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# Wyoming's Diversion Pilot Program

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MHVA Task Force

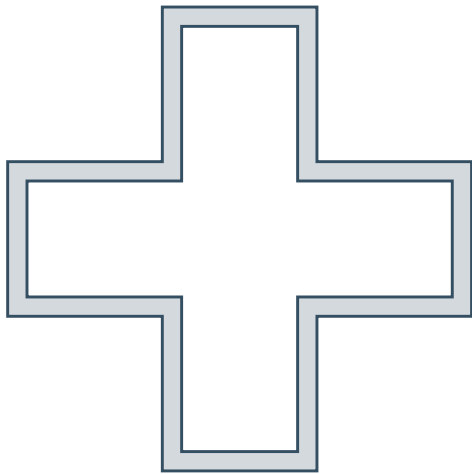
August 22, 2024



Wyoming Judicial Branch

# Why Diversion Matters:

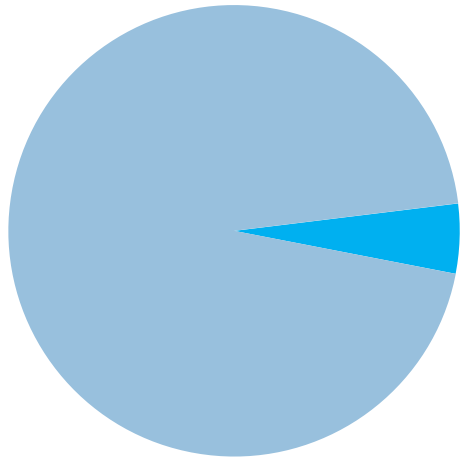
- Individuals with Serious Mental Illness (SMI) are significantly overrepresented in correctional facilities.
- The closure of asylums in the 20<sup>th</sup> Century, though positive, left many without homes or services.
- Outpatient treatment services are inadequate to address the demand.
  - Availability of treatment options in community settings is restricted.
  - There is insufficient access to mental health care within correctional institutions.
- We unintentionally began “criminalizing” mental illness.
  - There is no correlation between SMI and higher rates of violence.
  - Individuals with SMI are more vulnerable to victimization.



# SMI in U.S. Jails

## General Population

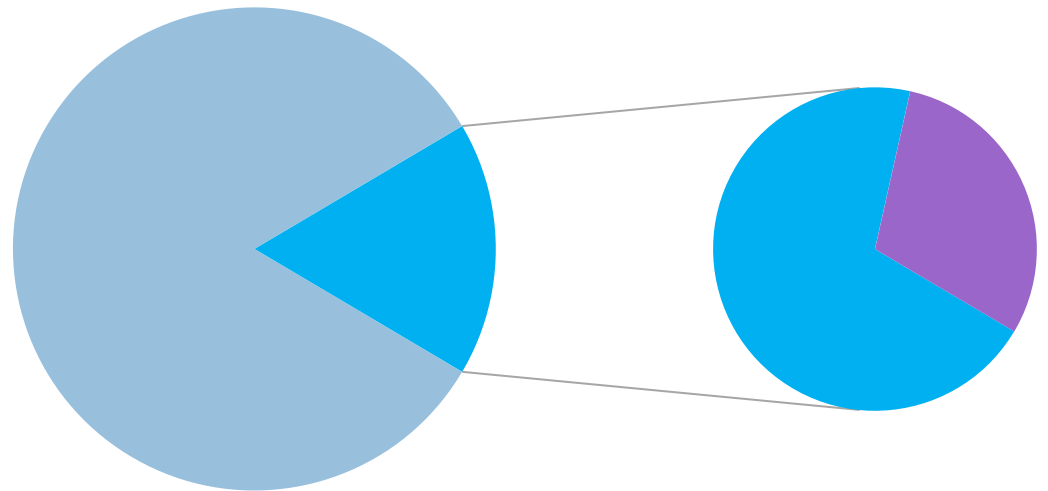
4% Serious Mental Illness



## Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder



# SMI in Campbell County Detention Center

- The CCDC housed 151 inmates on August 15, 2024.
- Most research studies estimate between 16-20% of individuals incarcerated nationwide have SMI.
  - This estimate suggests that on August 15, 2024, there were approximately 24 to 30 individuals with SMI in the CCDC.
- On August 15, 2024, 46 of the 151 individuals detained in the CCDC were in on misdemeanors only.
  - Using the 16-20% estimate identified above indicates that between 7 and 10 individuals with SMI were likely incarcerated for minor offenses.



