

Diverting People Who Have Behavioral Health Issues from the Criminal Justice System

Summary of Key Findings and Recommendations from an Evaluation by the University of Pittsburgh, and Allegheny County's Action Steps



October 2020



The Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, Pennsylvania 15222

www.alleghenycountyanalytics.us

BACKGROUND

Throughout the United States, people experiencing behavioral health (BH) challenges are overrepresented in the criminal justice system. In a study of more than 20,000 adults booked into five U.S. jails, 17% had a serious mental illness, which is a prevalence rate at least three times higher than that found in the general population.¹ And this statistic does not account for individuals with less serious mental health problems. Substance use disorders are even more common. In 2002, 68% of jail inmates reported symptoms consistent with alcohol and/or drug use disorders in the year prior to their jail admission.² Allegheny County is no exception.

To prevent people with behavioral health issues from having unnecessary involvement with the criminal justice system, Allegheny County pioneered programs at several junctures: preventing arrest, preventing booking into the jail, releasing people from the jail to treatment and support, and preparing community services for when individuals leave the jail. The county won awards for some of these programs and earned a national reputation for innovation. Yet, in 2018, 75% of inmates in the ACJ had had a substance use or mental health issue at some point prior to their booking; 45% had both.³

In the years since the county developed these programs, jurisdictions across the country have developed new approaches that are greatly reducing the number of people with behavioral health issues involved with criminal justice. To update our understanding of what is possible, and to gain an assessment of the impact of our current support and diversion programs, including how well people with behavioral health issues fare throughout the criminal justice continuum, Allegheny County sought an independent evaluator to conduct a mixed-methods study. From among a number of proposers, the county selected the University of Pittsburgh.

The University researchers interviewed dozens of stakeholders, analyzed justice system data, examined models from other jurisdictions, and solicited feedback through a series of workshops. The final report, *A Behavioral Health and Criminal Justice Cross-System Evaluation in Allegheny County*, by Edward P. Mulvey and Carol A. Schubert, examines current practices and gaps, and recommends improvements at each of several “intercepts”⁴ in the criminal justice process.

¹ Steadman, Henry J., Fred C. Osher, Pamela Clark Robbins, Brian Case, and Steven Samuels. “Prevalence of Serious Mental Illness Among Jail Inmates,” *Psychiatric Services* 60, no. 6 (June 2009): 761–765.

² Karberg, Jennifer C., and Doris J. James. “Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002” (Washington, D.C.: U.S. Department of Justice, Office of

Justice Programs, Bureau of Justice Statistics, 2005).

³ Allegheny County Data Points. December 2019. Raw data. Allegheny County Department of Human Services, Allegheny County. These percentages are based on HealthChoices (Medicaid managed care) members who received any substance use disorder service (clinical, nonclinical or

assessments) and/or mental health service (clinical, nonclinical) paid for by HealthChoices at any time before they were booked in the jail.

⁴ Munetz, M.R., & Griffin, P.A. “Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness.” *Psychiatric Services* 57, no. 4, (April 2006): 544–549.

This document summarizes the researchers' key findings and recommendations, and describes some of the initiatives Allegheny County plans to pursue as a result of this evaluation.

CURRENT DIVERSION PRACTICES AND RECOMMENDATIONS

The University of Pittsburgh researchers documented the programs already in place at each of the points where it is possible to intervene. They also identified opportunities for increasing the number of people safely diverted to treatment and support. The complete evaluation can be found [here](#).

