A Potential New Form of Pre-Arrest Jail Diversion and Re-Connection to Mental Health Services:

The Police – Mental Health Linkage System

The Problems

- *Fragmentation* exists within and across all of the human services sectors in the U.S., including: mental health, medical, disability, housing, vocational, and criminal justice services. Mental health–criminal justice fragmentation is especially problematic.

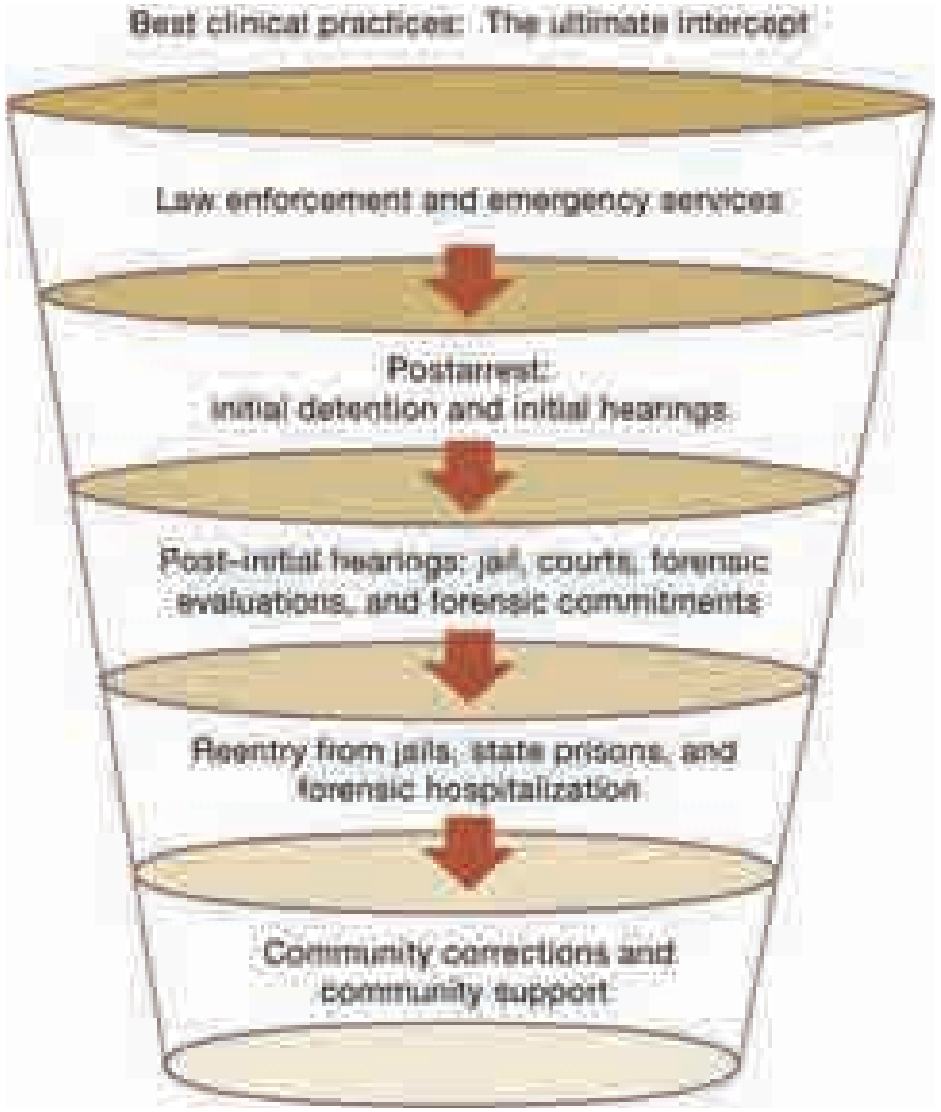
- *Criminalization* of persons with serious mental illnesses, or the marked over-representation of such persons in city and county jails and state prisons, is an extensively documented national problem.

Police Encounters

- The initial encounter between a police officer and a person with a serious mental illness is the first step in criminal justice involvement.

- According to the Sequential Intercept Model, this initial encounter is the most effective point to reduce unnecessary incarceration and criminalization.

- Patrol officers must often serve as de facto mental health workers, and must make on-the-scene choices among arrest, referral to mental health services, and other decisions.

