



State of Michigan
MENTAL HEALTH DIVERSION COUNCIL
Lansing

Sept. 8, 2014

Governor Snyder,

Pursuant to Executive Order 2013-7, the members of the Mental Health Diversion Council have assembled this progress report to detail the accomplishments that have been made over the past eighteen months.

The charge to the Council:

“...reduce the number of people with mental illness or intellectual or developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety.”

When the Council was first created, it adopted an action plan that outlines specific goals, strategies and recommendations to improve diversion of those with mental illness. The eighteen member body created subcommittees to accomplish these objectives and the results have yielded greater efficiency and effectiveness in how our overall system operates.

It has been a pleasure to work with this dynamic group of individuals. As chair of the Council, I am honored to present this progress report to you highlighting the Council's achievements, while also recognizing we have more work to do.

Thank you for your foresight to convene this Council and your ongoing commitment to this critical issue. We look forward to working together in the coming years to continue improving our mental health diversion system.

Sincerely

A handwritten signature in black ink that reads "Brian Calley".

Brian Calley
Chair, Mental Health Diversion Council

SCREENING, ASSESSMENT, AND TREATMENT

“It is important that the State of Michigan improve behavioral health screening, assessment, and treatment of individuals involved in the criminal justice system to improve identification, reduce risk, and provide adequate care for complex behavioral health conditions” – Executive Order 2013-7

In a concerted and solemn effort to improve the behavioral health system and the people it serves, the Council has taken steps to improve the screening, assessment and treatment of individuals involved with the criminal justice system to improve identification, reduce risk and provide adequate care to those with mental illness, developmental or intellectual disabilities. Some of the Council’s accomplishments in the area of screening, assessment and treatment include:

- Creating clear metrics that evaluate every component of the council’s action plan pertaining to diversion encounters, recidivism and treatment outcomes. This evaluation plan has been completed and is being further reviewed by the council for consideration. Once adopted, this evaluation plan will serve as a guide to ensure all recommendations are being implemented effectively.
- Devising a survey for law enforcement (Michigan Chiefs of Police Association and Michigan Sheriff’s Association) that evaluated data such as the percentage of law enforcement contacts with the mentally ill and the most common responses to mental health related calls. Information from this survey was used to construct a pre-booking diversion data collection form that when implemented will give officers the opportunity to contribute to and draw from a statewide database to strengthen their pre-booking efforts.
- Establishing, through the passage of the Mental Health Court Legislation, an ongoing assessment report and recommendations for continuing assessment of the effectiveness of these courts.
- Coordinating with the Mental Health and Wellness Commission to expand the scope of the Mental Health Diversion Council (Executive Order 2014-7) to include four additional seats that encompass the needs of the juvenile justice population. The newly expanded council has already started an action plan outlining the goals and objectives which will soon be announced.
- Passing legislation that maximizes opportunities for individuals with mental illness or developmental disabilities to be considered for jail diversion. The bills are now Public Acts 28 and 29 of 2014.
- Tracking indicators such as recidivism, time between police contacts/psychiatric crisis, and abscond rates were devised to calculate return on investment for current and future pilots.

EFFECTIVE COORDINATION

“Effective coordination of state and local resources is needed to provide necessary improvements throughout the system, including stakeholders in law enforcement, behavioral health services, and other human service agencies.” Executive Order 2013-7

The council recognizes the need to effectively coordinate with state and local resources to provide necessary improvements throughout the system including stakeholders in law enforcement, behavioral health services and other human service agencies. With that in mind, action was taken and accomplishments made in a variety of different areas.

- Identifying and focusing on challenges within communities around the state on the issue of jail diversion for the mentally ill is one of the council’s prime directives. To that end, the council sought out and subsidized five pilot sites around the state to initiate innovative ways to divert the mentally ill and developmentally disabled from incarceration. The purpose was to look at these models and learn from them statistically in order to replicate them around the state once they were deemed effective. Communities were considered from both rural and urban settings and offer a wide range of diversion options for consideration. Pilots are currently located in the counties of Marquette, St. Joseph, Kalamazoo and two in Wayne. These pilots are different from the Mental Health Court system which is considered a “post booking” model whereas the aforementioned pilots are “pre booking” models that would address consumers prior to them becoming involved in the court system.
- Mental health courts have proven to be an effective tool and efforts to expand those courts around the state have taken place. In addition to the passage of the mental health court package that codifies the structure and expectations of the courts, the council has dedicated financial resources to the expansion of existing courts and the creation of new ones across Michigan to continue their efforts.
- Law enforcement is a critical component to the diversion process. Recognizing this, the council has placed a strong emphasis on training police officers to deal specifically with the mental health population in the form of Crisis Intervention Training. These officers go through a comprehensive, 40-hour training regimen that specifically addresses what they would need to know when engaging with the mentally ill in the field and how best to divert them, when appropriate. The training is being piloted in Kalamazoo and plans are underway to expand statewide.
- Developing a standard release form for exchanging confidential mental health and substance use information between various agencies involved with the treatment of a person with mental health or substance use disorders (Public Act 129 of 2014). Having a standardized release of information form will allow a more efficient process for professionals from different agencies and fields to provide treatment and coordinate care in a more expedited manner.

SUCCESSFUL ENACTMENT

“Establishment of the Mental Health Diversion Council within the Michigan Department of Community Health will advise & assist in the implementation of a diversion action plan, & provide recommendations for statutory, contractual, or procedural changes to improve diversion.” Executive Order 2013-7

Knowing that change within the system needs to come from the highest levels, the council is committed to advising and assisting in the implementation of the Diversion Council action plan and will provide recommendations to high-level officials that can in turn affect statutory, contractual or procedural changes to improve diversion statewide.

- The scope and breadth of what the council represents and what it is trying to accomplish remains a massive undertaking. In an effort to streamline the processes and be more efficient in accomplishing its goals, subcommittees were formed that meet as much as needed in between the scheduled monthly council meetings. Each subcommittee meets to address specific goals of the overall council and are responsible for, but not limited to, the topics of pilots, consent and communication, screening and assessment, data and outcomes, treatment and benefits, and finally, juvenile justice.
- A survey of Michigan jails was conducted on behalf of the council pertaining to the baseline prevalence of mental illness within the jail system and current services provided. Gaps identified in these surveys were addressed in order to increase treatment within the jail setting, decrease incidences of verbal/physical altercations while incarcerated, and increase overall safety for both officers and mentally ill inmates.
- The use of “Assisted Outpatient Treatment” orders, commonly known as “Kevin’s Law,” is one way to help mandate treatment to a segment of the mentally ill population that do not recognize their need for services. The council conducted focused interviews with counties that utilize this underused law to understand its shortcomings, perceptions of it by communities and what changes can be made in order for this law to be more accepted by the courts.
- The council examined and bolstered existing policy that would suspend Medicaid coverage of an inmate, rather than terminate their services while in jail.
- Since the council’s inception, the need for a full-time employee to coordinate, maintain, and facilitate the implementation of the action plan set forth by the council was recognized. This person would also act as liaison between subcommittees, pilot sites and the council as a whole as well as assisting with legislative strategies and policy issues. This position was filled on March 3, 2014.