1. At the point of emergency response and law enforcement interaction

Allegheny County has implemented:

- **Crisis Intervention Training (CIT)**, a best practice model for preparing police to recognize behaviors associated with possible mental illness or substance use disorder, deescalate situations, and help people get to a location where they can be safe and get treatment or support. The Pittsburgh Bureau of Police (PBP) organizes monthly CIT training sessions, primarily with officers from its ranks and with other departments when space permits. During 2017, CIT trained 250 officers. The impact of this training on officer behavior is “more assumed than demonstrated,” according to the University study, although a 2012 study showed that it does impart information about mental health issues and alters officers' attitudes. Researchers found strong support among police officers and supervisors they interviewed. “CIT training is seen as a method for expanding officers' general skills at defusing crisis situations and providing a more informed choice of alternatives” when officers interact with people who have behavioral health problems.
- **911 dispatch services**, which can link officers with crisis staff. “When dispatchers or officers in the field have a situation where an officer could use assistance from a trained mental health professional, the call center can (and does) include a crisis service counselor on the conversation.” However, identification of behavioral health calls is inconsistent and, at the time of this evaluation, there was no systematic or reliable way to match a CIT-trained officer with a behavioral health call.
- **A mental health crisis response center called resolve Crisis Services**, which is the designated provider for crisis evaluation, stabilization and referrals — through walk-ins to its center in the East End of Pittsburgh (around 6,400 people annually), mobile crisis team (over 10,000 responses annually), and crisis telephone line (70,000 incoming calls annually). Mercy Behavioral Health also provides limited walk-in services and telephone services for its own consumers, as well as some short-term residential support. Although police “report regular use of the mobile crisis team and generally give positive reviews of this resource,” the amount of time it takes for a team to arrive on the scene (20–30 minutes) is a major limitation and probably contributes to underutilization.

It is recommended that the County consider:

- **Adding a sobering center.** Due to the lack of alternatives, the ACJ is the default in cases involving acute intoxication. Other jurisdictions have found that sobering centers reduce the overuse of the jail, can link people with treatment, and reduce emergency room costs.
- **Expanding CIT** and/or other evidence-based training to other locations and providing support to municipalities so their officers can get the training. The county training academy does not directly offer CIT training, and municipalities without the resources to pay for police coverage while officers are in training are not using CIT. Shifting administration of CIT training from the PBP to a multi-agency function may assist with this potential expansion.
- **Identifying calls to 911 dispatchers that involve mental health and deploying known CIT officers.** In the 911 dispatch system, 911 staff only use the mental health code if there is no better one to capture the acute issue, so they may be missing a number of calls where mental illness is a factor. By developing a database of all CIT-trained officers in the county and integrating this with the 911 dispatch system, emergency response could deploy trained officers when the reasons for the emergency seem to involve a person with serious mental illness.
- **Examining access to the crisis response system throughout the county** to address the wait time for mobile crisis and the variance among police officers in their use of crisis response.
- **Providing police officers with a way of getting a “mental health consult”** from a mental health professional when they are in the field through an additional mobile crisis team linked to 911 that is based in a location of the county other than the current one (East End); and linking officers and nurses or psychologists using technology such as Skype.
- **Identify frequent utilizers** (people who often contact both the mental health and the criminal justice systems) to reach and support them, and to prevent crises and ensure they are stable.
- **Create regional processing centers** where officers can take people with behavioral health issues for legal processing and social services, in lieu of the jail. These centers “can be short-term detox or stabilization facilities for arrestees, BH assessment sites, and day reporting centers for probationers.”

2. At the point of initial detention/initial court hearings

Allegheny County has implemented:

- **A jail intake process** that includes a medical examination conducted by a medical assistant or nurse, who determines if the person requires treatment at a medical facility before they can enter the jail. They assess “signs of florid psychosis, intoxication, and suicidal thoughts.” People then proceed through a series of stations that gather other information through self-report, including general mental health and substance use. After arraignment (and only during weekdays and daylight hours), a specialist from Justice Related Services (JRS) checks several databases to see if the arrestee has been a client of JRS. If they are active with JRS, the specialist notifies the organization that one of their clients is in the jail. After someone is booked into the jail, a mental health specialist completes a more in-depth mental health screening and identifies individuals with intellectual disabilities.

