



Divert to What?

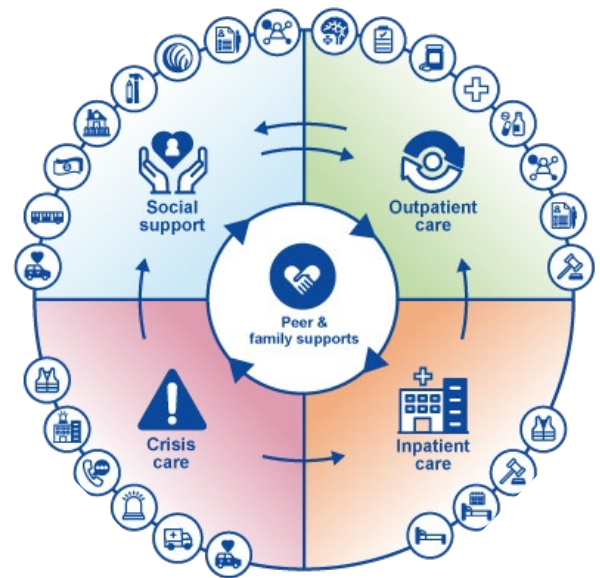
Community Services That Enhance Diversion

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Mental Health Ecosystem

An ecosystem is a “complex network or interconnected system” and is how every community should begin to think about their mental health system. These services and supports should work together to create an interconnected system that provides every person who experiences a mental health condition with the ability to achieve wellness.

People with mental illness—just like people with any medical condition—need a range of treatment, services and supports, depending on an individual’s unique needs. Unfortunately, our current mental health system was never built to meet the needs of the nearly 45 million Americans who have a mental illness.¹ Without an effective mental health system, communities have relied on the criminal justice system to provide mental health care and as a result, every year over 2 million people with mental illness are booked into America’s jails and prisons.²



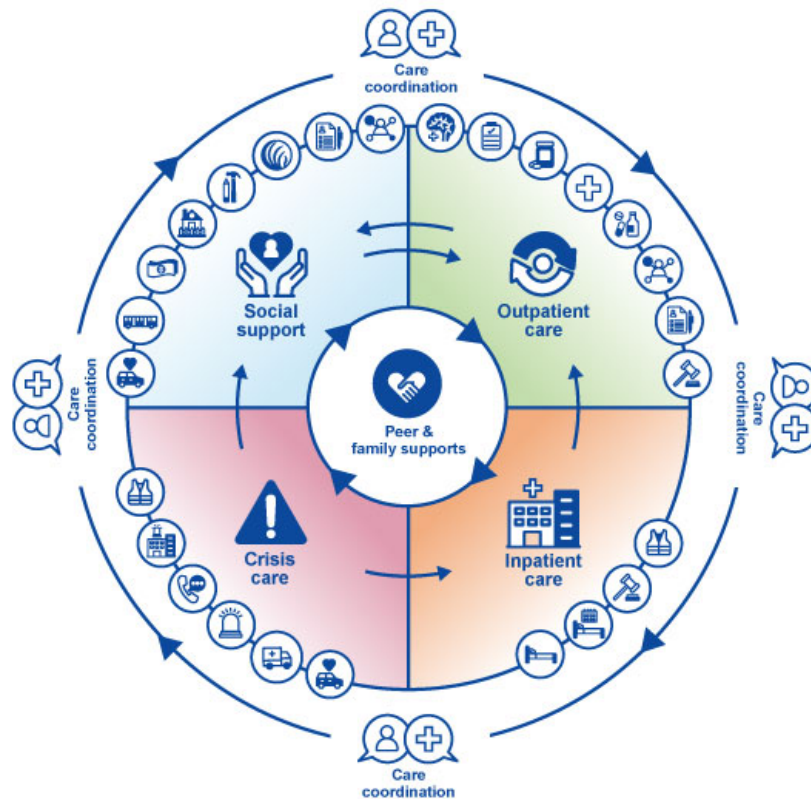
Law enforcement, in partnership with mental health professionals and advocates, have worked for decades to divert people with mental illness from the criminal justice system. While many of these efforts have improved responses to people experiencing a mental health crisis, many front-line personnel continue to ask: “divert to what?”

This document will help communities begin to answer this question by identifying the gaps and opportunities in their existing system. It should be used by collaborative groups involving law enforcement, mental health professionals, advocates, and other stakeholders committed to reducing their community’s dependence on the criminal justice system.

