



State Profile Highlights

New Information from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI)

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Mental Health Courts and Diversion Programs Supported by State Mental Health Authorities: 2001

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MAJOR FINDINGS

- 29 states support at least one of these activities: mental health court, adult diversion, or youth diversion
- 16 states have adopted mental health courts
- 19 states have diversion programs for adults with mental illnesses
- 20 states support diversion programs for youth with mental illnesses
- 6 states support mental health courts, diversion programs for adults, and diversion programs for youth

The interface between mental health and criminal justice systems is a concern for state mental health agencies. In 13 states, services for persons with mental illness in prison/jail are contained within the SMHA. An additional 17 states have formal agreements with their state correctional agency to provide mental health services. The remaining 16 states (of 46 responding) have no formal agreement with their state correctional agency or responsibility for mental health services for persons with mental illness in prison/jail. Treatment and diversion strategies have been developed to target this special population before they enter the prison/jail. The recent survey of state mental health agencies asked about the adoption of mental health courts and diversion programs for adults and youth with mental illnesses.

Mental Health Courts

Sixteen states report that they have adopted mental health courts designed to help divert persons with mental illnesses from the criminal justice systems into mental health treatment. Thirty other states report that they have not adopted mental health courts. Among the 16 states with mental health courts, one began in 1998 (FL), two began in 1999 (AK, WA), four began in 2000 (GA, NC, NH, OH), six began in 2001 (AL, MO, NV, PA, TN, UT), and one began in 2002 (NY). Specific information about the mental health courts was not available for CA and RI. Most states have one court covering a single county; NH, OH, and WA have two courts for separate counties; and MO has three courts for separate counties. Six states (AK, FL, NC, NH, NY, PA) report that the mental health courts have access to dedicated or new resources to provide community-based treatment, although the level of the resource was generally not available.

The mental health courts appear to have limited control over treatment and other services. In seven states, the courts have no specific control over these resources, while in nine states the courts have limited control over these resources. The areas where the mental health courts have control include the following: mental health treatment services (AL, MO, NH, WA), substance abuse treatment services (AL, NH), housing services (AL, FL, NY), enticement assistance (AL, OH), case management (FL), the mental health court team and community treatment team (PA), and court monitors (NY).

Twenty-nine states have primary responsibility for court evaluation of mental status, nine additional states share responsibility with another state agency. Of these 38 states, 15 have adopted mental health courts. (Note: One state with a mental health court did not specify whether it had responsibility for court evaluation of mental status.)

Diversion Programs for Adults: Many SMHAs have adopted pre- and post-booking diversion programs to help adults with mental illnesses into treatment. Twelve states have adopted both pre- and post-booking diversion programs (AZ, CO, KY, HI, MA, MD, MI, NM, OH, OR, WA, WI), two states have adopted pre-booking diversion programs (GA, RI), and five states have adopted post-booking diversion programs (CA, IL, ID, NC, NH). In one state (MA) the pre-booking diversion program is statewide; in two states (MA and MD) the post-booking diversion programs are statewide;

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in most other states, the pre- and post-booking diversion programs are limited to one to three counties. The activities of the pre-booking diversion programs include a range of services: crisis intervention teams; emergency services providers; partnerships with police, NAMI, and local community mental health centers; mental health consultation with police; ride-along programs; drop-in triage centers; and crisis diversion beds. The activities of the post-booking diversion programs include a range of services: court clinics, jail evaluation, screening, case management, treatment plan development, community mental health providers in the county jails, staff meeting with jail staff, and discharge/linkage programs.

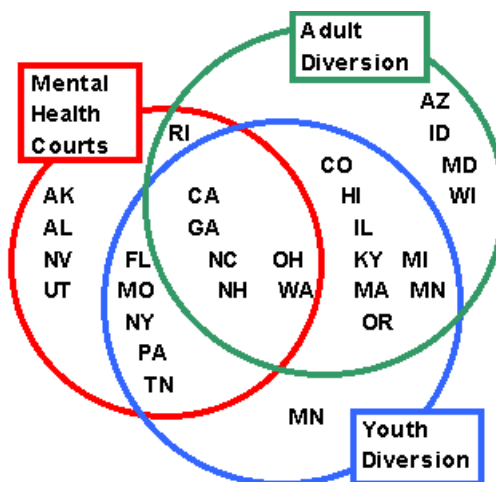
A total of 19 states have diversion programs for adults with mental illnesses; 12 of which have no formal responsibility for services in the criminal justice system. Among the 13 states with formal responsibility for services in the criminal justice system, six states have adult diversion programs.

Diversion Programs for Youth: Twenty SMHAs support diversion programs to help divert youth with mental illnesses from the juvenile justice system into treatment (CA, CO, FL, GA, HI, IL, KY, MA, MI, MN, MO, NC, NH, NM, NY, OH, OR, PA, TN, WA); one state is in development (MD) and twenty-three states have not adopted such programs. Youth diversion programs offer a range of diverse services across the states: integrate mental health and juvenile justice services; forensic case management; system of care grants; juvenile mental health court; screening, assessment, and treatment; and youth development and crime prevention initiative. Programs divert youth at the three points of pre-arrest, intake, and adjudication in nine states (CO, GA, MA, MI, MN, MO, NC, NH, WA); at both intake and adjudication in two states (FL, NY); at pre-arrest and intake in one state (TN); and only at adjudication in four states (KY, HI, OH, PA). Five states report that youth already in the juvenile justice system receive services through the diversion programs (IL, MN, NC, NY, PA), and one state (CA) operates a prevention program.

The youth diversion programs are administered by the State Mental Health Agency in seven states (FL, HI, IL, KY, MO, OR, TN), the State Juvenile Justice Agency in two states (CO, NH), jointly by the State Mental Health and Juvenile Justice Agencies in seven states (GA, MA, MI, MN, NC, NY, OH), and by the counties in three states (CA, PA, WA). Three states report that the youth diversion program is statewide (FL, MA, NC). Seven states also report that there are other juvenile diversion programs for youth in their state that are not supported by the SMHA (CA, CO, IL, MO, NY, OH, PA).

In 18 states, the SMHA has primary (1 state) or shared (17 states) responsibility to administer mental health services in the juvenile justice system. Ten of these SMHAs support diversion programs for youth with mental illnesses. Seven other states with youth diversion programs have no direct responsibility for mental health services in the juvenile justice system. (Note: Three other states with youth diversion programs did not specify whether they had responsibility for mental health services in the juvenile justice system.)

Combinations of Programs: The accompanying graph divides the states into seven groups, depending on their combination of mental health court, adult diversion, and youth diversion programs. States shown in the overlapping sections of the circles operate more than one of these programs. There are six states in the center most section, indicating that they operate all three program models. There are four states each that only support one of the types of adult programs (e.g. mental health court or adult diversion); there is one state that only supports the youth diversion program. Among the states with mental health courts, six states provide both adult and youth diversion programs, one state provides only adult diversion (the mental health authority is not responsible for mental health services to youth), and five states provide only youth diversion program. Seventeen states had not yet developed any of these programs (AR, CT, IN, LA, ME, MS, MT, ND, NE, OK, SD, TX, VA, VI, VT, WV, WY).



This SMHA Profile Highlights is based on information from 46 states' responses to Organization and Structure questions and Policy questions. The SMHA Profiles data are available via the internet at www.nasmhpd.org/nri. For further information, please contact Lucille Schacht at lucille.schacht@nasmhpd.org, Ted Lutterman at ted.lutterman@nasmhpd.org or Robert Shaw at robert.shaw@nasmhpd.org with any comments or questions.