NATIONAL DIVERSION LANDSCAPE

Continuum of Behavioral Health Diversions SURVEY REPORT

MAY 2022

NATIONAL JUDICIAL TASK FORCE
TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

NCSC
National Center for State Courts

State Justice Institute

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Executive Summary

The Conference of Chief Justices and Conference of State Court Administrators National Judicial Task Force to Examine State Court's Response to Mental Illness conducted a survey to create a picture of the national landscape regarding adult behavioral health diversions and practices available in each state. The survey was completed by State Court Administrators or State Court Behavioral Health Administrators and often in conjunction with input from State Behavioral Health Departments. Forty of fifty-six states, territories, and districts (71.4%) responded to the survey, and results were collected in June and July of 2021, and again in October and November of 2021. The survey results describe the national landscape and continuum of behavioral health deflection, diversion, and practices for adults.

Continuum of Behavioral Health Diversion

States and communities provide different types of resources, services, and treatment practices for individuals with behavioral health needs. The complete range of programs and services is referred to as the continuum of care. A continuum of care uses an interdisciplinary approach to provide opportunities for patient care through partnerships in community programs and services. These diverse community programs and services are necessary to provide appropriate treatment in the community and diversion opportunities from the justice system. The continuum of care provides the basis for the Continuum of Behavioral Health Diversion and has been divided into five areas based on where in the behavioral health and justice system a person is located. Every jurisdiction has different resources, services, and programs in their state and community and how a state or community develops their behavioral health diversion continuum may vary, as may the terminology that is used. The importance is placed on having a robust set of services and diversion opportunities across the continuum that meet the needs of individuals with behavioral health needs.

A list of diversion options is available in Appendix B.

Survey Observations

Several observations and trends were identified in the survey which are listed below based on diversion area. For a complete list of responses, please refer to the full National Diversion Landscape survey results located after the Executive Summary.

Ideal Behavioral Health System

- States were most likely to have outpatient mental health and substance use disorder treatment, followed by cognitive behavioral therapy, and intensive outpatient substance use disorder treatment. States were least likely to have assertive community treatment, and certified peer support.
- When it came to secondary behavioral health services and other supports, states were most likely to have medication assisted treatment, supported housing, case management teams, and recovery supports. States were least likely to have use of psychiatric advance directives, assisted outpatient treatment, and co-location of behavioral health and other services.
- Although the services noted were available states, respondents noted that many services were not widely accessible across their state, especially in rural areas; there were often waiting lists; a shortage in the behavioral health workforce; lack of services for those in need of the highest level of care such as Forensic Assertive Community Treatment (FACT); case management services; and peer lead services such as Club Houses.
- When asked if telehealth had improved access to services, most states reported that due to the pandemic, teleservices were approved and/or increased and although many states also noted that telehealth services overcome barriers such as transportation, employment, and sometimes waitlists, there is not a clear picture that jurisdictions will continue to utilize teleservices.

Ideal Behavoioral Health Crisis System

- States were most likely to have 24-hour crisis lines, acute psychiatric hospital units, and crisis stabilization units. States were least likely to have living room/peer run crisis centers, crisis residential services, and partial or day hospitals.
- Courts have recognized the need to develop collaborations, programs, and linkages to crisis services for those individuals who are likely to become justice involved. States identified the need for crisis stabilizations, mobile crisis teams, and partnerships with community behavioral health providers.

Pre-Arrest Deflection and Diversion

- States were most likely to have police response/CIT training and mobile crisis teams. States were least likely to have co-responder teams and identification of high utilizers.
- Similar challenges were identified in this area including behavioral health workforce shortages, appropriate services for pre-arrest diversion, access to services across the state, and lack of housing/supported housing.

Pre-Adjudication Diversion

- States were most likely to have prosecutor-lead diversions, pretrial release resources, treatment courts, and recovery peer specialists. States were least likely to have data matching between the jail and behavioral health providers, court liaisons/navigators, and structured warm handoffs between the jail and community providers.
- When asked about assessments, states were most likely to have assessments for substance use disorders, followed by mental health, and criminogenic risk. Assessments were more likely to be done by pretrial staff than jail staff. States were least likely to have assessments for trauma utilized for pre-adjudication diversion programs.
- When asked about challenges, states identified the need for data to support programs, court liaisons/navigators, not enough services for diversion, and difficult to ensure equal access to diversion options.

Post-Adjudication Diversion

- States were most likely to have treatment courts and alternative to incarceration sentencing. States were least likely to have specialized behavioral health community supervision caseloads and benefits enrollment.
- Identified challenges included housing, lack of services in rural communities, and lack or transition planning.

Court Leadership

State courts have increasingly become the default system for addressing the needs of those with behavioral health issues. As leaders of their courts and communities, judges are in a unique position to expand and improve the response to individuals with mental illness. For decades, courts have gained experience in convening diverse stakeholders to tackle complex problems both within and outside of the justice system. From the evolution of problem-solving courts to dependency dockets, courts are often at the vanguard of responding to societal issues. This reality has paved the way for an independent but involved judiciary. In their unique position as respected leaders, judges are optimal conveners of these diverse stakeholders. The **Leading Change Guide for State Court Leaders** and **Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders** are two guides that will help judges and court administrators start or advance processes for collaboration and to improve responses for persons with mental illness.

Conclusion

To address behavioral health needs in our states and communities and the overrepresentation of individuals with behavioral health needs in local courts and jails, community resources and diversion pathways and practices must be available, accessible, and used. To reduce unnecessary involvement, support those who need services, and promote fairness throughout the criminal justice system, judges and other behavioral health and criminal justice partners must come together to create a system that will improve outcomes for all. Every community will be at a different place with diversions practices. Consider your own state or community and the best way to build a structure of support for behavioral health needs within it.

About the Survey

To address behavioral health needs in our courts and communities, appropriate community services and supports must be available and accessible to deflect persons with behavioral health needs from entering the criminal justice system and divert persons with behavioral health needs from the criminal justice system at the earliest point possible.

This Continuum of Behavioral Health Diversion has been divided into five areas based on where in the behavioral health system and justice system a person is located.

1. **Ideal Behavioral Health System**
2. **Ideal Behavioral Health Crisis System**
3. **Pre-Arrest Deflection/Diversion**
4. **Pre-Adjudication Diversion**
5. **Post-Adjudication Diversion**

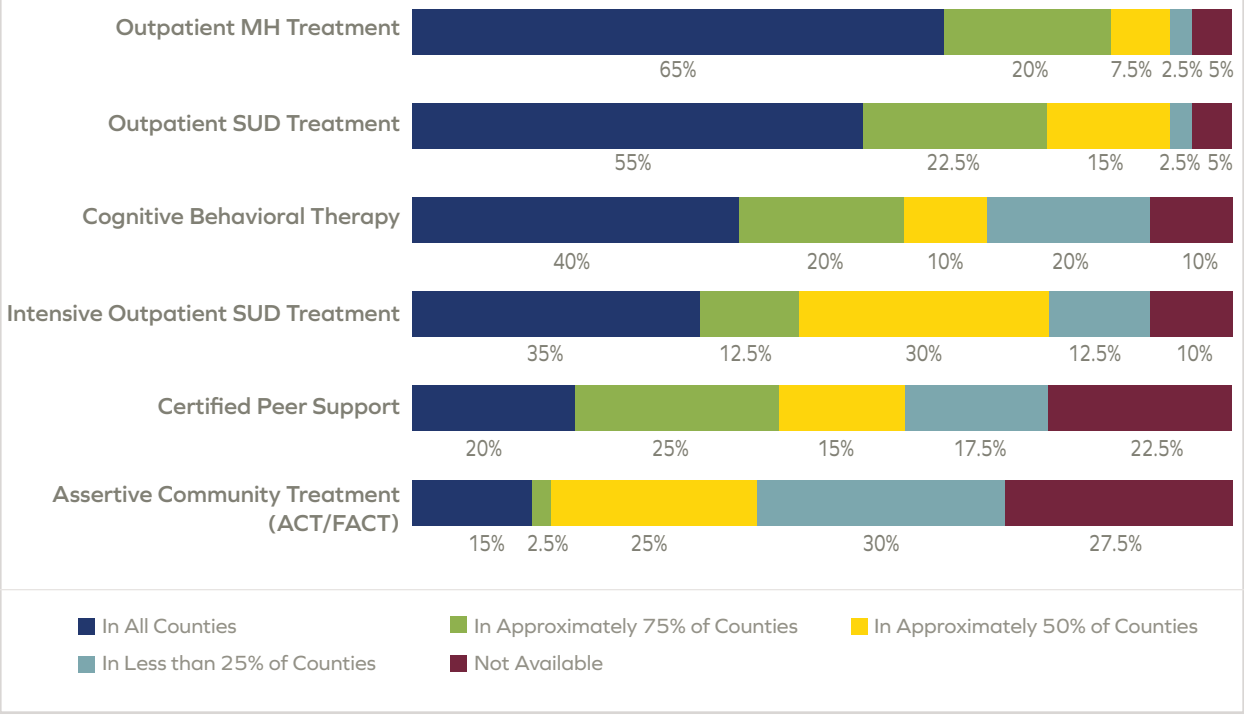
Every jurisdiction has different resources, programs, and services in their community and how a community develops their behavioral health diversion continuum may vary, as may the terminology that is used.

The 40-question survey developed to gauge state's available behavioral health resources was sent to state courts in all 50 states, the District of Columbia, and five territories. Survey results were collected in June and July, and again in October and November. Forty of the fifty-six states, territories and districts responded (71.4%), a full summary can be found in the Appendix, Table 1.

Ideal Behavioral Health System

Respondents were asked what primary behavioral services and supports were available in their state/territory/district, and the distribution of said services by county (or other similar jurisdictional division). Two states noted that they had none of the services available in their states. The respondents were most likely to have outpatient mental health (95%) and substance use disorder treatment (95%), followed by cognitive behavioral therapy (90%) and intensive outpatient substance use disorder treatment (90%). States were least likely to have assertive community treatment (72.5%), and certified peer support (77.5%). Figure 1 illustrates the services and supports available to respondent states by the percentage of counties in each state that has them available. The table reads left to right and top to bottom as most available to least available.

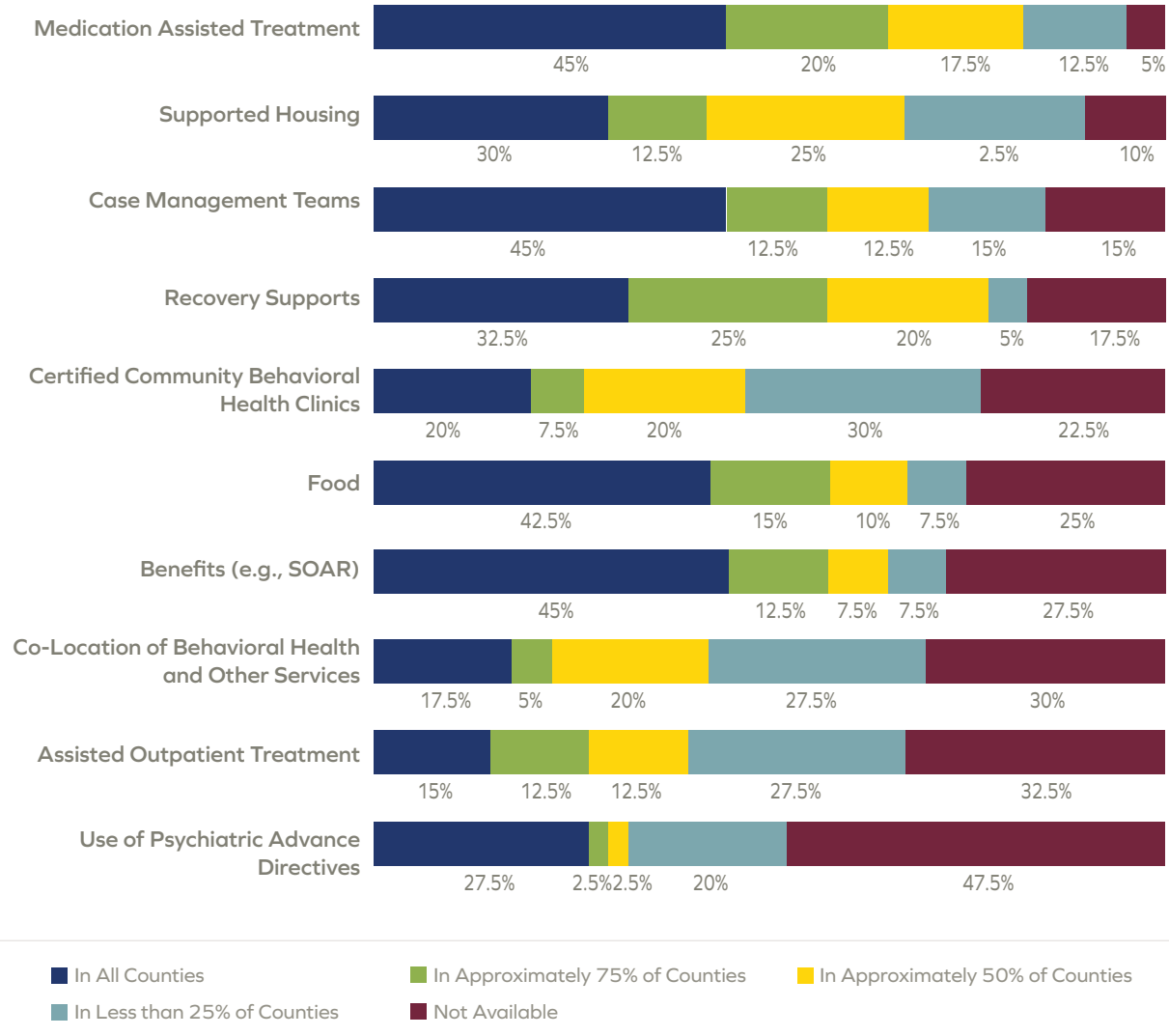
FIGURE 1: Percent of States Reporting Ideal Behavioral Health System Services Availability



Other Behavioral Health Services and Supports

Respondents were asked what secondary behavioral services and supports were available in their state/territory/district, and the distribution of said services by county (or other similar jurisdictional division). Two states noted that they had none of the services available in their states. The other 38 respondents were most likely to have medication assisted treatment (95%), supported housing (90%), case management teams (85%), and recovery supports (82.5%). States were least likely to have use of psychiatric advance directives (52.5%), assisted outpatient treatment (67.5%) and co-location of behavioral health and other services (70%). Figure 2 illustrates the other services and supports available to respondent states by the percentage of counties in each state that has them available. The table reads left to right and top to bottom as most available to least available.

