Effective Interventions for County Jail Diversion Programs

The Sequential Intercept Model

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- **GAINS Center**
  - Co-occurring in the Justice System
  - TAPA Jail Diversion

- **Homelessness Resource Center**
  - SOAR

- **Center for Mental Health and Juvenile Justice**
  - Models for Change
Mental Illness and Jails: The Problems

MI stay in Jail Longer

- Orange County, FL
  - 51 days vs. 26 days
- Pennsylvania
  - MI 2x likely to max-out
  - SPMI 3x likely to max-out
- NYC
  - 215 days vs. 42 days

Costly to Maintain MI

- Multnomah, OR
  - 45% of pharmacy budget
- Rochester, NY
  - $315,000/yr for overtime related to 24 hr suicide watch

Carlson et al., 2000, Caceci, Monroe County, NY

Jablonski, Sager, Butterfield, NYTimes, 1998
Prevalence of Mental Health Problems in the Criminal Justice System

<table>
<thead>
<tr>
<th>Any Mental Health Problem for Inmates in:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Prison</td>
<td>56.2%</td>
</tr>
<tr>
<td>Federal Prison</td>
<td>44.8%</td>
</tr>
<tr>
<td>Local Jail</td>
<td>64.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms in past 12 months or since admission</th>
<th>Percent of inmates in:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Prison</td>
</tr>
<tr>
<td><strong>Major Depressive or mania symptoms</strong></td>
<td></td>
</tr>
<tr>
<td>Persistent sad, numb or empty mood</td>
<td>32.9%</td>
</tr>
<tr>
<td>Loss of interest or pleasure in activities</td>
<td>35.4</td>
</tr>
<tr>
<td>Increased or decreased appetite</td>
<td>32.4</td>
</tr>
<tr>
<td><strong>Insomnia or hypersomnia</strong></td>
<td>39.8</td>
</tr>
<tr>
<td>Psychomotor agitation or retardation</td>
<td>39.6</td>
</tr>
<tr>
<td>Feelings of worthlessness or excessive guilt</td>
<td>35.0</td>
</tr>
<tr>
<td><strong>Diminished ability to concentrate or think</strong></td>
<td>28.4</td>
</tr>
<tr>
<td>Ever attempted suicide</td>
<td>13.0</td>
</tr>
<tr>
<td><strong>Persistent anger or irritability</strong></td>
<td>37.8</td>
</tr>
<tr>
<td>Increased/decreased interest in sexual activities</td>
<td>34.4</td>
</tr>
<tr>
<td>Thoughts of revenge</td>
<td>28.4</td>
</tr>
</tbody>
</table>

*Source: Bureau of Justice Statistics Special Report. September 2006*
Within past month

SMI defined as: Schizophrenia, Bipolar, Major Depression, Depression NOS, Delusional Disorder, Brief Psychotic Disorder, Psychotic NOS (per SCID interview)

Males: 14.5%

Females: 31%
TAPA Study

**WOMEN**
- 96% lifetime trauma
- 65% current trauma

**MEN**
- 92% lifetime trauma
- 58% current trauma

Differences between genders is minimal

Trauma is not past, but ongoing
Trauma Informed Systems

- Integrate trauma awareness into service delivery
- Screen everyone for trauma histories -- early
- Train ALL staff members about trauma
- Hire workers with trauma expertise
- Review policies & procedures -- identify those that may re-traumatize
- Engage consumers in treatment choices
- Deliver services with some consumer participation

Harris & Fallot
Of the 140,000 Veterans in Prison:

- **Era of Service**
  - Vietnam War Era Veterans Constitute the Largest Segment
    - 37.5% - Down 5% from the mid-1990s
  - Persian Gulf Era Veterans Constitute the Fastest Growing Segment
    - 17.5%; Up 42% from the mid-1990s
  - OIF/OEF Era Veterans
    - 4.1% as of 2004
I do not even know how to begin to "Thank You" for your class/session "Improving Police Encounters with Returning Veterans" at the CIT Conference in Atlanta. I have been home just over a week and was already confronted by a Marine OIF with PTSD.