While the document identifies supports and services that are often necessary to help people with mental illness maintain their wellness, it also acknowledges that every community’s ecosystem will look different. It will be based on needs and the resources available to meet those needs. However, as communities consider building on their existing system, they should consider the purpose of each of the services identified in this document and how best to create that service to meet their community’s needs.

¹ Ahrnsbrak, R., Bose, J., Hedden, S.L., Lipari, R.N., Park-Lee, E. (September, 2017). “Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health,” Substance Abuse and Mental Health Services Administration. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>

² Steadman, H.J., Osher, F.C., Clark Robbins, P., Case, B., Samuels, S. (2009). “Prevalence of Serious Mental Illness Among Jail Inmates”, *Psychiatric Services*, June 2009, <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.6.761>



Core Values of a Mental Health Ecosystem

This mental health ecosystem is broken into four categories of care and services: Outpatient Care, Social Support, Crisis Services, and Inpatient Care. This document will explain each and provide details about the goal of the services in that category.

As communities look to build out their ecosystem, it should be done with three core values in mind; accessibility, equity, and effectiveness. No matter what a community's ecosystem looks like, it must incorporate these values into the development so that it meets the needs of the community.

- *Accessibility* – Services and supports should be made available in communities based on need, so communities should evaluate and ensure that there are enough resources (including funding, staffing, number of providers, availability of services etc.) to meet that demand. For example, are there enough psychiatrists to treat people who need medication? Or are crisis services available outside of traditional business hours and on weekends?
- *Equity* –Disparities in insurance coverage and income are significant barriers to someone's overall recovery, and while solving this issue requires larger policy solutions, communities can creatively identify ways to eliminate these barriers to ensure that anyone can receive services despite their ability to pay. For example, a community might pursue funding from a foundation to pay for case managers or work with local psychiatrists to provide pro-bono services.
- *Effectiveness* – All treatment and services should be [trauma informed](#), [culturally competent](#), [evidence-based](#), and [patient centered](#). Each of these considers someone's unique identity and needs and can significantly contribute to their overall experience and successful engagement.

Two Cornerstones of Care

In addition to the three core values, peer and family supports and case management are critical, and should be incorporated in all stages of the mental health ecosystem.

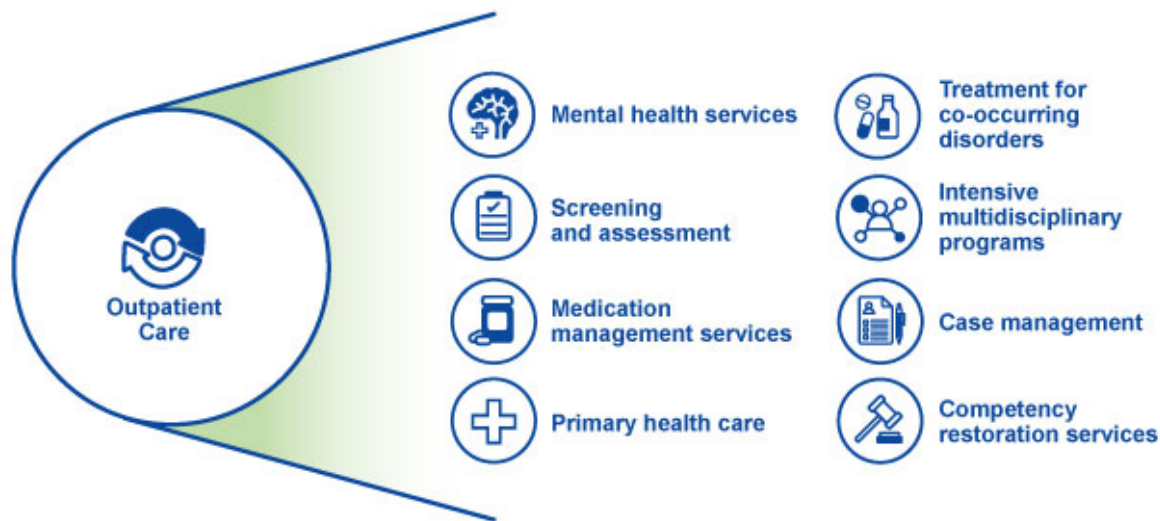


Peer and Family Supports – No one better understands what it is like to receive a mental health diagnosis or how to navigate the mental health system than someone who has gone through the same experience. Incorporating peer and family supports can help individuals and families receive the support necessary to navigate and understand a mental health diagnosis, and the array of services and supports available.

