

# Mental Health and/or Substance Abuse/Addiction Criminal Justice Diversion Program RFI for Cuyahoga County, Ohio

## Introduction

A recently completed study (see attached report)<sup>1</sup> conducted on behalf of Cuyahoga County (the County) identified three populations that could benefit by diversion from the criminal justice system and into treatment – persons with serious mental illness (SMI); persons with SMI with co-occurring substance abuse (SMI/SA); and persons with substance abuse/addiction (SA/A).<sup>2</sup> Many of these individuals often find themselves incarcerated as a result of inaccessible treatment or noncompliance with treatment. A large percentage of those who are arrested frequently and incarcerated and charged with non-violent, minor crimes that have occurred secondary to being homeless, also have SMI, SMI/SA, or SA/A. Furthermore, the crimes committed by the individual are often a result of their SMI, SMI/SA or SA, rather than a deliberate, calculated intent to act out.

During the course of the study, it became clear that there are a large number of interested parties – executives, judges, doctors, social workers, counselors, etc., and all types of agencies – government, private, non-profit, service providers, etc., actively interested in supporting the need for expanding diversion and treatment opportunities within Cuyahoga County for SMI, SMI/SA, and SA/A.

For purposes of this RFI, diversion refers to adult jail diversion. SMI, SMI/SA, and SA/A individuals are diverted from jail to community-based treatment(s) and/or other community-based support services. Nationally, the diversion model continues to gain acceptance as an effective elemental component of a jurisdiction's criminal justice system; most notably, there has been proven success with short- and long-term stabilization and recovery for SMI, SMI/SA, and SA/A.

Diversion from jail can occur at any point during the processing of a criminal case through the judicial system.

- Pre-arrest/-booking (may include no charges being filed or an appearance ticket with conditions)
- Post-arrest (includes pretrial)
- Court ordered

An analysis of Cuyahoga County Correctional Center's (CCCC) population for the period May 1 through November 5, 2019, revealed that out of an average daily population of 2,140 inmates, 714 had a serious mental health and/or substance abuse diagnosis code. As a means of illustrating the potential population of incarcerated individuals who might be considered for diversion, progressive exclusionary criteria based on current charges were applied, resulting in a range of individuals who on any given day might be viable diversion candidates. Exclusionary criteria (current charges) included violent or sex offenses, weapons charges, administration of government charges, e.g., FTA, resisting arrest, and supervision violations. When factoring in an individual's criminal history of violent or sex offense charges along with the exclusionary criteria (current charges) previously noted, the range of individuals who on any given day

---

<sup>1</sup> Pulitzer/Bogard & Associates, LLC & DLR Group. (2020). *Mental Health & Substance Abuse/Addiction Diversion Study, Final Report*. Lido Beach, NY.

<sup>2</sup> For the purposes and remainder of this document, now referred to as SMI, SMI/SA, SA/A. SMI, SMI/SA, SA/A references the person with the respective illness/disorder or the respective illness/disorder.

might be viable diversion candidates was further reduced. Table 1 outlines the potential ranges of diversion candidates for each of the three populations.<sup>3</sup>

**Table 1. Potential Diversion Candidates, by Population Group**

Average Daily Population: May – November, 2019			
Exclusionary Criteria	Population Group		
	SMI	SMI w/ SA	SA/A
Current Charge	52 – 109	62 – 113	66 – 118
Current Charge & Criminal History	49 – 53	45 – 48	61 – 65

The County has decided to be at the forefront in implementing the first diversion program in Cuyahoga County, and possibly one of the first of its kind in the State. Nationally, the diversion model is growing and demonstrating positive outcomes in diverting individuals away from incarceration. It is the County’s intent, over time, to establish a comprehensive continuum of different diversion program options that afford opportunities to divert SMI, SMI/SA, and SA/A from the criminal justice system by meeting the individualized treatment needs of each person being diverted. Critical to the success of any diversion program will be removing monetary barriers, e.g., lack of private health insurance coverage or Medicaid coverage, that preclude an otherwise eligible individual from accessing necessary treatment/resources, e.g., crisis beds, detoxification beds, medication management, etc.