## At what cost?

- The latest cost projection indicates an expenditure of \$130 per day per inmate for the CCDC operations.
- It costs between \$910 and \$1,300 per day to manage individuals with SMI



# Time in jail can have unforeseen consequences

- Decompensation
  - Trauma
  - Suicide
- Treatment disruption
  - Loss of benefits (statutory)
  - No continuity of care
- Loss of support in the community
  - Housing (missed rent payments)
  - Loss of employment (missed work)
  - Loss of social connections (non-criminal acquaintances/friends)



# Mentally Ill Defendants

## Possible Approaches

### 1 Jail them

- “revolving door” justice

### 2 Let them Wander the Streets and Commit Crimes

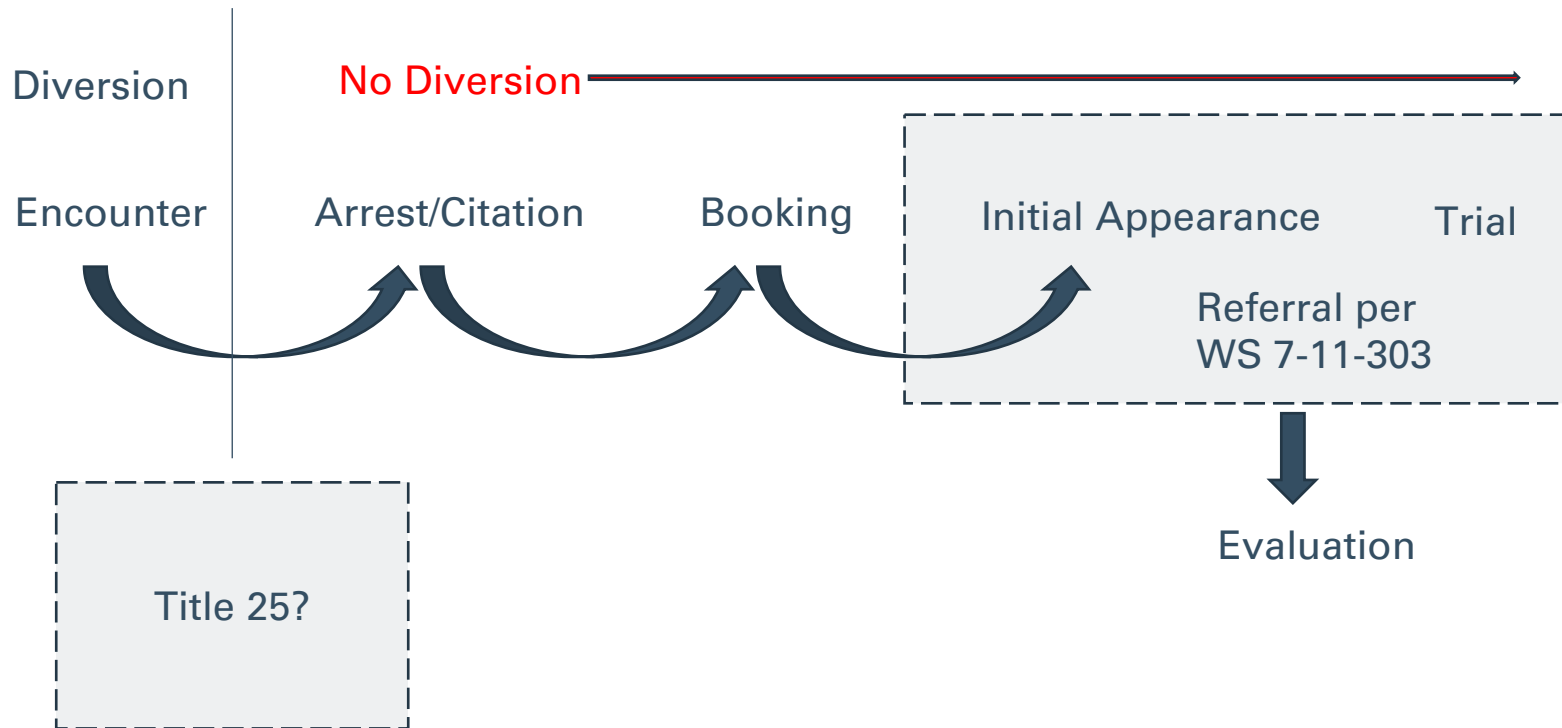
- It’s a method

### 3 Treat them

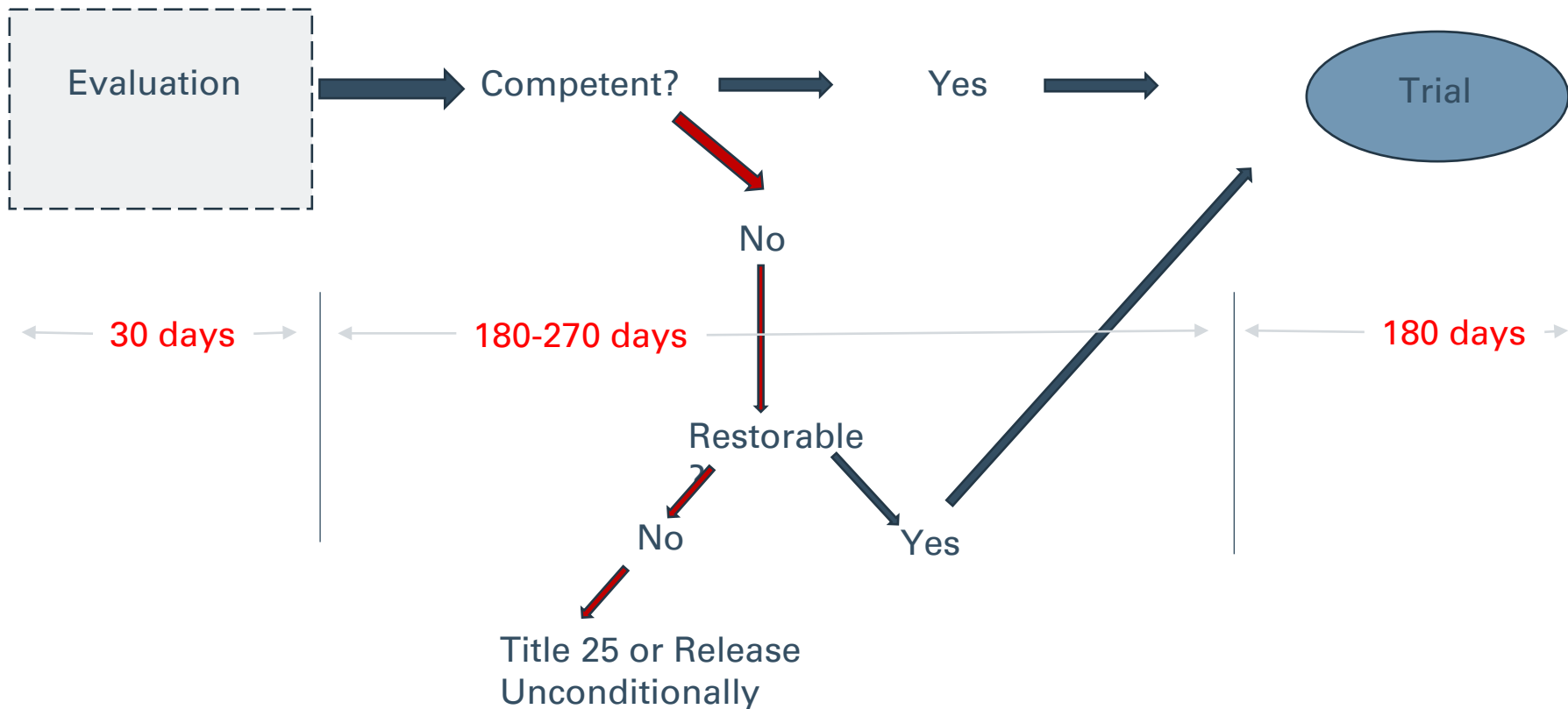
- The approach we’re trying

Doing nothing is a choosing options 1 and 2 by default

# Defendants with SMI – Traditional Approach



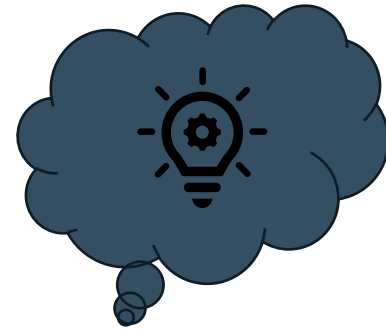
# Defendants with SMI – Traditional (cont.)