Your video helped me interpret reckless driving and anger as possible PTSD symptoms ... It saved us from having to go hands on because I was able to reach out with the verbal skills I learned in your class and this situation did not escalate.

In fact, because of that same video and that scenario where the VET had the handgun, I was able to ask the right question "do you have any weapons?". He looked me straight in the eye and began to weep and asked me to take the weapon for safekeeping until he felt he was ready to have it back. What a heart wrenching sight to have this honorable Marine hand over his weapon to me.

I gave him and his wife the Veteran Suicide phone number that I put in my contacts during your class/session. On Monday, I will contact the VA in my area and have them follow-up. THANK YOU with all my heart.
Veteran’s Justice Outreach Coordinator

- Educating Community organizations
- Facilitating MH evaluations of veterans charged with nonviolent crimes
- Work to provide courts with a plan of community based alternatives to incarceration
- Collaborate with HCRV Specialists in care for veterans recently discharged from prisons/jails
Repeated Cycles

ARREST

INCARCERATION

Mental Health Inpatient

Private Home

S.A. Residential Treatment

Group Residence

COMMUNITY

Street

Shelter
Service resistant clients

Or

Client resistant services
### Cost of the Institutional Circuit

A prototypical timeline with associated public costs for a homeless individual caught in the institutional circuit who is neither chronically street or sheltered homeless.

<table>
<thead>
<tr>
<th>System</th>
<th>Days in System</th>
<th>Per Diem Rate $</th>
<th>Total Cost $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>160</td>
<td>*68</td>
<td>10,880</td>
</tr>
<tr>
<td>Jail</td>
<td>96</td>
<td>*129</td>
<td>12,384</td>
</tr>
<tr>
<td>Detox</td>
<td>8</td>
<td>**1,000</td>
<td>8,000</td>
</tr>
<tr>
<td>Prison</td>
<td>408</td>
<td>*79</td>
<td>32,232</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>15</td>
<td>*657</td>
<td>9,855</td>
</tr>
<tr>
<td>Parole</td>
<td>60</td>
<td>**7</td>
<td>420</td>
</tr>
<tr>
<td>Unaccounted</td>
<td>43</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>730</strong></td>
<td></td>
<td><strong>$73,771</strong></td>
</tr>
</tbody>
</table>

**Annualized Cost**

$36,886

*Per diem rates taken from the New York/New York Cost Study (Culhane, Metraux, and Hadley, 2001).

**Per diem rates based on internal estimates, subject to review.
Unsequential Intercept Model

Community Supervision

Arrest

Jail

Prison

Courts

Reentry
Sequential Intercept Model

- People move through the criminal justice system in predictable ways.
- You can examine this flow and look for ways to intercept persons with severe mental illness (and often co-occurring disorders) to ensure:
  - Prompt access to treatment
  - Opportunities for diversion
  - Timely movement through criminal justice system
Sequential Intercept Model

Intercept 1
Law enforcement/ Emergency services

Intercept 2
Initial detention/ Initial court hearings

Intercept 3
Jails/Courts

Intercept 4
Reentry

Intercept 5
Community corrections/ Community support

COMMUNITY

Local Law Enforcement

Arrest

Initial Detention

Risk Appearance Court

Dispositional Court

Specialty Court

Jail—Sentenced

Prison

Jail—Prenatal

Dispositional Court

Probation

Parole

COMMUNITY
Intercept 1: Intercepting at First Contact --- Police & Emergency Services (Deane, et al, 1999)

- Police-based Specialized Police Response
  - Front line police response
  - Specialized training/support system
  - Example: Memphis Crisis Intervention Team (CIT), Seattle

- Police-based Specialized Mental Health Response
  - MH professionals employed by police dept.
  - Example: Community Service Officers in Birmingham AL, Honolulu, HI

- Police-Mental Health Co-Response
  - Pairs specially trained officers with mh professionals
  - Example: San Diego CA,

- Mental Health-based Specialized Response
  - Mobile crisis teams; Police Training
  - Example: Montgomery County Emergency Services PA
Benefits of CIT

What has CIT training accomplished?

