

The Bexar County Jail Diversion Program: Measuring the Potential Economic and Societal Benefits

Policy Report

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Key Findings

- In the last decade, persons with mental illness accounted for 7% of all police contacts, 16% of prison inmates, and 7% of the entire jail population.
- As a percentage of total county revenues, Bexar County spends approximately 75% of all public funds on law enforcement, detention, and the justice system. As much as 14% of the Bexar County jail population is estimated to have a mental illness.
- Jail diversion programs have been shown to have positive impacts on decreasing incarceration time for the severely mentally ill, while increasing access to, and utilization of, comprehensive psychiatric services.
- The Bexar County Jail Diversion Program was developed through a community-wide collaborative effort, including law enforcement, the court system, and CHCS, the local community mental health authority.
- Interim results of the program show over 1,700 diversions from jail incarcerations during state Fiscal Year 2004, potentially resulting in an estimated range of \$3.8 million to \$5.0 million dollars in avoided costs within the Bexar County Criminal Justice System.
- Due to the organized structure of the Bexar County Jail Diversion Program and the thoroughness of the concurrent data collection process, a unique opportunity exists to measure the actual societal cost-benefit derived (in city, county and state dollars) from the jail diversion program in the near future, with continuance of the program.

Introduction

The purpose of this report is to provide public policy decision-makers with a description of the ongoing Bexar County Jail Diversion Program and to discuss the societal economic implications of its outcomes. As background, an overview of jail diversion programs is discussed, along with a review of the published literature highlighting studies that have researched the economic impact of similar programs across the U.S. Next, a brief description of the Bexar County Jail Diversion program is provided and estimates of the potential cost avoidance realized within the criminal justice system are presented and discussed for descriptive purposes, based upon interim results of the program. Finally, suggestions for a comparative economic impact evaluation to be conducted are provided as guidance for future policy research within Bexar County.

A Description of Jail Diversion Programs

In recent years, more people with severe mental illness have come in contact with the criminal justice system. This increasing trend may be related to deinstitutionalization and decreasing availability or lack of adequate community-based mental health services. Not surprisingly, a significant proportion of these people are homeless, with little means for basic healthcare or hygiene. This group of the indigent mentally ill is often caught in a revolving door between jail, public health facilities, and the streets. The mentally ill within this category frequently receive inconsistent or inadequate treatment for their disorders and either turn to crime or are simply incarcerated for disruptive behavior.

In the last decade, persons with mental illness accounted for 7% of all police contacts¹, 16% of prison inmates, and 7% of the entire jail population.^{2,3} Within some areas the estimates are even higher. For example, a survey of Tennessee county jails demonstrated that 19% of county jail detainees were mentally ill.⁴ In the state and federal prison systems alone, anywhere from 70,000 to 190,000 inmates in any given year have a mental illness.⁵⁻⁷ Among the mentally ill, approximately 75% have an ongoing substance abuse disorder.⁸

With a rising number of detainees, overcrowding and delays in maneuvering through the justice system have further hindered treatment for the mentally ill. As evidence, incarceration data indicate that inmates with mental illness typically serve a longer portion of their sentence than others.⁹ For example, in a published report on a New York City jail, the average length of stay for a mentally ill inmate was 215 days, compared to 42 days among all others.¹⁰

As a result of these trends, public policy experts have encouraged the implementation of jail diversion programs to “minimize the number of individuals with serious mental illness who end up in jail.”¹¹ Thus, the establishment of jail diversion programs within communities has become more common over the last 30 years.¹² The primary purpose of these programs is to provide appropriate community-based treatment for people with mental illnesses and substance abuse problems and prevent or minimize periods of incarceration.

According to Draine and Solomon, effective jail diversion services should have two components of intervention.¹³ The first is the means by which a person is identified within the criminal justice process as having a mental illness and is then appropriately diverted to treatment. The second is the system of integrated services to which the person is diverted. Ideally, identification of illness and initiation of diversion occurs between the time of arrest and the booking process (pre-booking.) From there, clients are referred to care that is appropriate for their conditions, from more “passive” interventions to more formal services that include mental health and substance abuse screening and negotiations regarding criminal charges and requirements for continued care.^{14,15}

In general, diversion programs have focused on interventions during (1) pre-booking, (2) post-booking, or (3) within both points in the criminal justice process. Their purpose is not to merely provide discharge planning services, although some programs work with the criminal justice system in those efforts. The National GAINS Center, a federally-funded clearinghouse for mental health and substance abuse programs that treat offenders across the U.S., identifies six components of a successful jail diversion program.¹⁶ They are (1) the coordination and collaboration of services at the community

level, (2) regular meetings of all departments and teams, (3) liaisons who are responsible for linking components of the program, from the judicial, correctional, and mental health agencies, (4) a program champion who fosters working relationships among the key departments, (5) aggressive identification of applicants in the first 24-48 hours of detention, and (6) case managers with skills in cultural diversity and with experience in both the criminal justice and mental health systems.

