

# **Mental Health at the Intersection**

**Exploring Best Practices for Addressing the Mental Health Needs of Adults in the Criminal Justice System**



**CJCC 2nd Annual Criminal Justice Summit**

## **Summary**

One Judiciary Square  
Old City Council Chambers  
441 4th St, NW  
Washington, DC 20001

## 2018 2<sup>nd</sup> Annual Criminal Justice Summit

### Mental Health at the Intersection: Exploring Best Practices for Addressing the Mental Health Needs of Adults in the Criminal Justice System

On March 14, 2018, the Criminal Justice Coordinating Council (CJCC) convened its Second Annual Criminal Justice Summit (Summit). The objectives of the Summit included: exploring emerging criminal justice issues impacting District of Columbia practitioners, advocates, and communities engaging in cross-system training to improve the efficiency and efficacy of the District's criminal justice system, and, promoting collaboration and communication through interdisciplinary and interagency information exchange. The Summit program was videotaped and is available for viewing on the CJCC website, [www.cjcc.dc.gov](http://www.cjcc.dc.gov).



CJCC Executive Director Mannone Butler delivered welcoming remarks to a full capacity gathering of 150 federal and local criminal justice officials, practitioners, and core service providers. She emphasized that the District, similar to other cities nationally, is grappling with understanding and responding to the scope of ever-expanding challenges associated with addressing the mental health needs of clients that are criminal justice system involved. Director Butler noted that Partners/Stakeholders are striving to be proactive problem solvers and thought-leaders relative to matters involving mental health in the District.

### Audience Survey

Summit attendees participated in an interactive survey that provided real-time audience feedback on a range of questions designed to establish baseline information related to the Summit focus on mental health. The survey provided the following feedback:

- 48% of the attendees indicated they work as criminal justice professionals and 24% serve in health or behavioral health professional capacities
- 71% of the respondents answered no regarding whether criminal justice agencies possess the training/expertise required to respond effectively to the mental health needs of system involved persons
- 55% of the respondents indicated they believed more than 51% of the inmate population suffer with mental illness disorders



## **Behavioral Health Services Available in the District**

Dr. Tanya Royster, Director, Department of Behavioral Health (DBH) provided an overview of mental health services in the District and how they interact with the criminal justice system. Director Royster emphasized that her agency is responsible for providing services to clients suffering with and recovering from mental health and substance abuse disorders. She stressed that an overarching goal of DBH involves facilitating the reintegration of returning citizens, by managing and overseeing the behavioral health system.



DBH delivers safety net services through a network of providers. Director Royster noted that clients must be DC residents and no DC resident is ever refused service. Services are provided based on a sliding scale related to factors such as low-income, whether clients are Medicaid eligible, and if they are uninsured. She noted that the DBH universe/client population served is 30,000, and of that total, 1500 or 5% is system involved. DBH is working on ways to more efficiently and effectively identify the number of clients they treat, prioritize client needs, and align them with the resources required.

There are two distinct paths for the provision of care. Path I involves a mental health access helpline that operates 24/7, 365 days/year. Prospective clients may access services through a toll-free number and there are mental health counselors available to advise them and provide voluntary/involuntary services. Path II includes the delivery of substance abuse services in three ways, through a centralized location Assessment and Referral Center (ARC), via a Mobile ARC (MARC) that involves persons going into hot spots to perform outreach, and via co-located assessment staff working with partner agencies.

## **Treatment services**

Mental Health Rehabilitation Services (MHRS) is a division within DBH that provides an array of treatment and services that are community-based and delivered by mental health providers including emergency psychiatric evaluations and consultations. Patients requiring extended observation stays can be accommodated for periods from eight to fourteen days. Treatment services are also provided to homeless persons suffering with mental health disorders. And DBH also provides substance abuse disorder services, including early intervention and medically managed detoxification services.