# Defendants with SMI Today

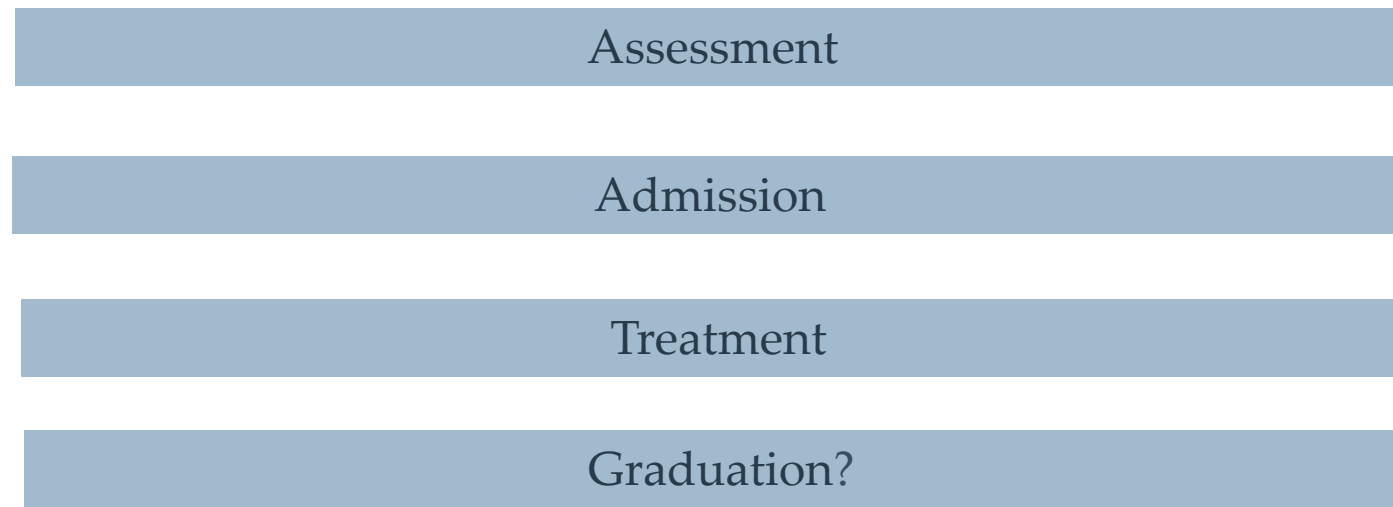
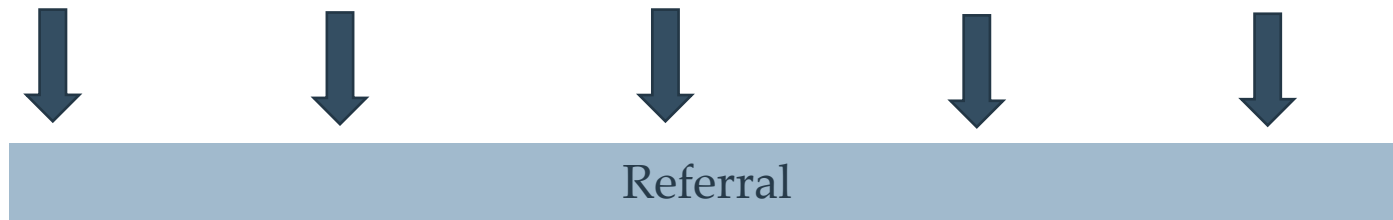
- Summary
  - It's too expensive
  - It takes too long
  - It is too resource intensive
  - It doesn't last



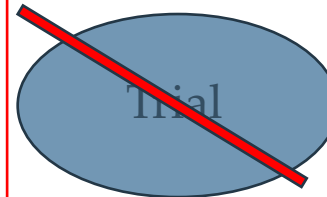
**There's gotta be a better way**

# Diversion Court Flow

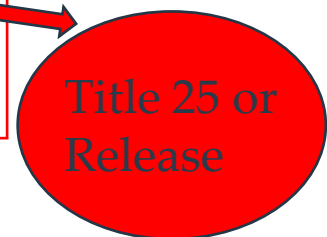
Encounter (LEO)    Arrest/Citation (LEO)    Booking (CCDC)    Initial Appearance (Court)    Later (Counsel)



