

# Deflection and Diversion Opportunities and Impact

**MICHAEL K. CHAMPION, M.D.**

---

SENIOR ADVISOR FOR MENTAL HEALTH AND THE JUSTICE SYSTEM

OFFICE OF GOVERNOR JOSH GREEN, MD

# Challenges

---

It is more likely than not that a person with a serious mental illness will encounter the criminal justice system. People with mental illnesses are 10 times more likely to be incarcerated than hospitalized.

Jails and prisons have become the de facto mental health and substance use system of care.

The justice system was never intended to serve as the safety net for the public mental health system and is ill-equipped to do so.

Applying a criminal justice model to a public health issue is not the answer.

# Opportunities

---

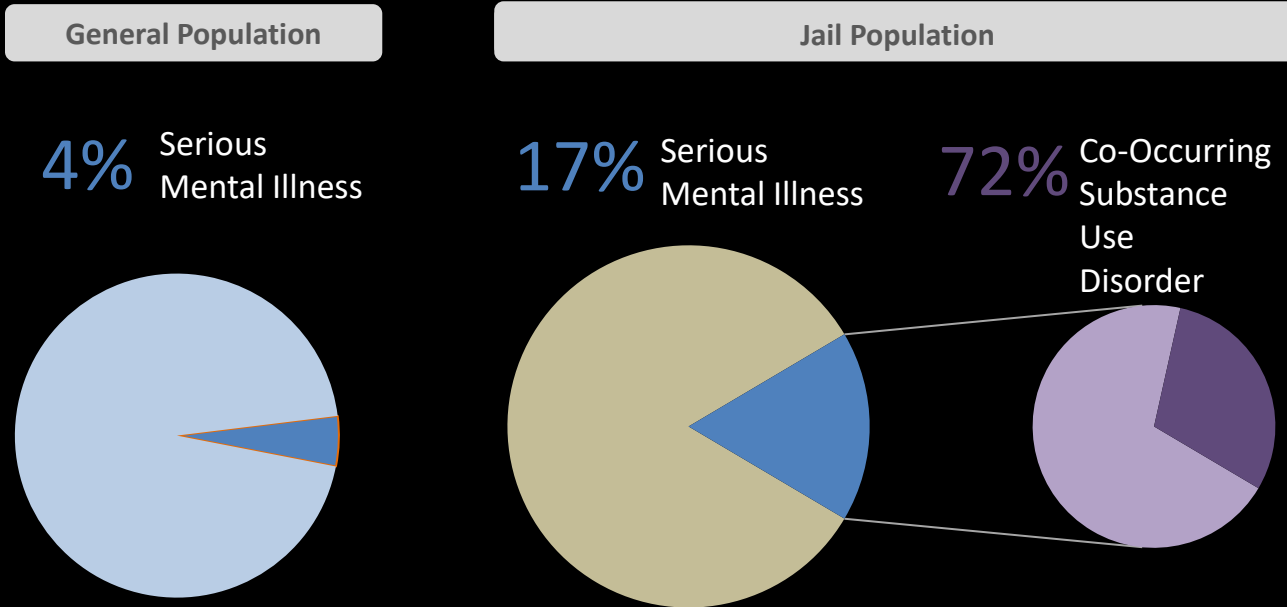
We are on the cusp of major shifts in the way that we approach public health and public safety for those at risk of involvement or who are involved with the criminal justice system.

Rehabilitative jail/prison culture and environments are essential for public health and public safety.

Planning for new programs and facilities includes broader system planning for:

- upstream services like a comprehensive crisis continuum and diversion programs and
- downstream re-entry and reintegration services

