## MENTAL HEALTH TREATMENT REFERRAL PILOT PROGRAM

PROPOSED FRAMEWORK

TARGET POPULATION	SCREENING, REFERRAL(S) AND SUPPORT		EVALUATION, TREATMENT AND SUPPORT SERVICES		CASE DIVERSION OPTION		PILOT COUNTIES
Mission/Outcomes	Within 24 to 48 Hours of Jail Commitment		In the Community (after pretrial release)		Prosecutorial Discretion and Possible Legal Eligibility		
	24- 48 hours Aft	er Arrest					
Mission: Develop a pilot program, using this framework, for individuals with mental illness that are subject to Criminal Justice Reform (CJR) and committed to the county jail.  Identified Outcomes of the Pilot Program:  -Reduce the number of defendants with mental illness in jail and the length of incarceration.  -Identify opportunities to dismiss and downgrade criminal and/or municipal charges for these persons.  - Link individuals to treatment and services at earliest intercept points.  Identified Targe Population: "CJR" Defendants  CJR Defendants: Individuals charged on a complaint- warrant and committed to the county jail and no detention motion has been submitted. These defendants are subject to Criminal Justice Reform, (CJR), including the Public Safety Assessment (PSA).	-Uniform Screening Tool will be administered by a nurse at the jail.*  -Establish a means for Law enforcement to share knowledge about MH history and/or current medications.  -Establish means for family members/peer support to communicate with jail.  -Establish information sharing, to include parties, providers, system navigators, courts, law enforcement, jails, probation/parole (will help identify "familiar faces").  *confidentiality considerations to be determined.  *NOTE: The results of the designated screening tool cannot be considered diagnostic, that is, they will not provide a medical diagnosis, and should not be considered medical or treatment advice.	Referral(s) / Support  -Case coordinator/Resource Specialist and a peer integrated in the courts to support the individual released on Pretrial. These individuals are familiar with the county and available services.  -Triage highest priority of need, for example — housing, substance use, medical, mental health, etc.  -Determine insurance/access to services/medication. (Medicaid)  -Access to technology/Smart phone -Immigration Status  Service Models  This effort will primarily entail leadership from and partnership between the local court and the community-based service providers to make the necessary care and services accessible to the target population.	Service Models (cont.) The Judiciary will work with the DMHAS to develop the best possible service model for each of the pilot counties. Efforts to identify existing infrastructures as well as the development.  Evaluation  Screening results that are deemed "positive" for possible mental health issues will indicate that one or more referrals for a professional mental health evaluation may be warranted.  With a referral for a mental health evaluation, a.k.a. psychosocial assessment, a defendant will be encouraged to see the appropriate medical professional(s) to diagnose his or her mental disorder(s) or illness(es) and to recommend treatments and/ or support services.	Treatment / Support Services  Defendants who pursue treatment to manage their condition(s) will take advantage of community-based services such as the following, available in all counties, depending on their needs.  • Crisis Intervention • Inpatient Treatment • Outpatient Treatment • Rehabilitative Services including Programs for Assertive Community Treatment (PACT) • Self-Help • Linkage/Other Support Services • Wellness Centers  If needed, the Judiciary will develop relationships with community resources to assist in addressing needs of individuals who do not qualify for DHS "clinical" eligibility of mental illness.  It is possible that certain individuals will not be eligible for DHS funded management or MH Diversion but may be eligible for PTI.	The Judiciary will seek to collaborate with Attorney General's Office and local prosecutors to develop acceptable criteria for possible diversion of designated defendants, toward no criminal record or a lesser criminal conviction., who benefit from mental health services.  Diversion Guidelines, such as, but not limited to the following:  Enrollment method (voluntary or not)  Application  Legal eligibility  Clinical eligibility  Case adjournment/ treatment monitoring period  Timing for enrollment  Case management standards including clinical status updates  Success and outcome measures	Mental Health Diversion Model Program participation is voluntary.  MH Diversion Team:     Jail     Pretrial Services     Behavioral Health Case     Manager/System     Navigator     Peer Specialist     Prosecutor/Public     Defender     MH Diversion Officer     Judge     Judge Support/Staff  Court creates MH Diversion Track     Supervision by MH     Diversion Officer in     coordination with     treatment provider, BH     case manager and peer     recovery specialist.     MH Officer will supervise     in accordance with ORAS     criminogenic risk level.     Supervision is primarily     through Diversion Officer     or prosecutor along with     treatment providers.     Judge will address     serious noncompliance     and successful     completion ceremony.	Four Key Measures:  -Reduce the number of people who have mental illness booked in the jail.  -Shorten the length of stay in jails for people who have mental illness.  -Increase connections to treatment for people with mental illness.  -Reduce recidivism for people who have mental illness.  Note: Data Analytics will be developed to quantify and evaluate key aspects of the pilot program including participation, compliance, outcomes.