guardianship Ad Hoc Subcommittee	9/30/15	Completed
	a) Convene stakeholders to analyze results and draft statute if needed	3/30/16 Completed	
	b) Convene Ad Hoc subcommittee to evaluate inconsistency of release of mental health records	TBA	
	Add proposed legislative sponsor	12/31/17	
	2) Develop and provide training on the process of Kevin's Law (includes "potential harm")		
	a) Complete training outline	Outline complete	Completed
	b) Conduct training (goal for all affected agencies)	9 months post AOT Law passed	

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	B. Jail - Improve behavioral health treatment upon re-entry into the community from jail (PILOT Kent, K-Zoo, Detroit Wayne)	1/30/19	Guidelines, Proposal, Data Evaluation Methodology
	1) Jail -Identify and pilot best practice models for re-entry from jail to the community from information gathered by MSU data and evaluation team	10/1/18	Warm Handoffs from jails and prisons
	a) Identify and implement re-entry models – Jail	Implement: 10/1/18 Evaluate: 12/31/19	
	2) Require jails to inform jail-based behavioral health providers of inmate release at the time or before release (Mich. Sheriff's Assoc.?)		Guidelines, Proposal, Data evaluation methodology
	a) Implement	5/1/18	
	b) Evaluate	5/1/19	
	C. Prison -Ensure release of correctional mental health records post prison .		
	1) Work with MiHIN to decide on approach (e.g. pilot one population or geographical area)	7/31/17	
	a) Develop Plan	3/1/18	
	b) Implement Plan	7/31/19	
	c) Evaluate	7/31/20	
	D. Propose dedicated State General Fund "Diversion" appropriation for behavioral health services for FY 2017 or FY 2018		Draft Statute or other proposed solutions
	1) Complete analysis of pilots, finalize recommendation and/or draft legislation	6/15/17	
	2) Present recommendation to executive branch, legislative leaders, potential sponsors	11/30/17	

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5. Establish an Ongoing Mechanism to Coordinate and Assist with Implementation of Action Plan Goals and to Facilitate Needed Systems Change	A. Ensure adequate behavioral health treatment capacity to support this Action Plan		ROI document, Identification of needs, resources, and funding	
	1) After every pilot cycle, use learning from that pilot to evaluate capacity to implement best practices	12/31/15 Annually Thereafter		
	a) Finalize MOU between MDHHS and MDOC for substance use disorder and parolee population post medicaid expansion	12/30/17		
	2) Increase awareness of financial costs vs. long-term savings for community-based behavioral health services as an alternative to incarceration	Ongoing Annually		
	a) Utilize MSU data and evaluation team to determine return on investments for pilots	11/30/16 and ongoing		
	b) Complete Return on investment document with initial cost-benefit analysis	Annually		
	3) Increase access to services during post release from jail and prison	10/1/18		
	B. Acquire a county site where all five points of intercept are modeled and supported in part by pilot funding	1/31/19		
	C. Increase the number of counties who complete the Stepping Up Initiative Resolution	Ongoing until all 83 Counties have signed resolutions		Have currently went from 10 to 14 counties with signed resolutions