Dr. Royster also explained Sequential Intercept Modeling (SIM) and how the process assists with evaluating clients' circumstances, and how they interact with the criminal justice system. She emphasized the importance of identifying opportunities that allow the system to engage people where they are along the intercept continuum, which consists of:

- law enforcement and emergency services (pre-arrest)
- initial detention and initial court hearings (arrest)
- jail/courts
- reentry, and
- community corrections/community support

### Plenary Panel: The Face of Mental Illness

“The Face of Mental Illness” panel discussion focused on shining a spotlight on the realities presented to individuals previously criminal justice system involved, those persons who suffer with mental health disorders, in addition to persons working with institutions dedicated to assisting persons striving to overcome the stigma and obstacles presented by mental illness.

Michele May, Executive Director, Deaf-REACH, moderated the discussion that included Anthony Hopkins, a certified peer specialist with Catholic Charities, sufferer with mental illness, and previous returning citizen, Bruce Reid, Director, Mental Health for Corrections, Unity Healthcare, and Laura Rose, Mental Health Trial Specialist, Public Defender Service (PDS).



In her opening remarks Ms. May highlighted the importance of delivering support services to clients, in addition to humanizing the dimensions of their plight.

The panel highlighted a number of key issues for stakeholders to consider, including:



- Undiagnosed mental health disorders can and sometimes do contribute to criminal behavior
- In some instances, persons suffering with mental health disorders resort to self-medicating with drugs to cope with undiagnosed mental health challenges
- It is critical for criminal justice agencies to provide assessments of clients to determine their clinical needs
- Returning citizens need second chance opportunities, and benefit immeasurably from self-care
- Securing housing is a major challenge for system involved persons who suffer with substance abuse and mental health disorders
- It is important to create the capacity to out-place system involved persons from

St. Elizabeth’s Hospital in SE, DC.

- There are processes and policies that can mitigate the effects of challenges which include:
  - Employing diversion programs as alternatives to incarceration
  - Expanding the use of mental health courts for misdemeanor cases
  - Expanding the duration of residential treatment programs, and
  - Expanding awareness regarding the scope of mental health and substance abuse disorders among the system involved population

### Breakout Sessions Overview

Four breakout discussion sessions were convened to explore issues related to: Pre-Arrest and Court-Based Diversion, Planning and Implementing Effective Mental Health in Jails, The Impact of Trauma on Mental Illness and System Involvement, and Community Reentry Solutions That Work. Discussion leaders were charged with identifying existing realities that present systemic challenges to agency partners and the clients they serve. The goal of each breakout was to propose recommendations that would improve the quality and type of institutional services delivered, and inform the final panel discussion comprised of CJCC Partners/Stakeholders.

### **Breakout Session: Mental Health in Jails**

Beth Mynett, MD, Department of Corrections (DOC), convened the discussion session. Her focus centered on providing background regarding protocols and processes employed in the jail. The discussion touched on Inmate resources, DBH responsibilities, the needs of returning citizens, mental health/criminal justice information sharing/collaboration, avoiding the revolving door syndrome, community treatment, and reentry programs.



Discussion points highlighted the following:

- The DOC is committed to supporting the physical and mental health needs of its clients and created a clinic in the Central Cell Block (CCB)
- Prior to the creation of the clinic, simple meds had to be distributed during an inmate's visit to a hospital
- The Comprehensive Psychiatric Emergency Program (CPEP) treats mental health issues that are acute
- The CCB can refer clients to CPEP or the hospital
- There aren't any MDs or nurse practitioners on staff at the CCB
- Within the DOC, an Inmate Reception Center exists
  - It opened 3-4 years ago and has an information center, can support booking, and supports case workers/managers/officers
  - Within 45 mins of admissions, staff commence medical and mental health screening
  - Suicide assessments are conducted
  - Inmates receive their first dose of meds
  - Acute or chronic conditions are treated
  - A safe cell exists to assess a person's mental state and ongoing checks are conducted to assess suicide risks
  - Moderate-low risk clients are sent to the transition unit, and
  - Daily court case lists are available to assess the nature of the mental state clients would be experiencing on their way back from court
- DOC processes Medicaid applications at intake and approximately 8-10 people qualify per day. There's also a hospital-based eligibility determination that can be made and DOC makes sure that the application is completed when clients return from their hospital discharge, and
- GED programs, DCPS, job readiness, Georgetown college credits, yoga, substance abuse treatment, and medication assisted treatment (suboxone, methadone) options are available

