



# *Mental Health Jail Diversion*

---

February 3, 2015

Lore Joplin Consulting

# Project Overview

- Concern about people with mental health issues being housed in the county's jails.
- Exploring mental health jail diversion
  - Site visit to Bexar County, TX
  - 2015 Budget Note
- Diverting these individuals from jail can:
  - Reduce criminal justice system costs
  - Reduce recidivism
  - More effectively treat their mental health needs



# Jail Diversion

- What is jail diversion?
  - avoiding or radically reducing jail time by referring a person to community-based services
- Pre-booking Diversion
- Post-booking Diversion
- Post-plea Diversion

# Project Steps

1. Interview stakeholders.
2. Review the literature.
3. Summarize jail data.
4. Convene a stakeholder group to review the materials and prioritize recommendations.
5. Explore cost information.



# National Data

- 15-17% of people booked into jail have symptoms of mental illness
- An estimated 80% of detainees with mental illness have co-occurring AOD abuse
- Often have chronic health conditions

# National Data (continued)

- Often charged with low-level nuisance crimes
- Violent behavior is often associated with AOD abuse
- Challenging population to engage in treatment
- High rates of recidivism



# Local Data

---

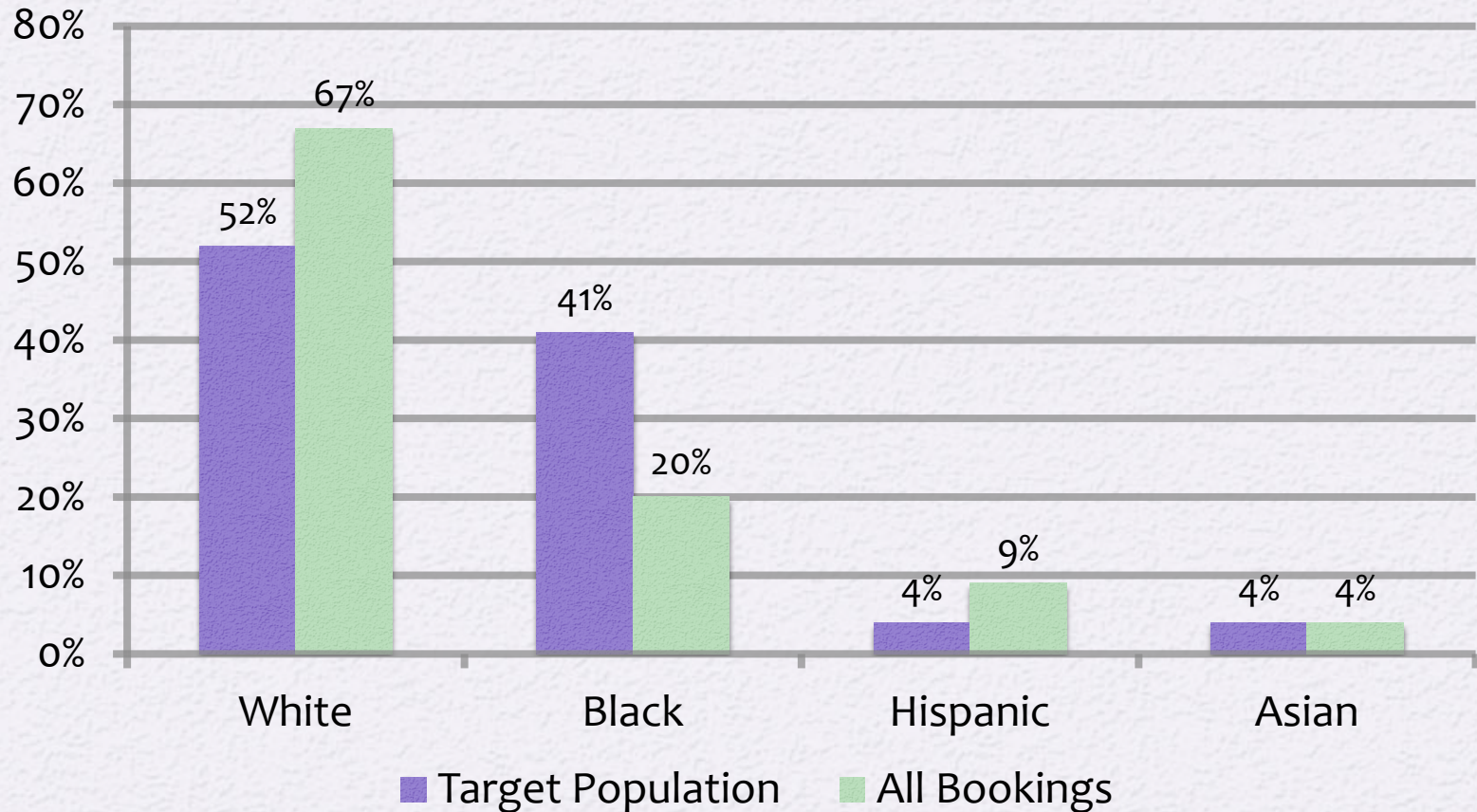
# Target Population

80 people who were held in jail in October 2014, including:

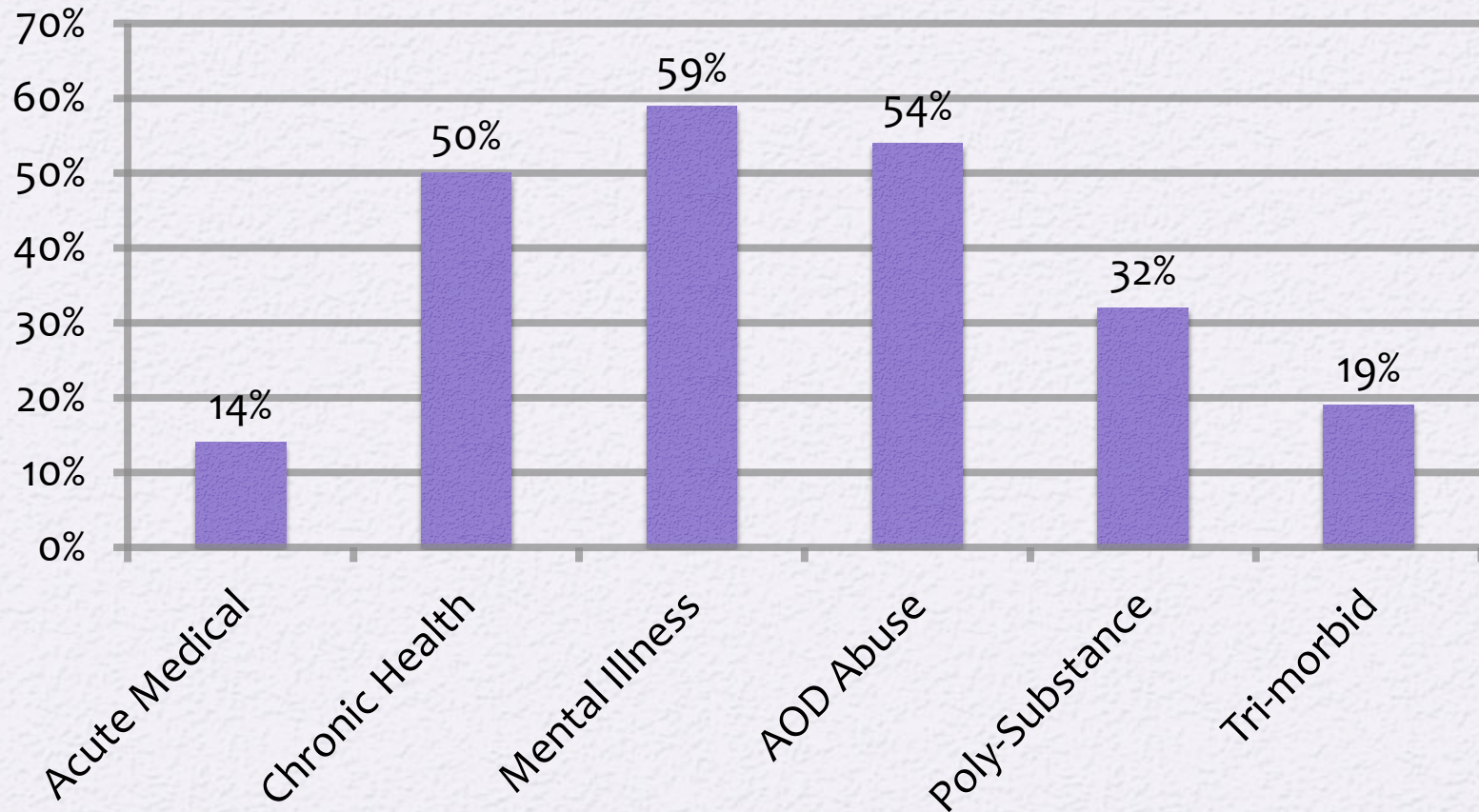
- 18 screened by DCJ's Pretrial Services Program (PSP)
- 44 screened by the MCSO's Close Street Supervision Program (CSS)
- 18 individuals on community supervision who had been placed on a jail hold by officers of DCJ's Mentally Ill Offender (MIO) Unit