### Problem Statement

#### Serious Mental Illness & Serious Mental Illness with co-occurring Substance Abuse: SMI, SMI/SA

Many people who have an SMI or SMI/SA have frequent contacts with law enforcement officers due to erratic behavior, loss of control, or their co-occurring substance use. Most of these contacts are the result of people in the community or family members seeking treatment or help in getting a loved one who is in crisis or unstable into treatment. The challenge is finding where to refer individuals who do not meet criteria for voluntary or involuntary inpatient care, yet still require some level of crisis intervention and care. Too often, within hours or a few days, they end up arrested for low-level crimes and brought to the jail by a responding law enforcement officer, who has limited options to handle the immediate situation and deal with SMI and SMI/SA. As previously noted, on a daily basis, there are on average up to 53 SMI and up to 48 SMI/SA who could have potentially avoided incarceration provided adequate treatment and interventions were available within the community.

Cuyahoga County is rich with treatment resources for those individuals who want to engage in treatment, However, in the county, there are very few services that actively work to engage uninterested people with an SMI or SMI/SA; there is a limited number of crisis beds available; and there is no FACT (Forensic Assertive Community Treatment) team that focuses on engaging patients who are involved in the criminal justice system with treatment and long-term stability resources.

Throughout the county, during the point of contact between law enforcement officers and SMI or SMI/SA who is currently noncompliant with treatment or otherwise unstable in the community, available resources are limited and, oftentimes, there is no active resolution of the crisis and the individual is arrested and brought to the jail. Contributing to this outcome is the lack of sufficient treatment opportunities and

---

<sup>3</sup> *ibid.*, p. 1.

interventions available within the community, more specifically:

1. Crisis intervention training (CIT) is not mandatory nor is it consistently available to all law enforcement officers within the county. CIT issues for law enforcement include but are not limited to: funding/reimbursement for CIT training, regularly offered and available CIT classes within geographic areas that law enforcement can attend, difficulty in maintaining minimum staffing levels at police departments so other officers can attend CIT training, etc.
2. Mobile Crisis Units (MCUs) are not routinely available to respond on scene to assist law enforcement officers;<sup>4</sup>
3. There is no resource, such as a phone-in help desk for law enforcement officers, where trained staff can assist officers in immediately assessing an individual for SMI, SMI/SA, and determining the best plan for where they should take individuals who have an SMI or SMI/SA to obtain necessary assistance and treatment;
4. FACT teams do not exist to engage individuals who have had involvement with the criminal justice system, who have an SMI or SMI/SA, and who are noncompliant with treatment or are in crisis and refusing treatment;
5. There is/are no assessment center(s) and receiving point(s) where law enforcement officers can bring an individual with SMI or SMI/SA for assessment, referral, and/or transport to a community-based treatment setting; and
6. There is no facility-based treatment program that addresses the specialized intervention, stabilization, and treatment needs of SMI or SMI/SA who do not qualify for inpatient care, i.e., no health insurance coverage, deemed not acute, etc.
7. In addition to the above, there are limited opportunities for SMI and SMI/SA who require substance detoxification in outpatient, residential, or inpatient treatment that addresses both their serious mental illness as well as their substance abuse.

### Substance Abuse/Addiction

Many people who have substance abuse disorder or addiction have frequent contacts with law enforcement officers due to behaviors that are impulsive or uncontrolled as a result of the individual's impaired physical and/or cognitive condition due to substance use, which also impacts their ability to make good choices/decisions. Oftentimes, their condition leads to the commission of low-level, non-violent crimes such as disorderly conduct and petty theft. The challenge is finding where to refer and/or transport individuals who are in need of treatment and/or detoxification, and long-term residential or outpatient community-based treatment. Too often, if not initially arrested, eventually they often end up arrested for low-level crimes and brought to the jail by the law enforcement officer, who has limited options to handle the immediate situation and deal with SA. As previously noted, on a daily basis, there are on average up to 65 SA/A who could have potentially avoided incarceration provided adequate treatment and interventions were available within the community.