# Serious Mental Illness: Overrepresented in Our Jails



**Common  
Mental Health  
and  
Substance Use  
Diagnoses**

Substance Use Disorder

Alcohol Use Disorder

Stimulant Use Disorder

Schizophrenia

Major Depressive Disorder

Bipolar Disorder

Post Traumatic Stress Disorder

**Trauma**

# Factors Driving Crisis

---



Disproportionately  
higher rates of  
arrest



Longer stays in jail  
and prison



Limited access to  
health care



Higher recidivism  
rates



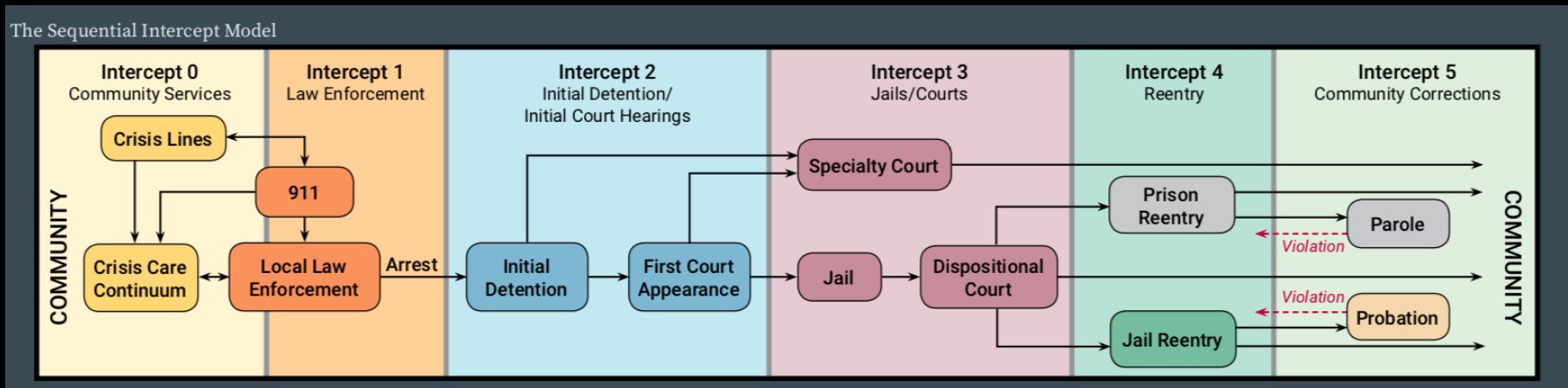
Low utilization of  
EBPs



More criminogenic  
risk factors

# The Sequential Intercept Model

Potential Intercepts in the Criminal Justice Process Where Mental Health and Substance Use Needs Can Be Identified

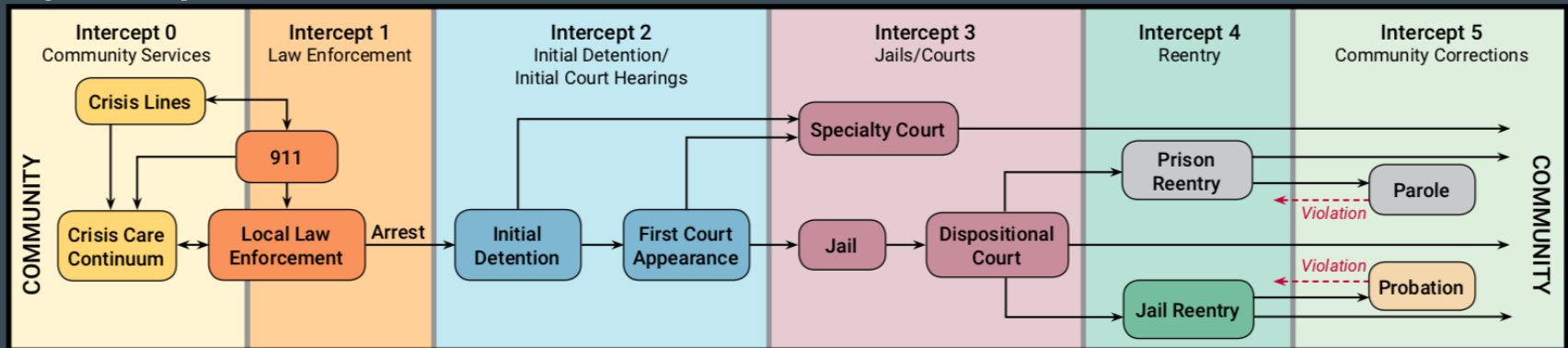


SAMHSA's National GAINS Center, Delmar, NY 2017; Adapted from Munetz and Griffin, *Psychiatr Svcs*, 2006

1. Strategic planning tool.
2. Blueprint for forensic mental health system.
3. Promotes community-based strategies to reduce the involvement of people with mental illness in the criminal justice system.

# SIM: Intercept Programs

The Sequential Intercept Model



1. Crisis Mobile Outreach
2. Crisis Intervention Team (CIT)
  - a. Diversion
3. Crisis Centers/Hubs

1. Screening- Court Based Clinicians
2. Pre-trial supervision programs
3. Post-booking jail diversion programs
4. Specialty Courts: MH, Drug, Veterans
5. Jail based psychiatric and MH treatment

1. Prison based psychiatric and MH treatment
2. Re-entry planning
3. In-reach by MH providers
4. Linkage: Warm handoff
5. Community supervision-collaboration with MH providers



# Community Hospitals EDs

---



1. High volume; familiar faces.
2. Impact on critical services (trauma).
3. Risk of boarding pending psychiatric inpatient placement.

