Mental Health Initiatives to Address Offenders with MH/DD

Renee White

- 17 years in healthcare
  - RWJ: grief/loss in oncology
  - AI Dupont: CPMR, chronic illness, grief/loss
  - CMC, Atlanticare, SOCH: ER/psych-hold
- 10 years as emergency room nurse
- 10 years as adjunct instructor OCC
- 11 years as an attorney
- 8 years as an assistant prosecutor
## Alphabet Soup

- BLS
- ACLS
- ENPC
- TNCC
- CIT
- FN-CSA
- FNP next May!!

## OCPO

- Domestic Violence
- Juvenile
- Grand Jury
- Special Offenders Unit
AP/Special Offenders Unit

- Director, Prosecutor-Led Mental Health Diversion Program
- NGRI
- Krol
- Competency
- First and Informals
- CIT Law Enforcement Coordinator

Det. Bromley

- Three years at OCPO
- Juvenile Unit, Grand Jury Unit, Special Offender’s Unit, Special Operations Group (TDY)
- Assistant Program Director of Special Offender’s Unit
- Crisis Intervention Team Member
- MA-Criminal Justice/Homeland Security
Why are we here?

- Find a better way to address people with MH/DD Co-occurring
- Keep this population out of jail
- Improve communication and collaboration between LE and MH
- HELP PEOPLE!

Defined..

- The term Developmental Disability is an umbrella term used to characterize any neurological impairment which may affect the “executive function” of the brain. New Jersey law states that a developmental disability is a condition that:
  - Is attributable to a mental or physical impairment;
  - Is manifested before the age of 22, and is likely to continue indefinitely;
  - Results in substantial functional limitations of three or more of the following areas: self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent living, and economic self-sufficiency;
  - Reflects the person’s need for a combination of special interdisciplinary or generic care, treatment or other services, which are individually planned and lifelong or of extended duration.
Some but not all...

- Autism Spectrum Disorders
- Cerebral Palsy
- Down syndrome
- Epilepsy
- Fetal Alcohol Spectrum Disorders
- Prader Willi Syndrome
- Spina Bifida
- Traumatic Brain Injury
- Williams Syndrome

Identification

**Individuals with I/DD may:**

- Have limited vocabulary.
- Have difficulty comprehending and responding to questions.
- Copy or "parrot" their answers.
- Be easily influenced by other individuals.
- Have an eagerness to please authority figures, overly compliant.
- NOT understand certain social cues or concepts. Common instances are:
  - Personal Space; Facial Expressions; Verbal and non-verbal communication.
  - Being teased or bullied by others and still believe that bully is their friend.
- Act immature for their age, childlike.
- Have poor impulse control.
- Be easily diverted.
- Have uncoordinated or poor motor skills.
- Exhibit inappropriate facial expressions in certain circumstances.
- Rarely make eye contact.
Confirming before action

- Provided is a list of documents that could demonstrate a presence of an intellectual or developmental disability.
- Psychological evaluation or other assessments which reference a neurological impairment.
- School Records such as an IEP or Individualized Education Plan (special education classes or may have participated in therapies such as occupational, physical, or speech).
- Lack of work history (workshops, occupational centers, never held a steady job).
- Receives Social Security Income (SSI) or Social Security Disability Income (SSDI) to support himself, or is supported fully by family.
- Remember: In order to obtain necessary documentation you will need to have the person sign a release of medical, mental health and/or education records. See HIPAA, The Health Insurance Portability and Accountability Act of 1996, 45 CFR 160 et seq. If the individual has a guardian, you will need the signature of the guardian.

If you suspect an individual may have an intellectual or developmental disability (I/DD) that you need to investigate further, this discovery may have implications for the outcome of the case.

If an individual has been evaluated and classified in school, you should obtain these records.
Justice Potter Stewart

- Stewart wrote:

  - I shall not today attempt further to define the kinds of material I understand to be embraced within that shorthand description ["hard-core pornography"], and perhaps I could never succeed in intelligibly doing so. **But I know it when I see it,** and the motion picture involved in this case is not that.

Questions to ask

- Was the person classified in school for special education?
- Has the person ever held a steady job?
- Does the person have a driver's license?
- How does the person support himself/herself financially?
- Does the person receive financial assistance such has Social Security Income?
- Does the person appear to understand the questions being asked?
- Does the person respond to questions without unnecessary delay?
- Does the person have an eagerness to please others?
- Can the person explain his/her actions in his/her own words?
Family as a resource

- Importance of communication with family/loved ones/friends/clinicians
- Have to ask the tough questions
- Use resources (Department of Human Services)

Police Reports

- (Appropriate) Language regarding the behavior of the person
- Eccentric speech patterns
- Avoids eye contact
- Difficulty modulating voice volume and pitch
- Rocking back and forth, hand flapping, humming, pacing, repeating words or phrases or other forms of “self-stimulating” behavior
- Inappropriate or out of place facial expressions or behaviors, like laughing at the wrong time
- Exhibiting avoidance of touch
- Extreme or unusual response to light, sound or other sensory input
- Demonstrating apparent insensitivity or high tolerance for pain or discomfort from heat or cold
- Difficulty recognizing voice cues from other people
- Difficulty recognizing faces
- Strong food preferences or aversions
- IF YOU DO NOT KNOW, DO NOT IDENTIFY A DISABILITY!
Mental Health Diversion Program

- Grant funded through OAG/Ocean County
- Diversion out of CJ system for special offenders with 3rd/4th degree “non-violent” offenses
- Participants monitored by mental health providers, not probation department
- Successful participants will have downgraded disposition or dismissal, termination reverts back to the trial team

Mental Health Diversion Program

- Director- Assistant Prosecutor Renee White
- Assistant Program Director- Det. Alex Bromley

- Team Members
  - Michelle Gaito, Christine Holmes-Jail
  - Ashley Diblasi, Preferred Behavioral Health (MH)
  - Kim Veith, Kathy Green, Ocean Mental Health (MH)
  - Professor Brian Lockwood, Monmouth University
Mental Health Diversion Program

- **Referrals**
  - Ocean County Jail
  - Public Defender
  - Private attorney
  - Mental health providers
  - Judge
  - OCPO
    - AP
    - Det

APPLICATION PROCESS

- Applicants must fill out Application Packet
  - Referral, authorization/disclosure, application
- Packet is uploaded to “Brightlight”
- Legal Evaluation
- Clinical Evaluation
- Case Management Evaluation
- Final determination
Making the cut......

- Over 70 referrals/applicants
- 10 slots for year one
- 9 slots for year two
- Additional slots available with alternate funding
  - JIS
  - VA
- Denials may end up in SOU as NGRI or competency

From “Applicant” to “Participant”

- Formally accepted on the record in front of Judge
- Court appearances every month

- Terms and conditions of program
  - Drug testing
  - Drug tx/plx
  - MH tx/plx
What can you do for the person?

- Stick around that one extra second...
  - Report, Hands on
- Get the story if you can....
- Get the meds if you can!!!
- Get collateral contacts if you can
- Don’t complain too much about having someone in custody

Crisis Intervention Team Training (CIT)

- local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises.

- built on strong partnerships between law enforcement, mental health provider agencies and individuals and families affected by mental illness

- Citnj.org
Case Studies

- MD
- MB
- DA
- RK