

**PROGRAMS TARGETING INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS IN THE LOCAL CRIMINAL JUSTICE SYSTEM:
A Continuum of Diversion and Treatment Options**

Program Component	Community Treatment Alternatives Program (CTAP)	Mental Health Diversion Program (MHD)	Enhanced Supervision Docket (ESD)	Felony Mental Health Court	Assertive Community Treatment Team (ACT) Pilot	LMDC Discharge Planning
Description	Post-booking diversion program; SCS staff work in the jail and appear daily in all criminal court divisions to receive referrals and advocate for clients; goal is to engage clients and develop release plans that will translate into effective court-ordered interventions	Participants avoid guilty plea to criminal offense by agreeing to participate in program; waive right to speedy trial; charges are dismissed without prejudice upon successful completion; cases presented to MHD Review Board for review and approval for admission	Specialized court docket to divert persons with serious and persistent mental illness; requires participants to report back to court twice monthly for a minimum of four to six months and uses leverage of court to link to needed services and promote success in treatment. Includes 2 nd track to address the treatment needs of ACT eligible or ACT involved clients.	Specialized court docket to divert persons with serious and persistent mental illness; requires participants to report back to court twice monthly for a minimum of four to six months and uses leverage of court to link to needed services and promote success in treatment	ACT is designed to engage persons with a Severe Mental Illness (SMI) whose needs are not met by traditional outpatient services; services are delivered in the context and environment where they are needed (i.e., the team goes to the person)	In-custody discharge and reentry planning; serves adults with mental health and substance abuse disorders being released from Metro Corrections; provides linkage to appropriate community resources based on identified needs; prevents vulnerable populations from returning to homelessness
History	Began in 1989; now in 26 th year of operation	In 24th year of operation	Kentucky's 1 st Mental Health Court; in 12th year of operation	Operational since September 2012	Began accepting referrals in January 2014	Operational since April 2015
Operating Agency	SCS Criminal Justice Team	Collaboration between JCAO and SCS Criminal Justice Team	Collaboration between JCAO, AOC, LMDC and SCS	Collaboration between JCAO, AOC, LMDC, P&P and SCS	Seven Counties Services, Inc., Housing First	Louisville Metro Department of Corrections
Funding	Metro Government/LMDC; Limited State Telephonic triage dollars	Metro Government/LMDC	Grant funding (BJA); court personnel volunteer time	Eligible clients receive Medicaid case management; other participants covered by program staff funded by LMDC	\$1.216M received from Dept. of Public Advocacy settlement	Metro Government/LMDC
Target Population	Referrals received from LMDC Mental Health staff, court personnel, SCS outpatient staff, community providers, and family members; Case Manager meets with clients court-ordered for competency evaluations at Central State	Felony and misdemeanor charges	Misdemeanor charges	Felony cases unsuccessful on traditional probation or probation violators likely facing revocation and return to prison	Priority is given to individuals with a primary diagnosis of SMI with history of psychotic episodes, multiple hospitalizations, and at risk of placement in personal care home or homeless	Referrals received from LMDC Mental Health and classification staff; Senior Social Worker meets with individuals to plan for release and transition back into the community
Capacity	150	25	40	40	Goal to serve 80 individuals by end of second year (Dec. 2015)	50

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Eligibility Criteria	Verifiable diagnosis of Serious and Persistent Mental Illness	Verifiable diagnosis of a serious mental illness; cases must be determined eligible by prosecution, defense and judge; clients must be amenable to treatment and capable of benefitting from a structured treatment plan	Charged with crime and have verified mental health diagnosis	Charged with non-violent felony crime and have verified mental health diagnosis	In addition to criteria listed under Target Population, individuals diagnosed with chronic mental disorder resulting in significant impairment and individuals with co-occurring disorders (if SMI is the primary diagnosis) are also eligible	Incarcerated with a verifiable mental health, substance abuse, or co-occurring disorder; homelessness; history of revolving in and out of the jail and criminal justice system
Services	Court Liaison checks daily dockets, assesses potential clients, refers to needed services, conferences cases, testifies, reports to court on compliance, and trains court personnel; Jail Case Manager works closely with LMDC/CMS to ensure continuity of care	Monthly oversight from volunteer review board of experts from various mental health and legal disciplines; weekly intensive intervention by program staff along with ongoing outpatient services (individual/group therapy, random drug screens if indicated)	Therapeutic intervention by SCS Criminal Justice Team	Therapeutic intervention by SCS Criminal Justice Team. Client's receive IDDT treatment, therapeutic rehab, Illness Management and Recovery and cognitive therapy to address errors in thinking at Magazine	Services are flexible and available 7 days per week; services include case management, individual and group therapy, nursing services, medication management, psychiatric services, supported employment, peer support and payee services; crisis services are available 24 hours per day via an on-call system; services are ongoing and not time-limited	Provision of case management, clothing, bus tickets, referrals for housing needs, hygiene, backpack, and referrals for community treatment
Risk/Needs Assessment	Screened 478 individuals in jail in FY 14(72% had diagnosis of serious mental illness and 58% were engaged in treatment)	Daily Living Activities-DLA-20 administered pre- and post-participation to rate level of functioning in 20 areas (Global Assessment of Functioning or GAF Score)	Clients assessed BY SCS and linked to services	Clients assessed by SCS and linked to services; Probation and parole has a dedicated officer who monitors docket participants. LSCMI determines length of program once stabilized	Clients assessed by SCS; must have a recommendation of Level 4 for services utilizing the LOCUS (Level of Care Utilization System) to be accepted	Screened in jail and assessed by mental health staff
Outcomes/ Recidivism	During FY 14, 131 new court orders issued for treatment (there were 223 total court orders tracked and treated by SCS); 27 cases were re-docketed for non-compliance with treatment or were recidivist	6 graduates in FY 14 (charges dismissed; GAF scores increased by 10 points indicating significant improvement in symptoms at program completion	5 graduates in FY 14 and 64 graduates since program started; recidivism rate for all participants is 18%	8 participants have graduated the active phase of the program. This means over 2 years with no violations or recidivism. 42 active participants with a waiting list of 20 .	Formal evaluation of pilot to be conducted	Implemented in April 2015