The key to success is creating an integrated system of care, without which the diversion will not lead to improved outcomes. For example, one study of prison inmates referred to public mental health agencies after release demonstrated that while most received some social or mental health services, few received clinically meaningful treatment during the first year of release.¹⁷ This inadequacy of treatment leads to increased recidivism within the prison and jail systems. One study found that a slightly higher percent of mentally ill offenders released from prison were rearrested within 18 months, compared to those without mental illness (64% and 60%, respectively).^{18,19}

As mentioned, diversion programs have been in place for several decades but have increased in number, significantly, over the last few years. To date, at least 15 states have published information on state-wide efforts regarding program implementation, while cities and counties may have more varying forms of program initiatives underway. A national funding initiative provided by the Substance Abuse Mental Health Services Administration (SAMSHA) has encouraged development of new jail diversion sites and expansion of ongoing programs.

As of 2003, 294 jail diversion programs were in operation, approximately 17 of which were funded by SAMSHA's Center for Mental Health Services (CMHS).²⁰ Also in 2003, the Bureau of Justice Assistance funded at least 23 Mental Health Courts.²¹ These courts function as a diversion technique within the judicial process by relieving the load of typical criminal courts that previously processed mental health-related cases.

Pre-booking services are provided in programs in Memphis, Tennessee, Montgomery County, Pennsylvania, and Multnomah County, Oregon.²² These programs are known as specialized crisis response sites where police can refer

individuals who appear to be mentally ill, and are then able to return to their patrol in a relatively short period of time.

Within programs, objectives can vary from early identification and diversion of mentally ill clients to providing a focus of substance abuse services. For example, in Connecticut, one diversion program aims to reduce recidivism by providing access to treatment, reduce incarceration for minor offenses among mentally ill persons, free jail beds for violent offenders, and increase the cost-effectiveness of the courts, the Department of Corrections, and the Department for Mental Health and Addiction Services (DMHAS).²³

In Maryland, the Trauma, Addiction, Mental Health, and Recovery (TAMAR) project focuses on mentally ill women with co-morbid substance abuse disorders, while the Maryland Community Criminal Justice Treatment Program (MCCJTP) serves mentally ill jail inmates and those on probation or parole. In comparison, the Massachusetts Forensic Transition Team (FTT) provides comprehensive planning services to mentally ill juvenile and adult offenders incarcerated in state and county facilities.²⁴

Evaluating Jail Diversion Programs

Despite the growing number of programs, sparse literature has been published on the impact of these programs on incarceration periods, recidivism and mental health care service utilization. Even with available data, comparisons across programs are difficult to make because of a lack of standardization in program characteristics (pre-booking vs. post-booking) and the degree to which services are available to participants (i.e. differences in program eligibility criteria.) In addition to these limitations, baseline data and long-term measurement of outcomes are frequently unavailable, prohibiting any meaningful comparisons, even within a program.

Impact on Incarceration Days

Descriptively speaking, however, studies have reported moderate to significant success of jail diversion programs in decreasing incarceration days of the mentally ill. Published outcomes research does exist, with varying methodologies chosen for the

evaluation of the program. For example, in Connecticut, researchers published comparative data from a court-based post-booking city program between 1994 and 1997.²⁵ The primary outcome variable of interest was the number of days an offender was incarcerated within the first year after release from jail. Results indicated that offenders of more serious crimes, Class D felony and Class A misdemeanor charges, spent significantly less time in jail if they had been referred to the diversion program. Overall, jail diversion demonstrated a reduction from 173 to 41 jail days. Among those with Class D felonies, participation resulted in a reduction of 260 incarceration days (yielding an 86% reduction rate); among Class A participants, incarceration time was reduced by 110 days (79% reduction rate). The researchers found that there was no statistical difference in jail time among those arrested for minor crimes, i.e., Class B and C misdemeanors.

The majority of published studies have reported outcomes related to post-booking programs. In a preliminary report of a collaborative program between the U.S. federal prison system and community healthcare providers in Baltimore, Roskes and Feldman assessed recidivism within the criminal justice system among patients released from prison.²⁶ In a pre-post design with participants acting as their own control, the rate of violation of probation, parole, or supervision was 19% during the intervention program, compared to 56% before participation. Lamberti et al. also reported on outcomes among participants serving as their own control.²⁷ Results indicated that the program participants incurred less jail days, hospital days, and number of arrests post-program participation compared to one year prior to arrest.

Some studies have utilized separate control and participant comparison cohorts. In a study of a Los Angeles-based post-booking program, individuals were followed for a period of one year.²⁸ Results indicated that program participants had lower incidences of re-arrest, violence, homelessness, and psychiatric hospitalization than did non-participants in the same time period.