Diversion Court Functions

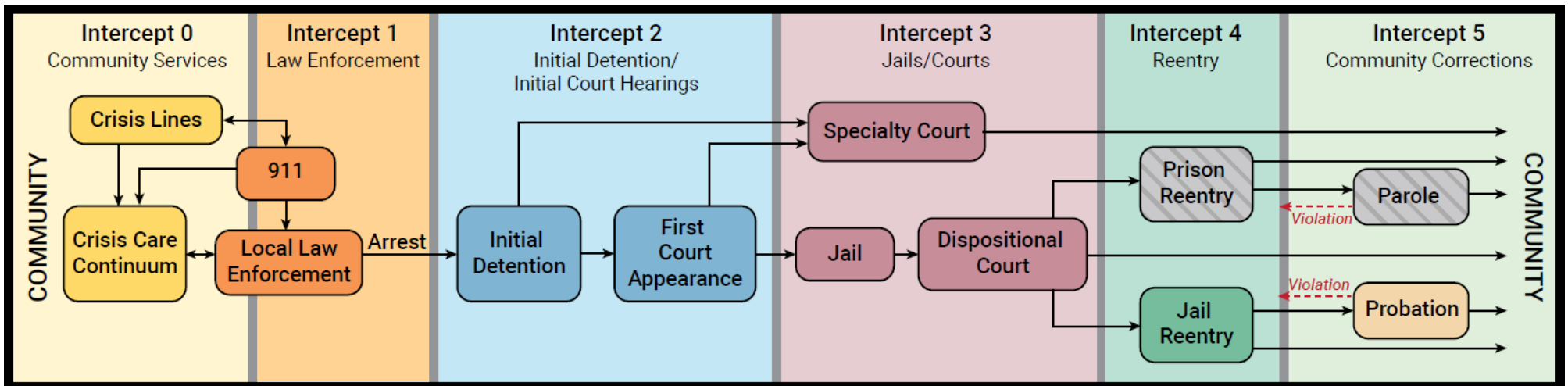


Yes  
*Dismissal*



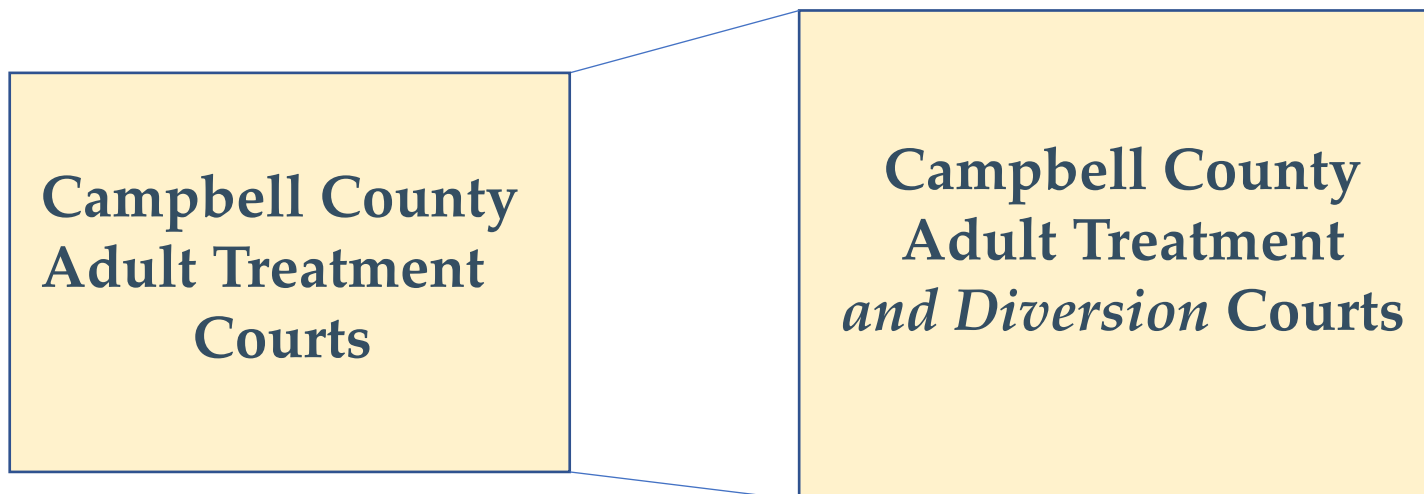
No

# The Sequential Intercept Model

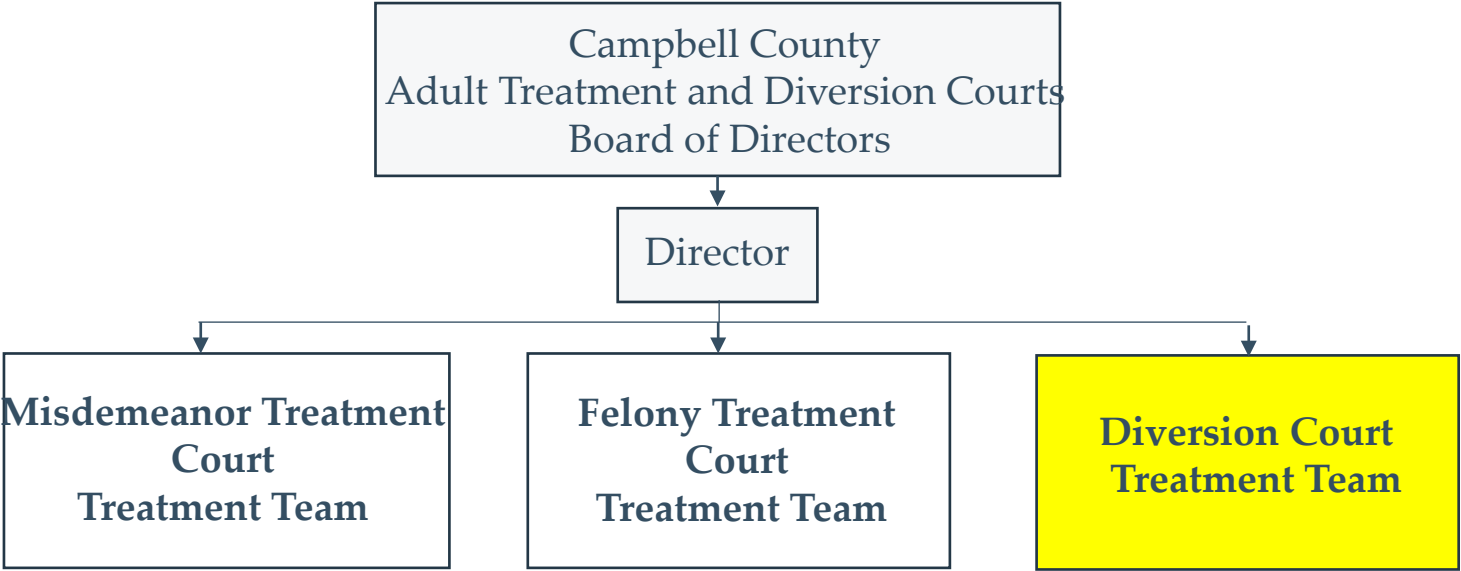


# Campbell County Organization & Oversight

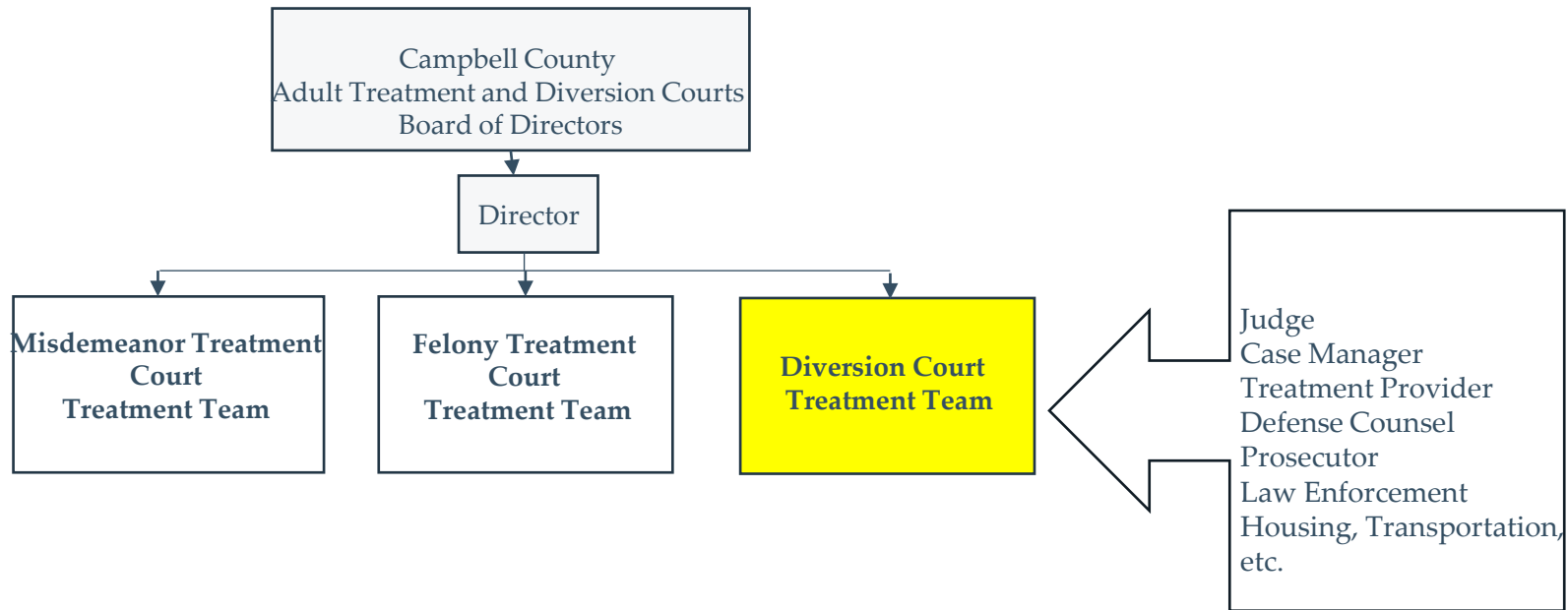
- The pilot program leverages existing assets to exercise oversight...
  - The Campbell County Adult Treatment Courts Board of Directors has been in operation for 20 years.
- ...and daily operations are conducted using current staff...
  - Director and staff have decades of experience in overseeing the operations of alternative courts.
- ...by expanding the scope and reach of the existing Court Supervised Treatment programs and structure.



