

Summit Report Course Correction

Collaboration of Criminal Justice
and Behavioral Health Advancing
New and Proven Models for State
and Local Government

This report is the result of a Summit held November 10, 2017, and was compiled by:

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Summit Report – Executive Summary

Course Correction: Collaboration of Criminal Justice and Behavioral Health¹

Advancing New and Proven Models for State and Local Government

By some estimates, 10-25 percent of prisoners in the United States suffer from serious mental health problems, such as major affective disorders or schizophrenia; ...corresponding estimates for jail inmates are nearly 15 percent for men and 31 percent for women....By comparison, an earlier study estimates that 5 percent of the general population has a serious mental illness, although the rates are not directly comparable across different time periods and studies, given variations in survey questions and measures

National Research Council, 2014

In a mental health crisis, people are more likely to encounter police than get medical help. As a result, two million people with mental illness are booked into jails each year.

National Alliance on Mental Illness (NAMI), 2017

There has long been a tension between the state's judiciary and the Maryland Department of Health and Mental Hygiene over how best to deal with individuals who are mentally ill and have been charged with crimes. The latest "crisis"... is a chronic shortage of inpatient beds in the state's public psychiatric hospitals....That's not a small problem.

Baltimore Sun, June 6, 2016

The number of people with mental illness in U.S. jails has reached crisis levels. In counties across the nation, jails now have more people with mental illnesses than in their psychiatric hospitals.

The Stepping Up Initiative. 2017

Summit Overview

While important strides have been made to prevent people with behavioral health disorders from entering the criminal justice system, the number continues to be excessive and, too often, unnecessary. According to NAMI, 2 million people with mental illness are booked into jails each year. Nearly 15% of men and 30% of women booked into jails have serious mental health disorders (NAMI, 2017). Half of the people who have mental illness and are in state prisons were incarcerated for nonviolent crimes (Minds on the Edge, 2017). In many states, there are more people who have mental illness in jails and prisons than are in hospitals or other care facilities (Torrey, Kennard, Eslinger, Lamb, & Pavel, 2010).

¹ In this report, we will generally use the term *behavioral health* when we refer to the systems, agencies and providers that treat mental illness, because many of them are in the process of integrating mental health and addictions under one system called *behavioral health*. The terms *mental illness* and *mental disorders, conditions or problems* will be used interchangeably.

The State of Maryland is among many jurisdictions struggling to find and implement alternatives to incarceration. The State struggles to reduce recidivism, too, by providing support to people with mental illness who are released from prison.

On November 10, 2017, a Maryland summit was held to address these issues and identify initiatives to advance collaboration between law enforcement, corrections, the courts, behavioral health, and other fields in serving the needs of people who have mental illness. The Summit grew out of prior work by NAMI Maryland and other organizations, renewed interest by the current State administration in addressing the issues, recent publicity, and a court order related to people who have mental illness in the Maryland corrections system. It also grew out of increasing national attention focused on reducing the number of people with behavioral disorders continuing to enter the criminal justice system and a sense of urgency to affect change.

The multi-sector Summit was sponsored by NAMI Maryland of the National Alliance on Mental Illness, the Johns Hopkins University School of Education, and the Johns Hopkins University Bloomberg School of Public Health. The Summit was initiated by this partnership of sponsors to address a myriad of issues ranging from continued excessive arrest and incarceration of people who have mental illness to lack of basic resources to support law enforcement officers and other frontline providers in serving this population. Funders supporting the summit were The Equitas Project (Course Corrections), Beacon Health Options, and Johnson & Johnson.

The Summit planning team focused on obtaining diverse perspectives, recognizing and building on successes, and fostering increased collaboration across agencies and sectors. The goals of the Summit were to:

1. Identify ways to improve services provided to individuals with mental health issues and their families when they become involved with the criminal justice system in Maryland.
2. Gain the collective thinking of subject matter authorities, integrate their ideas, and develop reasonable and distinct action steps.
3. Provide the findings of the Summit to State of Maryland officials, including legislators.

