

Mental Health Diversion Council

Progress Report

Issued January 22, 2018

Contents

Mental Health Diversion Council Members.....	2
Staff.....	3
Letter from the Lt. Governor	4
Mental Health Diversion Council Background	5
Screening, Assessment, and Treatment.....	6
Ad Hoc Subcommittee	6
<i>Mental Health Treatment for Juveniles</i>	6
<i>Guardianship</i>	6
<i>Violent Offender</i>	7
Progress Evaluation.....	7
Defining Recidivism.....	9
Juvenile Justice Mobile Crises Response	9
Juvenile Forensic Mental Health Examiners Training	9
Sharing Information and Screening Youth.....	9
Effective Coordination	11
Pilots.....	11
Pilot Snapshots.....	12
Berrien County	12
Livingston CMH	12
Southwest Detroit Community Justice Center.....	13
Managing Mental Health Crisis Two Day Law Enforcement Training.....	13
Law Enforcement Survey	13
Conferences and Outreach	14
Pilot Summit.....	14
Mental Health and Criminal Justice Strategic Planning Summit.....	14
Successful Enactment	16
Revised Kevin’s Law	16
Crisis Intervention Training.....	16
MSU Citing Community Relationships Being Key to Pilots Success	16

Mental Health Diversion Council Members

Lt. Gov. Brian Calley, Chair

Christopher Becker, Ada
Prosecuting Attorney, Kent County
Represents prosecutors

Honorable Curtis Bell, Kalamazoo
Chief Judge, Circuit and Probate Court, Kalamazoo County
Represents the judiciary

Michele Bell, Midland
Director of Court Services and Program Development, Midland 42nd Circuit Court Family Division
Represents advocates of consumer representatives on juvenile justice issues

Ross Buitendorp, Grand Rapids
Director of Network Services, Network 180
Represents adult service agencies and/or providers from a local community mental health service program

Larry Cameron, Southfield
Clinical Coordinator, Central City Integrated Health
Represents advocates of consumer representatives

Soleil Campbell, Okemos
Juvenile Justice Policy and Systems Manager, Michigan Department of Health and Human Services
Serves as the designee of the Department of Human Services

Christopher Cooke, Traverse City
Owner of Cooke Law PLLC, Corporate Council for surrounding municipalities and mental health agency
Represents licensed attorneys

Ronald Derrer, Grand Rapids
School Psychologist, Hudsonville Public Schools
Represents juvenile mental health treatment practitioners

Chief Jon Gale, Twin Lake
Chief of Police, Norton Shores
Represents local law enforcement

Lia Gulick, Wheeler
Health Services Administrator, Michigan Department of Corrections
Represents the Department of Corrections

Betsy Hardwick, Horton
Program Administrator for Professional Consulting Services, Reentry Project for Offenders with Special Needs
Represents community prisoner or jail re-Entry

Sheriff Steve Kempker, Zeeland
Sheriff, Ottawa County
Represents county sheriffs

Milton L. Mack, Wayne
State Court Administrator, State Court Administrative Office
Represents the State Court Administrative Office

John Searles, Wheeler
Superintendent, Midland County Educational Service Agency
Represents school systems

George Strander, Albion
Court Administrator and Probate Register for Ingham County Probate Court
Represents court administrators

Lynda Zeller, Lansing
Deputy Director, Behavioral Health and Developmental Disabilities Administration
Represents the Department of Community Health

Staff

Steven Mays, Liaison to the Mental Health Diversion Council and Diversion Administrator, Michigan Department of Health and Human Services

Kirstie Sieloff, Policy and Outreach Coordinator to Lt. Governor Brian Calley

Dr. Debra Pinals, Technical Advisor to the Mental Health Diversion Council, Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services



State of Michigan
MENTAL HEALTH DIVERSION COUNCIL
Lansing

To: Members of the Michigan Legislature
From: Mental Health Diversion Council
RE: Mental Health Diversion Council Progress Report

January 22, 2018

Distinguished Members of the Legislature:

As Lt. Governor, I have advocated that we not leave anyone behind – whether it be people with mental illness, developmental disabilities, or substance abuse issues. I am honored to serve as chair of the Mental Health Diversion Council, which is doing critically important work making sure that people don't end up in jail in the first place. They're looking for every intercept — every possible point of intervention — to keep people out of our corrections system and deal with the root cause of the problem by connecting them with the services they need.