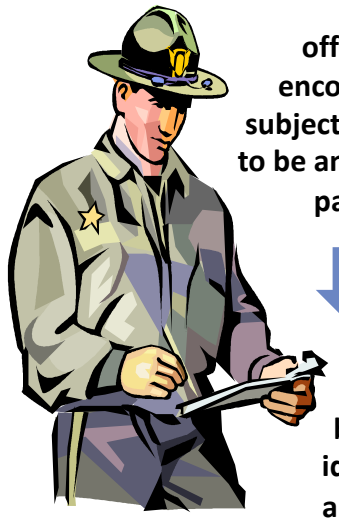

Best clinical practices: The ultimate intercept
Law enforcement and emergency services
Postarrest:
initial detention and initial hearings
Post-initial hearings: jail, courts, forensic evaluations, and forensic commitments
Reentry from jails, state prisons, and forensic hospitalization
Community corrections and community support

Pre-Booking Jail Diversion

- While CIT is a very useful model, implementing and sustaining CIT requires substantial, ongoing resources (e.g., select officers receive 40 hours of training) at the police department level.

- Additional innovative, acceptable, and scalable pre-booking diversion approaches are needed, especially those accessible to *all* officers.

The Police - Mental Health Linkage System



officer has an encounter with a subject (who happens to be an enrolled study participant)

officer enters name, date of birth, +/- other identifiers to run a routine inquiry

Mobile Data Terminal
(in-car laptop)

INQUIRY OF CURRENT STATUS

Wanted: NO **Probation:** YES
Missing: NO **Protected:** NO
Other: Subject has special mental health considerations. Call 1-800-Gateway for support.

officer sees that the subject has mental health considerations and calls 1-800-Gateway

Linkage Specialist gives the officer relevant information and advice

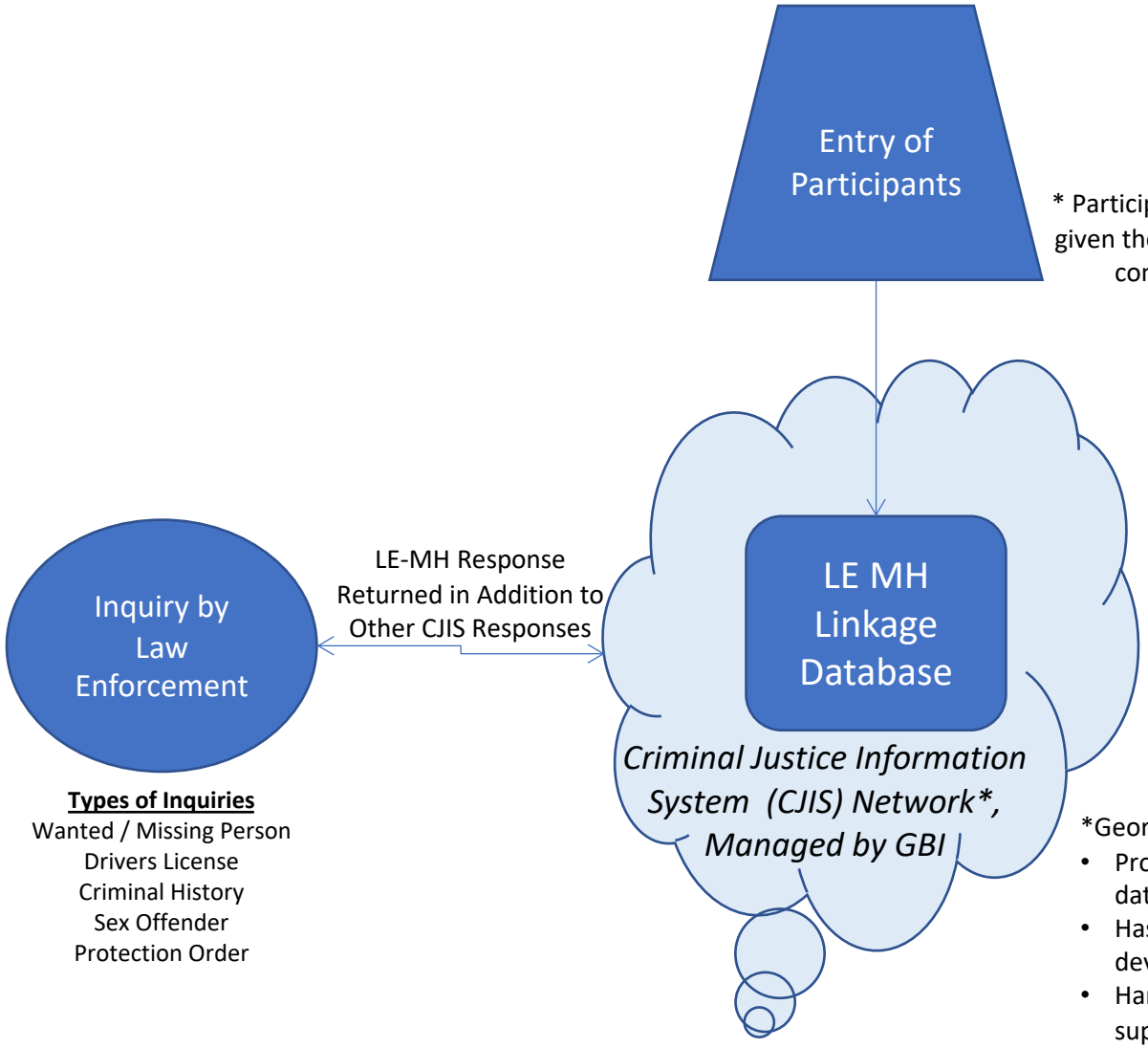
discretionary arrest potentially averted