- *Peer supports:* Services where a person with mental illness provides support to help another person navigate their care and help them in working towards wellness. This can include individual advocacy ([see SAMHSA webpage on Peer Providers](#)) or support groups such as [NAMI Connection](#) or [NAMI Peer to Peer](#).
- *Family supports:* Services where family members who care for a loved one with a mental illness provide support to other families to help them navigate the mental health system. Family members are often the primary source of support and advocacy for people with mental illness, so it is important to address their stress and feelings of isolation. Like peer supports, family supports can include support groups such as [NAMI Family to Family](#), and advocates that can help navigate the mental health or justice system.



Care Coordination – While care coordination generally speaks to the collaboration between physical health and mental health providers, here it is expanded to include anyone who might provide a service or support to someone with a mental health condition. From crisis response personnel to advocates running homeless shelters to individual clinicians working in communities, keeping the lines of communication open can help ensure that the provision of services and supports is seamless and no one slips through the cracks. Open communication and collaboration not only ensure continuity of care but can also contribute to identifying challenges people face to accessing services or gaps in a community's ecosystem.



What Is Outpatient Care?

Outpatient care includes a variety of health care services that do not require an overnight hospital stay. The goal of this set of services is to increase access to care and help people with mental illness achieve recovery in their community. Additionally, robust outpatient care services can help people experiencing symptoms of a mental health condition get help early and reduce their need for more intensive—and costly—services later. These services include:

- *Mental health services* – These services can range from mental health therapy to psychiatric services, and could include tele-health, walk-in care and same day/next day services. Mental health services are provided a variety of professionals, including certified counselors, psychiatrists, psychologists, and neurologists.
- *Screening and assessments* – Screenings and assessments are routine tests used to identify and diagnose the type of mental health condition someone may be experiencing. They should be provided by trained professionals, using a validated screening tool, and without delay so that the person being screened can be referred to treatment and services.
- *Medication management services* – Medication management services are focused on engaging with individuals to identify if medication is an appropriate treatment option. Practitioners should use a shared decision-making framework that provides individuals with a complete and accurate medication list including type, combination and quantity, as well as information about risks, side effects, and how they might be able to mitigate both.³

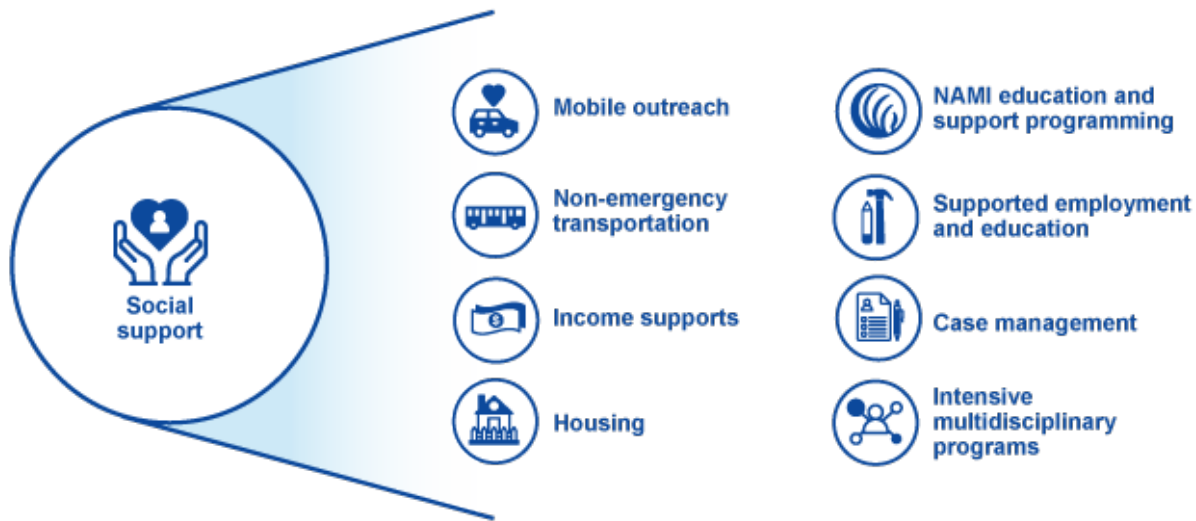
³ Morello E.H. et al., "Metabolic screening after the American Diabetes Association's consensus statement on antipsychotic drugs and diabetes," *Diabetes Care*, 32(6):1037-41; June 2009.