You can witness evidence of the council's work across Michigan. The council has eleven pilots, which are formulating models that can be implemented throughout our state. Assisted outpatient treatment is now more accessible through the expansion of Kevin's Law, connecting families with access to better treatment before a crisis occurs. The council is working to encourage the expansion of crisis services available 24/7 to youth and their families. Council members are also supporting Managing Mental Health Crisis/Crisis Intervention Training for our law enforcement officers, because it is vital that they be able to recognize mental illness and diffuse situations that could become extremely dangerous. Going forward, the council will continue to look for ways to intervene earlier and help people get the treatment they need.

I am pleased to provide you with this progress report that outlines some of the council's more recent accomplishments. We are excited by the enormous amount of work that has been accomplished, but acknowledge that there is still much to be done. In keeping with the desire to maintain an open line of communication, the council is hopeful that the following information is helpful and will act as a driving force to continue to offer adults and youth with mental health issues a chance for treatment instead of incarceration, while maintaining public safety. Please think of the Mental Health Diversion Council as a resource and partner as we move forward to make sure that every person has the opportunity to live an independent, self-determined life.

Sincerely,

A handwritten signature in cursive script that reads "Brian Calley".

Lt. Governor Brian Calley
Chair, Mental Health Diversion Council

Mental Health Diversion Council Background

Governor Snyder has stated that preventing the unnecessary incarceration of those with behavioral health conditions is a priority for his administration. Hence, in his September 2011 Health and Wellness message Governor Snyder remarked on the “disproportionate share of persons with behavioral health issues behind bars” and directed the establishment of a workgroup to create an action plan to address the following recommendations from the 2008 Mental Health Work Group report: (1) improve mental health services in the community, in the jails, and in the court system; (2) institute diversion programs; (3) improve the management of individuals in jail; and (4) share information appropriately across the criminal justice system.

Through the direction of the former Michigan Department of Community Health and the Michigan Department of Corrections (MDOC), the Diversion Strategies Workgroup was formed in January 2012, consisting of key department representatives, judges and other trial court personnel, law enforcement, mental health professionals, and advocates for individuals with mental illness. In March 2012, Governor Snyder reemphasized the importance of the workgroup's charge in his Public Safety message. That June, the workgroup completed the Diversion Action Plan, implementation of which would represent a “systems change” in how Michigan accomplishes the diversion of individuals with mental illness away from incarceration and to monitored treatment.

In February of 2013, Governor Snyder elevated the Diversion Strategies Workgroup by forming the [Mental Health Diversion Council](#) (MHDC) through [Executive Order 2013-7](#). The Council, chaired by Lt. Governor Brian Calley, is charged with “[...] reducing 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.” The council officially adopted the action plan created by the original workgroup, which outlines specific goals, strategies, and recommendations to improve diversion of those with mental illness and developmental disabilities (Appendix A).

In March of 2014, Governor Snyder expanded the scope of the MHDC to incorporate the issue of juvenile justice through [Executive Order 2014-7](#). The membership was also expanded to include individuals with expertise in this specific area. The council has since adopted an action plan specific to the juvenile justice population and is working to implement its initiatives (Appendix B).

Screening, Assessment, and Treatment

"[I]t 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 an effort to improve the behavioral health system and the people it serves, the MHDC 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 are included in this section.

Ad Hoc Subcommittee

The Ad Hoc Subcommittee serves the purpose of further investigating issues discovered by the MHDC. This subcommittee is responsible for the creation of the revised Kevin's Law concept and has since then taken on additional topics.