The Linkage System

- This police–mental health linkage system differs from other pre-booking jail diversion models (e.g., CIT) in that officers need not step outside of their usual professional role to assess someone's mental health status. Instead, officers running a routine inquiry are invited to access information that might assist them.

The Mechanics of the Linkage System

Police - Mental Health Linkage System



*Georgia's CJIS Network

- Provides direct access to over 32 computerized databases
- Has more than 17,000 users operating over 10,000 devices
- Handles more than 30 million messages per month in support of Georgia's criminal justice agencies.

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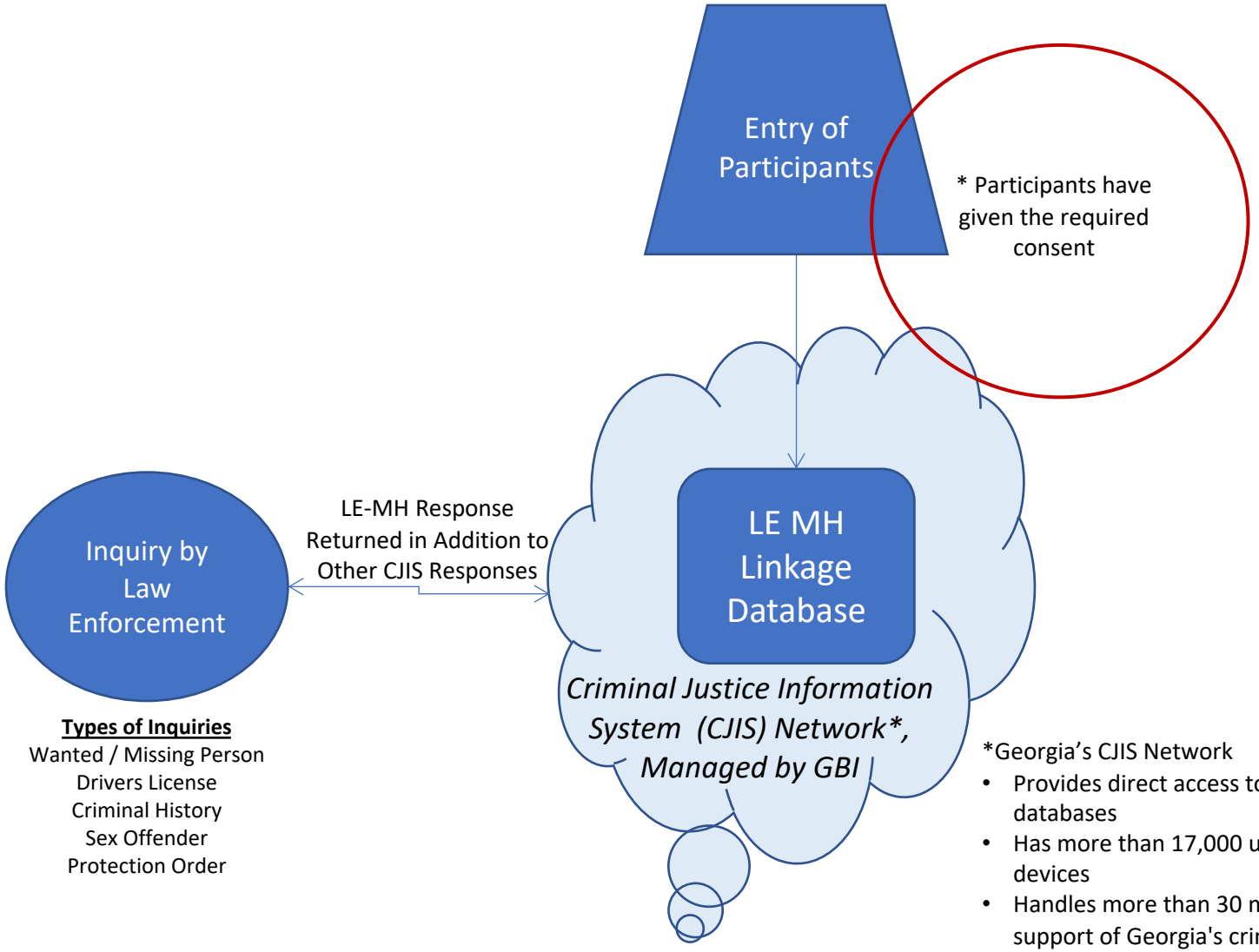