FIGURE 2: Percent of States Reporting Other Behavioral Health Services and Supports Availability



Accessibility Issues

Respondents were asked about wait list or accessibility issues for behavioral health services and supports in their jurisdictions. Six states provided no comment on accessibility issues. The remaining 34 respondents noted several issues that are detailed in Table 2 below.

TABLE 2: Accessibility Issues for Behavioral Health Services and Supports

State	Description
AL	Detox program waitlists; out-patient mental health services limited in scope and availability.
AK	There are limited space constraints on most programs.
AZ	Due to population variations, funding, staff turnover, and geographical barriers within the State there are vast variances of accessibility and level of services. Approximately 85% of the population in the State is concentrated in 2 of the 15 counties, this also creates a concentration of services in those counties.
AR	There is currently a statewide shortage of Licensed Mental Health Professionals. This has led to some delays in scheduling appointments for new individuals and impacted the frequency of services available. Acute Care Hospitals have been significantly impacted by COVID-19 in limiting census, or not accepting persons without a negative COVID test. However, even more challenging is that our acute hospitals seem more and more reluctant to admit people with aggression, severe psychosis, or sexual-based offenses. We also hear those persons with jail holds are frequently turned down by acute hospitals.
CA	The State hospital has a waitlist of approximately 1700 for Competent to Stand Trial evaluation. County level treatment providers report challenges related to having sufficient resources to meet demand.
CO	In rural areas especially, the shortage of behavioral healthcare providers results in delays in assessment, intake, and initiation of treatment, resulting in gaps between the commission of a crime and initiation of treatment and lack of follow through by program candidates/participants. Some providers are not trained or open to working with individuals involved in the criminal legal system and are not trained to address criminogenic risk, need, or responsivity. Lack of transportation and reliable communication systems (no cell phone, lack of permanent address) for participants make accessing treatment difficult. The inability of program candidates/participants to meet basic needs for shelter, food, and medical care, as well as inflexible employment, make access to treatment difficult. Ineligibility for Medicaid and lack of private insurance impede access to treatment. Lack of providers accepting Medicaid and/or private insurance impede access to treatment. Prior to COVID, when more people were arrested for low level offenses rather than receiving summons and citation, those arrested were often released prior to behavioral healthcare assessments and/or warm handoffs to treatment. Few inpatient treatment beds are available for those with acute needs.

CT	Lack female mental health residential programs. Biggest issue related to waitlist is staff turnover, medication appointments with psychiatrists and APRN's, waitlist for residential and transitional housing, lacking ASSIST services in all court locations.
DE	2-year wait for Community Reintegrated Support Programs (CRISP), which serve as the highest level of care. No long-term inpatient psychiatric care facility. All current facilities only serve as stabilization. According to the 2017 Delaware State Health Needs Assessment and Improvement Plan (dhss.delaware.gov/dhss/dph/files/shipaandrsummary2017.pdf): • There is a provider shortage. • There are some underserved areas. • Stigma reduction and education for practitioners for identifying SU and trauma-informed care are needed.
GU	• Adequate housing options for persons with mental/behavioral health disabilities. • The Judges follow the recommendations from counsel and based on the court orders, the Judiciary of Guam has internal and external providers and depending on the volume of participants, there may be a wait list depending on the availability of public and private services.
IL	Many outpatient mental health and substance use disorder providers have placed moratoriums on new intakes due to workforce issues. Most inpatient private and state-operated facilities have reduced capacity to accommodate triage units and implement COVID-19 pandemic mitigation strategies. Estimate 75%+ of inpatient MI/SUD operate with an ongoing waitlist.
IN	Workforce is the main issue.
IA	Wait lists for psychiatric services and in-patient MH services.
KS	Kansas has just 2 behavioral health courts, but we now have staff working in this area and a new specialty court committee.
KY	Housing and Urban Development often has a waitlist, as well as residential recovery facilities. Also, low income presents barriers to housing and treatment access.
MD	Prior to COVID, there was only a couple of weeks (max) wait time for court ordered evaluations and placements. However, during COVID restrictions, the wait times increase mainly because of quarantining and other issues with the pandemic. It is expected that these wait times will go back to the pre-COVID accessibility in the coming months.
MI	Eligibility due to insurance, status, and severity of mental illness.
MN	• Minnesota is moving away from our previous CMS 1915b waiver that allowed counties and tribes to make decisions about provider, level of care, and length of stay. That transitions out county service agreements by 1, July 2022. • Access to affordable housing resources is very limited due to closed or lengthy waiting lists. • FEP services do at time have waitlists due to staffing availability and/or case load size. As of 6-22-2021, 1 of the 3 sites does have a waitlist.

NE	Competency evaluations and restoration wait list, in patient wait list.
NV	• Nevada has to report 90% capacity wait list for SAPTA funded providers. • There are often 90+ individuals waiting in emergency rooms for behavioral health beds daily. • Wait lists for community waiver programs is often several months. • Housing and homelessness have waitlists for programs. • Youth waits for inpatient and outpatient. • Limited levels of care for TAY populations. • Psychiatric services waitlists of adults and children can be monthly. • Transportation issues. • Rural/long distances to obtain in person treatment.
NH	Inpatient SUD treatment can have a waitlist. Recovery Housing is not statewide so there can also be wait lists in certain areas.
NJ	Wait lists vary across the state although not in every county.
NM	Wait list time lengths vary depending on the county and city. In some communities there are relatively short wait lists, 1 day to 1 week while in other communities wait lists of up to 6 months for outpatient treatment.
NY	a. Community Interventions - Need more preventive programs such as Forensic Assertive Community Treatment (FACT), Assertive Community Treatment (ACT), Shelter Partnered ACT (SPACT), etc. In addition, the process to access these programs should be less restrictive. b. Housing Assistance - The biggest problem facing justice-involved people with behavioral health disorders is lack of housing. i. Supportive Housing - Need more supportive housing, which could provide wrap-around services with medication management, substance use disorder treatment, job-training/ placement, volunteer/community service options, and recreational opportunities. In addition, the requirement that participants be homeless to obtain supportive housing must be modified, and the length of time to move into housing once approved must be decreased. Because the definition of homelessness is so narrow, many participants are not able to access several available housing options. Even if they do meet the criteria, the process to move into supportive housing takes too much time. ii. Transitional Housing - Need more transitional beds for justice-involved people with behavioral health disorders. There are currently a couple of agencies that do this, but several other providers require court teams to compete for these beds. If there were more beds set aside specifically for the specialized court participants that work with persons diagnosed with behavioral health disorders, participants could get out of jail faster and the court would be in a better position to get updates on how they are doing in real time. Also needed are more transitional living residences with behavioral health care coordination services, mentors and peers, and care packages for participants being released that include cell phones, metro cards, and clothes.

NY *(cont.)*	c. Residential Treatment i. Higher Level of Care - Need more residential options for participants who require a higher level of care. ii. Co-Occurring Disorders - Need more long-term residential beds for the co-occurring participants in Drug Treatment Court and Mental Health Court. Individuals with co-occurring disorders need better access to long term residential substance abuse programs with true co-occurring disorder treatment/MICA treatment. Also, there is a desperate need for inpatient and residential programs for those with both serious mental illness and substance use disorders. iii. Long Term - Need better access to long term residential treatment. iv. Spanish-speaking - Need more residential treatment for Spanish-speaking participants. d. Club Houses - Need more Club House-type programs for those with behavioral health disorders; many have long waitlists. e. Respite Programs - Need more programs for family members who house their relatives with behavioral health disorders; they often face burn-out and could benefit from some support. f. Case Management - Need more case management services. g. Peers - Need more peer support. h. Mental Health Clinics - Need more behavioral health clinics near courthouses to assess and triage services, assist with temporary to permanent housing, and provide quicker access to medication including injectables. i. Long Term Care - Need better access to long term outpatient care. j. Mental Health without SUD - Need more mental health treatment for those who do not have a substance use disorder. k. Specialized Treatment - Need more specialized treatment for: i. transgender and/or LGBTQ participants ii. young adults iii. father and child l. Dialectical Behavior Therapy - Need DBT for individuals with Medicaid and SSI. m. Disqualifying Criminal Records - Need placement options for individuals with current/prior arson charges and registered sex offenders.
OK	Extremely long wait lists, especially for inpatient treatment.
OR	The Oregon State Hospital (OSH) is at maximum capacity. A majority of OSH patients are aid and assist population. Little to no capacity for civil commitment populations. Additionally, supported housing is rarely available to justice-involved populations. Large shortage of residential facilities and beds including secure residential facilities.
RI	Currently experiencing 0-4 weeks wait for outpatient services.
SC	Waitlist for inpatient treatment and mental health and chemical dependency treatment. COIVD-19 has impacted accessibility to some outpatient treatment services.

TN	Community-based services rarely experience wait lists or delays in capability to immediately provide services as encountered. Some delays are experienced with access to inpatient services when referral rates from the community provider network become heavier than inpatient setting's capability to process, but delays are based solely on ability to process as opposed to bed availability.
VT	Hospital wait list, access to public health services/psychiatrist.
VA	Since the Covid-19 pandemic, waiting lists have increased due to staffing shortages and increased demand.
WV	Transportation to services is a huge issue throughout WV.
WI	Long waitlists for inpatient treatment and sober housing.
WY	Wyoming is a rural frontier state with large distances between services and supports. Wait lists are utilized due to healthcare shortages. Transportation is also unavailable in many locations.

Telehealth and Access

Respondents were subsequently asked to describe if/how access to behavioral health services was increased due to teleservices. Eighty-five percent of respondents provided some sort of comment regarding access. Those responses are detailed in Table 3 below.

TABLE 3: How Telehealth Has Affected Behavioral Health Services (by State, Territory, and District)

State	Description
AL	This has increased access and some programs have reported better attendance and participation in group therapies online. Others have not. I am not aware of individual teleservices outcomes.
AK	With onset of Covid, the Alaska legislature allowed tele-health services for the first time.
AZ	Providers who were hesitant to provide teleservices have done so in the past year.
AR	Arkansas Division of Medical Services made changes to the telehealth services during the pandemic by allowing crisis intervention services, marital and family behavioral health, substance abuse assessments, and for diagnostic assessments for individuals 21 years of age. Most of the telehealth exceptions have been made permanent via promulgation in 2021, including group therapy with adults.
CA	Most jurisdictions report increased teleservices precipitated by the Covid 19 pandemic.
CO	It appears that access to telehealth has increased attendance of treatment by removing the transportation barrier and, for some, increased comfort with engaging in assessment/treatment. For individuals without consistent access to internet service (or computers/phones), the option of telehealth provides little benefit.
CT	Attendance has increased since virtual services offered address transportation issues, childcare, financial etc.
DE	Providers are routinely working with clients remotely using telehealth services.
GU	• I am not aware of any increase in services due to teleservices. I do know that even when IN THE BUILDING, psychiatrists ONLY see patients via teleservices with the social worker providing the tech support. • The Judiciary of Guam's Client Services and Family Counseling Division has provided telehealth services for 1,072 clients in calendar year 2020. For example: Forensic evaluations, psychological evaluations, intake and assessments, individual counseling, family counseling, group counseling, and victim counseling.
HI	Due to the pandemic, behavioral health services have been utilized to address client accessibility and needs.
IL	Public Act 102-0104 amended the Illinois Insurance Code and includes the delivery of covered health care services by way of telephone usage in the definition of "telehealth services" and established payment parity for behavioral health and substance abuse.
IN	Increased no show rates, greater accessibility to culturally competent services.
KY	Overcomes transportation barriers, particularly in our rural counties, scheduling barriers, and maintaining employment.
MD	In Maryland, teleservices were rarely used prior to the COVID pandemic. However, soon after travel restrictions and social distancing was instituted, behavioral health providers began using teleservices. Even now that many restrictions have been lifted, behavioral health teleservices are still being used.
MI	In rural areas especially, the access to telehealth services has increased availability of psychiatrists and other clinicians.

MN	• Telehealth has increased mainly as a result of the pandemic. • Telehealth services provided by CCBHCs have increased since 2017. During Covid-19 pandemic, CCBHC services were provided almost exclusively by remote means (video conference and telephone). • MH TCM: since March 2020 mental health targeted case management services received a waiver of face-to-face service requirements for service continuity. The waiver allowed MH TCM for adults and children and families to be provided by video conference or telephone to prevent loss of services. No, teleservice has not increased supportive housing service access, but has prevented the loss of services as a result of COVID-19 restrictions. Continued use of teleservices post pandemic will expand the service delivery options available."
MO	Access has increased in rural counties with telehealth.
NV	Rural and urban counties have increased in telehealth services, especially during COVID. Created increased access for individuals that weren't as acute; but this created difficulties with individuals who presented as more acute. Allowed for statewide development of psychiatric access lines and other warmline development.
NH	During the Pandemic the increase of teleservices gave others access who had demographic challenges.
NJ	Telehealth services allowed access to services during the NJ state of emergency as a result of COVID.
NM	Behavioral Health teleservices have allowed individuals with transportation challenges to engage in treatment in ways they were not able to prior to the public health emergency.
NY	Behavioral health teleservices play a valuable role when on-site services are delayed or not available. Teleservices improve access to care, offer local care in a timely fashion, improve continuity of care, and improve treatment compliance, and coordination of care.
OK	Problem with broadband limits access in rural and certain inner-city areas.
OR	Over the last year, more justice-involved individuals accessed services through telehealth platform. Telehealth can be difficult for many defendants who are not technology users and/or those whose diagnoses are exasperated by technology.
PA	COVID
RI	Many community providers are using telehealth services and many consumers have embraced this method.
SC	Unable to provide reliable data related to this question.
TN	Yes, particularly with our more rural providers/areas. Feedback from service recipients is that assistance is available without the need to drive to a clinic.
VT	At the beginning of the pandemic, many mental health services were provided through teleservices. There are still several services offered through teleservices such as therapy, crisis screenings, telepsychiatry within designated mental health agencies, Emergency Departments, and the Department of Corrections.
VA	Where accessible. Some rural and mountainous communities don't have internet or cell services so are unable to access teleservices.
WV	Many therapy (group and individual) sessions and other services started offering these services for the first time.
WI	Allows for access to more specialists and reduces transportation burdens.
WY	The public health emergency required agencies to increase telehealth service delivery which allowed them to maintain needed services during quarantine. Individuals prefer telehealth services and continue to utilize those services after quarantine.