Summit Attendees - Cross-sector Participation

One of the key strengths of the Summit was the diversity of the participants. Attendees represented various professions and sectors and had a broad range of positions and experience. They represented state and local agencies (law enforcement, behavioral health, and others), the National Alliance on Mental Illness (national and Maryland), colleges and universities, professional associations, philanthropic foundations, the Maryland State Legislature, the judiciary, and the Office of the Governor. Representatives of several police departments and correctional agencies participated. Prosecutors and public defenders were represented, as were people with mental health and substance use disorders and family members.

Summit Limitations

As with any program or initiative of this type, there were limitations to what could be accomplished. The planners had to limit the number of attendees based on space, and the single-

day length of the Summit limited the amount of evidence, data, and other research presented to or by the participants. The time limit also constrained the discussion about important related topics (e.g., employment opportunities, housing, and emergency medical services).

Core Themes

There were several core themes that formed the foundation for the Summit: (1) Reducing the number of people with behavioral disorders in the State's criminal justice system; (2) Strengthening collaboration and data sharing among agencies and stakeholders; (3) Building on successes; (4) Exploring new ways to expand services; and (5) Providing increased support and alternatives to first responders.

Brief Perspective - The Numbers

According to a 2014 study by the National Research Council, mental illness among inmates is pervasive. According to the study, 64 percent of jail inmates, 54 percent of state prisoners, and 45 percent of federal prisoners report mental health concerns. Many have co-occurring addiction disorders. Of this population, as many as one-fourth of U.S. prisoners suffer from serious mental illnesses such as major affective disorders or schizophrenia (National Research Council, 2014). As many as 20% of inmates in jails and 15% of inmates in state prisons are estimated to have such mental disorders. (Treatment Advocacy Center, 2016).

Based on the total population of jail and prison inmates, approximately 383,000 individuals with severe psychiatric disorders or diseases were behind bars in the United States in 2014. This is approximately ten times the number of patients in the nation's state mental health hospitals (Treatment Advocacy Center, 2016).

Many of the issues related to support services in correctional facilities in Maryland parallel those being experienced in states throughout the nation. The lack of adequate intervention and care from pre-trial services through probation and parole is well-documented.

The number of encounters between police and people who have behavioral disorders is not well documented since many calls for service are recorded based on the incident occurring at the time rather than the underlying cause. Encounters with the police are believed to be particularly dangerous both for people who have mental illness and the involved officers. Despite concern among advocates, researchers, and police professionals, little is known about the details of these interactions including the occurrence of injuries (Kerr, Morabito, & Watson, 2010). One study showed that six percent of people considered as possible suspects by police have mental illness (Watson, Morabito, Draine, & Ottati, 2008).

Jack Kavanaugh, a Summit participant and Howard County Detention Center Administrator, expressed concern that five years ago approximately 30% of the inmates in that county's detention received psychotropic medication. Today, that number has increased to approximately 58% of inmates. Summit participants pointed out that only five of the 24 Maryland jurisdictions have adopted a resolution to join the Stepping Up Initiative, a national effort to divert people

with mental illness from jails and into treatment. Stepping Up asks communities to come together to develop an action plan that can be used to achieve measureable impact in local criminal justice systems of all sizes across the country. The campaign is amassing examples of best and innovative practices in its toolkits. (The Stepping Up Initiative, 2017).

An article appeared in the Baltimore Sun stating that “dozens of mentally ill men and women who have been charged with crimes are languishing in jails across Maryland despite court orders to send them to state hospitals for evaluation and treatment...” The article was critical of the State Department of Health and Mental Hygiene (currently the Maryland Department of Health), stating that it does not have adequate beds or staff to support new patients. “The shortage comes as 80 percent of those admitted to such facilities are arriving via the criminal justice system” (Dresser, 2016). A follow up article that appeared several months later acknowledged the State’s progress and showed that the State had made significant improvement in reducing the backlog of forensic patients waiting for beds in mental health hospitals (Wood, 2016).