# Target Population: Race

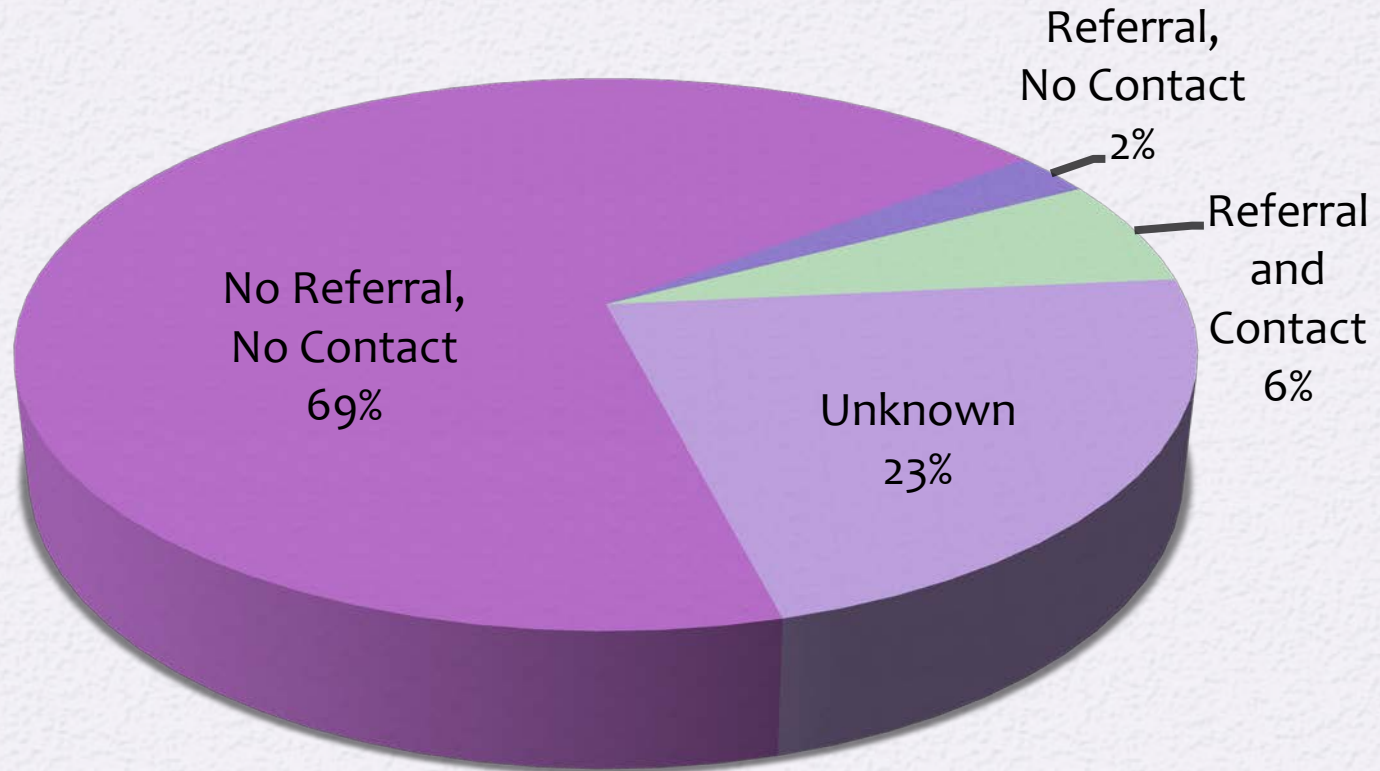


# Target Population: Diagnoses



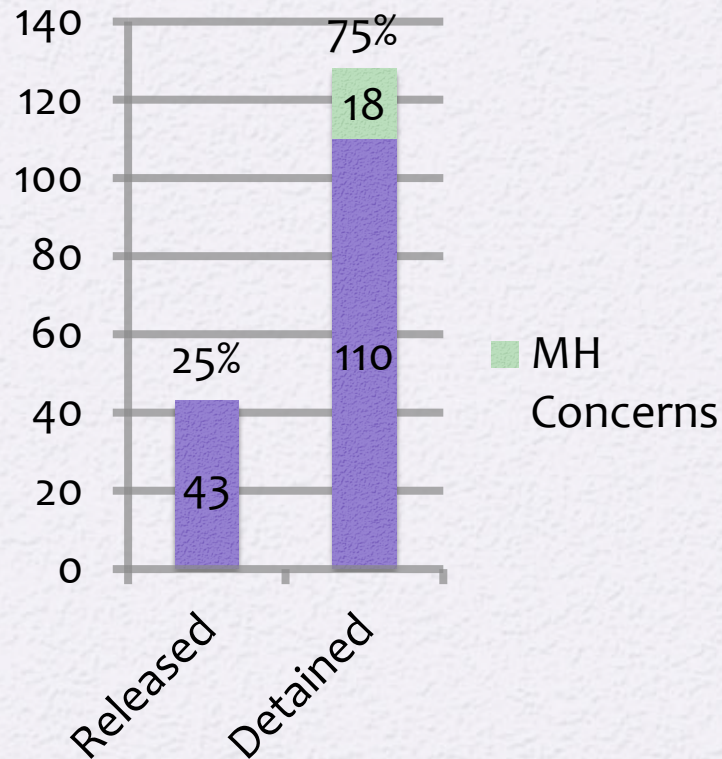


# Referrals & Service Encounters



# Pretrial Services Program

**PSP Referrals (N=171)**



Primary Charges	#
Poss. of Cocaine/Meth	5
Rest. Ord Violation	3
DV-related charges	3
Indecent Exposure	2
Robbery II	1
Theft I	1
Assault of an Officer	1
Resisting Arrest	1
Failure to reg as a SO	1
Total	18



# Close Street (CSS)

- 44 detainees screened & denied