Highlighted Programs

Respondents were asked to identify any behavioral health services and support programs that they would like to highlight. Fifteen of the respondents provided information. The details are provided in Table 4 below.

TABLE 4: Highlighted Behavioral Health Services and Support Programs

State	Description
AZ	Co-located clinics, law enforcement drop off sites, jail Reach Out programs, and development of probation Re-entry Program. TIP Centers - https://www.azahcccs.gov/PlansProviders/TargetedInvestments/corecomponents/adultambulatory-criminaljustice.html Law Enforcement Drop off Centers (example of one of our partners who runs two centers in AZ) - https://www.connectionshs.com/ Re-Entry program - Statewide Re-Entry Program, implemented in 2019 for Adult Probation System -Revised probation ACJA code: direct supervision of probationers will now include inmates exiting prison to a probation term, 90 days prior to release, to establish Release Plan with inmate prior to release. Administrative Directive to allow up to 6 months to focus on transition plan rather than probation terms to stabilize probationers and focus on critical needs first. Counties now have Reentry policy, reentry officer, and must track cases in case management system. Working with ADCRR to utilize their video conferencing system to communicate and they now send us 90-days prior to release dates for all inmates.
CA	Californians passed Prop. 63 in 2004 that resulted in millions of dollars for mental health services https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx
CT	ASIST - Contracted provider-based program that combines intensive clinical case management, psychiatric support services, direct or indirect mental health treatment and has a capped caseload of 25 clients per clinician. Jail Diversion - Court-based clinician assesses defendants held for arraignment, prior to arraignment, to develop a community based mental health treatment plan. Supervised Diversion Education Program - a pretrial diversionary program offered to individuals who have a mental health disorder that are in need of treatment. This program is available to with or without prior criminal histories and upon successful completion results in the dismissal of charges.
DE	TASC - primary liaison between division of substance abuse and mental health and the criminal justice system. Provide assessment, referrals, and case management services to those moving through both systems. Dhss.delaware.gov/dhss/dsamh/wistasc.html PATH program dhss.delaware.gov/dhss/dsamh/pathgrant.html"
GU	The residential recovery program group homes have evolved/improved since their inception in 2011 and provide housing for consumers who were previously kept in the adult in patient unit. The continuum of services still has many gaps most blatant is the assisted outpatient treatment for which there is a law on Guam that is not being implemented. 1. Adult Drug Court Services program - to assist those with addiction to various illegal substances 2. Juvenile Drug Court Program - to provide services to those addicted to various illegal substances. 3. Mental Health Court - to assist those suffering from various mental health disorders and illness 4. Veterans Treatment Court - to assist veterans who become defendants in the Criminal Court and putting them through a mentor program, who act as coaches, facilitators, advisors and supports to help navigate them through their case.

GU *(cont.)*	5. Family Violence Group Counseling 6. Sex Offender Group Counseling 7. Individual, marriage, and family counseling 8. Forensic and Psychological Evaluations Program 9. Kids Group
IL	"The Rosecrance Mulberry Center combines two current, closely linked programs - Triage and Short-term Crisis Residential - under one roof. The Triage Program and the Crisis Residential Unit are closely linked programs that are logically and efficiently offered under one roof. These programs are designed to provide an immediate response to individuals experiencing a psychiatric crisis. The goal of both programs is to avoid unnecessary hospitalization or incarceration of individuals in crisis by providing rapid assessment, stabilization, and referral to the appropriate level of care. While many Triage clients go home with follow-up services at the Rosecrance Ware Center and others are referred for hospitalization, many are seamlessly moved to a short-term placement in the Rosecrance Crisis Residential Unit.
KS	In its 2021 session, the Kansas Legislature passed a bill to allow funds currently used only for certified drug abuse treatment programs to be used for behavioral health diversions in the future.
KY	Our Community Mental Health Centers, Recovery Kentucky Centers (peer support residential SUD), and sober living houses have made a significant impact. A notable program related to child welfare support and SUD is Kentucky Sobriety, Treatment, and Recovery Teams (START).
MD	Because Maryland was still learning about teleservices, all programs should be highlighted. The providers as well as the courts realized early on the importance of teleservices when individuals could not get to their necessary services. Problem-solving courts like drug courts and mental health courts lead the way for the courts in requesting for telehealth and encouraging the program participants to continue with treatment, even during the most difficult times.
MI	"Warm Handoffs" out of the jail system into treatment for a smooth transition from incarceration to behavioral health/SA treatment as to ensure exposure, first contact and follow up with behavioral health staff to minimize criminal justice involvement, recidivism and hospitalization.
NV	Nevada Resilience Project, CCBHCs and ACT, FEP, MOST, CARE TEAMS, and CSSNV
NH	Statewide Drug Courts, harm reduction programs, Doorway program (hub and spoke)
NY	Forensic Assertive Community Treatment (FACT) Assertive Community Treatment (ACT) Shelter Partnered ACT (SPACT) - This is available to people with serious mental illness who are eligible for ACT and reside in an NYC mental health shelter. Fortune Society - https://fortunesociety.org/
VA	Mobile stable access centers and stable access centers, provide a place for treatment of acute mental health distress. Usually at a hospital or Emergency Room (5) but more recently a few mobile crisis stabilization units. We desperately need more of these.
WV	Governor's Council on Substance Abuse Prevention and Treatment was developed and is organized by the Office of Drug Control Policy (ODCP). They developed a three-year Substance Use Response Plan to help implement a variety of services statewide. See strategic plan, pilot programs and data at: https://dhhr.wv.gov/Office-of-Drug-Control-Policy/Pages/default.aspx

Challenges

Finally, to close this section of the survey, respondents were asked about any specific challenges regarding behavioral health services and supports. Twenty-two respondents shared their challenges, which are detailed in Table 5 below.

TABLE 5: Behavioral Health Services and Supports Challenges

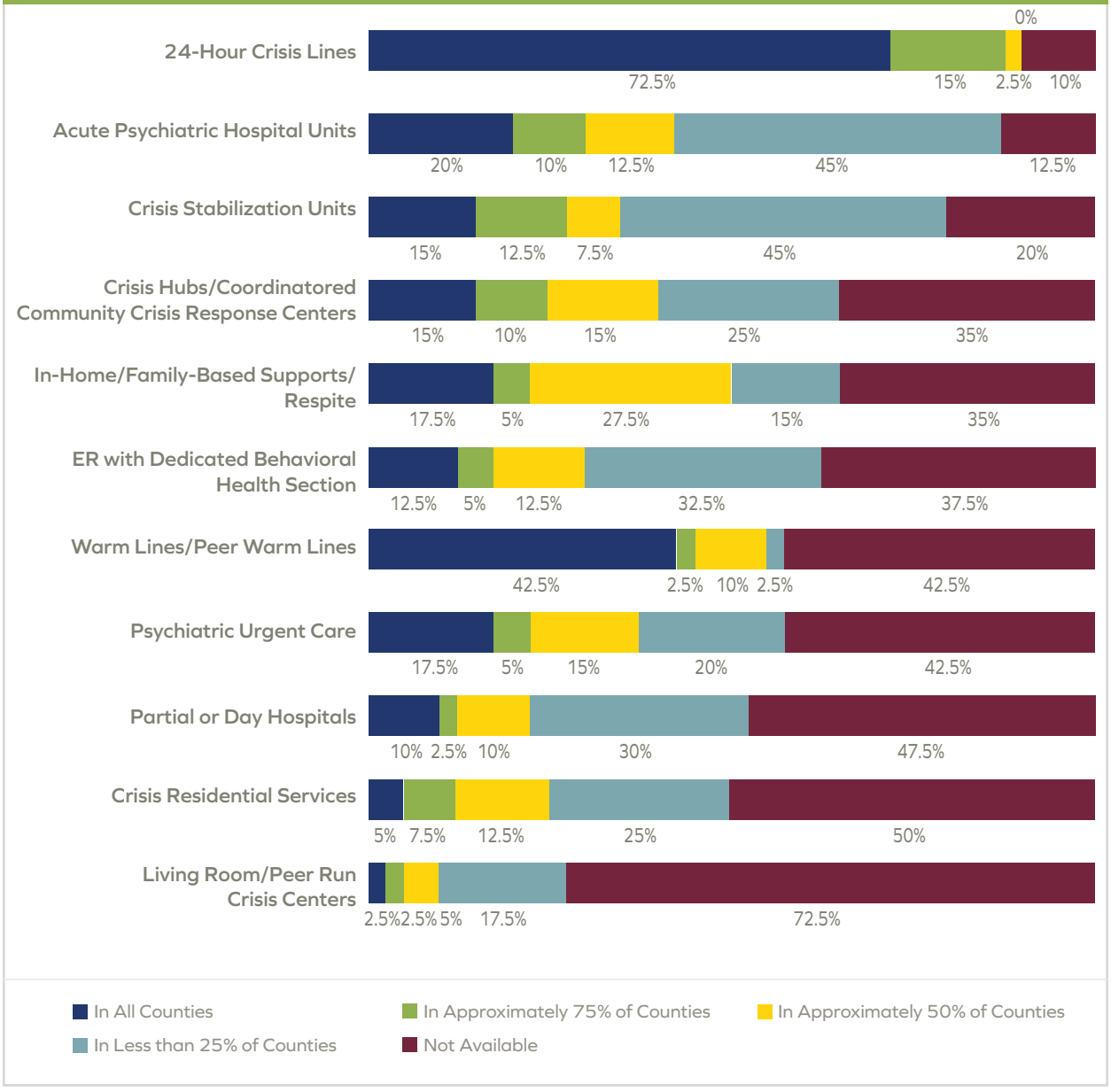
State	Description
AK	Very limited access to criminal restoration services; shortage of "ready-access" mental health services.
AZ	Geographic and population variance throughout the State, staff retention, forensic training for complicated cases and cognitive therapy, unequal distribution of services, assuring the use of evidence based treatments, collecting and disseminating data with justice system partners and service providers to improve practices,
AR	a. Rural areas, particularly in the south, are behavioral health deserts and they have significant difficulties recruiting and maintaining staff. b. Broadband access is limited in many parts of the state. c. Public transportation options are extremely limited, if not non-existent, in rural areas. d. Law enforcement diversion to Crisis Units has not been consistent across the state. e. Our current Crisis Units are all currently located in the northern half of the state.
CO	Some challenges were discussed above. Lack of funding became an extreme barrier to program operation during the pandemic, when the Judicial Branch and counties experienced severe funding cuts. Lack of funding is an ongoing challenge. A second challenge is the lack of integration or infrastructure regarding criminal legal system interventions not only within the Colorado Judicial Branch and within the Behavioral Health sector but also between those two sectors. While Colorado has a multitude of progressive prosecutors and innovative programs, funding sources, reporting requirements, application processes, and oversight vary, complicating the administration of programs, limiting program efficiencies, and posing difficulties for stakeholders and consumers to navigate. An integrated approach with sustainable funding is needed to allow for triage of individuals involved in the criminal legal system. An intentional structure with better coordination and information-sharing (e.g., databases) among various components of the criminal legal system at all intercept points would improve the delivery of services and reduce barriers to participant success. Other opportunities for systems improvement include enhancement of re-entry services and a wider availability of funding to assist with meeting non-legal basic needs (e.g., shelter, food, clothing, childcare, public benefits, employment assistance, identification documents, transportation, medical and dental care, record sealing, etc.). Housing, especially supportive housing, is the primary barrier to successful community re-entry, either from incarceration or detention, where an individual could be released on bond if there were supportive services available.
CT	Not enough capacity. Need more resources dedicated to treating individuals with mental health issues. Shortage of clinical staff to provide services.
GU	• There is a law in Guam that provides for court monitored outpatient treatment that has not been implemented but is still sorely needed. • The fact that it is limited in its resources and that there are more clients than there are providers, which can result in long delays and protracted services for those in need.

HI	Engagement and treatment for those that need behavioral health services and are homeless. Homelessness has significantly increased.
IL	According to some estimates, Illinois has only 13.8 behavioral health care professionals for every 10,000 residents which translates to over 4.8 million Illinois residents living in a Mental Health Professional Shortage Area. This shortage has real effects on Illinoisans. It threatens access to care, increases hospital stays, and contributes to an overuse of the legal system. The workforce shortage was made worse during the COVID-19 emergency by adding pressure to safety net services for some of the most vulnerable. The Community Mental Health System and State- Operated Psychiatric Hospitals struggle to recruit and retain staff, jeopardizing services for Illinoisans.
IN	Workforce, Prohibition on using Medicaid in jails
IA	Access to psychiatric and in-patient mental health services
KY	Accessing Behavioral Health at the point of arrest as an alternative in crisis situations to prevent court involvement; court access to peer support; clinical case management throughout the court process that is directly connected to the court system.
MD	As with many other jurisdictions, accountability during COVID was paramount. The community-based providers and the courts did everything they could to support individuals to continue with required treatment.
MI	Resources to assist all those persons with mental illness who would not normally meet criteria for services within the CMH system, immediate access to treatment upon release from jails, a dedicated "boundary spanner" to help shepherd those with mental illness through the criminal justice system, a lack of no refusal drop off points/centers for law enforcement to utilize to get folks screened for services instead of utilizing jails, probation and parole involvement with treatment plans for people under them as to avoid additional charges like absconding…
NV	Low providers, rates and payments, services to rural communities, urban area uncreased population and low providers. Inadequate infrastructure- low number of providers. Presumptive eligibility.
NM	The rural nature of New Mexico teamed with the geographic distances between populated areas and lack of consistent internet creates challenges to engagement/access to services.
NY	The two big issues we face right now in terms of helping those with behavioral health disorders are a lack of housing and a lack of residential treatment options.
OK	Lack of resources outside of the two large metro areas surrounding Oklahoma City and Tulsa.
OR	Lack of detox. Lack of residential beds. Insufficient psychiatric hospital beds.
PA	Multiple challenges: transportation, financial, technology for telehealth, childcare.
SC	Transportation issues and accessibility to technology to access telehealth services.
VA	Available services are inconsistent throughout the state. There appear to be more resources in the bigger more affluent cities instead where the greater need might appear in the rural communities.
WY	Wyoming is a rural frontier state with healthcare shortages that make providing necessary services difficult. Stigma remains a barrier to individuals seeking treatment, particularly in the smaller towns of the state.