Emerging Issues: Building on Success and Promising Programs

Success has been realized in some Maryland counties and other states in addressing many of these issues, and these promising practices were recognized throughout the initial group discussion. Participants noted that progress in some areas has been minimal, particularly in smaller and rural jurisdictions where support services are not readily available. In areas where success is being realized, it is not advancing across jurisdictions and sectors as quickly or efficiently as could occur. Among the issues noted by the participants were:

1. Excessive and unnecessary incarceration of people who have mental illness
2. Lack of services in the corrections system for people who have mental illness
3. Long-term impact (employment, treatment, social services) of arrest/incarceration on people who have mental illness
4. Use of force encounters between the police, correctional officers, and people who have mental illness
5. Lack of family and caretaker support and understanding in dealing with the criminal justice system
6. Disproportionate arrest and incarceration of minorities, particularly young black men, who have mental illness
7. Inadequate/insufficient training for law enforcement and corrections personnel
8. Increased suicide and suicidal ideation among people who have mental illness
9. Lack of and inconsistent funding to address criminal justice approaches and alternatives to meeting the needs of people who have mental illness
10. Lack of a coordinated statewide effort to collect data, share information, share resources, advance best practices, and identify alternatives to programs that are not achieving their intended purpose
11. Insufficient establishment and use of Crisis Intervention Teams (CITs)
12. Inadequate collaboration across sectors such as behavioral health, public health, law enforcement, corrections, emergency medicine, and the nonprofit sector
13. Gun purchase restrictions/approvals involving people with mental illness

14. Inadequate knowledge of/details on the lived experiences of people who have mental illness and their encounters with the criminal justice system, including the number of contacts prior to arrest/incarceration

It was not the intent of the Summit to address all these issues. Rather, the issues were discussed as a platform for targeting needed regulations and laws, and establishing new and expanded collaborations.

Special Note 1 - Police and Corrections Officers Need More Education and Training

Much discussion has occurred nationwide on the need to provide increased education and training for frontline law enforcement and corrections officers. There is great disparity in the amount of training provided to these personnel. It ranges from as little as no training or two hours of instruction to 40 or more hours in some jurisdictions. Officers assigned to Crisis Intervention Teams or who attend CIT training receive the greatest amount of instruction and most receive certification. Even trained officers need systems that allow them to quickly and effectively link individuals with adequate behavioral health services.

In Maryland, a number of counties have dedicated crisis intervention training programs for officers, and other jurisdictions are making great strides in instituting such training. Precise data on the amount of training, the content of the training, and the reinforcement of initial training on mental illness and other behavioral health issues and intervention tactics provided to police and correctional officers in the State is not generally available, though some organizations and projects have attempted to compile such information. One reason for the lack of clarity is that some Maryland counties have multiple police departments and only some of them have instituted any version of training. In addition, statistics like the “number of CIT-trained officers” may not correlate with the percentage of trained CIT officers on duty and available during each shift, which is a key indicator of an effective CIT program.

Throughout the Summit, participants cited the need for a higher level of understanding and intervention when police and corrections officers respond to a situation involving someone who has mental illness. The belief is that additional training and access to support resources will diminish the number of people with mental illness being arrested or charged with additional offenses while in a corrections institution.

Special Note 2 - Focus on Youth

Various Summit participants commented on the need to include juveniles as a distinct group in proposing reforms. Particular attention needs to be given to ending the “school to prison pipeline” for young people who act out in school due to identified behavioral disorders. One participant noted that the “school-to-prison pipeline is not metaphor”. He added, “We need better training for school nurses, pupil personnel workers, and school resource officers. We’re criminalizing too many events involving young people with mental health disorders.”

Prince George’s County Circuit Court Judge Phil Nichols further emphasized the importance of diversion from the criminal justice system for young people with mental health and other

behavioral health disorders. He noted that an effective tool for the many serious juvenile cases, permitted under Missouri but not Maryland law, is a “dual commitment.” He also noted that Maryland has realized the value of smaller, decentralized residential treatment. “Bigger facilities cause bigger problems.”

