

MENTAL HEALTH DIVERSION COUNCIL

DIVERSION STRATEGIES ACTION PLAN 2021-2023

MISSION STATEMENT: Reduce unnecessary incarceration or detention of adults and youth with mental illness, serious emotional disturbance, and co-occurring substance abuse disorders.

Goals	Intercept Point	Action Steps	Deliverable
Strengthen and expand preemptive diversion by fostering community support services.	0	<ul style="list-style-type: none"> - Leverage substance use treatment system for integrated treatment for individuals with co occurring disorders. - Support Center of Behavioral Health and Justice - Expand Crisis Care Continuum for youth and adults (Crisis Centers, Mobile Crisis Units, Crisis Beds, Crisis Phone Lines, Behavioral Health Ride Alongs) - Strengthen involuntary mental health treatment process in Probate Court. 	<p>Add Rep from SA Side</p> <p>MiTEDA Involvement?</p> <p>Community supports of Best Practices and grant support.</p> <p>Institution of Crisis/Diversion Centers, Statewide Mobile Crisis Response Teams</p> <p>LE, EMT, CMH, First Responders training on Petitions</p>
Strengthen and expand law enforcement diversion for individuals with mental illness and co-occurring conditions upon initial encounter.	1	<ul style="list-style-type: none"> - Implement statewide law enforcement trainings through CIT, and combined aspects of MMHC, CIT-Y and solicit a legislative sponsor and or propose solution to appropriate body. - Continue to examine training models and fostering collaborations/partnerships between mental health and law enforcement. 	<p>Implement statewide law enforcement trainings through combined aspects of CIT, MMHC, CIT-Y and Crisis/Diversion Centers- and solicit a legislative sponsor and or propose solution to appropriate body.</p> <p>Expand Diversion Centers Statewide</p>

Goals	Intercept Point	Action Steps	Deliverable
		<p>-Identify and address gaps in information/validity issues regarding Diversion Centers.</p> <p>-Enhance best practices by exploring statutory/contractual Jail Diversion relationship between law enforcement agencies and CMH's Statewide</p>	<p>Exploring existing data within MDHHS and develop protocols for jail diversion best practices.</p> <p>Propose dedicated State General Fund "Diversion" appropriation for behavioral health services</p>
<p>Develop strategies to deliver treatment and divert individuals prior to first court appearance.</p>	<p>2</p>	<p>- Ensure quality, effective and comprehensive behavioral health treatment in institutional settings.</p> <p>-Reduce the impediment of bail and bond on those suffering from mental health concerns.</p> <p>-Implement standardized mental health screenings upon entry in to adult and juvenile justice systems, co-morbid and specialty populations (homeless, veterans etc.)</p> <p>-Explore options to utilize standardized mental health screenings in jail computer systems.</p>	<p>Data driven institution of best practices recommendations. Surveys, Executive Summaries and Gap Identification</p> <p>Explore possible bail reform issue. Training public defenders and prosecutors to help move persons with mental illness through the system more effectively.</p> <p>Creating individual tools for standardized screenings</p> <p>Individualized form for application in various IT environments and integration in a central repository for further analysis</p> <p>Training for institutional staff</p>

Goals	Intercept Point	Action Steps	Deliverable
		<p>- Addressing Forensic IST waitlist issues -Continue to enhance workforce suitable for juvenile competency evaluation and restoration.</p> <p>-Promote the use of Boundary Spanners to effectuate the diversion of persons with mental illness throughout the court process.</p> <p>- Implement the Michigan Juvenile Justice Assessment System (MJJAS) as a statewide tool to assess youth entering the juvenile justice system and at other key points in the process.</p>	<p>Developed a workgroup to identify the factors and create solutions to reduce the waitlist of the Forensic Center for IST</p> <p>Direct the pilot communities to institute boundary spanners within their current initiatives.</p> <p>Evaluate juvenile competency legislation as passed and propose solutions for identified gaps and follow-up action.</p> <p>Provide trainings for qualified juvenile forensic mental health examiners and stakeholders.</p> <p>Continue to provide ongoing training for certification to administer the MJJAS</p>
<p>Develop strategies to deliver treatment and divert individuals after first court appearance up to and including disposition.</p>	<p>3</p>	<p>- Expand the availability of and resources for (state and other) Mental Health/Specialty Courts for individuals with a mental illness and explore ways to remove barriers to maximize Mental Health/Specialty Courts statewide</p>	<p>Uniform Standards and/or Statute Examine barriers in legislative language.</p> <p>Coordination with SCAO for potential collaboration</p>