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- A signed Consent Form must be obtained from all participants before the participant's information is entered into the Linkage System and/or before criminal history information can be accessed.

- The signed consent form must be kept on file for the duration of the project and beyond as research is conducted regarding this project.

- If a participant withdraws from the project, the record must be removed from the Linkage System immediately. The signed consent form remains on file.

- A copy of the signed consent form will be provided to GBI-GCIC as requested.

Consent Form

Georgia Bureau of Investigation

Georgia Crime Information Center

Mental Health Linkage System

Consent Form

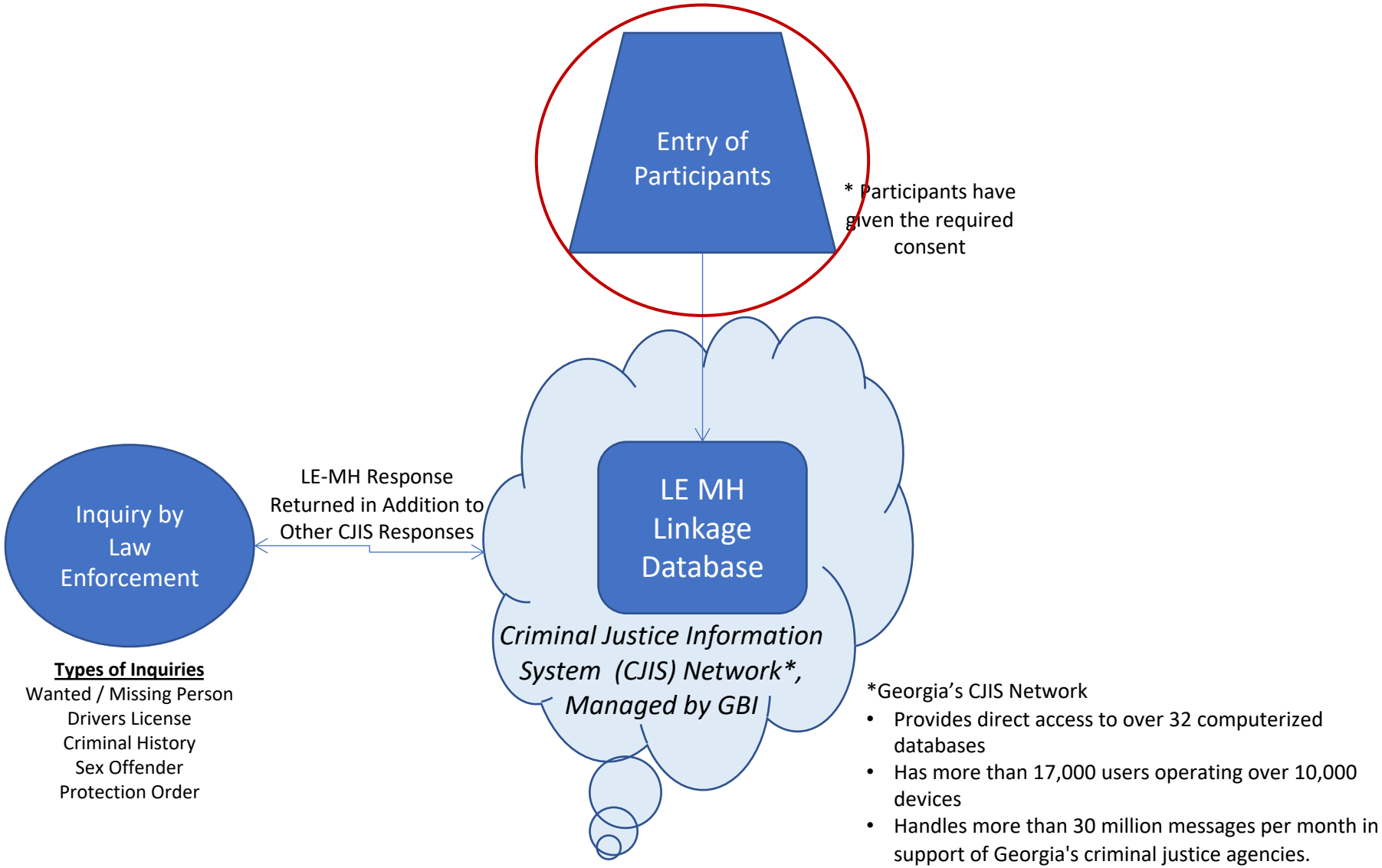
I hereby authorize all entities identified and involved with the Mental Health Linkage System Project to enter my biographic identifiers and address into a state-wide database that will be available to criminal justice and law enforcement to indicate my participation in the Mental Health Linkage System Project.

I hereby authorize all entities identified and involved with the Mental Health Linkage System Project to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia for the duration of my participation in the Mental Health Linkage System Project and beyond as research is conducted regarding this Project.

I authorize the GBI to run my biographic identifiers to determine if a Georgia criminal history record exists and perform periodic criminal history background checks for the duration of my participation in the Mental Health Linkage System Project and beyond as research is conducted regarding this Project.