- Memphis
  - Decreased injuries 40%
  - Reduced TACT (like SWAT) 50%
- Albuquerque
  - Fewer than 10% SMI arrested
  - Injuries reduced to !% calls
  - Decrease SWAT by 58%
- Miami Dade
  - Reduction in wrongful death suits
- Las Vegas
  - More appropriate use of force
  - Reduced injuries to citizens and police
No Good Deed Goes Unpunished

- Not committable
- Behavior Problem not MI
- Medical not psychiatric
- Substance abuse not MI
- Needs detox before MH admission
- Needs medical clearance
- No insurance coverage
- Appropriate but no beds available
Pre-booking Jail Diversion

**INTERCEPT 1**
Law enforcement / Emergency services - Transition

- **COMUNITY**
  - Local Law Enforcement
  - Jail Releases
  - Other

- **Crisis Stabilization Units**

  **Service Linkage:**
  - ICM/ACT
  - EBP’s
  - Peer Bridging
  - Medical f/u
  - Trauma Specific Services
  - Jail linkage

- Other Assistance:
  - Medication Access
  - Benefits
  - Housing
  - Information Sharing
Post-Booking Diversion Options

Court-based:
- First Appearance Court
- First Appearance Specialty Court

Intercept 2
Initial detention / Initial court hearings

Diagram:
- Arrest
- Initial Detention
- First Appearance Court
Brief Jail Mental Health Screen

- Takes less than 3 minutes to be administered at booking by a corrections officer
- 8 yes-or-no questions
- Does not identify any specific mental disorder
- N = 10,330 men and women booked into 4 jails
- Rate of referral for men: 73.5%
- Rate of referral for women: 61.6%
- Rate of referral for assessment by a counselor: 11.3%
- See: Steadman et al. (2005) in *Psychiatric Services 56*(7)
## Screening in Jail

<table>
<thead>
<tr>
<th>State, County</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>Cross reference local/state CJ &amp; HHS Data Matches completed by local Jails w/in 72 hrs SB839 Directs interagency Info Sharing</td>
</tr>
<tr>
<td>Kentucky</td>
<td>MH matching of all jail screenings 14% eligible for diversion</td>
</tr>
<tr>
<td>Illinois, Cook Co.</td>
<td>Mental Health Jail Data Link Project</td>
</tr>
</tbody>
</table>

*Screening has reduced national jail suicide rate*

*(Hayes, Lindsay)*
INTERCEPT 2 DIVERSION VS. MENTAL HEALTH COURTS

- Increased number of persons served.
- Increased number of courts/jurisdictions reached.
- Fewer court/staff resources used (no dedicated court).
- Fewer sanctions?
- Shorter terms of monitoring?
- Consumers spending less time in jail.
Jail-Based Diversion Programs & Jail Mental Health Services

Intercept 3
Jails / Courts

Jail—Pretrial

Specialty Court

Disposition Court
Veterans Courts

1. Buffalo, NY
2. Rochester, NY
3. Cincinnati, OH
4. Las Vegas, NV
5. Santa Ana, Calif.
6. Tulsa, OK
7. Chicago, Ill.
9. Anchorage, AK
10. Eau Claire, WI (has state wide collaborative)
12. Orange County, Calif.
Jail Diversion and Costs

- Jail Diversion reduces jail days
- Cost neutral in first year as treatment costs increase
- Cost savings in 2nd year as jail days remain low and treatment costs decrease
- No risk to public safety

(Steadman and Naples, 2005; Rand Study, 2007)
What Makes Jail Diversion Work?

- Interagency Collaboration
- Creating new options
- Options consistent with:
  - Clinical conditions
  - Life histories
  - Criminal Justice trajectories
- Learning how to adapt EBP’s to divertees and public safety outcomes
Intercept 4
Reentry

Prison

Jail—Sentenced
Post Release Risk of Death

- 30,237 Washington State Prison releases
- 443 died f/u 1.9 yrs (average)
- Death rate 3.5 x higher than GP
- First 2 wks of release, death rate 12.7 x higher