### **Recommendations**

- Reimburse Core Service Agency (CSA) providers for visiting the jail and seeing clients
- Develop a list for points-of-contact (POCs) who work for non-profits/community providers that also work with the jail population
- Work with BOP to provide medication assisted treatment (MAT), and
- Work with DBH to determine how and if peer-specialists can work with clients in the DOC



## Breakout Session: Community Reentry Solutions that Work



Ashley McSwain, Executive Director, Community Family Life Services led the breakout discussion session intended to explore pressing issues and challenges related to addressing clients' mental health needs. The primary objectives outlined included:

- Brainstorming ideas regarding how to effectively respond to issues of reentry from prison or jail, and living with mental health disorders
- Discussing mental health disorders and their impact on returning citizens
- Detailing available resources, and
- Looking at best practices and solutions that best serve the interests of returning citizens

The work of CFLS focuses primarily on supporting reentering women whose demographics include the following:

- 95% are African American
- 82% have been diagnosed with a mental health disorder
- 85% have substance abuse history, and
- 75% have children

Women returning from incarceration are presented with unique challenges, which include:

- They experience conflicting impediments (social, emotional, financial) that can derail their individual success
- They have childcare needs that often interfere with their ability to actively and consistently pursue
- employment opportunities, and
- They require safe and affordable housing because many of them have been subjected to domestic violence

The panel highlighted the barriers that confront reentering women, which include:

- Many programs do not take into account the unique aspects of the female experience
- Generally, programs women are mandated to attend are an extension (negative) of their prison experience
- Many programs are staffed by former addicts which often make women feel uncomfortable and vulnerable
- Many organizations treat them disrespectfully and they feel judged and wind up returning to neighborhoods and relationships that are unhealthy for them, and
- Insufficient housing stock exists to support their needs

## Recommendations

- Improve coordination relative to client discharge and their return to the community
- Develop shared language between agencies and community-based providers
- Define "success" based on client feedback
- Increase system-wide warm handoffs
- Formalize info sharing mechanisms
- Increase inpatient treatment
- Create a multidisciplinary team that works with an individual upon their release that helps them understand what they need and how to set priorities
- Appreciate that the definition of success is an individual and transitory definition
- Organize specialists in a manner that enables everyone to appreciate how best to realize compliance, speak the same language, and appreciate the landscape of competing demands
- Eliminate the stigma of mental health treatment in the community

- Reduce stigma and provide more training for practitioners who work with justice system involved population
- Work with clients as opposed to dictating to them
- Provide implicit bias training to improve results and change attitudes among peer specialists, case workers, and other actors involved in the process
- Provide practitioners with the tools necessary to address implicit bias in order to mitigate the harm resulting from bias towards offenders and their circumstances, and
- Ask clients what is happening to them as opposed to what is wrong with them

### **Breakout Session: Pre-Arrest & Court-Based Diversion**

Michael Williams, Deputy Associate Director for Operations, Pretrial Services Agency (PSA) provided an overview of PSA programs. He explained that every intake includes an assessment that involves the following:

- Background check
- Criminal history review
- Substance abuse background, and
- Mental health review and assessment if needed

Additionally, each client is screened for prospective participation in mental health court, and the process is available for pre- & post- pleas.