- **Justice Related Services**, a voluntary service that “provides case coordination and management services to individuals with BH problems in the justice system.” JRS staff conduct comprehensive assessments and develop plans for treatment that the staff then present at a defendant’s preliminary hearing, trial or probation violation hearing. When a judge approves the service plan, JRS supports defendants until their active charges are resolved and they are connected to community supports. If defendants are enrolled in one of the specialty courts (e.g., Mental Health Court), JRS will stay involved for the duration of their time in that court. Judges, attorneys, family members and individuals can refer a client to JRS, but for the agency to be reimbursed by insurance, staff need to ensure that each client meets certain diagnostic criteria — which may involve obtaining a diagnosis from a psychiatrist, which takes considerable time. On any given day, JRS serves 1,150 people.

But it is recommended that the County consider:

- **Changes to the jail instrument** that screens for mental health issues. The researchers determined that the jail screening instrument is comprehensive, compared with those supported by the GAINS Center, but it has no scoring system. With such a system, the jail could identify cases with concerning levels of BH problems and make sure they receive priority for care and services.
- **Information systems changes** that link BH information between the jail and human services data systems and provide alerts to mental health providers along with information that may increase the likelihood of conditional bond at the preliminary arraignment and preliminary hearing. The jail lacks a data system that collects the clinical issues of people entering the jail or their disposition. “While the introduction of the electronic health record into the jail procedures has been a major advance, the large potential of this system to provide information...has not been tapped.” If the ACJ and Allegheny County Department of Human Services (DHS) could establish a real-time data connection, they could flag individuals who have a history of BH issues both for the jail to ensure it is meeting their health and safety needs, and for judges to have available for consideration at the preliminary arraignment. This also could include automating notice to JRS and community BH providers that one of their clients has entered the jail.
- **Clear criteria for conditional bonds** for people with BH issues, which the District Attorney would approve so that magisterial district judges (MDJs) have assurance that granting bonds that involve requiring behavioral health assessment or treatment would be acceptable to the prosecution. Since “the district attorney does not regularly attend arraignment hearings...guidelines by the district attorney’s office would keep the [MDJs] from having to infer what the office’s judgment might be.”
- **Use telepsychiatry in the courts** to provide judges with the opportunity for mental health consultants at arraignments and preliminary hearings.
- **Expand the role of Probation’s Community Resource Centers** so they are human services hubs, but also provide the BH assessments needed for people to get conditional bonds. To improve engagement in services, make forensic peer support available to clients using the CRCs.

3. At the point of jail/court

Allegheny County has implemented:

- **Behavioral Health services in the jail** and alternative housing.
- **Jail-based diversion to drug and alcohol treatment.** At the request of criminal court judges after an assessment, three staff and one court coordinator are diverting people in the jail who have substance use issues to inpatient drug and alcohol treatment programs.
- **Post-plea Specialty Courts.** The Court of Common Pleas has established post-conviction problem-solving courts for eligible defendants designed to address the underlying problem(s) contributing to certain offenses. They include: Mental Health Court, Drug Court, Veteran's Court, PRIDE Court (prostitution cases) and DUI Court. For an eligible defendant who chooses to participate in one of these courts, the Judge, district attorney, defense counsel, JRS and probation officers all work together to get the individual into identified treatment and to reduce future criminal justice system involvement.

But it is recommended that the County consider:

- **Allowing Specialty Courts to accept pre-plea defendants** for deferred prosecution, if they meet the judge's conditions. In a deferred prosecution approach, defendants are diverted into a specialty court prior to pleading to a charge. If they complete the court's program, they are not prosecuted further. Failing to complete the program results in prosecution, however.
- **Evaluating Specialty Courts, to look at client retention, outcomes and service involvement, as part of a quality improvement effort.** Also look at how to increase the share of people with BH problems who are participating in these courts.
- **Examining the current Drug Court guidelines,** including its practice of not endorsing medication-assisted treatment (MAT). While the National Association of Drug Court Professionals endorses MAT, Allegheny County's guidelines and practice do not. "There is a large literature on effective drug court practices, and an analysis of the county drug court" in light of it would be useful.
- **Extending the jail-based diversion program to include people with mental health issues.** A true diversion program would include people with MH disorders and work in conjunction with JRS's ongoing efforts to move people out of the jail to appropriate services.
- **Expanding the alternative housing program** to offer more capacity for mental health treatment.