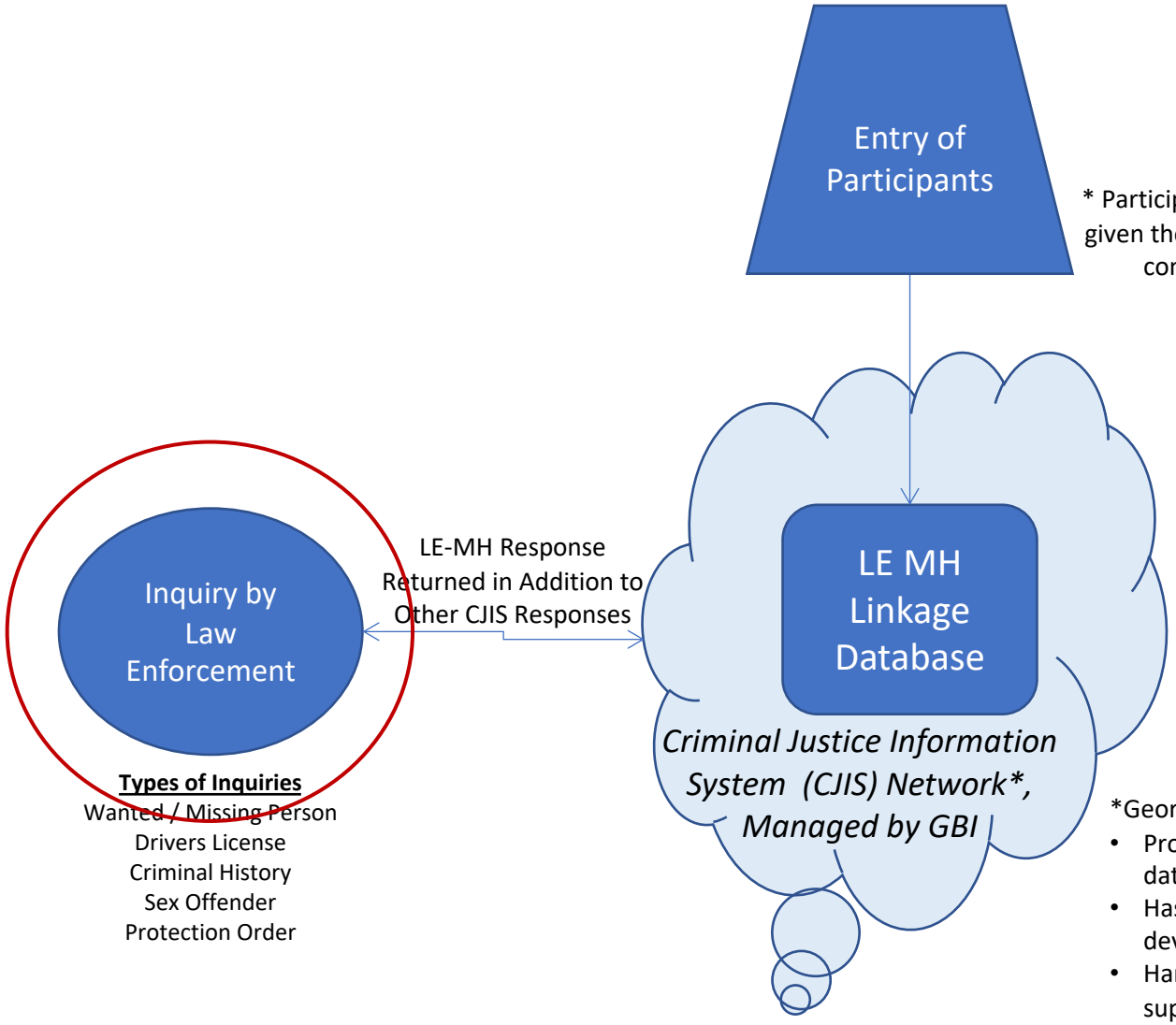
[Identifiers]

Police - Mental Health Linkage System



Entry Screen

Police - Mental Health Linkage System



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Response

*** ATTENTION ***

THE BELOW INDIVIDUAL IS A POSSIBLE PARTICIPANT IN A MENTAL HEALTH LINKAGE SYSTEM PROJECT;

PARTICIPANTS ARE ENROLLED IN A TREATMENT PROGRAM.

IF CONTACT IS MADE WITH THE PARTICIPANT, PLEASE CALL 912-XXX-XXXX.

Participant Info NAME:MOUSE,MICKEY M SEX:M RACE:B DOB:19820206

Participant Info HAIR:BLK EYE:BRO HGT:600 WGT:185 SOC:252525256 SID:1234567X

Participant Assigned TEAM:GATEWAY BEHAVIORAL HEALTH SERVICES

*** Actual Inquiry: 00002/28/18 11:58 MFCT10000QWA.GAGBI00A3.NAM/MOUSE, MICKEY M.DOB/19820206.SEX/M.RAC/B.SOC/252525256

NIMH-Funded R34 Feasibility Study

NIMH R34 Grant

- 3-year grant
- 200 patients enrolled in the linkage for one year
- GCIC arrest data (rap sheets) pre-linkage and after the linkage
- A number of focus groups

Focus Groups on “Acceptability”

- Patients noted that the linkage might be especially useful when confused, angry, or intoxicated, as they would be less able to explain their mental illness.
- A few patients mentioned privacy concerns, but said that these concerns were allayed because one can opt into the linkage or not.
- Officers appreciated the idea of a “fourth option” that involved receiving advice from mental health.
- Officers would call the linkage specialist so they would not have to struggle over whether a mental illness was present during the encounter, and because they want to avoid arresting people who are “seeing a doctor, taking their medications, and trying to address their mental health issues.”