Cuyahoga County is rich with treatment resources for SA/A who want to engage in treatment. However, in the county, there are very few services that actively work to engage uninterested people who deny their substance abuse or addiction. At the point of contact between law enforcement officers and SA/A who is presently abusing, relapsing, or otherwise unstable in the community, available resources are limited and,

---

<sup>4</sup> Within Cuyahoga County, Frontline Services operates an MCU, but has limited capabilities to respond countywide to all potential SMI, SMI/SA, and SA/A law enforcement calls. Historically the MCU has worked with the Cleveland Police Department. Frontline Services is planning a pilot MCU expansion beginning in early April 2020.

oftentimes, there is no active resolution of the substance abuse/addiction and the individual is arrested and brought to the jail. Contributing to this outcome is the lack of sufficient treatment opportunities and interventions within the community, more specifically:

1. MCUs are not routinely available to respond on scene to assist law enforcement officers;<sup>5</sup>
2. There is no resource, such as a phone-in help desk for law enforcement officers, where trained staff can assist them in determining the best plan for where they should take SA/A to obtain necessary assistance and treatment;
3. There is/are no assessment center(s) and receiving point(s) where law enforcement officers can bring SA/A for assessment and referral to a community-based treatment setting; and
4. There are no countywide sobering centers where law enforcement can drop off individuals experiencing disabling intoxication.

### Information Solicitation

The needs of each of the three populations are diverse and disparate, and interventions are multifaceted. Because of this, the County is focusing its initial foray into diversion, starting with this RFI, on one program that will divert individuals who have an SMI, an SMI/SA, or SA/A that, as determined by law enforcement, are at risk of being arrested, charged, and brought to the CCCC by the responding agency. Rather, prior to the arrest (pre-arrest), the SMI, SMI/SA, or SA would voluntarily agree to enter into the diversion program in lieu of incarceration. The SMI, SMI/SA, or SA would be immediately taken and admitted into the diversion program, whereby they have the ability to voluntarily leave the diversion program. However, leaving the diversion program prior to completion could result in the initial charges and/or additional charges being formally filed.

Initially targeting one program affords the County the opportunity to use “lessons learned” to inform the addition of future diversion programs addressing the needs of all three identified populations, and to serve as a foundation for “what works” in Cuyahoga County.

A comprehensive treatment continuum supports diversion from jail for SMI, SMI/SA, and SA/A individuals. Table 2 outlines a comprehensive treatment continuum for each population group.

**Table 2. Comprehensive Treatment Continuum, by Population Group\***

Treatment	SMI	SMI/SA	SA/A
1. Crisis intervention training for law enforcement	X	X	X
2. Phone-in help desk for law enforcement	X	X	X
3. Assessment center & receiving point for law enforcement	X	X	X
4. Crisis stabilization			
a. Mobile crisis unit	X	X	X
b. Assertive community treatment (ACT)	X	X	
c. Forensic assertive community treatment	X	X	
5. Detoxification			
a. Drop-off sobering centers		X	X

<sup>5</sup> ibid.

Treatment	SMI	SMI/SA	SA/A
6. Acute through long-term stabilization			
a. Wraparound services	X	X	X
b. Psychoeducation	X	X	
7. Mental health treatment			
a. Inpatient	X	X	
b. Residential	X	X	
c. Outpatient	X	X	
8. Substance abuse/addiction treatment			
a. Inpatient			X
b. Residential		X	X
c. Outpatient		X	X
d. Medication assisted treatment (MAT)		X	X

\*A comprehensive treatment continuum includes, but is not limited to, the above noted components.