---

A Solution to the “Deflect to What?” Question

**Behavioral Health Crisis Center**

Culture of treating law enforcement as a “preferred customer” to support prebooking diversion.

# Arizona Model

---

1. Drop off by law enforcement, EMS, transfer from emergency departments, mobile crisis teams, and walk-in.
2. "No wrong door" approach with no behavioral health exclusionary criteria.
3. Involuntary and voluntary: Can detain a person for assessment and treatment.
4. Provides full complement of services 24/7.
5. Equivalent to an MH1 designated receiving facility.
6. Serves as a central receiving facility for law enforcement, a component of pre-booking jail diversion.

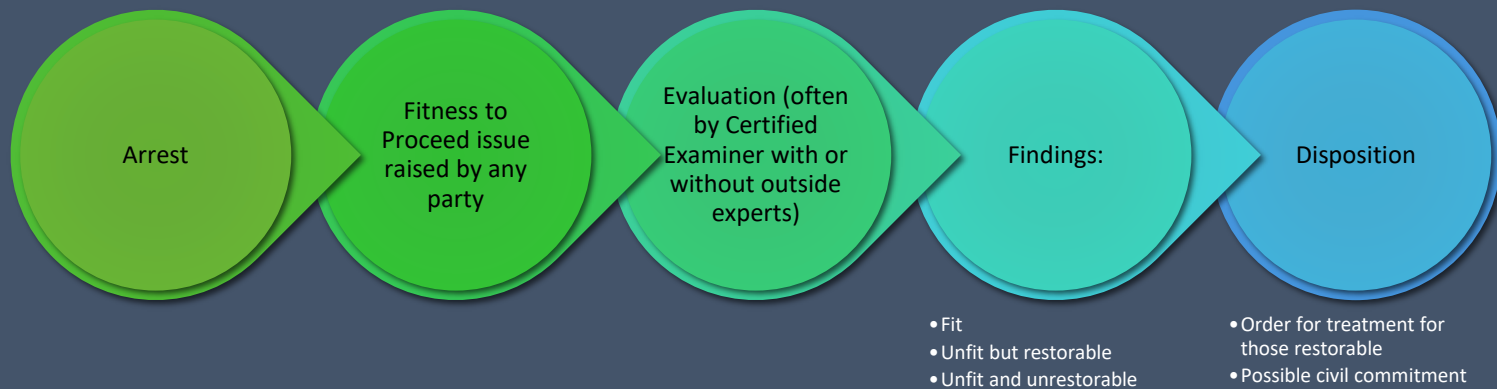
# Benefits

---

1. Access to person-centered specialized crisis services, coordination of care, and stabilization in the least restrictive setting.
2. Alternative to Emergency Department.
3. Hub for assessment for possible Assisted Community Treatment.
4. Enhanced linkage with community services and supports including peer support.