Goals	Intercept Point	Action Steps	Deliverable
		<p>-Promote the use of Boundary Spanners to effectuate the diversion of persons with mental illness throughout the court process.</p>	<p>Utilization of staff to shepherd consumers through the criminal justice system</p>
<p>Improve re-entry outcomes, by enhancing pre-release planning, individualized connections and follow up supports between institutions and community services.</p>	<p>4</p>	<p>-Improve behavioral health treatment upon re-entry into the community from institutional settings including exploration of statewide eligibility standards.</p> <p>- Establish a targeted case management Medicaid benefit for justice involved individuals that would allow for case management services to ensure continuity and linkage of care post incarceration.</p> <p>- Developing programs that would focus on individuals with mild to moderate mental illness and SUD that have a history of multiple criminal justice contact fill gaps in services due to funding, policy, or statute.</p>	<p>Develop and implement best practices for warm handoffs from all institutional settings.</p> <p>Medicaid benefit approval for targeted case management for justice involved persons.</p> <p>Identify a plan to ensure a consumer can access similar services regardless of location.</p> <p>Fund programs that would focus on individuals with mild to moderate mental illness and SUD that have a history of multiple criminal justice contacts.</p> <p>Review Mental Health Code Chapter 10 section 330.2006.</p>

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		<ul style="list-style-type: none"> - Increase access to immediate mental health treatment and medications prior to release from institutions. -Expand longer term affordable housing options. -Increased access to employment opportunities, education, or vocational training -Promote the use of Boundary Spanners to facilitate an individualized re entry plan. 	<p>Development of standard protocol and best practices for how medications are managed upon release.</p> <p>Recidivism will be reduced due to an individuals access to appropriate resources.</p> <p>Individual should maintain continuity of care for meds and treatment regimen.</p> <p>Utilization of staff to assist in devising and implementing re-entry plan.</p>
Oversight and implementation of statewide pilot initiatives and administering best practices through data collected	IND	<p>Implement ongoing process of evaluation.</p> <p>Collect baseline and performance indicators for each intercept point.</p> <ul style="list-style-type: none"> -Promote screening tools to identify needs. -Promote systems data matching (e.g., with veterans, within and across behavioral health and justice systems) to develop baselines and targets. 	Utilize Data and Evaluation team to determine return on investments for pilots

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Identify statutory, policy and fiscal barriers to achieving diversion goals	IND	<ul style="list-style-type: none"> - Strengthen the relationship between MDOC and MDHHS related to services available to parolees and probationers. -Improve the ability of juvenile justice providers to share pertinent case information necessary to assist the youth and family in meeting their goals. -Maximize Medicaid claims for community-based and outpatient treatment services. 	Exploring the Mental Health Code (specifically Chapter 10)
Identify specific best practices at each intercept point to create a statewide master model	IND	Utilize sequential intercept mapping techniques and the Stepping Up initiative concepts as well as other national models to develop best practices in Michigan	Utilize the Center for Behavioral Health and Justice to promote national best practices statewide
Follow up statewide knowledge sharing conference to share Diversion Council findings and promote technical assistance from the Center for Behavioral Health and Justice	IND	Utilize examples from other states and nationally (e.g., Stepping Up) that have harnessed state level leaders across all three branches of government with county and municipal leadership to expand knowledge and share best practices to set an environment to promote diversion across Michigan	Plan, promote and present a follow up conference to the Mental Health and Criminal Justice Summit outlining lessons learned from state diversion initiatives.

*IND=Independent Goal