Subcommittees are often comprised of numerous stakeholders and take place over a number of meetings in order to recommend solutions to the problem at hand. The goal of the Ad Hoc Subcommittee is to suggest legislative and policy changes to increase diversion and reduce incarceration of people with mental illness.

Mental Health Treatment for Juveniles

The Ad Hoc Subcommittee originally proposed diversionary paths for juveniles in instances when:

- 1) A child commits a criminal act due to mental illness.
 - a. The subcommittee proposed a diversionary path through the probate court.
- 2) A parent/guardian submits themselves to the abuse and neglect system out of desperation to secure treatment for their child.
 - a. The subcommittee proposed an alternative petition filing to access treatment.
- 3) A parent/guardian is denied services by the state and does not know where to turn.
 - a. The subcommittee proposed a new route for review of a denial of treatment by the state through the probate court.

Cost projections determined after the proposal was created have led to a rethinking of the concept. The group will continue to explore ways to divert this juvenile population.

Guardianship

Based on current legislative language in the Estates and Protected Individuals Code (EPIC), probate courts do not interpret that guardians of legally-incapacitated individuals have the ability to consent to any type of mental health treatment and must file a petition under the Mental Health Code to do so.

The subcommittee proposed eliminating the treatment petition process and specifically granting parents or legal guardians the authority to consent to mental health treatment for legally-incapacitated individuals when the ward consents. If the ward objects to any of the mental health treatment, the parent or legal guardian or other interested person must file a chapter 4 petition in order to provide involuntary mental health treatment to the ward.

Violent Offender

Currently, offenders of some violent crimes are individuals who could potentially benefit the most from specialty courts. However, due to the nature of their past or current crimes, these individuals are unable to participate in these problem-solving courts. The subcommittee recently finished reviewing this process in order to divert violent offenders, while protecting public safety. Specifically, the subcommittee is proposing new language that would enable a violent offender to participate in a mental health court if both the judge and prosecutor, in consultation with the victim, agree it is in the best interest to do so, which is similar to the entry criteria of other specialty courts. The Ad Hoc Subcommittee also reviewed and made suggested revisions to language revolving around juvenile mental health courts, the not guilty by reason of insanity process, and the incompetent to stand trial process.

Progress Evaluation

The MHDC understands the importance of promoting data-driven strategies. The council partnered with Dr. Sheryl Kubiak and Michigan State University's (MSU) Data and Evaluation Team in 2015 to collect data on the council's pilots. A series of reports cover current pilot initiatives and provide information on program processes and preliminary outcomes to the MHDC, as well as those pilot communities so that they can use the data to facilitate planning for future diversion activities. The [first report](#) on program implementation focused on variations in program design and implementation strategies across the pilot sites and prevalence of serious mental illness in each of the jails.

Long-term outcomes were assessed at the one-year mark to better understand recidivism, mental health treatment engagement, and consistency of outcomes, with a report titled *Diversion Pilots: Long Term Outcomes* finalized in January of 2018 (Appendix C). The report on long-term (1 year) outcomes of jail-based service and crisis intervention teams for 9 pilots indicates that:

Long-term (1 year) outcomes of jail-based service pilots

- More than 3,500 individuals have received at least one jail diversion service from the pilot programs since 2015.
- In 7 of 8 programs, jail-involved individuals were more likely to receive a mental health service in the year after the pilot intervention than in the year before; increases range from 2% to 17%.
- In 5 of the 8 programs, reductions in recidivism were achieved, ranging from 4% to 19% (4 programs experienced 10% or greater reduction in jail recidivism).
- Across counties, post-intervention jail confinement was often associated with misdemeanors or violations of the court, ranging from 44% to 89% of those who recidivated.
- Those who have evidence of a co-occurring substance use disorder are twice as likely to recidivate as those without a substance use disorder.