Ideal Behavioral Health Crisis System

In this section of the survey, respondents were asked what behavioral health crisis services and supports were available in their state/territory/district, and the distribution of said services by county (or other similar jurisdictional division). The respondents were most likely to have 24-hour crisis lines (90%), acute psychiatric hospital units (87.5%), and crisis stabilization units (80%). States were least likely to have living room/peer run crisis centers (27.5%), crisis residential services (50%) and partial or day hospitals (52.5%). Figure 3 illustrates the behavioral health crisis services and supports available to respondent states by the percentage of counties in each state that has them available. The table reads left to right and top to bottom as most available to least available.

FIGURE 3: Percent of States Reporting Ideal Behavioral Crisis System Services Availability



Court Linkages to Crisis Services

Respondents were asked to describe any linkages to crisis services for justice-involved individuals in their state. Forty-two respondents provided some sort of comment regarding access. Those responses are detailed in Table 6 below.

TABLE 6: Description of Court Linkages to Crisis Services for Justice Involved Individuals

State	Description
AL	There is a mental health court liaison assigned to all 67 counties in Alabama.
AK	Services are very limited.
AZ	Linkages exist in jails, with law enforcement, drop off centers, behavioral health protocols, mental health courts, and COT.
AR	Courts can request crisis screening from their local Community Mental Health Center provider.
CA	Many courts have these linkages. Some have co-located services, court navigators and other resources. It is important to note that close to half of the counties in California are small (less than 100,000), but the population is largely concentrated in urban areas, so while the response to many questions may be less than 50% of the counties, these answers are not reflective of the number of people served.
CO	BRIDGES program liaisons can link the behavioral health and judicial systems when ordered to do so in a criminal case. When BRIDGES liaisons are not ordered to provide services in a criminal case, court linkages to crisis services are informal and varied. For more information about criminal justice services through the Office of Behavioral Health, see https://cdhs.colorado.gov/behavioral-health/criminal-justice-services. For more information about providers and the services available through each, see https://www.colorado.gov/ladders.
CT	Mental health assessment, outpatient treatment, intensive outpatient treatment, and medication management.
DE	The full Mental Health Court Team are aware of crisis protocol and procedures for individuals. Peers provide transportation to crisis services and there is interagency coordination for continuum of care while inpatient.
GU	• There are treatment courts in the judiciary of Guam: adult and juvenile drug court, mental health court, and veterans' court • The Judiciary of Guam has a Client Services and Family Counseling Division that provides forensic evaluations, psychological evaluations, psychosexual assessments, risks assessments, individual, family and couples counseling and various group counseling, including therapeutic visits, supervised visitation, victim counseling, individual counseling.

HI	There is linkage to crisis services through the Department of Health for those individuals under court supervision.
IL	A crisis response system will take time to build in Illinois, but at least some of the timeline is in place. IDHS is working on implementation of the 988 system by July 2022, while its Division of Mental Health is reviewing applications for grant money to create the mobile crisis response teams. The Medicaid Rehabilitation Option (MRO) crisis service array has been updated to add the following services: • Crisis Stabilization • Mobile Crisis Response (MCR)"
IN	A few counties are developing a crisis response system that includes the courts. We are planning on a major expansion over the next few years.
KY	Access to Mental Health Assessments, Mental Health Courts, court programs that provide linkages such as drug courts and veteran's treatment courts, youth diversion programs, and pretrial services capability for referring for mental health assessments.
MD	Courts have linkages to crisis services such as the Specialized Behavioral Health Services Unit is responsible for developing, monitoring, and coordinating services for individuals 18 years of age and throughout the life span with mental health conditions or co-occurring substance-related disorders who have special needs. Populations include individuals who are homeless, deaf, or hard of hearing, incarcerated in local detention centers and/or trauma survivors. In addition, the unit oversees specialized programs developed with state, federal, and local funding targeted to special populations.
MI	In many specialty courts, (SA, Mental Health, VA etc.) there is access to behavioral health/SA services as a condition of being in the program or as a condition of release. Many of these services are tied to the CMH system.
MN	Crisis services can be provided in jails.
MO	Through the state Department of Mental Health certified providers.
NV	Clark County 8th Judicial District has an array of services available to individuals in crisis. All courts who offer treatment court options should be adjusting requirements and connecting individuals with support for all crises as the emerge.
NH	The Court system can contact a Crisis team to come to the courthouse and assess and individual who maybe suffering from an episode.
NJ	Any vicinage can contact the local designated screening service (DSS) for crisis assistance. If necessary, mobile outreach can be deployed to the court of officers can transport to the local DSS.
NM	We work closely with crisis services in some jurisdictions, however, there remains more work to be done to ensure that connections exist in every jurisdiction.
NY	Yes, courts have linkages with county crisis services to address those struggling with behavioral health concerns (Mental Health, Substance Use Disorder, and Opioid Overdose) in the criminal justice system.

OH	Ohio offers a jail reimbursement program for medications in the jail. It extends the typical formulary offered by most jails. 70 jails are participating; it is open to all jails. This is a budget line item in the state budget. Chris Nicastro with the Ohio Department of Mental Health and Addiction Services manages this program. He may be reached at christopher.nicastro@mha.ohio.gov for more information.
OK	If the courts manage a Mental Health Court docket, they have access to services.
PA	Everyone would have this linkage regardless of court involvement.
RI	On site clinicians are available in all courthouses in the District Court.
SC	Services vary from county to county based on resources.
TN	The Criminal Justice/Behavioral Health Liaison Project (CJ/BH LP) facilitates communication and coordination between the community, criminal justice, and behavioral health systems to achieve common goals of decriminalizing mental illnesses, co-occurring disorders (COD) and substance abuse disorders. The CJ/BH LP supports the establishment of services that would promote diversion activities for persons with serious mental illness (SMI), mental illness (MI), COD or substance abuse disorders who come in contact with the criminal justice system due to an arrest; and provide liaison and case management services to persons with SMI, MI, COD or substance abuse disorders who are incarcerated or at risk of incarceration.
VT	Each court can access crisis screeners from the designated mental health centers for an evaluation.
VA	We have Behavioral/Mental Health dockets with treatment teams and access to a continuum of resources, courts have access to crisis lines, competency evaluations, restoration and ECO/TDO options
WV	Just the same as anyone else - nothing special for the courts except for maybe contacts made in other cases.
WY	The strength of linkages depends on the relationship with the courts and available crisis services in each individual county.

Highlighted Programs

Respondents were asked to identify any crisis behavioral health services and support programs that they would like to highlight. Fifteen of the respondents provided information. The details are provided in Table 7 below.

TABLE 7: Highlighted Crisis Behavioral Health Services and Support Programs

State	Description
AK	There is an existing effort to develop several crisis stabilization centers in the state although progress has been slow.
AZ	Angel program, law enforcement drop off centers, ACT Team crisis services.
CT	Mobile crisis intervention units - available 24/7 to immediately address mental health crisis events.
GU	Other than the fact that the Government of Guam has a 24-hour crisis to assist those in emergency/ critical circumstances (i.e. suicide), this question was highlighted in the previous survey question.
IL	The Rosecrance Mulberry Center combines two current, closely linked programs - Triage and Short-term Crisis Residential - under one roof. The Triage Program and the Crisis Residential Unit are closely linked programs that are logically and efficiently offered under one roof. These programs are designed to provide an immediate response to individuals experiencing a psychiatric crisis. The goal of both programs is to avoid unnecessary hospitalization or incarceration of individuals in crisis by providing rapid assessment, stabilization, and referral to the appropriate level of care. While many Triage clients go home with follow-up services at the Rosecrance Ware Center and others are referred for hospitalization, many are seamlessly moved to a short-term placement in the Rosecrance Crisis Residential Unit. The Crisis Text Line serves anyone, in any type of crisis, 24-hours a day. Text HELLO to 741741. Trained crisis counselors will respond and help you. Call4Calm Text Line - This service is free and available 24 hours a day, seven days a week. People seeking assistance will remain anonymous and will provide only their first name and zip code, which enables the service to link you to a counselor in your area who is knowledgeable about available local resources. Illinois Helpline for Opioids and Other Substances If you or someone you know is suffering from an opioid use disorder or other substance use disorders, call the Illinois Helpline for Opioids and Other Substances at 1-833-2FINDHELP to speak with a trained professional for support and advice. Approved by Congress in 2020 and set to go live nationwide by July 2022, 988 will serve as America's first three-digit crisis number dedicated to mental health, and as an alternative to 911 for mental health-related crises.
KY	Kentucky Specialty Courts, Alternative Sentencing Workers Program, START, Medically Assisted Treatment Providers, needle exchange programs, mobile harm reduction units, Recovery Kentucky Centers, and Recovery Community Centers.

MD	The Specialized Behavioral Health Services Unit is responsible for developing, monitoring, and coordinating services for individuals 18 years of age and throughout the life span with mental health conditions or co-occurring substance-related disorders who have special needs. Populations include individuals who are homeless, deaf, or hard of hearing, incarcerated in local detention centers and/or trauma survivors. In addition, the unit oversees specialized programs developed with state, federal, and local funding targeted to special populations.
MI	Mobile Crisis Response Teams, Behavioral Health/Law Enforcement/EMS trainings, no refusal drop off points/centers for law enforcement to utilize rather than jails, "warm handoffs" out of jails, dedicated staff or "boundary spanners" to help assist people with mental illness, DD or SA issues through the criminal justice system, specialty courts, the coming together of communities through the national Stepping Up initiative etc.
NV	Mallory Center, Reno Behavioral, Desert Parkway
NJ	NJ has 4, five-person crisis peer respites, also peer community wellness centers and three operating on the grounds of our state hospitals. Peer supports to persons at Ann Klein Forensic Center. Also, many Wellness Centers conduct peer support groups at local jails. Intentional Peer Support (IPS) is an evidenced-based model for mutual support which in NJ is a Peer Recovery Warm-line, operated by MHA-NJ.
NM	Co-Response team in the 12th Judicial District through the Alamogordo Police Department.
NY	Clinton County Mental Hygiene Local Services Plan Response to Executive Order 203
SD	Virtual Crisis Care program- provides telehealth services to deal with crisis faced by law enforcement or probation in the communities without access to services through the use of iPad and access to behavioral health specialists.
VA	Same as previously mentioned. Stabilization units for acute mental health situations. More are needed.
WV	WV has been doing Children's Mobile Crisis for over 3 years. We are currently in the process of developing Adult Mobile Crisis and Psychiatric Urgent Care. WV also has an app - Help4WV that has information online and an app with links to various mental health and substance use services. We also have Help & Hope WV, Stigma Free WV, and Jobs & Hope WV. In July we will be using the new National suicide Hotline number (988) for behavioral health issues as well. Most links to these programs can be found at https://dhhr.wv.gov/Office-of-Drug-Control-Policy/Pages/default.aspx

Challenges

Finally, to close this section of the survey, respondents were asked about any specific challenges regarding crisis behavioral health services and supports. Twenty respondents shared their challenges, which are detailed in Table 8 below.

TABLE 8: Crisis Behavioral Health Services and Supports Challenges

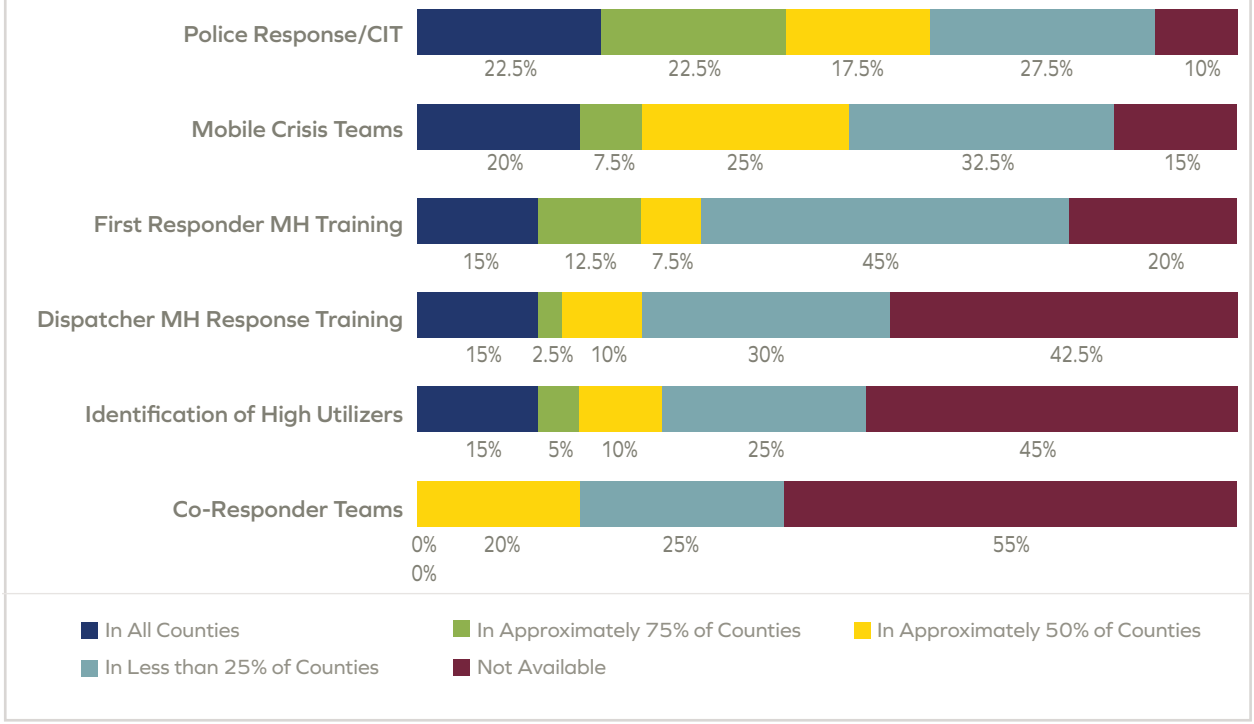
State	Description
AK	There are insufficient services and access to those services is limited.
AZ	Challenges in limited jurisdiction cases due to a lack of support and availability of services, difficulty in the jails to be able provide mental health services and the wide variance of service levels throughout the state. Lack of consistency for diversion and deflection from involvement with the criminal justice system.
CA	It is important to note that close to half of the counties in California are small (less than 100,000), but the population is largely concentrated in urban areas, so while the response to many questions may be less than 50% of the counties, these answers are not reflective of the number of people served.
CO	The availability of services varies tremendously from county to county, and while all counties are technically served, the regional location of many providers poses logistical difficulties. Both judicial, jail, and behavioral health services utilize a patchwork of tools for data collection and analysis, range from spreadsheets to various databases. There is no comprehensive database used across stakeholders. There is no common database used by all jails. There is no common database used by the Office of the State Court Administrator across criminal justice programs. Information sharing among stakeholders is handled on a piecemeal basis, without minimally established systems. The lack of IT infrastructure makes data collection, reporting and information sharing inefficient and onerous. Where communities don't have access to crisis services in the actual county, a transportation barrier is created for law enforcements, and individuals are often held by default in custody settings. This ultimately impacts the individual's Medicaid eligibility, which then reduces their capacity to access a regionally located crisis facility because of the temporary stop-over in jail.
CT	Limited availability of resources (respite services)
GU	This is an area that is being developed across various government entities - court, law enforcement and behavioral health. The adult in patient unit was inundated during the pandemic with pretrial defendants whom the courts ordered psychiatric treatment/evaluation. In response to the demand, a supposed adult inpatient unit is being established at the department of corrections where the environment is obviously not conducive to mental health care and where access to psychiatrists and nurses is not readily as available. The lack of available Psychologists, Psychiatrists, and other Counseling Services within the Government. As for the Private sector, sometimes it is difficult to contract services due to the available of funds.
HI	Limited resources available for remote or rural areas.
IL	Approved by Congress in 2020 and set to go live nationwide by July 2022, 988 will serve as America's first three-digit crisis number dedicated to mental health, and as an alternative to 911 for mental health-related crises. Workforce shortages remain a concern.