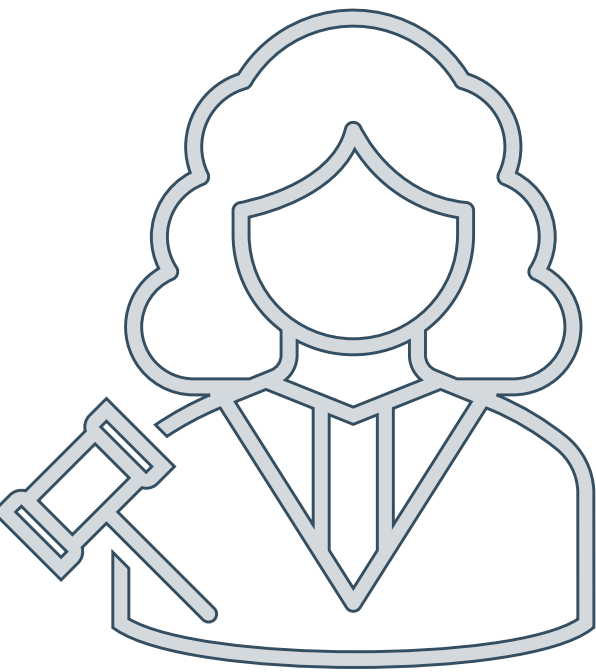
# Campbell County Adult Treatment and Diversion Courts Organization and Oversight



## Organization and Oversight (cont.)







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The pilot program encompasses joint efforts by:

- Courts;
- Dept. of Health;
- Law enforcement;
- Prosecutors;
- Public defenders; and
- Behavioral health providers.
  - Directly linked to the Behavioral Health Redesign, dependent upon more robust community mental health services.

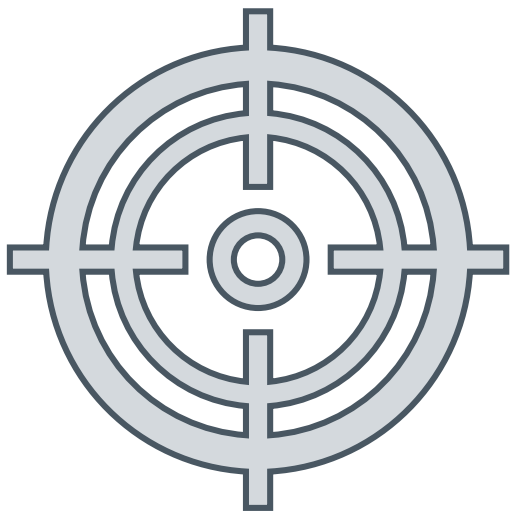
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The pilot program enables the Judicial Branch and involved entities to assess and refine the program before launching in other jurisdictions

# Goals & Objectives

Divert low-risk offenders with mental illness and substance abuse away from the criminal justice system to:

- Alleviate jail overcrowding;
- Streamline court proceedings;
- Ease strain on the Wyoming State Hospital;
- Break the cycle of repeat offenses by offering treatment for sustainable solutions; and
- Allocate funds for more cost-effective outcomes.