<https://www.ncbi.nlm.nih.gov/pubmed/19244091>

- *Primary health care* – Primary health care is a basic level of care that includes health promotion, disease prevention, health maintenance, patient education, diagnosis and treatment of acute and chronic illnesses.⁴ Care is generally provided by a doctor in general or family practice, but can also be provided by a nurse practitioner, state licensed registered nurse, or physician’s assistant.
- *Treatment for co-occurring disorders* – Co-occurring disorder treatment provides services to an individual with mental illness who also has a substance use disorders (drugs and/or alcohol, may also include nicotine dependence). Co-occurring disorders can cause a [wide range of symptoms](#) that often delay an accurate mental health diagnosis. Practitioners offering primary health care, medication management, and mental health services should utilize [screening tools](#) for co-occurring disorders and treat both diagnoses jointly.
- *Intensive multidisciplinary programs* – These are comprehensive programs that involve multiple professionals working in collaboration to support all aspects of a person’s treatment and wellness plan. This service provision model is often applied when someone may require more intensive support. Some examples include Assertive Outpatient Treatment, Forensic Assertive Community Treatment, or First Episode Psychosis programs. *(Can be included in Social Supports)*
- *Case management* – Case management is a service provided in the process of assessing, planning, facilitating and advocating for services that meet the complex health and human services needs of an individual or family.⁵ These services can be provided by a social worker or a certified case manager. *(Can be included in Social Support)*
- *Competency restoration services* – Competency restoration are a set of services that are aimed at supporting someone who has been determined incompetent to stand trial and has the goal of restoring an individual’s competency so that a trial can proceed. For people with mental illness, these services should include psychiatric services and, when possible, be provided by mental health professionals in the community. *(Can be included in Inpatient Services)*

⁴ American Academy of Family Physicians. “Primary Care”. Retrieved from: <https://www.aafp.org/about/policies/all/primary-care.html>

⁵ Commission for Case Manager Certification. “Definition and Philosophy of Case Management”. Retrieved from: <https://ccmcertification.org/about-cmc/about-case-management/definition-and-philosophy-case-management>



What Is Social Support?

For a person with mental illness to experience recovery and wellness, more is needed than just medication and mental health therapy. Ensuring that a person has access to things like a safe place to live, income, and a supportive community are key pillars to their overall wellness. Social supports should include:

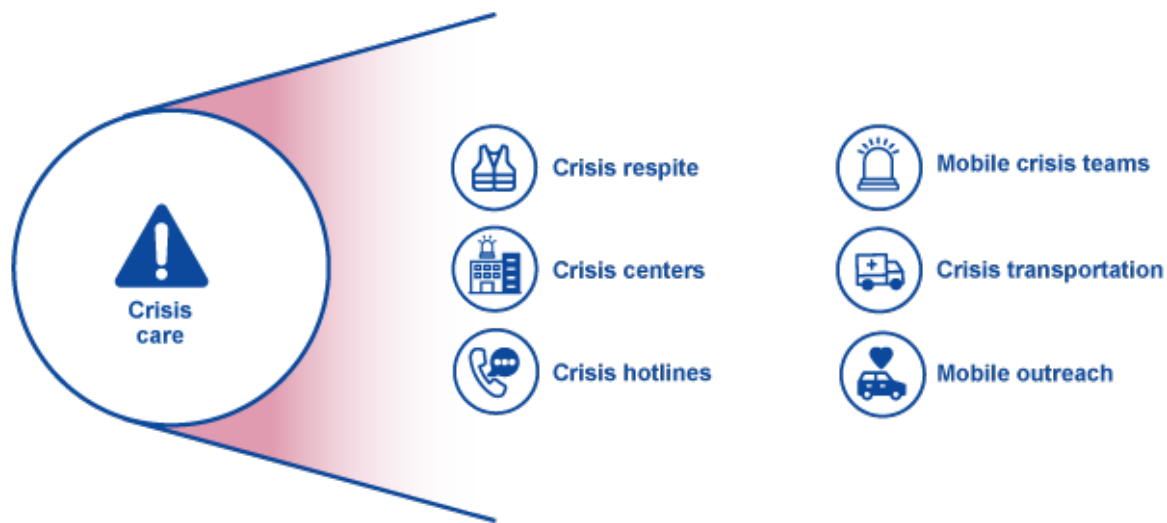
- *Mobile outreach* – Mobile outreach allows professionals to meet individuals where they are, rather than having to come into a center or office to receive those services. Mobile outreach professionals connect individuals to community-based services following a mental health crisis. *(Can be included in Crisis Care)*
- *Non-emergency transportation* – Non-emergency transportation offers transport options to and from appointments and services for those who have a legitimate need for the services that are not emergencies. Communities should determine whether transportation is a barrier to accessing care and identify ways to provide transportation for those who need it.
- *Income supports* – Income supports are primarily federal programs that help individuals pay for food, housing, health care, and other basic living expenses. Examples include Social Security Disability Insurance Benefits (SSDI), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP). Communities should consider how to make information about applying for these programs available and offer assistance so that qualifying individuals can get connected to these benefits.
- *Housing* – [Housing](#) should be safe, stable, affordable (no more than 30% of someone’s income) and discrimination free. The lack of [affordable housing](#) is one of the most powerful barriers to recovery. The range of housing options should include supervised group housing, partially supervised group housing, supportive housing, rental and home ownership.
- *Supported employment and education* - Supported employment services help people with mental illness obtain and maintain employment. Nearly 70 percent of people with serious mental illness (SMI) consider finding a job a top priority and research shows that supported employments is