IN	Workforce, Prosecutors not wanting to comply
KY	Barriers previously mentioned apply here as well.
MD	Many of the challenges have been addressed through an effective committee structure in the Judiciary where Judges, knowledgeable in behavioral health provide Judicial leadership with ideas and concerns to address with the state's behavioral health department.
MI	Lack of coordination, resources and staffing for many diversion initiatives; lack of cooperation between systems that would need to rely on each other to make those initiatives work and the continuation of "silos" that prohibit the free exchange of information between systems to achieve positive outcomes.
NV	There are not enough services. Sustainable reimbursement. Housing programs are not well funded, and lack of affordable housing inventory is driving more individuals into homelessness.
NM	The main challenge is equitable access for rural and frontier communities.
NY	There is a need for a behavioral health safety net for individuals who are or are not involved in the criminal justice system, providing early identification and intervention, reducing recidivism, supporting diversion, and decreasing episodes of behavioral health crisis.
PA	Availability of Psychiatric Doctor, Wait time for initial appointment, available inpatient bed space, plus the challenges from the previous section.
SC	Transportation and accessibility issues.
VA	Additional training for the criminal justice team members is needed. Mental Health First Aid (MHFA) and trauma informed approach leads to better criminal justice outcomes could benefit the behavioral health docket teams in Virginia.
WV	Severe workforce shortages.
WY	There is a lack of available, appropriate locations to de-escalate individuals within the state. For some individuals experiencing mental health crises, the only location available to house individuals while waiting for a treatment bed is jail.

Pre-Arrest Deflection and Diversion

In this section of the survey, respondents were asked about any pre-arrest deflection and diversion activities taking place in their state/territory/district, and the distribution of said services by county (or other similar jurisdictional division). The respondents were most likely to have police response/CIT training (90%) and mobile crisis teams (85%). States were least likely to have co-responder teams (45%) and identification of high utilizers (55%). Figure 4 illustrates the pre-arrest deflection and diversion activities available to respondent states by the percentage of counties in each state that has them available. The table reads left to right and top to bottom as most available to least available.

FIGURE 4: Percent of States Reporting Pre-Arrest Deflection and Diversion Activities



Highlighted Activities

Respondents were asked to identify any pre-arrest deflection and diversion activities that they would like to highlight. Nineteen of the respondents provided information. The details are provided in Table 9 below.

TABLE 9: Highlighted Pre-Arrest Diversion and Deflection Activities

State	Description
AK	Almost all the pre-arrest diversion services are limited to the urban areas in which the majority of the population resides. In some communities, though, tribal entities are setting up diversion-like programs and tribal courts.
AZ	Some law enforcement departments provide pre-arrest deflection programs, the Angel program, law enforcement drop off centers, Mental Health Courts, and other specialty courts throughout the State, Reach Out program in jails.
AR	Our Crisis Stabilization Units were originally driven by Act 423 which stated that persons could be referred to these units via a CIT law enforcement officer in lieu of jail, or by the local Community Mental Health Center. Referrals from Emergency Departments were then included.
CO	There are several successful co-responder programs (contact person is OBH manager Emily Richardson). One innovative mobile crisis unit that provides social workers, rather than law enforcement, to respond to calls is the Denver Support Team Assistance Response (STAR) van. https://www.denvergov.org/Government/Departments/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program?BestBetMatch=star%20van|95c94ae0-247e-4b0c-b511-f9439cc122bd|c4f1b630-3cf4-4ec1-8110-c4784b6aa32e|en-US.
CT	LEAD - Law Enforcement Assisted Diversion.
GU	This is a work in progress - "training" stages. The Judiciary of Guam has multiple diversion programs; however these are negotiated plea agreements between the government and defense attorney's, normally for first time offenders.

IL	"Governor J.B. Pritzker signed the Community Emergency Services and Supports Act (CESSA) into law, which requires emergency response operators to refer calls seeking mental and behavioral health support to a new service that can dispatch a team of mental health professionals. CESSA requires these calls be referred to the Department of the Human Services-Division of Mental Health (DMH) for immediate assistance, which can include dispatching mobile mental health units. The DMH program is set to rollout statewide no later than July 2022. Police Officer Training Requirements Public Act 101-0652 Amends the Illinois Police Training Act. Requires crisis intervention training for probationary police officers, including: 12 hours of hands-on, scenario-based role playing; 6hours of instruction on use of force techniques including de-escalation techniques; specific training on officer safety techniques; and 6 hours of training focused on high-risk traffic stops. Requires implicit bias and racial and ethnic sensitivity training as part of minimum in-service training an officer must complete every three years. Requires training on emergency medical response training and certification, crisis intervention training, and officer wellness and mental health to be completed as part of minimum in-service training an officer must complete annually (previously officer wellness and mental health training were required every three years). Requires 40 hours of crisis intervention training addressing specialized policing responses to people with mental illness. Requires the Illinois Law Enforcement Training Standards Board to adopt rules and minimum standards for in-service training requirements (mandatory training of 30 hours to be completed every three years) including on use of force and de-escalation techniques. Co-Responder Model Public Act 101-0652 Amends the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act by adding Other First Responder language for purposes of developing and implementing collaborative deflection programs for substance use treatment and other services as an alternative to traditional criminal justice system involvement and unnecessary emergency department admissions. Adds funding and training requirements. In order to receive funding, planning for the deflection program must include an agreement with participating licensed treatment providers authorizing the release of statistical data to the Illinois Criminal Justice Information Authority (ICJIA). Up to 10% of funding for law enforcement and other first responder entities may be spent on training, education and technical assistance. Includes a requirement that funding for deflection programs be prioritized for communities impacted by the war on drugs, communities with police/community relations issues and that disproportionately lack access to mental health and drug treatment. Allows for funding eligibility for naloxone and related overdose reversal supplies and treatment necessary to prevent gaps in service delivery between coverage by other funding sources. "
KY	Not aware of any specific programs but are aware of urban areas that have done work in this area and developed some kind of deflection program.
MD	Calvert County Behavioral Health recently launched Calvert Crisis Response, a comprehensive mobile crisis team available twenty-four hours a day, seven days a week, to provide immediate, on-site crisis intervention and debriefing services. https://southernmarylandchronicle.com/2021/02/25/calvert-county-behavioral-health-launches-mobile-crisis-response-team/
MI	Behavioral health/law enforcement/EMS trainings, Crisis Intervention Team Trainings (CIT), Mobile crisis response/co-response trainings, Crisis Services Units/Jail Diversion centers (no refusal drop off points for law enforcement to assess folks in lieu of jail), homeless outreach, wellness checks.

NV	M.O.S.T. in Washoe and LIMA in Clark https://www.washoecounty.us/hsa/adult_services/most/index.php https://www.nvopioidresponse.org/law-enforcement-assisted-diversion/ MOST Carson, Douglas, Lyon CRT in Clark MCRT Washoe, Clark, Rural Certified Behavioral Health Clinics: https://dpbh.nv.gov/Reg/CCBHC/CCBHC-Main/
NH	Some of our police departments utilize LEADS and other diversion programs.
NJ	NJ's CIT Center for Excellence funded by the SMHA has been able to establish CIT training in all but one county in NJ.
NM	I believe that New Mexico is currently in the process of building these services and will hopefully be able to increase access to these services across the state in the future.
NY	Hope Not Handcuffs - Hudson Valley
RI	Rhode Island state law mandates CIT type training statewide; police departments often utilize summons to appear at time of arrest. Many police departments have utilized a co-responder model with community mental health clinicians. These program ebb and flow with the availability of grants and other sources of funding.
VT	State police dispatchers complete the Team 2 training along with other various mental health training. Initial E911 dispatcher training includes a section on stress and wellness, and receive a book titled ""The Resilient 911 Dispatcher"". During their initial training, there are sections on how to help break hysteria thresholds and talk to difficult callers. Within two years of their initial certification, all E911 dispatchers must take a class taught by a mental health clinician on stress and wellness. Additionally, a suicide prevention class based on the ""Applies Suicide Intervention Skills Training"" (ASIST) is required.
VA	First responder dispatch/communications mental health response training
WV	We only have mobile crisis teams for children; the adult teams are in development now. We do Mental Health First Aid with State Police but are working to expand education to other LE.

Challenges

Finally, to close this section of the survey, respondents were asked about any specific challenges regarding pre-arrest deflection and diversion. Twenty respondents shared their challenges, which are detailed in Table 10 below.

TABLE 10: Pre-Arrest Deflection and Diversion Challenges

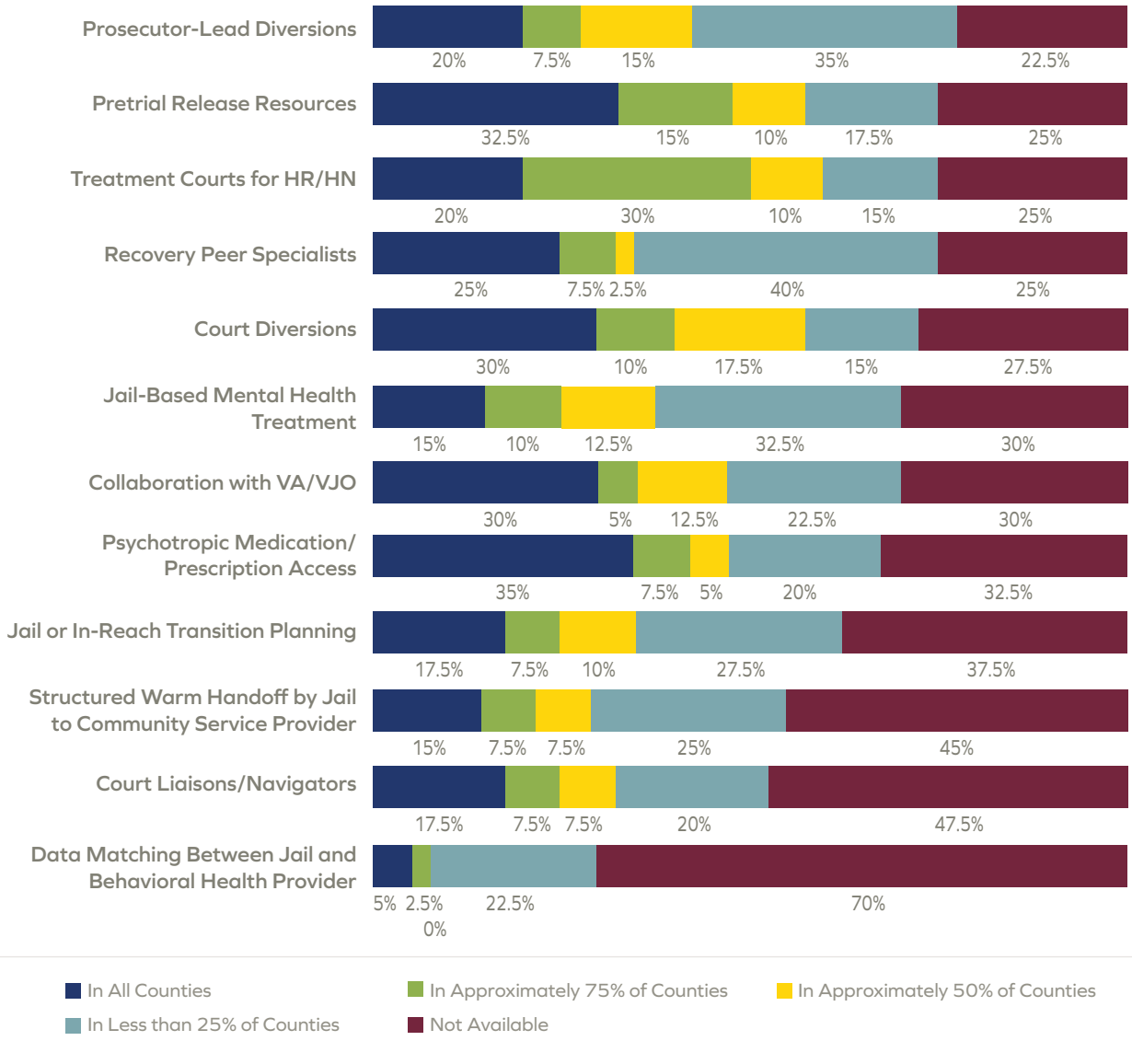
State	Description
AK	Very limited access to criminal restoration services; shortage of "ready-access" mental health services.
AZ	Geographic and population variance throughout the State, staff retention, forensic training for complicated cases and cognitive therapy, unequal distribution of services, assuring the use of evidence based treatments, collecting and disseminating data with justice system partners and service providers to improve practices,
AR	a. Rural areas, particularly in the south, are behavioral health deserts and they have significant difficulties recruiting and maintaining staff. b. Broadband access is limited in many parts of the state. c. Public transportation options are extremely limited, if not non-existent, in rural areas. d. Law enforcement diversion to Crisis Units has not been consistent across the state. e. Our current Crisis Units are all currently located in the northern half of the state.
CO	Some challenges were discussed above. Lack of funding became an extreme barrier to program operation during the pandemic, when the Judicial Branch and counties experienced severe funding cuts. Lack of funding is an ongoing challenge. A second challenge is the lack of integration or infrastructure regarding criminal legal system interventions not only within the Colorado Judicial Branch and within the Behavioral Health sector but also between those two sectors. While Colorado has a multitude of progressive prosecutors and innovative programs, funding sources, reporting requirements, application processes, and oversight vary, complicating the administration of programs, limiting program efficiencies, and posing difficulties for stakeholders and consumers to navigate. An integrated approach with sustainable funding is needed to allow for triage of individuals involved in the criminal legal system. An intentional structure with better coordination and information-sharing (e.g., databases) among various components of the criminal legal system at all intercept points would improve the delivery of services and reduce barriers to participant success. Other opportunities for systems improvement include enhancement of re-entry services and a wider availability of funding to assist with meeting non-legal basic needs (e.g., shelter, food, clothing, childcare, public benefits, employment assistance, identification documents, transportation, medical and dental care, record sealing, etc.). Housing, especially supportive housing, is the primary barrier to successful community re-entry, either from incarceration or detention, where an individual could be released on bond if there were supportive services available.
CT	Not enough capacity. Need more resources dedicated to treating individuals with mental health issues. Shortage of clinical staff to provide services.
GU	• There is a law in Guam that provides for court monitored outpatient treatment that has not been implemented but is still sorely needed. • The fact that it is limited in its resources and that there are more clients than there are providers, which can result in long delays and protracted services for those in need.