Crisis Intervention Training (CIT) long-term outcomes

- A total of 665 officers were trained since 2015, including 384 patrol, 306 corrections, and 33 dispatchers. For purposes of this evaluation, the MSU Data and Evaluation Team focused on one county where 462 officers have been trained, including 123 patrol, 306 corrections, and 33 dispatchers – and were allowed access to data.
 - Transports to the crisis center increased 22% post-CIT training; the increase was sustained 20 months post-training.

- CIT-trained deputies are 3 times more likely to transport individuals to the crisis center than untrained deputies.
- For every 1-mile away the deputy is from the crisis center, they are 1% less likely to transport to the crisis center.
- An initial review of calls for the Cell Extraction Team (CET) within the jail indicates a 49% reduction in CET calls when comparing the 3-month period before corrections CIT training to the 3-month period following the training.

As the MHDC emphasizes response to those with mental health problems across all points along the criminal/legal continuum (i.e., [Sequential Intercept Model 1 through 5](#)), the evaluation shifts from a program-based to a system-based evaluation. The goal was to assess the baseline operation of all of the intercept points in each county in 2017 and then assess efficacy by replicating the data collection.

A report on initial detention (Intercept 2) and jail services (Intercept 3), titled *Mental Health Jail Diversion Report on Stage 1* and finalized in January 2018, illuminates the mechanisms within the jail (and between CMH (Community Mental Health) and the jail) for identifying individuals with mental health issues so that pre/post booking diversion services, as well as jail-based services, can be initiated (Appendix D). Without robust processes for identification and referral, comprehensive diversion is difficult to achieve. The report indicates the following for the 8 pilots implementing both jail-based services and CIT interventions:

Prevalence data demonstrating need/change

- Based on results of the standardized screening tool alone, in 2017 in county jails where pilot diversion programs were present, 20% of those booked show symptoms of a serious mental illness (SMI), down from last year's prevalence of 22%.
- Among those with SMI, 66% demonstrate symptoms of either a drug or alcohol use disorder compared with 51% of those without SMI.
- Nearly half (45%) of those entering the jail report insecure housing. The rate of SMI is significantly higher among those with insecure housing (23%) compared to those with secure housing (17%).

Officer identification of mental health issues within the jail

- Based on results of the standardized screening tool alone, in 2017 in county jails where pilot diversion programs were present, 20% of those booked show symptoms of a serious mental illness (SMI), down from last year's prevalence of 22%.
- In addition to the 20% of the jail population identified with the standardized mental health screening instrument, officers independently identified an additional 13% of individuals entering the jail as having a mental health issue. Across jails the proportion of individuals identified by officers varied from 1% to 23%; indicating wide variation in the screening conducted by officers.

Referral and service attainment within the jail

- Of the individuals identified by officers as needing mental health service, 92% of those identified were referred. Of those referred for an assessment or service by a mental health professional, only 54% received such a service.
- Organizational configuration of funding and service delivery varies across counties. In the large metropolitan counties funding is a joint effort between the jails and CMH, where in the smaller urban and rural counties funding of mental health services is either solely the responsibility of the

jail or CMH. The proliferation of third-party contractors to deliver assessment and treatment services within the jail has created another layer of complexity in county-level collaboration.

Defining Recidivism

The MHDC juvenile justice members determined that a priority should be placed on defining recidivism, as a statewide definition did not exist. The Michigan Department of Health and Human Services (MDHHS) juvenile justice programs worked in conjunction with the courts and the State Court Administrative Office (SCAO) to identify a definition of recidivism for adjudicated youth in either residential secure or non-secure facilities, defined at 6 months after a youth is released from placement. As a result, the following definition was provided by MDHHS to the legislature: “An individual recidivates when adjudicated or convicted of a new offense within 6, 12 and 24 months of release from a secure or non-secure residential treatment facility and he or she was adjudicated or convicted of at least one other offense prior to placement in the facility. Recidivism offenses do not include probation violations, status offenses, or civil infractions.” View the full report [here](#).