4. At the point of release from jail and re-entry to the community

Allegheny County has implemented:

- **The Jail Collaborative's Reentry Program,** which incorporates best practices and has been shown to reduce recidivism. The target group for this program is adults in the jail who are serving a sentence and at medium-high risk of recidivism (determined using a validated assessment tool). The program's partnership among jail, courts, human services, and the community provides participants with services that begin in the jail and extend through release and for up to seven months after release. These services include cognitive behavioral treatment, substance use treatment and education, vocational training, family support, and education —

as well as case management and support from a specialized probation officer. Participants in the jail have the opportunity to live on the same housing pod; and the program includes individuals in alternative housing, as well.

- **Forensic liaisons**, who work for eight community agencies to coordinate services for people who are in the jail. The forensic liaison provides information to the jail (e.g., about medications), is to meet with clients from their agency when they are in the jail, and serves as a link across probation, JRS, Mental Health Court and service coordination teams. The jail or a family member notifies the liaison when an individual is admitted to the jail.
- **Eight Community Treatment Teams (CTTs)**, which provide comprehensive services in the community for people with serious mental illness. CTTs are composed of multidisciplinary providers (psychiatrists, psychiatric nurses, peer counselors, social workers, peer counselors — and, in the case of someone with criminal justice involvement, a forensic coordinator), who deliver services directly. CCBH coordinates referrals to CTT.
- **Two Integrated Dual Disorder Treatment (IDDT) team**. IDDT is an evidence-based practice for people who have mental illness and substance use disorder; IDDT also has a multidisciplinary team.
- **CORE**, which is a 16-bed facility, located in Homestead, for JRS clients who need treatment and support. People enrolled at CORE have mental illness and need sustained substance use treatment; they have significant criminal history and/or have not succeeded in other facilities.
- **Other human services**, which people with criminal justice involvement can also receive. These include outpatient, inpatient, residential treatment, supportive housing and the Allegheny Link, which assists Allegheny County residents who are experiencing homelessness to find stable housing.

But it is recommended that the county consider:

- **Providing people who are coming out of the jail and have BH issues with high priority for residential treatment resources.** “The fact that an individual has a criminal history or may currently be in jail may be considered in the meeting to determine the allocation of residential treatment slots, but this is only one of many considerations (and sometimes, one that may work against placement with some providers).”
- **Expanding housing for justice-involved individuals who have behavioral health problems**, including establishing a “step-down” facility for individuals moving from the jail to a more permanent housing arrangement, and supportive community housing dedicated to serving justice-involved individuals with BH problems. “There are limited residential treatment beds with the appropriate level of care for individuals who have BH problems leaving the jail”; “there is a shortage of substance use treatment providers as well as few beds in residential treatment facilities that can address both mental health and substance use problems effectively”; and few of DHS’s initiatives to promote affordable housing for its clients “are targeted specifically for justice-involved individuals with BH problems.”
- **Working with the Housing Authorities** to establish a policy allowing individuals with criminal histories to reside openly in public housing, and to receive housing choice vouchers.
- **Determining how people with BH disorders are impacted by shortages of resources** by analyzing existing data to estimate the system’s capacity to meet the service needs of justice-involved individuals who have BH needs and to identify barriers to continuity of service for jail releasees.

- **Including forensic peer specialists** in supporting re-entry to the community. “There is considerable value in having an individual with lived experience as part of a treatment team ...”; and “an empathetic understanding of being caught up in the criminal justice system can help with engagement with services as well as support for goals in community reintegration.”
- **Looking at possibility of Assisted Outpatient Treatment.** AOT authorizes courts to order certain individuals to comply with treatment while living in the community and commits the mental health system to providing that treatment. The researchers suggest convening a workgroup with court and law enforcement personnel to see if there are acceptable local procedures and resources to pursue the utility of AOT.