HI	Engagement and treatment for those that need behavioral health services and are homeless. Homelessness has significantly increased.
IL	According to some estimates, Illinois has only 13.8 behavioral health care professionals for every 10,000 residents which translates to over 4.8 million Illinois residents living in a Mental Health Professional Shortage Area. This shortage has real effects on Illinoisans. It threatens access to care, increases hospital stays, and contributes to an overuse of the legal system. The workforce shortage was made worse during the COVID-19 emergency by adding pressure to safety net services for some of the most vulnerable. The Community Mental Health System and State- Operated Psychiatric Hospitals struggle to recruit and retain staff, jeopardizing services for Illinoisans.
IN	Workforce, Prohibition on using Medicaid in jails
IA	Access to psychiatric and in-patient mental health services
KY	Accessing Behavioral Health at the point of arrest as an alternative in crisis situations to prevent court involvement; court access to peer support; clinical case management throughout the court process that is directly connected to the court system.
MD	As with many other jurisdictions, accountability during COVID was paramount. The community-based providers and the courts did everything they could to support individuals to continue with required treatment.
MI	Resources to assist all those persons with mental illness who would not normally meet criteria for services within the CMH system, immediate access to treatment upon release from jails, a dedicated "boundary spanner" to help shephard those with mental illness through the criminal justice system, a lack of no refusal drop off points/centers for law enforcement to utilize to get folks screened for services instead of utilizing jails, probation and parole involvement with treatment plans for people under them as to avoid additional charges like absconding...
NV	Low providers, rates and payments, services to rural communities, urban area uncreased population and low providers. Inadequate infrastructure- low number of providers. Presumptive eligibility.
NM	The rural nature of New Mexico teamed with the geographic distances between populated areas and lack of consistent internet creates challenges to engagement/access to services.
NY	The two big issues we face right now in terms of helping those with behavioral health disorders are a lack of housing and a lack of residential treatment options.
OK	Lack of resources outside of the two large metro areas surrounding Oklahoma City and Tulsa.
OR	Lack of detox. Lack of residential beds. Insufficient psychiatric hospital beds.
PA	Multiple challenges: transportation, financial, technology for telehealth, childcare.
SC	Transportation issues and accessibility to technology to access telehealth services.
VA	Available services are inconsistent throughout the state. There appear to be more resources in the bigger more affluent cities instead where the greater need might appear in the rural communities.
WY	Wyoming is a rural frontier state with healthcare shortages that make providing necessary services difficult. Stigma remains a barrier to individuals seeking treatment, particularly in the smaller towns of the state.

Pre-Adjudication Diversion Programs

In this section of the survey, respondents were asked about pre-adjudication diversion programs available in their state/territory/district, and the distribution of said services by county (or other similar jurisdictional division). The respondents were most likely to have prosecutor-lead diversions (77.5%), pretrial release resources (75%), treatment courts (75%), and recovery peer specialists (75%). States were least likely to have data matching between the jail and behavioral health providers (30%), court liaisons/navigators (57.5%), and structured warm handoffs between the jail and community providers (55%). Figure 5 illustrates the pre-adjudication diversion programs available to respondent states by the percentage of counties in each state that has them available. The table reads left to right and top to bottom as most available to least available.

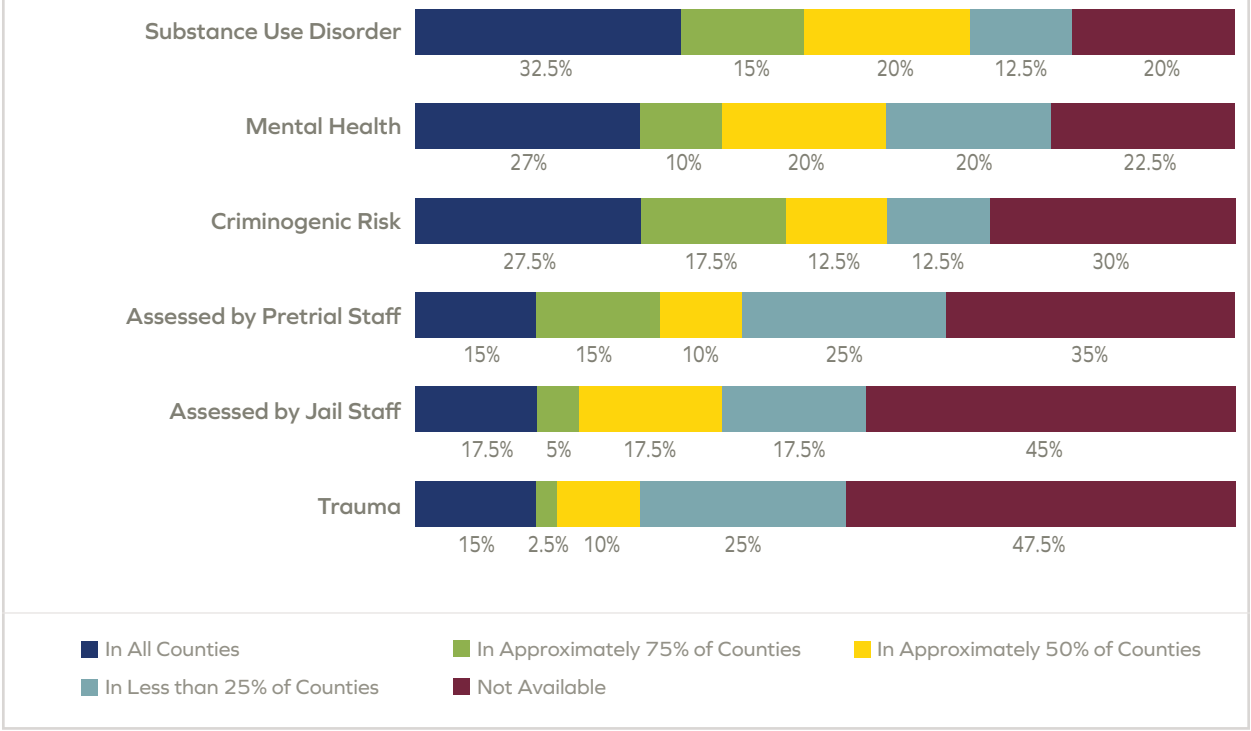
FIGURE 5: Percent of States Reporting Pre-Adjudication Diversion Program Availability



Assessment

Respondents were also asked about any assessment that happens to determine eligibility for pre-adjudication diversion programs taking place in their state/territory/district, and the distribution of said assessments by county (or other similar jurisdictional division). The respondents were most likely to have assessments for substance use disorders (80%), followed by mental health (77.5%), and criminogenic risk (70%). Assessments were more likely to be done by pretrial staff (70%) than jail staff (30%). States were least likely to have assessments for trauma (57.5%) utilized for pre-adjudication diversion programs. Figure 6 illustrates the pre-adjudication diversion and deflection assessment activities available to respondent states by the percentage of counties in each state that has them available. The table reads left to right and top to bottom as most available to least available.

FIGURE 6: Pre-Adjudication Diversion Assessment Activity Availability



Highlighted Programs

Respondents were asked to identify any pre-adjudication diversion programs that they would like to highlight. Twenty of the respondents provided information. The details are provided in Table 11 below.

TABLE 11: Highlighted Pre-Adjudication Diversion Programs

State	Description
AL	Alabama does have specialize Mental Health Courts and many Veterans Courts or Drug Courts with a Veterans component.
AK	The Alaska Court System has three mental health courts. These are located in Anchorage, Juneau and Palmer and they serve more than half the population of the state.
AZ	Mental Health Courts, Substance Use Courts, Community Courts, Veterans Courts.
CA	The FY 2021-22 California State Budget provides funding for all California counties to develop pretrial release programs. California has a number of diversion statutes including mental health diversions, veterans diversion, misdemeanor diversion and caregivers diversion (See Penal Code Sections 1000 through Penal Code 1001.97 5).
CO	Denver County Court has a deflection-oriented competency diversion program, launched September 2019, designed to address the increasing number of competency filings, long wait times for evaluation and restoration, and lack of restoration and treatment options for individuals found not legally competent. The program identifies and diverts individuals who have and have had competency issues in the past and connects them to treatment, resulting in case dismissal. Stakeholders include Denver County Court, DA, State PD, Mental Health Center of Denver (MHCD), Denver Sheriff's Dept., Denver Health and Community Corrections. Contact: Lynn Unger, DCC Colorado's pilot Mental Health Diversion Program, Sec. 18-1.3-101.5, C.R.S., lost funding in July of 2020 due to the pandemic, approximately one year after its launch. Four pilot programs were operational at that time. Funding to pilot sites has not been restored and the program will statutorily terminate June 30, 2022. More information can be found at https://www.courts.state.co.us/Administration/Unit.cfm?Unit=mhdiver. District attorney offices in the 20th Judicial District (contact Elaina Shively) and 8th Judicial District (contact Robert Axmacher) secured alternative funding to maintain a variation of this program following loss of MHDP funding. Other jurisdictions are in the process of launching MH diversion programs, including the 18th JD (contact Sarah Ericson). Some jurisdictions serve individuals with MH treatment needs through their own adult diversion programs or through adult diversion programs funded through Sec. 18-1.3-101, C.R.S. Sec. 18-1.3-101, C.R.S., funded programs do not have specific funding designated for treatment of MH needs but can access Correctional Treatment Funding for treatment of co-occurring or SUD needs.
CT	Judicial Branch Jail Re-Interview Program - Judicial pretrial staff conduct screening and pretrial release planning services in CT's correctional facilities. Thousands of defendants are released through bond releases and/or community-based supervision services each year.
GU	Mental health and veterans' court

IL	"Problem-Solving Courts 119 Total Drug Court: 64 Drug Court/Veterans Court: 1 Drug/DUI Court: 2 DUI Court: 3 Mental Health Court: 27 Mental Health Court/Veterans Track: 2 Veterans Court: 20 • A Way Out Programs • HB 3653 also includes the Pretrial Fairness Act, a sweeping revision of Illinois' pretrial system. • The Division of Mental Health hosts the Data Link program that matches county jail census to state mental health records daily. The software is undergoing updates and revisions. • SUPR facilitates a Jail-based Medication Assisted Treatment Learning Collaborative available to all interested county jails. • The mission of the Veterans Justice Programs is to identify justice-involved Veterans and contact them through outreach, to facilitate access to VA services at the earliest possible point. Veterans Justice Programs accomplish this by building and maintaining partnerships between VA and key elements of the criminal justice system. • 243 Certified Recovery Support Specialists (ICB Credential)
KY	Mental health assessments at the front end by Pretrial services or specialty courts, Court Designated Worker Program for youth, Alternative Sentencing Workers Program.
MD	Maryland's problem-solving courts highlight high risk/high need individuals as well as re-entry programing in Annual Reports. https://mdcourts.gov/opsc/annualreports
MI	Direct access to medications in jail, court liaisons/boundary spanners, warm handoffs, problem solving courts, peer specialists
MN	Officer-involved community-based care coordination (OICC) is a Medicaid-covered service available to individuals who have had contact with law enforcement, have screened positive for benefiting from treatment for a mental illness or substance use disorder, and are not considered an "inmate of a public institution". County staff work with an individual to address the individual's mental health, chemical health, social, economic, and housing needs, or any identified needs by connecting the individual to ongoing treatment, care coordination services, available public benefits and other available social supports. OICC is available for 60-days following the initiation of services, up to 80 hours, not more than twice per calendar year.
NV	Nevada's Specialty Courts should be highlighted. Nevada had the 5th Drug Court in the nation, launched in 1992 in Las Vegas. It started the first Family Drug Court in the nation in 1994 in Reno. Since then, it has opened another 67 specialty courts throughout the state and in each county. https://nvcourts.gov/AOC/Programs_and_Services/Specialty_Courts/Overview/
NJ	The Municipal Court Liaison Programs make a provider mental health case manager available to the court, in the courtroom or via referral from the court municipal prosecutor or public defender. The SMHA funds Justice Involved Services in 15/21 counties. These case management services assist with jail re-entry, consumers on probation, prosecutor diversion and municipal court liaison programs.

NY	Project Reset
OH	Ohio offers a jail reimbursement program for medications in the jail. It extends the typical formulary offered by most jails. 70 jails are participating; it is open to all jails. This is a budget line item in the state budget. Chris Nicastro with the Ohio Department of Mental Health and Addiction Services manages this program. He may be reached at christopher.nicastro@mha.ohio.gov for more information.
RI	Veterans Treatment Court, Prosecutors Diversion Court, Drug Treatment Court, pending Mental Health Treatment Court
VT	Pretrial Services (PTS) coordinators provide screenings for mental health and substance use treatment needs following a court order or self-referral (13 V.S.A. Â§ 7554c). PTS coordinators offer screenings for mental health and substance use treatment to people lodged and unable to post bail within 24 hours. If ordered by a judge, PTS will offer a risk assessment (of nonappearance or re-offense). Correctional facilities are only located in six of Vermont's 14 counties, but all residents of Vermont can access these services.
VA	Brief jail mental health screen
WV	WV has Day Report Centers in at least 50% of the counties. These Centers are to provide therapy and group counseling as well as case management. They are primarily used as a diversion from jail both pre and post adjudication. WV has also implemented the LEAD (Law Enforcement Assisted Diversion) program. Other diversion programs can be found on the ODCP website.