Juvenile Justice Mobile Crises Response

MHDC juvenile justice members conducted site visits to counties working on Mobile Crisis Response and reviewed nationally known, effective programs. With funding and guidance from the juvenile justice members, MDHHS issued a request for proposals (RFP) to implement juvenile urgent response teams to serve juvenile justice youth ages 10-21. The goal of the request for proposals is to encourage the expansion of crisis services available 24 hours per day, 7 days per week to youth and their families that can provide a response where the youth is located. RFP’s were sent out and as of October of 2017, two agencies have been chosen to carry on this work in Muskegon County and Houghton County.

Juvenile Forensic Mental Health Examiners Training

The MHDC juvenile justice members began a Juvenile Competency Legislation Workgroup from which recommendations were made by stakeholders to implement strategies to assist courts with fulfilling juvenile competency legislation enacted in 2012. The first priority identified was to fund a contract to develop a curriculum to train juvenile forensic mental health examiners for endorsement by MDHHS, as required by law. MDHHS completed the request for proposals in the spring of 2017 and awarded the contract to National Youth Screening and Assessment Partners. This curriculum will be trained twice in 2018, with a priority placed on ensuring access to the training for new providers with support of courts that do not currently have ready access to a juvenile forensic mental health examiner.

In addition, with the support of the MHDC, MDHHS is developing resources to support juvenile forensic mental health examiners and restoration providers.

Sharing Information and Screening Youth

MDHHS has adopted the Michigan Juvenile Justice Assessment System (MJJAS) as the standardized, evidence-based risk assessment system. The MJJAS includes five tools that can be used at diversion, detention, disposition, residential, and reentry. MDHHS trains all juvenile justice specialists providing case management services and juvenile justice supervisors for youth referred or committed to MDHHS for delinquency supervision, care, and placement and certifies these staff in administration of the tools. In addition, MDHHS trains the residential staff at Shawono Center and Bay Pines Center, as well as all private, contracted juvenile justice residential treatment facilities and certifies these staff in administration of the tools. The results are used to assist with determining services, placement type and security level, and

reentry planning. When available, MJJAS training is also offered by MDHHS to local court probation officers and supervisors. MDHHS provides the training and ensures that staff who are certified have the materials necessary to administer and score the risk assessments.

MDHHS staff and private, contracted juvenile justice residential treatment facility staff record the results of the MJJAS assessments in the Michigan Statewide Automated Child Welfare System (MiSACWIS), which enables real-time sharing of information between MDHHS local office staff and residential staff. MDHHS also contracts with the University of Cincinnati to host an online system to record MJJAS results and provide reports for local courts. Currently, juvenile court staff in seven counties use the MJJAS online system. In addition, two courts have had staff that participated in the MJJAS train-the-trainer with funding from the MHDC, which enables the courts to have certified trainers that can provide training to staff both within their own court and others that may be interested.

The MHDC plans to continue to support funding for these initiatives to be sustained and expanded.

Effective Coordination

“[E]ffective 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 outlined in this section.

Pilots

Identifying and focusing on challenges within communities around the state on the issue of jail diversion for individuals with mental illness is one of the prime directives of the MHDC. To that end, the council has sought out and financially supported eleven pilot sites around the state to initiate innovative ways to divert people with mental illness or developmental disabilities from incarceration.

The goal of the pilots is to gather data in an attempt to replicate preferred practices throughout the state. Communities were considered from both rural and urban settings and offer a wide range of diversion options for consideration.