*January, 07 New England Journal of Medicine*

Persons with SMI:
- Have a SMR up to a 4.9 % higher
- Die up to 25 years earlier

*Parks, 2006, NASMHPD*
Brad H Case

- Class action filed by 5 inmates released from Riker’s Island Jail in NYC
- Alleged that the City violated state mental hygiene law and agency regulation in releasing inmates with mental illness from jail without discharge planning services
- In July of 2000, the NYS Supreme Court ordered NYC to provide adequate discharge planning for the class
- Finding was upheld on appeal to the Appellate Division, First Department
- Settlement agreement signed April 2, 2003
### The APIC Model

<table>
<thead>
<tr>
<th><strong>Assess</strong></th>
<th>Assess the inmate’s clinical &amp; social needs, &amp; public safety risks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan</strong></td>
<td>Plan for the treatment &amp; services required to address the inmate’s needs</td>
</tr>
<tr>
<td><strong>Identify</strong></td>
<td>Identify required community &amp; correctional programs responsible for post-release services</td>
</tr>
<tr>
<td><strong>Coordinate</strong></td>
<td>Coordinate the transition plan to ensure implementation &amp; avoid gaps in care with community-based services</td>
</tr>
</tbody>
</table>
GAINS Re-Entry Checklist

- Based on the APIC Model
- Developed to assist jails in transition planning for inmates with mental illness and co-occurring substance use disorders
- Quadruplicate form offers a centralized record of an inmate’s potential needs and the steps taken by jail staff to ensure these needs are met upon re-entry
- Available at: http://www.gainscenter.samhsa.gov/html/resources/reentry.asp
Benefits

- Medicaid Suspension
- Gap Funding
Medicaid Suspension States

- Oregon
- New York
- Colorado
- Ohio
- Illinois (proposed)
Gap Funding States

- New York – Medication Grant Program
- Montana – MI Offender Drug Program
- Texas – TCOOMMI Funding
- Alaska – APIC Initiative
SOAR in Jails and Prisons

- New York
- Michigan
- Oklahoma
- Florida
- Dade County Jail

Non-SOAR SSA initiatives
- Alaska (APIC Legislation)
- Texas (TCOOMMI)
Intercept 5
Community corrections / Community support

Parole

Probation
# Rhode Island Housing First Study

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Year Prior</th>
<th>Year Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Overnight</td>
<td>$917,946</td>
<td>$256,131</td>
</tr>
<tr>
<td>MH Overnight</td>
<td>$94,900</td>
<td>$20,800</td>
</tr>
<tr>
<td>SA Overnight</td>
<td>$118,360</td>
<td>$9,460</td>
</tr>
<tr>
<td>ER Visits</td>
<td>$96,640</td>
<td>$48,000</td>
</tr>
<tr>
<td>Jail/ Prison</td>
<td>$84,780</td>
<td>$16,092</td>
</tr>
<tr>
<td>Shelter</td>
<td>$205,000</td>
<td>$16,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,517,626</strong></td>
<td><strong>$366,483</strong></td>
</tr>
<tr>
<td><strong>Per Client</strong></td>
<td><strong>$31,617</strong></td>
<td><strong>$7,635</strong></td>
</tr>
<tr>
<td>Supportive Services</td>
<td></td>
<td>$9,500</td>
</tr>
<tr>
<td>Housing Subsidy</td>
<td></td>
<td>$5,643</td>
</tr>
<tr>
<td><strong>Total Costs Per Client</strong></td>
<td><strong>$31,617</strong></td>
<td><strong>$22,778</strong></td>
</tr>
<tr>
<td><strong>Savings/ Person</strong></td>
<td></td>
<td>$8,839</td>
</tr>
<tr>
<td><strong>Program Savings</strong></td>
<td></td>
<td>$424,272</td>
</tr>
</tbody>
</table>

N=48
Specialized Probation Caseloads: Promising Practice?

- Improves linkage to services
- Improves functioning
- Reduces risk of violation
- Mixed evidence on lowering re-arrest risk

Skeem and Louden, 2006
Funding

- Block Grants
- PATH Funding
- Shelter Plus Care

Grants

- Byrne Grant
- DOJ
- SAMHSA

Other

- Court fees
- Taxes
- Blended Funds
More Information

Criminal Justice/Mental Health Consensus Project
www.consensusproject.org

National GAINS Center
www.gainscenter.samhsa.gov

Corporation for Supportive Housing
www.csh.org

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