Criminal Justice Diversion Programs for Justice-Involved Adults with Mental Illnesses



NRI's 2020-2021 State Profiles

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HIGHLIGHTS BASED ON 48 STATES RESPONDING TO THE FORENSIC COMPONENT OF NRI'S 2020 STATE PROFILES

Note: although 48 states responded to the forensic component, not all states provided answers to all questions; therefore, some of the information presented in this report is based on responses from less than the total number of reporting states.

Diversion programs are generally designed to keep or divert people with mental illnesses out of the criminal justice system and link them to appropriate mental health and substance use services. Loosely defined, they operate at multiple points in the criminal justice system from arrests to court involvement to reentry from pretrial detention or incarceration. For diversion programs to function effectively, local community behavioral health agencies, law enforcement, sheriffs, and the courts must work collaboratively. Housing authorities and other social services may have a role to play as well.

Crisis Response Systems (Sequential Intercept Zero)

Forty states have crisis response services such as mobile crisis and crisis respite within community mental health systems that are designed to redirect justice-involved adults with mental illnesses into treatment during a crisis and avoid arrests (sequential intercept 0); 37 states have crisis response services such as crisis intervention teams and embedded co-responders within a local law enforcement agency (see Figure 1).

Crisis Response Services within Community Mental Health Systems and Local Law Enforcement Agencies



In 21 states, the SMHA has jail-based diversion programs for individuals with both misdemeanor and felony level criminal charges, whereas as in four states, the SMHA has these programs available for misdemeanor level offenses only. These statewide jail-based diversion programs were reported by seven states. In other states, jail-based diversion programs have variable penetration. For example, in Mississippi, 11 of 82 counties have jail-based diversion programs; and in Oregon, 29 of 36 counties are funding for jail-diversion programs.

95%

of SMHAs have crisis response services within community mental health systems



of SMHAs have reentry programs for individuals returning to the community from jail/prisons

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Mental Health Courts

In 36 states, SMHAs work with mental health courts to divert individuals charged with crimes from the criminal just system into mental health treatment. In 27 states, the mental health courts have jurisdiction over individuals with mental illnesses who are charged with either misdemeanor or felony offense. In eight states, mental health courts are available for individuals charged with misdemeanors only. One state has mental health courts that focus on felony cases. States vary with respect to the number of their counties or cities that have a mental health court. SMHAs in 15 states have dedicated funding devoted to services for individuals with mental illnesses involved at a mental health court.

Reentry Programs

Thirty (31) SMHAs reported reentry programs for individuals returning to the community from jail or prison. For example:

- In Connecticut, the SMHA provides pre-release engagement and independent living skills in prison, as well as supportive and transitional housing after release for mental health and substance use.
- In Kentucky, the SMHA, the Department of Corrections (DOC), and Community Mental Health Centers (CMHCs) have partnered to support the provision of in-reach and community reentry services for individuals with serious mental illness (SMI) and/or co-occurring SMI and opioid use disorder who are released from prison. Services include direct access to mental health and substance use services at CMHCs, warm handoffs to housing and recovery supports, and reinstatement/initiation of benefits (Medicaid or other public assistance). DOC's Division of Reentry Services can also connect these individuals with employment supports and free identification cards upon release.
- In North Carolina, the SMHA has a partnership with the State Reentry Council Collaboration, which works to improve reentry through the coordination of local efforts; the state-level coordination includes a plan for behavioral health services across the justice system through local sequential intercept mapping plans and projects.

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- In Oklahoma, the SMHA and DOC have implemented Reentry Intensive Care Coordination Teams (RICCT). RICCT teams are designed to transition individuals with serious mental illness and cooccurring disorders from prisons to mental health and substance use disorder services, as well as to link these individuals to community related housing, medical care, vocational opportunities, and various community resources.
- In Washington, the Health Care Authority (HCA), in partnership with the DOC, administers the Offender Reentry Community Safety Program that provides reentry services to individuals with mental health conditions exiting DOC. HCA funds contracts with community behavioral health agencies to provide intensive case management, housing support, and other client services to these qualifying participants.

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