The pilots support early intervention, treatment, and diversion in the forms of:

- Employing jail diversion liaisons or “boundary spanners” who act as the face of jail diversion in their communities and help to strengthen relationships with all agencies that would have an impact on someone with a mental illness who comes in contact with the criminal justice system.
- The effective and comprehensive training of law enforcement in CIT that helps officers de-escalate potentially volatile situations in the field and promotes successful intervention into treatment in lieu of incarceration, when appropriate.
- Enhanced screening models that help identify persons with mental illness sooner in the process to increase the probability of intervention and diversion.
- Increased treatment staff within jails to help identify, treat, and implement services both in and out of the jail in an effort to promote continuity of care, reduced recidivism, and safety to both jail personnel and those in custody.
- Offering longer term housing options to those with mental illness coming out of jails in an effort to increase their chances of stability within the community and thereby reducing the possibility of re-offending.
- Offering specialty courts that allow for release or diversion from jails as long as orders from that court are followed for the pre-determined amount of time.
- The use of MSU’s Data/Evaluation Team to gather and analyze data from the pilots to track effectiveness of programming.

Current pilots include the following:

- Barry County – CIT, Juvenile Diversion, Screening Tool
- Berrien - CIT, Jail Clinicians, Intensive Follow Thru
- Detroit Central City – Forensic Assertive Community Treatment (F.A.C.T.), Longer Term Housing
- Detroit SW Community Court – Community-Based Sentencing
- Kalamazoo – CIT, CIT-Y (CIT for youth), Longer Term Housing, Data Warehousing
- Kent – Full-Time Jail Clinicians and Intensive Follow Up, Diversion Center
- Livingston – CIT, In-Jail Staff Clinicians, Pre-Release Assessments
- Marquette – CIT, Crisis Beds, Jail Liaison, Moral Reconciliation Therapy (MRT), Diversion Unit
- Monroe – Jail Staff-Peer Supports, Mental Health Court
- Oakland – CIT, CIT-Y, In-Jail Staff, Boundary Spanner
- St. Joseph – CIT, Diversion Center, Boundary Spanner

Pilot Snapshots

Berrien County

Berrien County now offers two police trainings including *Resolving Law Enforcement Response to Mental Health Incidents* (CIT prerequisite), which has trained 54 officers, and a *Forty Hour CIT Training*, which has trained 4 officers. The county continues to look for ways to improve its training. In August, pilot partners attended and presented at the International CIT conference in an effort to improve the CIT training in Berrien County and share information.

A Collaborative Community Council was also established with various members to improve jail diversion and CIT throughout Berrien County. Membership includes law enforcement, the prosecuting attorney, mental health authority, and emergency management. It is anticipated that membership will grow as the program continues to develop.

Berrien County now has a Boundary Spanner position filled by an individual sharing their time at the local jail and parole office. This position works collaboratively with the Berrien County jail, defense attorneys, prosecuting attorneys, and probation and parole in an effort to identify, advocate, and link people with mental illness with the appropriate level of care and services.

Livingston CMH

Livingston County CMH may have been awarded the jail diversion grant, but the pilot has learned that one agency cannot accomplish successful outcomes alone. The positive relationships built with the law enforcement, jail medical staff, judges, and other partners in the community has been the pilot's biggest accomplishment.

The CMH jail diversion team has been working with individuals at all points of intercept to assist and support with a warm handoff and wrap-around services to prevent involvement in the legal system, while supporting recovery. Specialty courts have been instrumental in sustaining and supporting individuals post incarceration.

Additionally, in late 2017, the pilot's jail diversion team members partnered with the sheriff's department to offer the first two-day officer training, with additional trainings planned in 2018 in order to expand to all police departments in the county. The pilot has also just started their ride-along project, which will

increase understanding of each partners' roles in reducing the number of individuals with mental health, substance use, and intellectual disabilities in the criminal justice system.

[Southwest Detroit Community Justice Center](#)

Southwest Detroit Community Justice Center is a neighborhood-based justice center that maintains the dignity of the individual and works collaboratively to make their community safer and more vibrant by using a restorative and solution-focused justice model. Their clients perform community service as restitution, while receiving wrap-around services and treatment for underlying conditions, such as mental illness.