5. At the point of probation

Allegheny County has implemented:

- **Differentiated probation.** Adult Probation supervises individuals sentenced to county probation as well as individuals paroled from a county jail sentence. The intensity of supervision depends on the individual’s risk of re-offending (as determined by a validated risk/needs assessment). An individual designated as low-risk is assigned to a low-risk caseload. While there are specially trained probation officers who work with people on probation who are involved with Mental Health Court (and one designated probation officer for high-risk, non-Mental Health Court cases), there are no specialized caseloads for the balance of probation cases that involve people who have with behavioral health issues, of whom there are many.
- **Community Resource Centers.** Adult Probation operates four CRCs, which were intended to be one-stop shops for the provision of social services to meet probationers’ needs, but do not currently serve this purpose.

But it is recommended that the County consider:

- **Sharing information with probation staff on the behavioral health status** of each client coming onto supervision.
- **Continuing efforts to reduce the length of probation** terms for all people under community supervision.
- **Continued examination of the potential of CRCs** to provide integrated services and to increase engagement of people under community supervision, particularly those with BH problems.
- **Providing behavioral health evaluation and treatment services** to probationers at the Community Resource Centers (regulations permitting).
- **Creating specialized behavioral health caseloads** assigned to probation officers with more extensive training, these probation officers would work closely with case managers to apply a Forensic Assertive Community Treatment (FACT) team model for individuals with high needs/high risk.

ALLEGHENY COUNTY'S PLAN

Although the County is exploring a number of the report's recommendations across various intercepts, we are particularly focused on the earliest possible points of intervention and diversion from the criminal justice system.

Beginning in September 2020, Allegheny County will convene a Crisis Response Stakeholder Group. The group will be comprised of leaders from 911, law enforcement, city and county government, behavioral health providers, community organizations, and individuals with lived experience; they'll engage in a collaborative planning process to develop a concrete plan of action that includes:

- A firm understanding of the strengths and gaps of Allegheny County's crisis response;
- Improvements to information sharing and coordination between agencies; and,
- Implementation steps to jointly pilot new interventions, determining which services need to be amplified or created.

The overarching vision for this group is to identify ways to improve the County's system of prevention and care so that individuals are more likely to receive the support they need to avoid crisis and, when necessary, have access to first responders who can connect them to appropriate life-affirming resources in the least restrictive setting required. Ultimately, we seek to prevent unnecessary police encounters, arrests, and incarceration, especially for people who are unhoused, or living with mental illness and/or substance use disorder. Specific approaches might involve (1) enhancing and coordinating proactive outreach and engagement; (2) providing alternatives to dispatching police in situations that could be handled by a behavioral health specialist, such as calls involving an individual in a mental health crisis; (3) enhancing the scale of resolve Crisis Services and other crisis supports, including the response time and reach of mobile crisis teams; (4) reducing barriers that law enforcement face in understanding and connecting people to behavioral health treatment resources; (5) improving upon the current CIT model to better prepare law enforcement officers to recognize and respond to individuals who have behavioral health issues; and (6) providing law enforcement officers and/or 911 dispatchers with more access to mental health clinicians, including co-responders or tele-clinicians.

The County also intends to work toward creating a number of one-stop human services hubs that individuals with behavioral health and other challenges can access easily for onsite assessment, evaluation and streamlined connection to needed services. We will consider building up some or all of the Community Resource Centers (CRCs) (currently operated by Probation) for this purpose, while also exploring whether such services would be more effective if housed with a trusted community-based organization. While these human services hubs will have big front doors, inviting all adults in Allegheny County to access support, they will be designed with a focus on deflecting and diverting individuals from the criminal justice system, including individuals at the pre-trial stage and those under community supervision. For example, it is envisioned that these human services hubs will provide MDJs with additional resources so individuals may be safely released into the community pre-trial, and that access to behavioral health assessments for those released on conditional bond will be simplified. Individuals who present with the highest needs will be offered the most intensive services. The County is also considering methods such as peer support for increasing the engagement of individuals who have behavioral health issues and/or criminal justice involvement at the human services hubs.