Challenges

Finally, to close this section of the survey, respondents were asked about any specific challenges regarding pre-adjudication diversion programs. Nineteen respondents shared their challenges, which are detailed in Table 12 below.

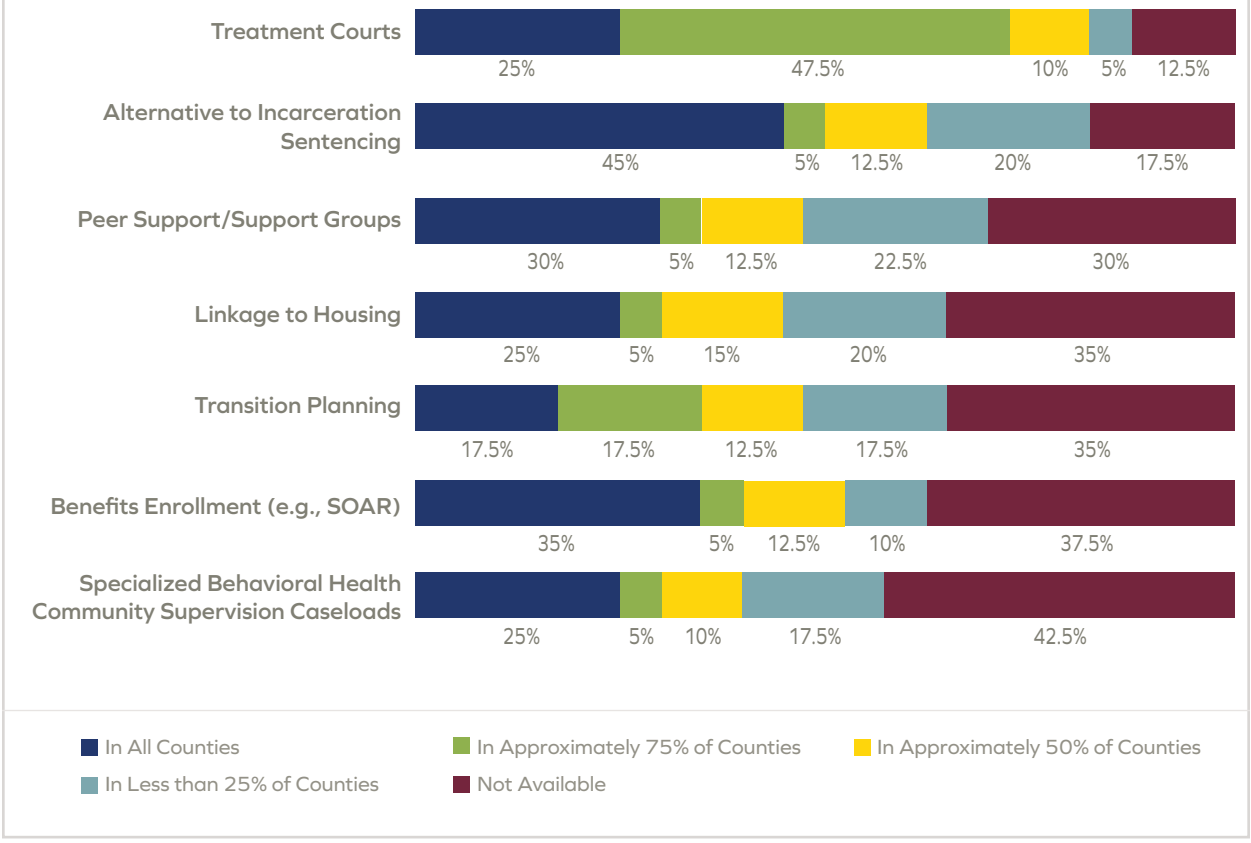
TABLE 12: Pre-Adjudication Diversion Program Challenges

State	Challenges
AL	When developing a Mental Health Court, it is hard to get data to support the need.
AK	Access to service is limited.
AZ	Lack of services available in rural areas, lack of staffing availability.
CA	Not enough services to which defendants can be diverted. Concerns about public safety and the lack of supervision for diverted individuals.
CT	Additional resources are required.
GU	Frequently assistance/treatment provided only AFTER charges have been brought. Please contact Ms. Virginia Yasuhiro, Client Services & Family Counseling Administrator at vyasuhiro@guamcourts.org.
HI	Linkage to appropriate resources (case management, treatment, etc...) for those on pre-adjudication status. Also, payment for those services are often a challenge.
KY	The need for court liaisons/navigators and court case management.
MI	Lack of staffing/resources for initiatives listed prior, lack of information sharing for the benefit of behavioral health wellbeing, lack of follow through between systems to ensure positive outcomes which result in recidivism and hospitalization.
NV	Access to certain behavioral health services.
NM	Cross system collaboration partner knowledge of programs and buy in challenges. As with many states New Mexico continues to work on shifting the conversation to a more trauma responsive lens vs. a punishment-based lens.
NY	Ensuring that everyone has equal access to diversion opportunities, reducing racial and ethnic disparities.
PA	Awareness, Public Education, getting buy-in from community partners, public opinion
SC	Funding
UT	Funding to expand statewide. Local jurisdictions are responsible for funding and implementation of pre-adjudication diversion.
VT	The grant funding provided to statewide Community Justice Centers (CJC) by the Vermont Department of Corrections presently allows for pre-adjudication capacity, enabling local law enforcement to directly refer low-level cases with the pre-approval of their State's Attorney. Approximately 25% of State Attorneys make regular use of this capacity. Another 50% occasionally direct local police to refer specific cases to the CJC. The remaining 25% do not use the CJC(s) in their county for this purpose.
VA	This is not available statewide. The locality determines the approach between pre-adjudication or post-plea. The pretrial-community corrections resources are not statewide. They use validated criminogenic risk instruments.
WV	The Day Report Centers are managed by each County Commission so there is no consistency in services provided.

Post-Adjudication Diversion

In this section of the survey, respondents were asked about post-adjudication diversion programs in their state/territory/district, and the distribution of said services by county (or other similar jurisdictional division). The respondents were most likely to have treatment courts (87.5%) and alternative to incarceration sentencing (82.5). States were least likely to have specialized behavioral health community supervision caseloads (57.5%) and benefits enrollment (52.5%). Figure 7 illustrates the post-arrest diversion programs available to respondent states by the percentage of counties in each state that has them available. The table reads left to right and top to bottom as most available to least available.

FIGURE 7: Percent of States Reporting Post-Adjudication Program Availability



Highlighted Programs

Respondents were asked to identify any post-adjudication diversion programs that they would like to highlight. Twelve of the respondents provided information. The details are provided in Table 13 below.

TABLE 13: Highlighted Post-Adjudication Diversion Program

State	Description
AK	The Alaska Court System has 14 therapeutic courts across the state. Twelve of these courts address individuals with criminal charges. The remaining two courts are focused on accelerating permanency in Child in Need of Aid cases. All these courts have proven highly successful.
AZ	Mental Health Courts, Veterans Courts, and Drug Courts throughout the State.
CO	For all others, there are operations in some counties but there's no uniform data collection available (depends on each DA office).
CT	Alternative in the Community Programs which provide gender specific programming, vocational, cognitive behavioral treatment, and case management services. Residential Treatment Services, Transitional Housing, Outpatient mental health substance abuse.
KY	All alternative sentencing programs that prioritize treatment over incarceration such as Kentucky Specialty Courts, the Alternative Sentencing Worker Program, and court models in which judicial leadership refers to treatment.
MI	Alternative sentencing, problem solving courts, peer support, transition planning, linkage to housing.
NV	Specialty Courts in Nevada. For all 2017 successful discharges for every specialty court throughout Nevada, 75% of them have not had a subsequent conviction.
NY	New York State Judicial Diversion Program for Certain Felony Offenders
VT	Transition/Community Support Plan: A shorter part of the ORP, it contains the action steps designed to reduce criminogenic needs and support offender reintegration shortly before, upon, and immediately following reentry into the community from incarceration. (371.05) Offender Responsibility Planning (ORP).
VA	Problem solving treatment courts
WV	WV has Day Report Centers in at least 50% of the counties. These Centers are to provide therapy and group counseling as well as case management. They are primarily used as a diversion from jail both pre and post adjudication. Their Case Managers are to assist offenders with their re-entry into society, obtaining employment, housing, etc.... WV has Adult Drug Courts, Juvenile Drug Courts and Family Treatment Courts operated by the Supreme Court. Although the Adult Drug Courts are only located in 28 of the 31 Circuits, they are open to anyone residing in WV. Family Treatment Courts are fairly new, beginning in the fall 2019. We currently have 10 courts covering 11 counties, with another set to open in spring 2022. Partnering with the Department of Health and Human Resources, these have already proven very successful. "

Challenges

Finally, to close this section of the survey, respondents were asked about any specific challenges regarding post-adjudication diversion programs. Fourteen respondents shared their challenges, which are detailed in Table 14 below.

TABLE 14: Pre-Adjudication Diversion Program Challenges

State	Challenges
AK	Although the majority of Alaska's population resides in the major urban hubs, there are over 250 villages in Alaska, mostly off-road, where services are very limited. Even though cases involving village residents may be heard in the larger courts, it's extremely difficult to provide services to this segment of the population in their home locations.
AZ	Lack of services available in rural counties and staff availability.
CT	Housing
GU	There are limited services available on Guam, especially regarding substance abuse.
HI	Resources for those in remote and rural areas. Also, ensuring that the court personnel are trained on specific behavioral health needs (mental health, substance abuse, co-occurring, etc...) so they are able to work effectively, make appropriate referrals, and support clients with these needs.
KY	There is a need for a more robust recovery-oriented system of care in which the courts are able to collaborate and communicate effectively.
MD	Problem-solving courts are central to the Maryland Judiciary's mission to provide fair, efficient, and effective justice for all. Problem-solving courts vary considerably by jurisdiction and case type. However, all focus on collaborating with the service communities in their jurisdictions and stress a multidisciplinary, problem-solving approach to address the underlying issues of individuals appearing in court. https://mdcourts.gov/opsc/annualreports
MI	Lack of follow through and follow up in transition planning and execution, shortage on specialized caseloads for probation and parole to examine the specific needs of those with mental health/SA issues.
NV	Access to certain behavioral health services.
NH	Not all programs have best practice standards to follow so states must create their own statewide standards.
NM	Cross system collaboration partner knowledge of existing programs and buy in to collaborate with programs to implement these services.
NY	CPL Article 216 is only available to individuals with an SUD who have been indicted.
SC	Funding
VA	It's not statewide, each locality determines their target population and eligibility criteria
WV	As previously stated, transportation and appropriate workforce is a huge issue in providing services throughout WV.

Appendix A

TABLE 1: States, Territories, and Districts Responding to the Survey

State, Territory, or District	Completed Survey
Alabama (AL)	✓
Alaska (AK)	✓
American Samoa (AS)	
Arizona (AZ)	✓
Arkansas (AR)	✓
California (CA)	✓
Colorado (CO)	✓
Connecticut (CT)	✓
Delaware (DE)	✓
District of Columbia (DC)	
Maine (ME)	
Marianas Islands (MP)	
Maryland (MD)	✓
Massachusetts (MA)	
Michigan (MI)	✓
Minnesota (MN)	✓
Mississippi (MS)	
Missouri (MO)	✓
Montana (MT)	✓
Nebraska (NE)	✓
Nevada (NV)	✓
New Hampshire (NH)	✓
New Jersey (NJ)	✓
New Mexico (NM)	✓
New York (NY)	✓
North Carolina (NC)	
North Dakota (ND)	
Ohio (OH)	✓

State, Territory, or District	Completed Survey
Florida (FL)	
Georgia (GA)	
Guam (GU)	✓
Hawaii (HI)	✓
Idaho (ID)	
Illinois (IL)	✓
Indiana (IN)	✓
Iowa (IA)	✓
Kansas (KS)	✓
Kentucky (KY)	✓
Louisiana (LA)	
Oklahoma (OK)	✓
Oregon (OR)	✓
Pennsylvania (PA)	✓
Puerto Rico (PR)	
Rhode Island (RI)	✓
South Carolina (SC)	✓
South Dakota (SD)	✓
Tennessee (TN)	✓
Texas (TX)	
Utah (UT)	✓
Vermont (VT)	✓
US Virgin Islands (VI)	
Virginia (VA)	✓
Washington (WA)	
West Virginia (WV)	✓
Wisconsin (WI)	✓
Wyoming (WY)	✓

Appendix B

Ideal Behavioral Health System	
Behavioral Health Care	Treatment for mental health and substance use disorders has been demonstrated to be extremely effective. Factors that lead to better treatment outcomes include early identification and intervention, accurate assessment, availability of a full continuum of treatment options, and the use of evidence-based treatment programs (e.g., cognitive behavioral therapy, exposure therapy, assertive community treatment, dialectical behavior therapy, and mental health medications).
Screening and Assessment	Screening for behavioral health disorders should be a priority throughout points of contact within a community, including by pediatricians, teachers, and emergency room practitioners. Early identification of mental health issues and trauma can help individuals more effectively manage their mental health issues and create appropriate treatment plans.
Strength-Based Case Management	This model is a recovery-oriented, evidence-based case management model designed to help individuals identify meaningful and important recovery goals and then mobilize highly individualized strengths to achieve them. The model has a solid research base demonstrating improved outcomes in the areas of decreased hospitalization, increased competitive employment, increased post-secondary education, independent living, and other quality of life indicators.
Case Management Teams	Case management teams are collaborations among local agencies that help provide a more holistic response to behavioral health needs. Specialized staff can ensure services across domains (e.g., housing, employment, life skills, etc.) that consider and respond to the full spectrum of an individuals' needs. Team members also ensure that traditional information silos are broken down to best serve their client and position them for success.
Medication-Assisted Treatment	Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some individuals struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose.
Certified Community Behavioral Health Clinic	Certified Community Behavioral Health Clinics are designed to provide a community with an all-inclusive range of substance use and mental health disorder services, especially for individuals who have the most complex needs. The CCBHC criteria require CCBHCs to provide consumers a continuum of services. While many of the required services must be provided by the certified community behavioral health clinic itself, other services can be provided by a designated contracting organization.
Access to Recovery Supports, Benefits, Housing, and Competitive Employment	Access to complimentary services is necessary for successful outcomes and recovery.