The center has success stories, like Mr. Jeff who was charged with entering a vacant building without permission, but was also diagnosed with schizophrenia and is battling alcohol and a drug addiction. Initially in denial, they were able to work with Mr. Jeff to voluntarily reconnect with his mental health treatment provider and enroll in the local drug court to receive integrated treatment for his co-occurring disorders.

The center has a 90% court compliance rate and their 2015 participants had a 4% recidivism rate for non-traffic related offenses. Clients range from ages 17-77 and speak English, Spanish, and Arabic. The organization is excited to grow their Community Justice Mental Health Initiative in 2018.

[Managing Mental Health Crisis Two Day Law Enforcement Training](#)

In 2017, the MHDC endorsed the Managing Mental Health Crisis Two Day Law Enforcement Training. For communities that are not able to administer the already endorsed 40-hour CIT training that is being implemented in many of the pilot projects from the MHDC, this could be used as a precursor to that more advanced training or, because of its contents, could be used as a standalone training. The hallmark of this law enforcement curriculum is the co-facilitation of the training by both law enforcement and treatment staff.

To date, the MHDC has provided mental health/crisis training to more than 650 law enforcement officers in Michigan. The two-day training provided curriculum to nearly 200 officers in addition to the aforementioned figure.

[Law Enforcement Survey](#)

[Recently](#), the MHDC's law enforcement members representing the Sheriffs and Chiefs of Police crafted a survey that was sent out to law enforcement all across the state (Michigan Association of Chiefs of Police, Michigan Sheriff's Association, and Michigan State Police). In it questions were asked of law enforcement such as how mental health training is provided by the responding agencies, how important agencies feel training is for law enforcement, if the responding agency has had mental health or crisis intervention training, and other questions meant to gather data and perceptions regarding law enforcement and how they interact with individuals with mental illness in their daily work. The survey results underlined that efforts to expand mental health and crisis training for law enforcement officials are widely supported by first responders. The council will use these survey results to work on implementing this type of training on a statewide basis. The survey and the results are included in Appendix E.

Conferences and Outreach

Pilot Summit



Figure 1: Lt. Governor Calley speaking at the 2017 Pilot Summit

In August 2017, the MHDC hosted its fourth annual pilot summit. The summit is an opportunity for the council's eleven pilots to share information, but more importantly, an opportunity for the council to recognize areas for further support or establish new policy priorities to better support the pilots. For example, the MHDC has been addressing an issue brought up by last year's pilot summit that revolved around the issue of a "warm handoff" being one of the most effective ways to help reduce recidivism.

This concept was simply that just prior to being released, an individual would have the best chance of success if they were immediately connected to such things as a case manager, medications, stable housing, and transportation to appointments.

This year's pilot summit brought attention to the issue of information sharing and the idea that the ability to share certain information amongst agencies in the name of continuity of care would help dramatically an individual's chances to remain stable while in custody. This in turn would increase staff and safety of the individual while in custody and thereby reduce incidences of altercation and recidivism.

Mental Health and Criminal Justice Strategic Planning Summit

For two days in November, the [MHDC hosted a summit](#) to advance statewide jail diversion efforts and align with national Stepping Up and Strategic Mapping initiatives, this to bring attention to the issue and seek methods to more effectively divert people with mental illness out of incarceration and into treatment on a statewide basis while still protecting public safety.

The Mental Health and Criminal Justice Summit, hosted by the MHDC and MDHHS, brought together statewide leaders to raise awareness and seek methods to effectively move individuals with mental illness out of incarceration and into treatment, where appropriate.

At the summit, the audience heard from Governor Rick Snyder; Lt. Governor Brian Calley, Chair of the MHDC; Speaker of the House Tom Leonard; Dr. Sheryl Kubiak, Lead Researcher for MSU's Data and Evaluation Team, and staff; representatives from 5 of the current 11 pilot initiatives; Lynda Zeller, Deputy Director of Behavioral Health and Developmental Disabilities Administration and Mental Health Diversion Council member; Dr. Debra Pinals, former American Academy of Psychiatry and the Law president and

current Director of Behavioral Health and Forensic Services MDHHS; juvenile justice staff from MDHHS; and fellows from the U of M medical school.