- Denial Reasons:
  - Lack ties/stability (20)
  - Danger to self or others (9)

Top Primary Charges	#
Robbery I, II, & III	12
Assault II, III, & IV (mostly DV)	10
Burglary I	4
Coercion	2
Kidnap I	2
Rape I and Rape-DV	2
Sex Abuse I	2
Sodomy I	2
Other	8
Total	44

# MIOU

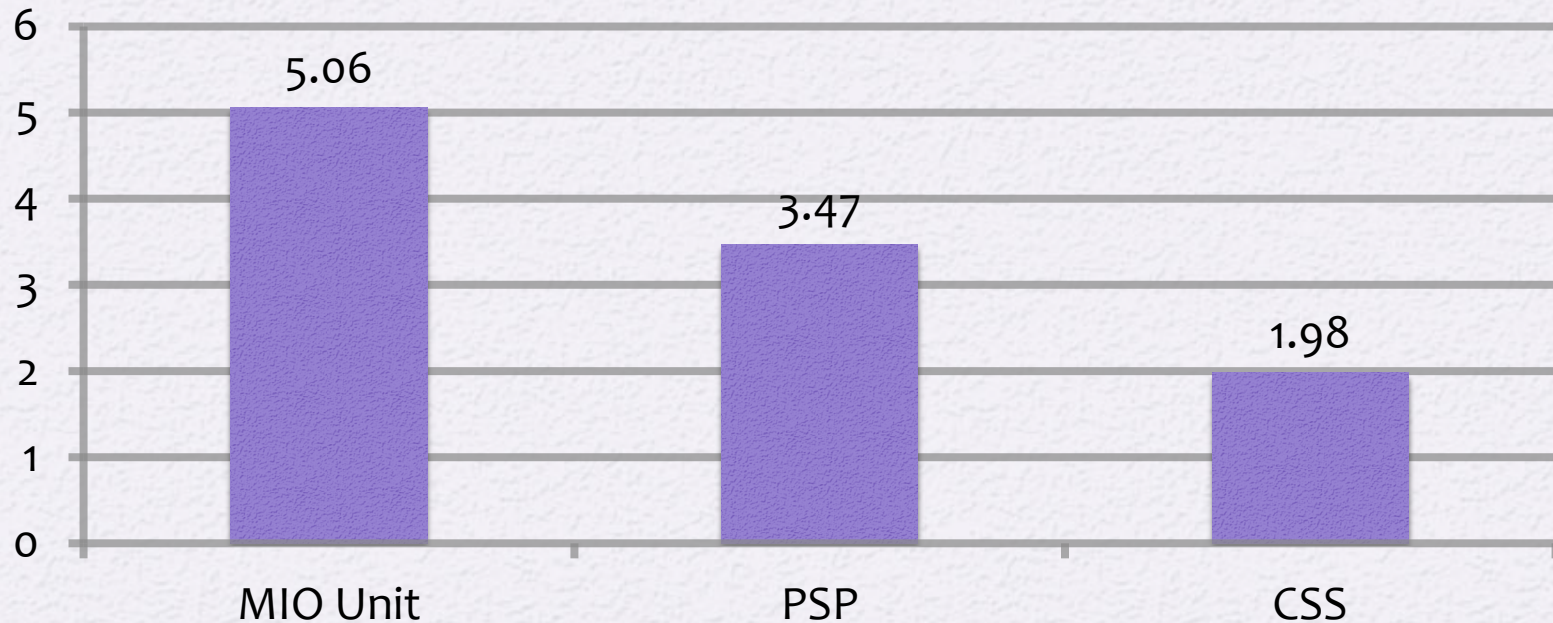
- 18 individuals on DCJ holds
- 7 (39%) were good candidates for diversion
- 7 (39%) warrants for non report
- 4 (22%) not good candidates for diversion