Mr. Williams outlined the respective PSA Diversion types that include:

- Deferred prosecution agreement (no plea necessary)
- Deferred sentencing agreement (plea necessary), and
- Amended sentencing agreement (plea necessary)

The discussion centered on the types of approaches available to prevent/divert clients from exposure and involvement in the criminal justice system such as:

- Identifying stakeholders who need to be involved in the process, and
- Identifying persons who should be involved in discussions related to procedural reforms

### **Recommendations**

- Prioritize services for clients based on risk and need
- Develop policies that address the range of client needs, e.g. education, housing, and transportation
- Expand housing availability and patient treatment
- Identify alternatives to law enforcement officers arriving as first responders on matters involving mental health and substance abuse disorder calls
- Mirror the mental health system to that of the public health system
- Provide unlimited accessibility to services including:
  - Minute clinics, urgent care, triage facilities, etc.
  - Quicker hand-off for individuals who are in crisis
  - Tailored and individually based services on points-of-system-failure identified for clients
  - Eliminate stigmatizing titles such as mentally ill, substance abuser, and criminal, and
  - Look at the symptoms of clients and develop a level of care tailored to suit their needs

### **Breakout Session: Impact of Trauma on Mental Illness and System Involvement**

Wallace Kirby. Founder of Hustlerz to Harvestors, led the discussion of the "Impact of Trauma on Mental Illness. Mr. Kirby chronicled his personal background as a self-described corrections and community health survivor who worked to create the "Post Incarceration Syndrome (PICS) Model" with Terry Gorski, a clinician.

The group discussion explored the best ways to address historical trauma and proposed the following:

- Expand/advance trauma-based work
- Train community-based addiction/mental health workers
- Increase awareness about the signs of PICS
- Educate family members about PICS, and
- Increase opportunities for peer group engagement



### **Recommendations**

- Address historical trauma
- Increase community and peer support
- Eliminate the gaps in case management
- Improve continuity of care
- Acknowledge that offenders leave prison socially maladjusted
- Acknowledge that housing costs are prohibitive for ex-offenders and they will never be able to afford housing in the absence of making a livable wage and receiving housing subsidies
- Enhance lobbying efforts focused on the needs of persons that suffer with mental illness and substance abuse disorders
- Develop more and better aftercare programs
- Create halfway houses with infrastructure/programs designed to help re-entrants connect with the real world, and
- Offer art therapy programs that can assist people manage their personal challenges and reduce anxiety

### **Paul A. Quander Jr. Award Ceremony Luncheon**

The CJCC presented its Second Annual Paul A. Quander Jr. Leadership and Fair Administration of Justice Award in honor of the deceased and former Deputy Mayor for Public Safety and Justice to Nancy M. Ware, former Director,



Court Services and Offender Supervision Agency. CJCC Co-Chairs Leslie Cooper and Kevin Donahue presented the award to Ms. Ware. The late deputy mayor's daughters, Candace Quander and Katherine Forde attended the award ceremony.



### **Plenary: Regina Huerter – Identifying Effective Strategies that Support System-Involved Clients**

Regina Huerter, Policy Research Associates, Inc. delivered a presentation on “Identifying Effective Strategies that Support System Involved Clients”.

Ms. Huerter emphasized that the criminal justice landscape looks different today than it has in the past. The public mental health system has shrunk in the past 50 years, care and treatment are now decentralized, and the criminal justice system is now a default service provider.

Ms. Huerter shared the following statistics:

- Approximately seven million people are under correctional supervision
- 64% of people incarcerated suffer from mental illness, and
- 4% of persons in the general population are suffering from severe mental illness

Regarding substance use, Ms. Huerter indicated:

- 80% of arrestees tested positive
- 68% of the jail population has a Substance Use Disorder (SUD), and
- There is an overlap between medical injury and mental illness

She explained that complex client needs span the system, including: homelessness, social stigma, personal isolation, substance use, and poor physical health. She encouraged Summit attendees to consider who assumes ownership for addressing the needs of specific demographics and sub-demographics, and how those needs can be best accommodated.