important to recovery.⁶ Supported education is a psychiatric rehabilitation intervention that assists people with mental illness in their pursuit of higher education.

- [NAMI education and support programming](#) – NAMI (The National Alliance on Mental Illness) provides education classes and support groups in over 600 communities nationwide. The programs include support groups and educational programming and are led by NAMI members who are trained and have personal experience with mental illness.
- *Case management* – Case management is a service provided in the process of assessing, planning, facilitating and advocating for services that meet the complex health and human services needs of an individual or family.⁷ These services can be provided by a social worker or a certified case manager. *(Can be included in Outpatient Care)*
- *Intensive multidisciplinary programs* – These are comprehensive programs that involve multiple professionals working in collaboration to support all aspects of a person’s treatment and wellness plan. This service provision model is often applied when someone may require more intensive support. Some examples include Assertive Outpatient Treatment (ACT), Forensic Assertive Community Treatment (FACT), or First Episode Psychosis programs. *(Can be included in Outpatient Care)*

⁶ Gordon, S. Y., Reeder, S., & Hansen, E. (2018). “Achieving Recovery and Attaining Full Employment through the Evidence Based IPS Supported Employment Approach.” NASMHPD. Retrieved from: https://www.nasmhpd.org/sites/default/files/TACPaper9_SupportedEmployment_508C.pdf

⁷ Commission for Case Manager Certification. “Definition and Philosophy of Case Management”. Retrieved from: <https://ccmcertification.org/about-ccmc/about-case-management/definition-and-philosophy-case-management>



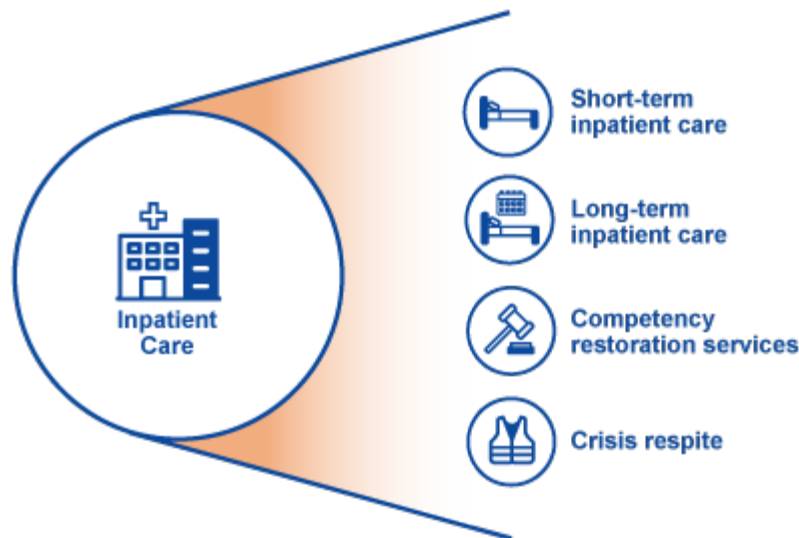
What Is Crisis Care?