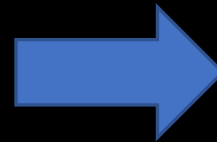
# Fitness to Proceed Process

---



---

**Fitness to Proceed Evaluation**



**Legal Restoration**



← INTERCEPT 2

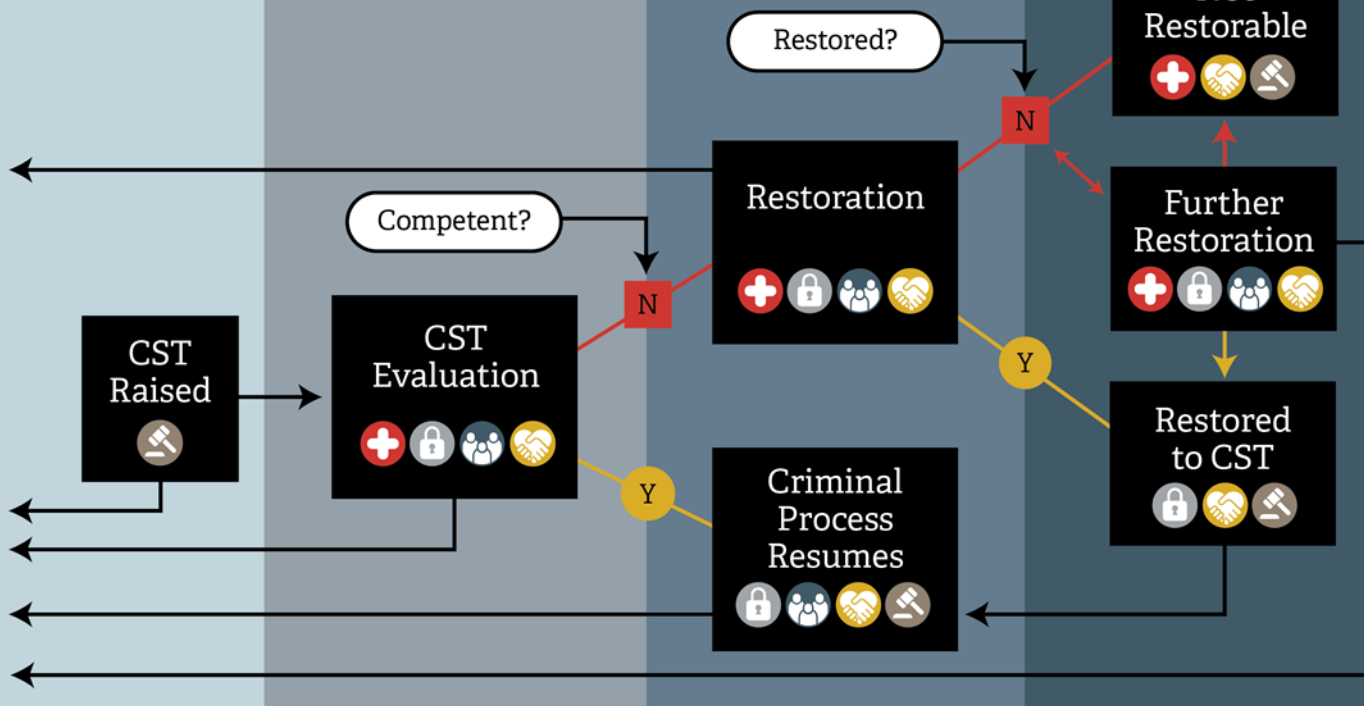
INTERCEPT 3 →

# COMPETENCE TO STAND TRIAL (CST)

HOSPITAL JAIL COMMUNITY SUPPORT COURT

© 2019 POLICY RESEARCH ASSOCIATES, INC., DEBRA A. PINALS, M.D., AND LISA CALLAHAN, PH.D.

**DIVERSION**



## Post Booking Jail Diversion- Miami Dade Model

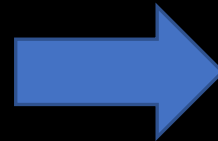
---

1. Alternative to traditional competency/fitness pathway- focus on mental health evaluation and diversion into treatment.
2. Eligibility: clinical condition, charge, risk/needs (assessment tool)
3. Assessment and community treatment plan.
4. Linkage to comprehensive array of community-based treatment, support, and housing services.
5. Monitored for up to one year in community to ensure linkage to supports and services.
6. Legal charges may be dismissed or modified based on treatment engagement.
7. 75-80% are houseless as time of arrest.