Ms. Huerter delved into sequential intercept modeling, e.g. a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. She highlighted the importance of analyzing systems and looking at them as interconnecting mechanisms capable of addressing the complex needs of clients outside of the typical silo model approach. She also focused on the importance of keeping people out of jails, diverting them from the criminal justice system, and the importance of identifying effective interventions.

Ms. Huerter cited the lessons learned throughout her career in running a counterpart Criminal Justice Coordinating Council in Denver. She recommended the following:

- Utilize common language designed to achieve greater institutional understanding and collective results
- Develop concrete linkages between the data, the programs being employed, and the results that are being generated
- Employ cost/benefit analyses relative to the data and how it is used to drive public policy, and
- Understand that the reality of money, ego, and turf (MET) that often affects the quality and type of programming that is developed to respond to the needs of system involved clients

### **Plenary Panel: Exploring the Mental Health-Criminal Justice Landscape**

Kati Habert, Deputy Program Director - Behavioral Health, Council of State Governments Justice Center, led a discussion on “Exploring the Mental Health – Criminal Justice Landscape”, that included justice system and behavioral health leaders. The discussion explored institutional processes and interagency collaboration employed to respond to the myriad of challenges



presented by system involved individuals. The officials were asked to build upon the recommendations offered in the breakout sessions.

Panel Participants included:

Charles Allen, Chairman, Committee on Judiciary and Public Safety

Leslie Cooper, Director, Pretrial Services Agency

Kisha Gordon, Branch Chief, Mental Health Unit, Court Services and Offender Supervision Agency

Colleen Kennedy, Assistant United States Attorney, United States Attorney's Office - District of Columbia

Robert Morin, Chief Judge, Superior Court of the District of Columbia

Kelly O'Meara, Executive Director-Office of Strategic Change, Metropolitan Police Department

Dr. Tanya Royster, Director, Department of Behavioral Health

Patricia Smoot, Chairwoman, United States Parole Commission

Rhonda Tildon, Assistant Chief, Mental Health Section, Office of the Attorney General

Ms. Habert reviewed the list of recommendations from the morning breakout sessions. The recommendations were synthesized during lunch and are as follows:

Pre-Arrest and Court-Based Diversion

- Develop policies that address the range of client needs, e.g. education, housing, and transportation
- Expand housing availability and patient treatment
- Identify alternatives to law enforcement officers arriving as first responders on matters involving mental health and substance abuse disorder calls
- Mirror the mental health system to that of the public health system
- Provide unlimited accessibility to services including:
- Minute clinics, urgent care, triage facilities, etc.
- Quicker hand-off for individuals who are in crisis
- Tailored and individually based services on points-of-system-failure identified for clients
- Eliminate stigmatizing titles such as mentally ill, substance abuser, and criminal, and
- Look at the symptoms of clients and develop a level of care tailored to suit their needs

Planning and Implementing Effective Mental Health in Jails

- Reimburse Core Service Agency (CSA) providers for visiting the jail and seeing clients
- Develop a list for points-of-contact (POCs) who work for non-profits/community providers that also work with the jail population
- Work with BOP to provide medication assisted treatment (MATs), and
- Work with DBH to determine how and if peer-specialists can work with clients in the DOC

The Impact of Trauma on Mental Illness and System Involvement

- Eliminate the gaps in case management
- Acknowledge that offenders leave prison socially maladjusted
- Acknowledge that housing costs are prohibitive for ex-offenders and they will never be able to afford housing in the absence of making a livable wage and receiving housing subsidies
- Enhance lobbying efforts focused on the needs of persons that suffer with mental illness and substance abuse disorders
- Develop more and better aftercare programs
- Create halfway houses with infrastructure/programs designed to help re-entrants connect with the real world, and
- Offer art therapy programs that can assist people manage their personal challenges and reduce anxiety

Community Reentry Solutions That Work

- Create a multidisciplinary team that works with an individual upon their release that helps them understand what they need and how to set priorities