10 Feasibility Questions

ex - What proportion of referred patients meet eligibility criteria?

ex - What proportion of eligible patients opt into the system?

ex - Among patients enrolling into the linkage system, what proportion state that they would also be willing to enroll in the context of a hypothetical, blinded, randomized trial (such that they would *not know* whether or not their name had been placed into the linkage system registry)?

ex - How many calls does the Linkage Specialist receive from police officers during the course of the study period?

- During the study, 3 participants withdrew consent to be in the linkage system and were removed from database (1.5%)

- The linkage system database received 679 hits during the study period, with a mean monthly rate of 27.2±13.1, a minimum of 2, and a maximum 52

- During the course of the study period, the Linkage Specialist received 31 calls

- Among those, in at least 3 cases, an arrest was likely averted, in 3 cases an arrest was made aside from any information given by the Linkage Specialist, and in 10 cases an arrest was not being considered

	≥1 arrests	mean # arrests
Year Before Enrollment	77 (38.7%)	0.59±0.92
Year in the Linkage System	61 (30.7%)	0.48±0.83

paired t=1.569, df=198, p=0.118, d=0.13

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The Upcoming NIMH-Funded R01 Study

RCT
outpatients in public-sector clinics
n=1,600, Linkage System v. TAU
enrollment, then collect administrative data

- **Aim A:** ***Study effectiveness of the police–MH linkage system in reducing arrests.*** Patients randomized to the linkage system will be less likely to be arrested, and have fewer arrests, in the 24-month study period than those not in the system, based on rap sheet data.
- **Aim B:** ***Study effectiveness of the linkage system in reducing MH services discontinuities.*** Patients randomized to the linkage system will be less likely to have discontinuities in MH services, as evidenced by fewer absences from care of >3 months (and a greater count of months in which the patient accessed services over the 24-month follow-up period), based on EMR data.
- **Aim C:** ***Determine effects of five potential moderators*** on arrest probability and MH service discontinuities (urban v. rural site, male v. female subject, psychotic v. mood disorder, high v. low likelihood of arrest based on lifetime arrests adjusted for age, and Caucasian v. African American).
- **Target Engagement:** We will be able to show that outcomes (arrests, outpatient MH service discontinuities) can be traced back to two targets: (1) the linkage system database being “hit” by officers running inquires, and (2) those officers calling the Linkage Specialists. As such, target engagement is concrete and readily verifiable.

Design of the study

- Randomized, Controlled Trial
  - 800 in the Police-MH Linkage System
  - 800 randomized to no additional intervention
- 4 recruitment sites:
  - DeKalb Community Service Board – Atlanta
  - Gateway Behavioral Health Services – Savannah
  - Pineland Behavioral Health/Developmental Disabilities – Statesboro
  - Unison Behavioral Health – Waycross

Memorial Drive
Augusta
Birmingham
Fulton St
Central Ave
Go State Univ

SMILE

Informed Consent and Enrollment

- RA will:
  - Conduct informed consent
  - Complete the Initial Brief Assessment (~30 minutes) – basic demographic characteristics
  - Enter the participant's data into the centralized dataset
  - Randomize the participant to one of the two groups (Linkage System *vs* No Intervention)
  - Reimburse the participant for their time ($25)
  - Enter the participant's information into the GBI registry for the study

… 24 months after enrollment

- For each participant crossing the 24-month mark since enrollment, the RAs will:
  - remove the participant from the GCIC registry
  - request the rap sheet to collect data on arrests
  - look into the EMR to look for outpatient service engagement and discontinuities (gaps)

Randomization

- N=1600 subjects will be randomized, stratified by site
  - Comparatively large sample, groups will likely be balanced along candidate moderators of intervention effect
- 1:1 assignment between intervention or control group
- Permuted block design
  - Will ensure approximately equal sample sizes between the two groups over time
  - Helps to balance the effects of unmeasured time-dependent variables
  - Randomized block sizes (between 2, 4, and 6 with equal probability for each) will reduce the likelihood of "guessing" next group assignment

Main Outcome Measures

- Subject level measures for 24-month, extracted from administrative data (rap sheet) and EMR data
  - Arrest
    - used as indicator (yes/no) and count per subjects
  - MH discontinuity defined as absence from care of >3 months: indicator (yes/no) and count per subject
  - In case of drop-out >5%, sensitivity analysis will compare arrest-less/discontinuity-less survival times, may be of interest as a secondary outcome anyway

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