While providing low-risk offenders with mental illness and substance abuse with:

- Stabilization;
- Treatment;
- Ability to return to the community; and
- Providing the tools for long term success.

# Methodology

- Selected participants
  - Misdemeanors
- Pre-Conviction
- Selected SMI
  - Schizophrenic
  - Schizoaffective
  - Major depressive disorder
  - PTSD
  - Bipolar
- Treatment
  - Individualized
- Case Management
- Court Supervised
  - Once per month in open court
  - Twice per month meet and contact



# Diversion Court Early Numbers

- Program commenced in February 2024
- Statistics:
  - Referred: 12
  - Screened: 6
  - Accepted: 2
    - Participant #1 was administratively discharged and ultimately handled via Title 25
      - Non-compliance (using, possessing controlled/banned substances [THC/synthetics])
    - Participant #2 expected to graduate
      - Compliant
  - Pending discussion: 2

# Early Observations

Participants exhibit extensive histories of SMI and significant substance abuse, often characterized by:

- Deep-seated distrust of individuals and institutions;
- Delusional thinking;
- Erratic compliance;
- Variable familial support; and
- High-risk, high-needs, high-maintenance.



Effective support necessitates:

- Small case loads;
- Experienced case managers;
- Tailored, individualized treatment plans; and
- Emphasis on individual rather than group interventions.

# Participant Profiles

	Participant 1	Participant 2
Age	29	37
Gender	Female	Female
Charge	Battery	Criminal Entry x 2
Diagnosis	Bi-polar, anxiety with psychosis, PTSD, screened for autism.	Bi-polar, depression, anxiety, schizoaffective disorder
Entry by	Court Referral	Defense Attorney Referral
Criminal History	Minimal	Significant
Substance Abuse Involvement	Yes	Yes
Stable at Entry	No	Yes
Family Support	Yes	No
Outcome	Administratively Discharged (Title 25)	Graduation anticipated

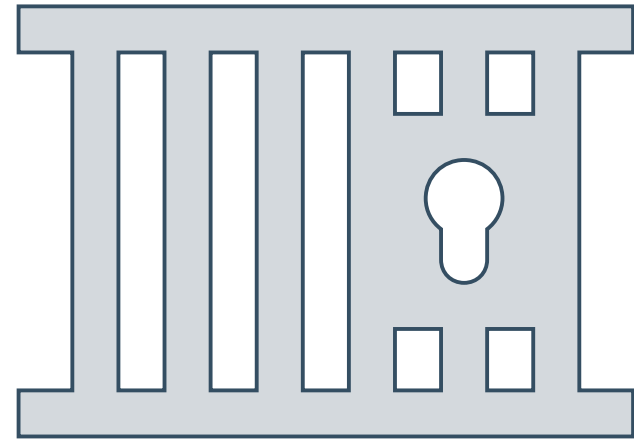


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## Participant No. 2: Days Detained in CCDC

- Last Five Years: 623 Days
- Last Three Years: 584 Days
- One Year before Diversion Court Admission: 178 Days
- Since Feb 2024 Diversion Court Admission: **0 Days**

\* Days detained includes jail time, evaluation holds, and Wyoming State Hospital stays.



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Each day out  
of jail is a win.

# Diversion Court Lessons Learned

- Participants have lengthy histories with SMI
  - Significant SA histories as well, in many cases
- Participants need to be stable prior to admission into the program
  - Difficult to gain compliance if they are not able to comply
- Safe housing is critical
  - We cannot work with homeless
- Difficult and Demanding
  - No trust of people or institutions
  - Frequently delusional
- Wildly unpredictable in terms of compliance
  - “Here today, gone tomorrow”
  - We can and will expect compliance once stable
- Familial Support varies greatly
  - Decades of failure and disappointment
  - Distrust and lack of faith
- Caseloads will have to be small
  - High risk, High needs and . . . High maintenance
- Need experienced Case Managers and Counselors
  - Patience and tolerance are key
- Treatment must be tailored to the individual
  - No groups

# Implementation Science

“[P]atience is required in estimating the true value of some programs. Depending on how complicated and comprehensive a program is, it may take up to 3 years before quality implementation can be achieved”

-U.S. Dep't of Health & Hum. Servs., Off. of the Assistant Sec'y for Plan. & Evaluation, *The Importance of Quality Implementation for Research, Practice, and Policy* (Jan. 31, 2013) (citing Nathaniel Goldstein, Presentation at the Emphasizing Evidence-Based Programs for Children and Youth Forum, Washington, D.C. (Apr. 2011)).