State Senator Delores Kelley, formerly a college educator and administrator, commented that another systemic problem in juvenile matters is overcharging. Prosecutors tend to focus on serious offenses too often in order to bring juveniles into adult court, although the cases could have been charged properly with lesser offenses and remained in juvenile court. Young people are charged with such offenses before being diagnosed with mental health disorders or other maladies associated with adverse childhood experiences. Once charged as an adult, the charges become a permanent public record even if the case is “waived back” to juvenile court. Legislation is needed to prevent this from occurring.

Special Note 3 - Model and Promising Practices in the State of Virginia

Officials from the State of Virginia were invited as participants to the Summit to share model practices. The Virginia State Government has actively supported its counties in establishing Crisis Intervention Team coalitions, providing a multi-systems coordinator, and promoting consistency in programming across jurisdictions.

Representatives from Virginia described how services are supported. During Virginia’s 2017 legislative session, language was introduced into the 2017 Appropriation Act requiring all local and regional jails to screen individuals for mental illness using a scientifically validated instrument. In addition to standardized screening, the State Compensation Board administers an annual survey on mental illness across Virginia’s jails and provides an annual report to the legislature on the number and diagnoses of inmates with mental illnesses, treatment and services provided, and expenditures.

The collection of statistics and other data across Virginia has been an invaluable tool for informing state leaders, the legislature, policy makers, and others regarding the rates of individuals with mental illness in local and regional jails, the need for diversion and alternative sentencing and the overall complexity of the issue.

In Virginia, central or line-item budget funding has proven more effective than grants and other sporadic funding. Some of the most effective changes require time for implementation and assessment and more consistent funding allows this to occur.

Recommendations

1. **Improve Education and Training for Criminal Justice.** The Maryland Police Training and Standards Commission and the Maryland Commission on Correctional Standards should lead efforts to increase the extent, quality, and consistency of education and training for personnel in law enforcement, corrections, juvenile services, and the courts. The training should be built on evidence-based approaches to managing mental health service calls and intervention throughout the criminal justice process. A survey of all

police and correctional agencies in Maryland should be conducted to determine the quality and quantity of training related to mental health intervention and to determine consistencies and inconsistencies, voids, needs, frequency, qualifications of instructors, and other factors to ensure that education and training across the State is consistent and effective. In addition, an assessment of education and training related to mental health for court personnel should be considered.

2. **Promote Statewide Innovative Criminal Justice/Behavioral Health Partnership Programs and Practices.** A statewide and state-led initiative is needed to promote and increase the use of first responder and mobile behavioral health crisis intervention teams. The State should support the national Stepping Up Initiative to create statewide and community action plans to reduce the number of individuals with mental health issues in jails. The State should fund development of CIT or similar programs with collaborative cross-system problem-solving. The State should also fund behavioral health crisis systems including mobile behavioral health crisis teams and, where possible, assessment & treatment sites in jurisdictions where they do not exist and ensure increased access in jurisdictions that provide limited availability. Increased basic and advanced programs should be promoted through the commissions that oversee police and corrections training. This work could also establish a set of standardized mental health and other behavioral health-related protocols for police call-takers and dispatchers, the purpose for which is to collect better information for first responders. To aid in program promotion, a statewide and state-led marketing/branding initiative is needed to increase awareness and foster engagement, increase consistency in messaging, counter negative publicity following high-profile incidents, and promote successes.
3. **Establish and Fund a Center of Excellence (CoE) on the Behavioral Health and Criminal Justice Interface.** The CoE could be housed at a university or nonprofit to increase and support interagency and cross-profession collaboration. The CoE could serve as a central point for collecting and analyzing data, a clearinghouse for information about state-wide efforts, develop guidelines and training materials, create an electronic community across the State, and share information across states, etc. A model for this effort is the CoE at Northeast Ohio Medical University (<https://www.neomed.edu/cjccoe>). The effort in Maryland could begin with a Sequential Intercept Mapping project (<https://www.prainc.com/what-exactly-is-a-sequential-intercept-mapping>) to gain collective information on current issues, needs, and capabilities relevant to supporting people who have mental health and other behavioral health disorders in the criminal justice system across the state. As part of this work, the State should also sponsor a series of regional summits (Central Maryland, D.C. area, Eastern Shore, Western Maryland, and Southern Maryland) to parallel the work begun at this Summit.
4. **Empanel Work Group to Focus on Cross-System Data Collection and Information Sharing.** The Governor should immediately establish a work group and hold a series of meetings throughout the state to deal solely with the issues and controversies surrounding collecting data and sharing information. Focus should be on the urgent need for increased cooperation, facts and perceptions about law, adversarial approaches among