As often as possible, individuals with behavioral health issues should be connected with necessary supports and resources in lieu of getting arrested and going to jail. However, for individuals who are ultimately booked at the ACJ, the County is working to improve processes that can lead to expedited release for individuals in need of behavioral health supports, including housing, and to improve continuity of care for individuals while they remain at the jail.

In the short term, using a report generated daily (Monday–Friday) that shows individuals who were booked into the ACJ on the previous day who have received mental health services within the previous six months (based solely on claims data), Community Care Behavioral Health (CCBH) has started to send notifications to community providers indicating that one of their clients is in jail. Similarly, JRS receives notifications when their clients are booked into the ACJ. DHS's Office of Behavioral Health (OBH) and ACJ staff receive the list as well. It is the expectation that OBH will notify providers when individuals who are not affiliated with CCBH (i.e., do not have Health Choices medical assistance) are booked into the jail, and that ACJ staff will use the list to contact providers for coordination, especially around prescribing medications. This new system of communication promises to improve continuity of care for individuals who have mental health challenges by allowing providers to be in touch with ACJ staff regarding individual treatment plans. It has the additional potential to allow providers to continue engaging with their clients while in the jail and to advocate on their behalf at future court hearings.

The County is also exploring how to refine the jail's mental health assessments and will work toward developing a system for possibly scoring these assessments as well as integrating them effectively with community service plans. It is expected that these changes will promote continuity of care for identified individuals as well as provide data to track identification and service provision more closely and comprehensively. Ultimately, it is meant to provide greater accuracy in the coordination of needed services as well as treatment and diversion decisions.

Similarly, the County is examining opportunities to enhance and expedite housing and treatment resources to individuals who have behavioral health needs so that fewer people are waiting in jail when they could be released. Too often, mental health housing becomes the release plan for individuals even when intense mental health treatment is not indicated. This strategy will likely entail refining eligibility criteria for mental health housing, and other supportive housing resources to ensure that individuals who present the highest risk and needs have access to the scarcest and most intensive supports, as early as possible. In connection with refining eligibility criteria for these services, the County will work to support providers to serve high-risk, high-need individuals, regardless of their criminal records.

Because stable, affordable housing is known to be a critical factor in reducing future criminal justice involvement, various stakeholders in the County have been advocating to reduce barriers to public housing for individuals with criminal records. Under Federal law, only individuals subject to lifetime sex offender registration or who have been convicted of producing methamphetamine on public housing grounds are required to be banned from living in public housing or receiving a Section 8 voucher. Outside of these two categories, public housing authorities have discretion in determining admissions eligibility, yet our local housing authorities deny housing to individuals with criminal records based on more restrictive criteria.

County stakeholders will continue to work with the housing authorities to modify eligibility and denial criteria so that more individuals who have criminal records, including those who have behavioral health issues, have the opportunity to reside lawfully in public housing.

Finally, the Jail Collaborative will revisit its strategies for reducing recidivism, taking into account the behavioral health needs of Reentry Program participants and other individuals returning to the community from the ACJ. Specifically, the Jail Collaborative will investigate whether to make any changes to the Reentry Program model. Based on research into best practices and analysis of participant outcomes, the County will update its understanding about which services (and in what quantities) lead to the best outcomes for high- and medium-risk individuals and will work to reallocate resources accordingly. Similarly, the Jail Collaborative will examine how to maximize the use of alternative housing as a step-down to re-entry and, as referenced above, how best to build up services in the community to support individuals under supervision. This work may also include efforts to help probation officers more effectively identify when individuals under supervision who have mental health challenges may be decompensating and in need of additional resources to avoid reincarceration on a probation violation.

The COVID-19 pandemic has led to challenges, and also opportunities, in the way we think about how best to deliver services to individuals with behavioral health needs. Moving forward, the County will examine how telehealth and other remote methods of engagement can be leveraged across the intercepts, including at the ACJ, to improve outcomes for more people.