Co-Location of Services	Service co-location eases the burden of seeking and providing behavioral health treatment for detained individuals. Even for individuals released from jail on their own recognizance, service co-location provides an answer to transportation and resource barriers that behavioral health-involved individuals often experience. Service co-location also increases the likelihood of participation and service retention rates, while reducing rates of failure to appear.
Family and Peer Support	Often family or friends are the first to respond to a crisis for a loved one and are relied upon for support before and after mental health crisis.
Physical Health Care	Access to physical health care is integral to help individuals with the physical health issues that often occur alongside mental health issues. Individuals in the midst of a mental health crisis may neglect their physical health which can lead to long-term health concerns. Affordable and accessible medical treatment, including dental care, can help ensure better long-term outcomes. In addition, early identification of mental health disorders or trauma by medical professionals, including pediatricians, can help individuals effectively manage their mental health.
Schools and Education	Early identification and intervention in schools can provide for better long-term outcomes for those with mental health issues or who have experienced or are experiencing trauma. Half of those who will develop mental health disorders show symptoms by age 14. Therefore, early identification of risk factors or signs of adjustment difficulties provide an opportunity to intervene before problems develop into more significant and costly impairments. A continuum of school mental health resources leads to better educational and mental health outcomes.
Community Services	Robust community resources can provide a lifeline to individuals with mental health issues. Access to services can greatly improve long-term outcomes, even in the absence of treatment. Public and private human and social services agencies often directly provide meaningful programs, coordinate with other service providers, and provide referrals to other external resources. Religious, service-based, and other philanthropic organizations also provide valuable outreach and resources.
Housing	Supported housing provides a key layer of stability for individuals with behavioral health issues. Individuals may seek different housing types from group housing (supervised and unsupervised) to rental housing and home ownership. Supportive housing is a middle ground option that features independent living with the potential for support and intervention as needed.
Employment	Supported employment refers to service provisions wherein individuals with disabilities, including intellectual disabilities, mental health, and traumatic brain injury, among others, are assisted with obtaining and maintaining employment.
Food	Food insecurity decreases quality of life and can force tough decisions, like whether to spend money on food or medication. Food banks or pantries can help provide stability, increase self-sufficiency, and provide support. In addition to offering food, food banks often offer co-located services, like supported employment, educational information, civil and criminal legal aid, and informational about other community resources.

Psychiatric Advance Directives	Psychiatric Advance Directives (PADs) are legal tools that allow individuals with mental health issues to articulate their treatment preferences prior to a mental health crisis. PADs can also be used to facilitate guardianship appointment, which allows an agent to give consent or make decisions on an individual's behalf concerning medical, mental health, and financial issues. When used appropriately, PADs and guardianships protect the autonomy and preferences of individuals with mental health issues.
Civil Interventions	Civil interventions refer to legal processes by which individuals other than the person with mental illness can initiate treatment (e.g., civil commitment, court-ordered treatment, assisted outpatient treatment). Civil legal aid services can help individuals access government benefits, healthcare, housing, disability, and employment services. Guardianships give court designated individuals responsibility over a range of personal care decisions on behalf of someone the court determines is incapacitated.

Ideal Behavioral Health Crisis System[1]	
Warm Lines/Peer Warm Lines	A call line that provides opportunities for talking, receiving support, and referrals.
24-Hour Crisis Lines (Telephone, Text, or Chat)	A communication system that provides screening, assessment, preliminary counseling, and resources for referrals for mental health and substance use services and suicide prevention pathways.
Mobile Crisis Teams	A response system that utilizes behavioral health professionals to navigate within a region and at the scene of a crisis to complete mental health and substance use assessments or connect a person in crisis with services.
Crisis Intervention Teams (CIT)	Specially trained law enforcement officers who have undergone designated CIT training, adhere to policies for CIT officers, and are linked to behavioral health designated crisis drop off points of access of care.
Co-Response Team	Coordinated behavioral health professionals and law enforcement teams who respond to emergency calls for emotional disturbances in the community together.
Crisis Hubs/Crisis Centers/ Coordinated Community Response Center	Locations and systems that provide immediate in-person attention to any level of urgent to emergent need for mental health and substance use disorders and may include call centers, drop-in, and drop off sites.

[1] National Association of State Mental Health Program Directors, Crisis Services: Meeting Needs, Saving Lives, file:///C:/Users/mobrien/Box/Court%20Consulting%20Services/Active%20Projects/STAFF/MRO/Projects/MH%20National%20Initiative/CCJ-COSCA%20Task%20Force/Criminal%20Justice%20Work%20Group/Diversion/NASMHPD%20Crisis%20Services.pdf

Psychiatric Urgent Care	Clinics with screening, assessment, brief intervention, and prescribing capabilities that operate for walk-in visits with no appointment needed for immediate mental health and substance use support during day hours and limited weekends.
Transition or Bridge Clinics	Clinical therapeutic and medication management services made available for individuals moving from one level of care to the next (e.g., emergency department to long-term supports, or inpatient to community).
Crisis Stabilization Units and Extended Observation Units	Brief, time limited (usually up to 23 to 72 hours), medically monitored or supervised, observation units that provide care to assist with deescalating the severity of a crisis and/or need for urgent care.
Crisis Residential Services	Services where individuals in crisis can voluntarily reside for brief periods (usually up to 14 days) and receive behavioral health supports in a less intensive setting than inpatient level of care.
Living Room/Peer Run Crisis Center	Comfortable non-clinical space that provides an alternative to emergency rooms for adults for short-term stays where individuals have available recovery support staff such as peers to help resolve crises.
In-Home Supports/Family-Based Home-Based Supports/Respite Services	Short-term intensively supported services where individual may stay with their own family or other qualified local family or provider-based locations with add-on supports.
Emergency Rooms With or Without Dedicated Behavioral Health Sections	Embedded hospital-based service for medical emergencies, including psychiatric emergencies, especially where safety related to psychiatric illness, medical management of substance use, or medical co-occurrence may be an immediate concern.
Partial or Day Hospitals	Community-based day mental health services with full multidisciplinary team with groups, therapies, medically monitored, and access to prescribers who can adjust medications while the individual resides at home.
Acute Psychiatric Hospital Units	Hospital level of 24-hour care for psychiatric illnesses for a person who needs intensive, multi-disciplinary treatment with medically managed intensive and round-the-clock nursing, usually addressing safety and complex care-management needs.
Post-Crisis Care	Post-crisis wraparound services are essential to ensure that patients are successfully linked to long-term treatment and avoid reutilization of crisis and other acute services. These services can be provided by behavioral health programs (e.g., peer navigators), law enforcement-based case management, or a combination of both. In addition, community paramedicine approaches deploy paramedics to check on frequent 9-1-1 callers, some of whom have behavioral health needs. In each model, the goal is for crisis services to connect individuals to treatment and address the social determinants of health (e.g., housing, transportation, food) with the goal of preventing future encounters with law enforcement.

Pre-Arrest Diversion/Deflection	
Dispatcher Training	Behavioral health trained dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.
First Responder Training	First responder training includes dispatcher training, specialized police response, mental health first aid, and training for EMTs and other first responders. An example is Crisis Intervention Training (CIT). CIT focuses on identifying signs of mental health disorders, de-escalating a situation that involves those signs, and connecting individuals to treatment. The importance of crisis training has increased in recent years as a way to avoid escalation into the use of force.
Police Responses	Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.
Mobile Crisis Teams	A response system that utilizes behavioral health professionals to navigate within a region and at the scene of a crisis to complete mental health and substance use assessments or connect a person in crisis with services.
Identification of High-Utilizers and Providing Follow-Up After the Crisis	Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and emergency department services through specialized responses.
Screening for Mental and Substance Use Disorders	Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

Pre-Adjudication Diversion	
Access to Behavioral Health Services	A diverse set of treatment modalities reflect an understanding that effective treatment for individuals in the criminal justice system requires a blend of traditional behavioral health treatment services and services tailored to the relevant criminogenic risks and needs of the individual. They will typically have a diverse range of behavioral health, criminogenic, case management, and social support needs that require different screening and assessment, more coordination among service providers, and a broader range of complimentary services. The accepted model for conceptualizing this constellation of needs and services is the risk need responsivity (RNR) model.
Screening and Assessment at Jail or Pretrial	Specific screening and assessment are critical once an individual has contact with the justice system to ensure the system's treatment and supervision responses are tailored to the individual's criminogenic risks and needs. All individuals coming into the jail should be screened for mental health and substance use disorders using an evidence-based tool validated for the population that is screened. Then, if indicated by the screening instrument, an appropriate assessment should follow. Risk and needs screening and assessment should also be done at all stages of the criminal justice process.
Pretrial Release	Pretrial release decisions are particularly impactful on arrestees with behavioral health needs. Incarceration, even for a short period of time can have disproportionately negative consequences for this population. Pretrial release without incarceration also represents an important opportunity for connecting individuals with behavioral health needs to services. Pretrial risk assessments can be one component of a pretrial decision-making process.
Data Matching Initiatives Between Jail and Community-Based Behavioral Health Providers	Data-driven indicators measure the effectiveness of behavioral health interventions and allow adjustments to be made to increase the effectiveness of those interventions. Data can also measure the cost effectiveness of behavioral health programs and allow policy makers to allocate resources more effectively. Coordinating data offers an opportunity to identify high cross-system utilizers. Data should be collected about individuals' progress and needs, responses to those needs, and efforts to improve mental health responses. Systems and processes can be used to help collect, share, and use data on individuals who come into contact with the justice and human services systems, including those with behavioral health needs. A jurisdiction can use these systems and processes to inform policy and funding priorities to better identify individuals with mental health treatment needs and connect them to services. Some specifics include an information management system, resource connections, jail screening, community connections and outreach, and predictive analysis.

Prosecutor Lead Diversion	Prosecutors traditionally serve as gatekeepers to the criminal justice system and they often decide who goes into the system and who gets a second chance. Prosecutors have discretion to make charging decisions, bail and pretrial release recommendations, plea bargain offers, and sentence recommendations. They have a responsibility to use limited public resources wisely with the goals of promoting public safety and reducing harm. Their position in the justice system gives prosecutors the opportunity to provide leadership in the community to address the needs of those with mental health issues. Prosecution can create special units within their office to handle cases involving individuals with mental health issues, implement diversion programs, change their own office policies and approaches, and play a leadership role systemwide to address issues of mental illness. Policy decisions should be established to provide consistency in decision-making and reduce bias of individual decision-making. Collaborative decision-making processes should be explored and implemented.
Court Diversions	Court-based behavioral health diversion interventions focus on connecting individuals with needed community-based care, usually after someone with mental illnesses, substance use disorders, or both, is booked into jail. These connections can be provided at a person's initial court appearance or at subsequent court appearances. While the diversity of diversion programs across the U.S. makes conclusive statements about outcomes difficult, research has shown that court-based diversion can shorten average length of jail stays and increase connections to treatment and supports without additional risk to public safety. Some programs have also been shown to reduce future criminal justice involvement. There are also studies showing how diversion programs can potentially save the criminal justice and behavioral health systems money.
Pretrial Supervision and Diversion Services to Reduce Episodes of Incarceration	Risk-based pretrial services can reduce incarceration of defendants with low risk or criminal behavior or failure to appear in court.
Treatment Courts for High-Risk/High-Need Individuals	Treatment courts or specialized dockets can be developed (e.g., mental health courts, adult drug courts, and veterans courts). These courts embrace a non-adversarial, problem-solving approach with a focus on treatment and individualized case plans. Resolution of cases can be done with successful completion of the program, including treatment, and dismissal of the case.
Jail-Based Behavioral Health Treatment and Health Care Services	Jail healthcare providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.
Collaboration with Veterans Justice Outreach Specialist from the Veterans Health Administration	The mission of the Veterans Justice Programs is to identify justice-involved Veterans and contact them through outreach, in order to facilitate access to VA services at the earliest possible point. Veterans Justice Programs accomplish this by building and maintaining partnerships between VA and key elements of the criminal justice system.

Transition Planning by the Jail or In-Reach Providers	Transition planning improves re-entry outcomes by organizing services around an individual's needs in advance of release.
Psychotropic Medication and Prescription Access	Inmates should be provided access to their prescriptions while in custody and should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.
Structured Warm Hand-Offs (Jail to Community Treatment)	Case managers that pick an individual up and transport them directly to services will increase positive outcomes.
Recovery Peer Specialists	Peer support workers are individuals who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help individuals become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.
Competency and Restoration	There is a growing consensus that because of the likelihood of an increased length of incarceration and confinement, the competency process should be reserved for defendants who are charged with serious crimes, and others, especially those charged with misdemeanors, should be diverted to treatment.
Court Liaisons/Navigators	Court liaisons, also referred to as boundary spanners or court navigators, provide a vital link between behavioral health service providers and the court. Liaisons are typically clinically trained and connected either with a behavioral health provider or with the court. They are trained to conduct assessments and are adept at providing program and treatment coordination and linkages.

Post-Adjudication Diversion	
Post-Adjudication Diversion and Alternative Sentencing	Post-adjudication diversion and alternative sentencing options provide opportunities to direct individuals to rehabilitation-focused interventions that balance the interest of justice with treatment. They avoid incarceration for individuals who meet certain sentencing conditions. Often involving suspended sentences and/or probation, alternative sentences can be as creative and flexible as a judge and community resources will allow. Examples of sentencing include community service assisted outpatient treatment, and other required participation in appropriate treatment.
Specialized Behavioral Health Community Supervision Caseloads	This probation model is typically characterized by small caseloads (less than 100 individuals), sustained officer training in mental health, officer coordination of and direct involvement in probationers' treatment, and reliance on collaborative problem-solving approaches.
Treatment Courts for High-Risk/High-Need Individuals	Treatment courts or specialized dockets can be developed (e.g., mental health courts, adult drug courts, and veterans courts). These courts embrace a non-adversarial, problem-solving approach with a focus on treatment and individualized case plans.
Benefits Enrollment	Health and behavioral health benefits enrollment sustains an individual's access to medications and treatment that are critical to successful reentry into the community. Enrollment can be facilitated by enrollment officers and case managers.
Linkage to Housing	Individuals with criminal records face significant barriers to housing. Housing is a critical component to successful reentry into the community. A range of housing options need to be available to meet the needs of individuals with behavioral health needs.
Transition Plans	Transition plans offer guidance for community reentry. A comprehensive plan identifies expectations, resources, and services to guide individuals toward independence. Individuals should play an active role in creating their transition plan.
Peer Support/Support Groups	Peers provide individualized support to those re-entering a community. Sharing unique experiences and challenges is helpful in navigating common challenges. Moreover, peer support groups can provide insight to identify potential triggers and relapses.