Primary Charges	#
Parole Violation	11
DUII	1
Indecent Exposure	1
Unlawful Possession of Meth	1
Robbery III	1
Theft of Services	1
Unlawful Delivery of Marijuana	1
US Marshal Hold	1
Total	18



# Booking Frequency

**Average Number of Bookings Per Person  
(Target Population)  
11/2013 – 10/2014**



# Jail Utilization

- Represents 1,352 days (4%) of jail bed day utilization in October
- Average of 19.27 days per detainee in October (ALOS=13.51)
- Housed in multiple units at both Inverness and the Detention Center

MCDC Unit	# of Stays
Close Custody & Discipline	32
Gen Pop	29
Transitional	17
Acute & Mental Close Custody	16
Psych Infirmary	13
Suicide Watch	10



# *System Strengths and Opportunities*

---

# Interviews: Strengths

- Good relationships and cooperation across the system
- Improvements in communication & support of elected officials
- Recently enhanced range of services and focus on transition services



# Interviews: Opportunities

- Coordination across systems
- Information sharing
  - Confidentiality
  - Electronic data
- Detainees
  - Identifying defendants at booking
  - Engaging while detained
- Timelines/wait times
- Staffing and training
- Court/pretrial processes

# Diversion Components-Present

- ✓ Urgent mental health walk-in clinic
- ✓ 24-hour 911 triage with crisis hotline
- ✓ 24-hour mental health crisis hotline
- ✓ 24-hour mobile mental health outreach teams
- ✓ Police officer Crisis Intervention Training (CIT) and Enhanced CIT
- ✓ Portland Police BHU
- ✓ Combined police/mental health clinician teams
- ✓ Detox/sobering station
- ✓ Hospital commitment (acute care)
- ✓ Pretrial supervision
- ✓ Specialty courts
- ✓ Forensic diversion
- ✓ Contracted forensic mental health treatment services
- ✓ Specialty mental health outpatient
- ✓ Limited culturally specific services
- ✓ Co-located medical & behavioral health services



# Diversion Components-Lacking

- ☐ 24-hour crisis drop-off center
- ☐ Psychiatric emergency room
- ☐ Release on commercial bond with mental health conditions
- ☐ Co-located mental health services at arraignment
- ☐ Supported housing
- ☐ Drop-in day center
- ☐ Peer-based program options

# *Recommendations*

---



# Recommendations

- **Recommendation A:** *Implement high-priority enhancement opportunities identified by stakeholders.*
  - A1. Improve information sharing (including confidentiality restrictions).
  - A2. Coordinate better across systems.
  - A3. Identify defendants with mental illness at booking and engage them while in jail.

# Recommendations

- **Recommendation B:** *Collect and analyze data to better understand the actual costs of housing people with mental illness in the jail.*
- **Recommendation C:** *Explore apparent racial disparities in the detention of people with mental illness.*
- **Recommendation D:** *Evaluate the availability of culturally specific services.*



# Recommendations

- **Recommendation E:** *Fill prominent system gaps*
  - 24-hour crisis drop-off center
  - Dual-diagnosis treatment
  - Residential dual-diagnosis treatment for women
  - Outreach and engagement
  - Adequate supplies of appropriate housing

# Discussion



Photo: [Tom](#) on Flickr