To strengthen the diversion continuum that is being developed in Cuyahoga County, a key point in that continuum is an assessment center where law enforcement officers could bring individuals who are in need of treatment services and incarceration is not warranted. The assessment center would operate on a 24-hour/7-day basis to provide professional mental health and substance abuse assessment services for SMI, SMI/SA, and/or SA/A. They would not only assess the behavior and diagnose and plan what type of services may help these individuals, they would be familiar with the diversion continuum as well as other appropriate services and where services are immediately available.

Of equal importance to adequate and appropriate treatment, recognition that enduring stabilization requires community support services is critical. These support services include, but are not limited to:

- Employment assistance
- Housing
  - Short-term
  - Long-term
- Health care – Medicaid
- Medication compliance
- SSDI
- Food assistance
- Transportation

The County is seeking information from interested agencies and service providers who have interest in developing a pilot diversion program (pilot) for Cuyahoga County that averts the need for arrest and being brought to the jail (pre-arrest/-booking) for SMI, SMI/SA, and SA/A who come into contact with law enforcement.

- Pre-arrest diversion is the focus of this RFI; and
- Pre-booking diversion is part of the County’s parallel effort whereby an interim central booking facility is planned for the CCCC, which will allow for SMI, SMI/SA, and SA to be identified and assessed and, if appropriate, diverted to treatment and/or a community-based program.

This new approach for addressing the needs of SMI, SMI/SA, and SA populations within Cuyahoga County's criminal justice system requires a countywide commitment from all stakeholders and county leaders. They have been actively working on this issue over the last year and are continuing to identify "best practices" from all over the country where successful jail diversion programs are or are being implemented. Everyone wants to make sure we are providing the best response by addressing public safety and justice concerns albeit while appropriately managing individual health needs within our community.

A core component of any diversion program involves the development of an individualized treatment plan and outcome goals for each participant with the aim of a successful stable return to the community using community-based treatment opportunities whenever possible, and linking between services for all individual's needs (SMI, SMI/SA, SA/A).

Because it is not anticipated that any one service provider will have the capacity to address the multifaceted needs that are to be addressed for SMI, SMI/SA, and SA/A (see Table 2. Treatment Continuum), it is imperative that opportunities to develop collaboratives or partnerships between service providers be explored in the development and delivery of this pilot diversion program.

Finally, the County is requesting responses to this RFI in order to gather all visions and potential ideas and options for adult jail diversion in Cuyahoga County. Ultimately, the County intends to issue an RFP for a pilot diversion program.

Interested agencies, service providers, etc. will provide the following information:

1. Describe your interest and qualifications to implement a pilot diversion program, either fully or in partnership with other service providers, that is designed to meet the specialized needs of individuals with SMI or SMI/SA, and/or SA who are currently noncompliant with treatment or otherwise unstable in the community, and who come into contact with law enforcement and are at risk of being arrested and brought to the jail.
2. Describe in detail, your vision for a pilot diversion program in Cuyahoga County:
  - a. Target population (to include gender) and eligibility criteria, if applicable
  - b. Geographical service area
  - c. Treatment description for target population, if applicable
  - d. Program capacity
  - e. Staffing types and levels
  - f. Hours of operation
  - g. Program-specific facility(ies), where applicable in the treatment continuum
  - h. Length of stay, if applicable
  - i. Capacity to expand number of individuals served
  - j. Timeline for implementation

Part of the description should identify known resources/programs presently available that may be utilized in the pilot diversion program. More specifically, how would the envisioned diversion program supplement, replace, and/or expand existing program services and/or facilities.

3. Describe in detail how community supports will be linked to an individual's treatment plan that is developed as part of the proposed pilot diversion program, if applicable.

4. Identify funding sources, i.e., private health insurance coverage, Medicaid, private pay, County monies, etc., that can be utilized to offset costs.