- Appreciate that the definition of success is an individual and transitory definition
- Organize specialists in a manner that enables everyone to appreciate how best to realize compliance, speak the same language, and appreciate the landscape of competing demands
- Eliminate the stigma of mental health treatment in the community
- Work with clients as opposed to dictating to them
- Provide implicit bias training to improve results and change attitudes among peer specialists, case workers, and other actors involved in the process
- Provide practitioners with the tools necessary to address implicit bias in order to mitigate the harm resulting from bias towards offenders and their circumstances, and
- Ask clients what is happening to them as opposed to what is wrong with them

Partners responded to four critical points highlighted, namely:

- The importance of limiting client exposure to the criminal justice system
- The criticality of reducing the length of stay
- The importance of increasing connections to care, and
- The importance of reducing recidivism



Consensus emerged from among the panelists that the number of people reported experiencing mental health disorders is increasing; although the length of stay in the system is decreasing. They agreed that institutional solutions will require collaboration and coordination among partners. Partners focused on identifying common goals and multi-agency collaboration. Partners also agreed that interagency and multiagency collaboration is important. Stakeholders emphasized that a critical challenge rests with promoting synergies between Partner agencies and non-traditional partner agencies.

Regarding arrest and entry points to the justice system, Stakeholders agreed on the importance of providing training that facilitates the process of “warm handoffs” from police to service providers (substance abuse and mental health). They also listed a need for the following:

- Investment in services and programs that address mental health and substance abuse disorders
- Tools that make it easier for an officer to employ options other than arrest, and
- Moderating community expectations and giving officers the tools they require to effectively respond to individuals suffering with MH & SA disorders

Consensus emerged on the need for more trained Crisis intervention officers (CIOs), in addition to an enhanced capacity among officers to respond to persons in need, but who are not experiencing crisis. They agreed that it is vital to match clients with services without subjecting them to detention and arrest.

Group discussion centered on the importance of having relevant information available regarding the mental health circumstances of clients when presenting a defense on their behalf. Panelists recognized that institutional resources need to be deployed across the communities where clients reside.

Widespread agreement was expressed regarding the need to improve screening at different intercepts within the criminal justice system. Partners also acknowledged the need to identify existing overlaps of agency responsibilities that support the needs of clients with MH and SA disorders.

Partners stressed the importance of information-sharing as an effective mechanism to employ best practices that will result in improved decision-making. They also acknowledged that inherent challenges/conflicts exist associated with sharing information in relationship to maintaining client privacy and compliance with the law.

Panelists also discussed the importance of employing risk assessments for clients as they transition through the adjudication process. But they cautioned it is crucial to utilize holistic measures to assess their needs as they enter the system.

Dr. Royster explained that her agency is exploring a partnership with CSOSA and is looking at ways to increase assistance delivered to clients. And the U.S. Parole Commission indicated that it relies on information from CSOSA to assist in its efforts to deliver care and treatment to offenders post-release.



Stakeholders stressed the importance of applying metrics in the assessment process employed for clients. The consensus among all parties was that it is valuable to know what tools and strategies are working, especially when delineating the treatment needs of low level/low risk offenders versus high risk violent offenders.

An important point stressed regarding system improvements was that the CJCC gathers and analyzes data that Councilmembers and Partners use to inform their policymaking and its implementation.

Relative to cross-agency training, DBH indicated that it provides CIO training to other police departments, including Amtrak, and U.S. Capitol Police. Further, requests for training have also been received from the White House and the CIA.

Partners expressed final thoughts from the Summit including:

- It is important to provide officers with information regarding available resources in the field that they can employ to respond to clients suffering with MH/SA
- Greater thought must be given to best approaches that are relevant to diversion programs
- Continued support must be given to the Mental Health Court
- It is important to strengthen and increase current strategies, and
- It is vital to develop additional ways to provide resources to clients in coordination with partner agencies

## **Wrap Up**

The Summit concluded with final remarks from Mannone Butler, who thanked everyone for participating in the Second Annual Criminal Justice Summit.