---

**Mental Health Evaluation**



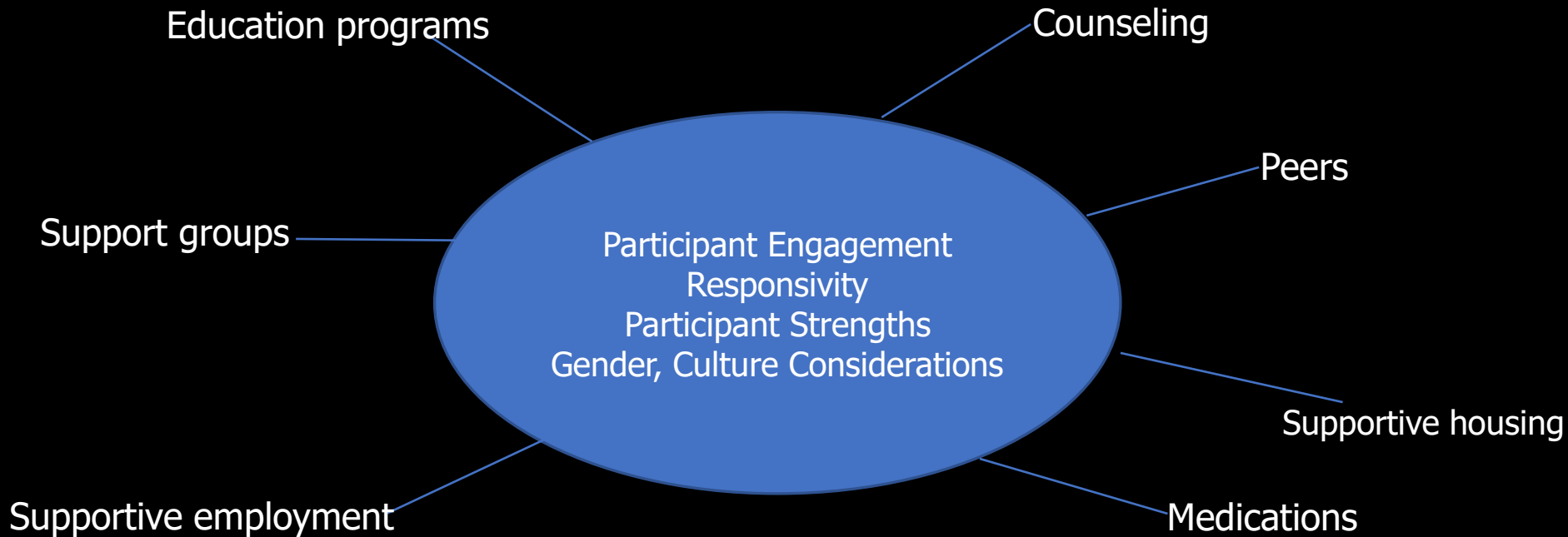
**Treatment Plan**



# Comprehensive Outpatient Services

---

*A well-rounded and integrated treatment plan:*



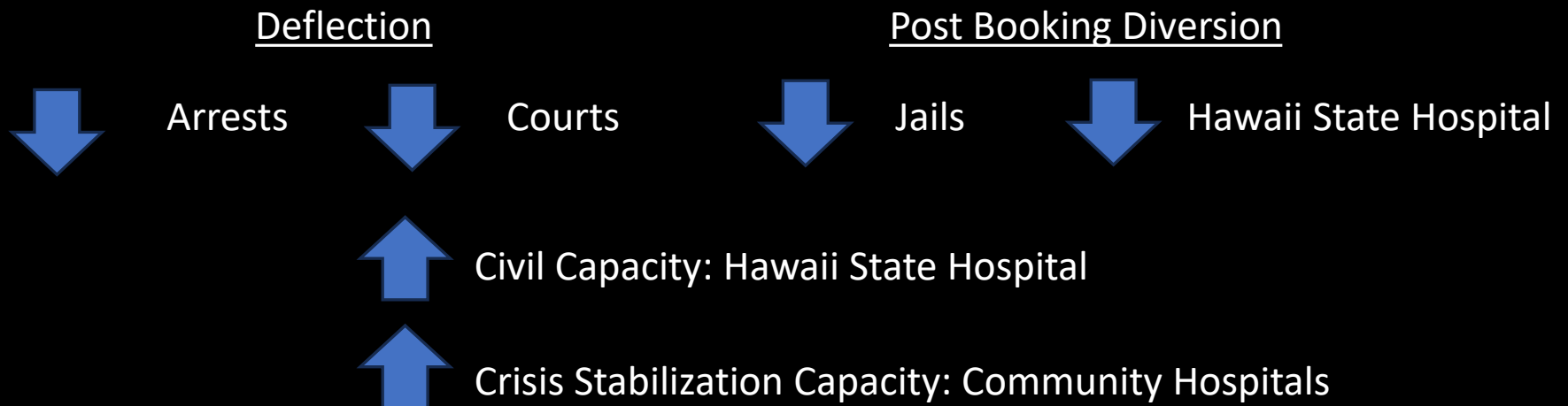
# Hawai'i: Opportunities and Potential Impact of Diversion

---

78% of jail population is pretrial.

Jails are at 131% capacity (88 to 232%).

75% of jail population are incarcerated for Class C Felony or lower offense.



**MICHAEL K. CHAMPION, M.D.**

SENIOR ADVISOR FOR MENTAL HEALTH AND THE JUSTICE SYSTEM

OFFICE OF GOVERNOR JOSH GREEN, MD

MICHAEL.CHAMPION@HAWAII.GOV

---