Attendees were informed by the [Council of State Governments](#) on the national Stepping Up movement that encourages communities to sign resolutions that vow to bring agencies together and collectively find ways to reduce the jail population of persons with mental illness who would be better served through treatment. They also learned from [Policy Research Associates](#) about the



Figure 2: Governor Snyder speaking at the Mental Health and Criminal Justice Strategic Planning Summit

Sequential Intercept Model and Strategic Mapping and how statewide pilot efforts through the Diversion Council are using this model to engage people with mental illness in the criminal justice system and divert them, when appropriate, with the goal of reducing recidivism.

The summit was notable for being the first time two leading initiatives were spotlighted in the same venue related to reducing the entry of individuals with mental illness into the criminal justice system. Specifically, Dr. Fred Osher represented the Stepping Up initiative and the Council of State Governments Justice Center with Dr. Hank Steadman and Dan Abreu represented Policy Research Associates and the concepts behind the Sequential Intercept Model and Strategic Mapping. All three are nationally prominent names in diversion and in the frameworks they discussed. The event was also notable because of the strong support across all stakeholders. Representatives from community mental health, state psychiatric hospitals, law enforcement, lawyers, judges, and state and local governments were all in attendance and/or presented.

Successful Enactment

“[E]stablishment of the Mental Health Diversion Council within the Michigan Department of Community Health will advise and assist in the implementation of a diversion action plan, and 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 action plan and will provide recommendations to high-level officials that can in turn affect statutory, contractual, or procedural changes to improve diversion statewide.

Revised Kevin’s Law

The use of “Assisted Outpatient Treatment” (AOT) orders, commonly known as “Kevin’s Law,” is one way to help mandate treatment to a segment of the population with mental illness who do not recognize their need for services. Originally born from the Ad Hoc Subcommittee, in November 2016, the revised Kevin’s Law was signed by the Governor becoming Public Act 320 of 2016 and took effect February 14th, 2017. The changes made AOT more accessible, connecting families with access to better treatment before a crisis occurs.

The next step to implementation of the new law is training all who come could come into contact with individuals who may benefit from AOT. Trainings statewide are underway through local [NAMI](#) chapters that will help the community better understand the changes to the law and walk them through the steps in petitioning the court for AOT.

Located in Appendix F is a training that was provided by the MDHHS, the Michigan Association of CMH Boards, and SCAO to help practitioners better understand the changes under the revised Kevin’s Law.

Crisis Intervention Training

The MHDC understood early on that helping to train law enforcement about recognizing the signs and symptoms of mental illness as well as learning to de-escalate potential challenges in the field would be key in helping to steer those with mental illness away from jail and into treatment, when appropriate. Since 2015, there have been over 650 officers who have completed the comprehensive Crisis Intervention Training/Crisis Intervention Training for Youth and pilots continue to utilize this training on an ongoing basis to help train officers on the street, first responders and dispatch staff in an effort to engage as many law enforcement staff as possible to act as an informed first line of contact to those with mental illness in their communities.

MSU Citing Community Relationships Being Key to Pilots Success

A key element to the achievement of the pilots as cited by the MSU Data and Evaluation Team has been the successful enactment of relationship building in those communities. In an effort to break down long standing “silos” that have in many communities kept agencies at arm’s length of one another in dealing with a shared population (individuals with mental illness), success comes primarily with the knowledge and understanding that agencies need to work together in a unified and efficient manner in order to help cut down on recidivism in their jails, entry in to the legal system, and admissions in to psychiatric units. Successes from these pilots can be greatly attributed to the development and constant nurturing of these relationships that continue to aid in the diversion from jail of those with mental illness.