A mental health crisis is any situation in which a person’s behavior puts them at risk of hurting themselves or others or prevents them from being able to care for themselves or function effectively in the community. A crisis care system includes a variety of services and supports that a person might benefit from during a crisis and provides a safe and humane response to these mental health crises. The goal of this set of services is to reduce the role of law enforcement in crises and increase connections to community-based supports and services. Crisis care should include:

- *Crisis respite* – Crisis respite services are short-term care and intervention strategies provided when caregivers and service providers are not able to provide necessary interventions. Specifically, crisis respite provides 24-hour observation and support by crisis workers or trained volunteers until a person is stabilized and connected with other supports. In some locations, peer support specialists provide encouragement, support, assistance and role models in a non-threatening atmosphere. *(Can be included in Inpatient Care)*
- *Crisis centers* – Crisis centers are clinics or psychiatric urgent care centers that offer immediate attention. They focus on resolving the crisis in a less intensive setting than a hospital, though centers may recommend hospitalization when appropriate. Walk-in clinics may serve as drop-off centers for law enforcement to reduce unnecessary arrests. Crisis centers provide support, stabilization of symptoms and warm handoffs to other supportive services for someone who is in crisis.
- *Crisis hotlines* – Crisis hotlines offer telephone (and sometimes online) crisis services that provide assessment, screening, triage, preliminary counseling, and information and referral services. Often crisis situations can be resolved over the phone, dramatically reducing the need for law enforcement intervention. Crisis hotlines should be developed as the first response to a crisis, de-escalating the situation over the phone, and determining if additional response from law enforcement or a mobile crisis unit is necessary.
- *Mobile crisis units* – When a crisis cannot be de-escalated over the phone, communities should offer mobile crisis units, which deploy a team of professionals to de-escalate a mental health crisis. Mobile teams may provide pre-screening assessments or act as gatekeepers for inpatient

hospitalization and can also connect an individual with community-based programs and other services. This unit may consist of a combination of CIT-trained officers, mental health professionals, social workers, peer support specialists or EMS. The use of law enforcement should be avoided unless there is a report of a weapon or crime.

- *Non-law enforcement crisis transportation* – Non-law enforcement crisis transportation services provide transportation by someone other than a law enforcement officer to hospitals, crisis centers, or other crisis services after an initial crisis has been de-escalated. This could include transportation by a family member, peer advocate or EMS service.
- *Mobile outreach* – Mobile outreach allow individuals in need of services to meet professionals where they are, rather than having to come into a center or office to receive those services. Mobile outreach professionals connect individuals to community-based services following a mental health crisis. *(Can be included in Social Support)*



What Is Inpatient Care?

Inpatient care is health care provided in a hospital or residential setting. While care and treatment for people with mental illness is always more effective and preferable in the community, there are many people who require the more intensive care at times that can only be provided in an inpatient setting. Inpatient care programs can reduce the stress of daily responsibilities for a period of time and allow someone to focus on their recovery. In addition to providing psychiatric services, inpatient care should include programming that focuses on building individual living and recovery skills that prepare someone to return to their community. Ideally, the length of stay is determined by the clinical needs of the patient, but insurance and resource availability often dictate services. Types of inpatient care include:

- *Short-term inpatient care* – Hospital care that is provided for a relatively short period of time, generally less than 25 days. The determination whether someone should enter into short-term inpatient care should be based on clinical need.
- *Long-term inpatient care* – Hospital care that is provided for a long period of time, generally defined as more than 25 days. The determination whether someone should enter into long-term inpatient care should be based on clinical need.
- *Competency restoration services* – Competency restoration is a set of services that are aimed at supporting someone who has been determined incompetent to stand trial, with the goal of restoring an individual's competency so that a trial can proceed. For people with mental illness, these services should include psychiatric services. Competency restoration should be provided in the community when possible. If someone is ineligible to participate in a community program and services must be provided in a restricted setting, the same services and supports should be provided as they are in the community based program. *(Can be included in Outpatient Care)*
- *Crisis respite* – Crisis respite services are short-term care and intervention strategies provided when caregivers and service providers are not able to provide necessary interventions. Specifically, crisis respite provides 24-hour observation and support by crisis workers or trained volunteers until a person is stabilized and connected with other supports. In some locations, peer support specialists provide encouragement, support, assistance and role models in a non-threatening atmosphere. *(Can be included in Crisis Care)*