agencies, parameters on use of information, quality and consistency of data being collected, etc.

5. **Identify Innovative Ways to Fund Criminal Justice Services Designed for People with Mental Health Issues.** The State should allocate a percentage of forfeiture funds, a percentage of gambling and alcohol revenue, and/or other sustainable funds to support expanded pre-trial services for people who have mental health disorders. In addition, the State should support the establishment and sustainability of 24/7 walk-in crisis centers, a proposal now before the legislature.
6. **Evaluate Extent of “School to Jail” Pipeline and Identify Interventions to Reduce It.** Conduct a study to determine the extent of the “school-to-jail” pipeline in Maryland, focusing on how many young people with behavioral health issues end up in the criminal justice system rather than being diagnosed and treated for underlying behavioral health symptoms. Develop new or revised guides for school resource officers and school administrators on best practices and tactics for responding to these students. For example, policies could require all school resource officers to be CIT trained to facilitate effective intervention, de-escalation, and access to support services. (This effort is underway in Montgomery County.)
7. **Improve Screening for Mental Health or Other Behavioral Health Problems at All Points of Entry to Criminal Justice System.** Partners should establish basic indicators for frontline practitioners to use to determine the possible existence of mental health or addiction disorders. Based on their findings, require assessment at the earliest possible point of entry into the justice system to screen for mental health or other behavioral health disorders. For example, the Department of Public Safety, the Maryland Corrections Administrators Association, and other organizations should promote and support increased behavioral health screening for people in county and Baltimore City jails. Behavioral health screening is needed at the initial point of contact with the jail (pre-incarceration) and during regular intervals for those who remain in the facility for an extended period.
8. **Evaluate Impact of Police and Jail Personnel on De-escalation of Crises.** More information is needed on successful de-escalation efforts by police and correctional officers. Statistics, body camera videos, report narratives, anecdotes, and other indicators are needed to reinforce the importance and success of de-escalation efforts. The State should develop guidelines and provide support for consistent collection of this information.
9. **Expand Pretrial Services for People Who May Have Mental Health or Other Behavioral Health Problems.** Pre-trial services are provided in only half of the county courts and the services provided are inconsistent across jurisdictions. The State should provide funding to jurisdictions to implement and/or expand pretrial services for people with mental health or other behavioral health problems. Support can also be aimed at developing models and detailed practices to foster greater consistency.

10. **Support and Grow Peer Support Initiatives.** More support is needed to develop and grow high-quality peer support initiatives throughout the State. Statewide data collection and analysis along with anecdotal evidence on peer support initiatives are needed.

11. **Study Nature and Extent of Recidivism for People with Mental Health and Other Behavioral Health Conditions.** A State-sponsored study should be undertaken to gain better evidence on recidivism by individuals who have mental health and/or substance use disorders. The goal of the study would be to determine points of intervention that may have prevented re-offending. The study should focus on the nature of the crime(s), length of time between offenses, treatment provided or made available between offenses, and more. The study should determine the cost of preventable recidivism. This effort should also include establishing a system for providing legal aid/support to pursue expunging records for those guilty of nonviolent crimes, when those crimes are shown to be the result of mental illness. This is particularly important as prisoners near re-entry to provide greater opportunities for employment and housing.

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