In one of the few published studies on a pre-booking intervention program, Lamb et al. assessed the frequency of referrals to a Los Angeles emergency team that avoided arrest and jail time.²⁹ Of total referrals, 80% were ultimately transported to a

hospital setting, 60% were held on 72-hour mental health hold in an inpatient setting, and 2% were jailed. Others have reported successful diversion with pre-booking programs as well, including initiatives in Memphis, Birmingham, and Knoxville.³⁰

Impact on Mental Health Services Utilization

Because a goal of effective jail diversion programs is to improve access to appropriate mental health services, treatment days in the community would be expected to increase, as a replacement to incarceration days. Some studies have investigated the change in use of mental health services, in addition to changes in jail time. Steadman et al. found greater utilization in healthcare services among 80 mentally ill jail diversion participants in a Midwestern city.² The impact of program participation on re-arrest, hospitalization, and quality of life were assessed. Among the 35 subjects who agreed to program participation, all were released to the community within two months, while among the 45 non-diverted subjects, only 29 (65%) were released. Researchers found that more diverted participants received inpatient psychiatric treatment during the two month follow-up period (20%, versus 0% in the non-participant group), while no statistical difference in re-arrest rates was reported (28.6% in the participant group, versus 24.1% in the non-participant group), during the relatively short observation period.

Similarly, Shafer et al. assessed 248 dual diagnosis individuals in a post-booking jail diversion program in two Arizona cities.³¹ Participants were assessed up to 12 months post-arrest and primary outcomes included behavioral health care utilization and criminal recidivism. At 12 months, diverted participants were more likely to utilize hospital emergency services, while non-diverted participants reported more frequent receipt of physical health services. Over the 12-month period, 47% of all study participants had been re-arrested at least once since baseline, with diverted subjects having a lower rate of lower level misdemeanor crimes.

Prison diversion programs have also reported increased utilization of healthcare services among program participants. In Washington state, Lovell et al. conducted an observational assessment of recidivism and use of healthcare among 337 severely mentally ill clients released from state prison between 1996 and 1997.¹⁶ Their analysis

demonstrated that prior to program implementation, only 50% of clients received some community mental health care in the first year post-release, and of those, 16% received steady mental health care, and only 5% received steady drug and alcohol services. Following implementation of the collaborative state program, 94% of participants received community health services in the initial three months following release in 2001, compared to 29% among those who did not participate in the program.³²

In one of the few randomized studies of program impact on quality of life, independent living, and drug use, Cosden et al. reported that mental health court clients demonstrated greater gains in developing independent living skills and reducing drug problems, compared to non-participants, over a one-year period.³³

Measuring the Economic Impact of Jail Diversion Programs

According to the literature, outcomes leading to potential cost avoidance include decreases in police officer time, offender processing time and court costs, jail/prison incarceration time, and frequency of arrests and bookings. Unfortunately, few published studies report the impact of jail diversion on societal costs. In Cook County, Illinois, 30 individuals incurred about \$54,000 per person in jail and hospital costs prior to participation in the Thresholds Jail Program, compared to \$35,000 during the program.³⁴ The implication was that a cost-savings of \$19,000 was incurred per person, although no information is available on follow-up costs or on the duration of evaluation pre- and post-participation.

Recently published data from four SAMHSA-sponsored jail diversion programs reports some of the most well-controlled cost-effectiveness results to date.³⁵ In the Lane County, OR, Tucson AZ, and New York City post-booking programs, and in the Memphis, TN pre-booking program, analyses have demonstrated that diverted clients had significantly lower criminal justice costs than non-diverted clients across all program sites during a 12-month follow-up. Criminal justice costs were defined as costs from all court appearances, public defenders' and prosecutors' offices, the police, and incarceration days.

When the costs of mental health services utilized during the 12-month follow-up were included, the New York City post-booking program demonstrated significant cost-

savings among participants.³⁶ This program reported that clients serving as their own control spent 8.3 days per month in the hospital one year prior to program participation, compared to 0.3 per month in the one year post participation. Total hospital and outpatient costs decreased from \$4,302 to \$918 per client. Monthly jail costs dropped from \$672 to \$157 per client. Within the three other program sites, costs of mental health services were greater among diverted clients, due largely to increased utilization of hospitalization days as a result of more intensive mental health treatment versus non-diverted clients.^{37,30,38}

In summary, reports from jail diversion programs across the country indicate overall trends in decreasing encounters with criminal justice systems, while increasing access to mental health services. There have been relatively few studies investigating the cost-effectiveness of jail diversion, from the perspective of (1) the justice system, (2) the mental health care system, and (3) taxpayers. However, data published to this point seem to indicate that while greater resources are consumed by the mental health care services component as a result of diversion from jail, the net benefit to the community becomes greater as time passes, post-diversion. Intuitively, this is ultimately the result of more adequate and appropriate mental health services being provided to a population of citizens previously without management of this disease state. Numerous studies have shown societal net benefit when community mental health services are accessible and utilized.

The Bexar County Jail Diversion Program

As a percentage of total county revenues, Bexar County spends approximately 75% of all public funds on law enforcement, detention, and the justice system.³⁹ Within Bexar County, 14% of the jail population is estimated to have a mental illness. In 2002 alone, 12,000 individuals were screened for mental illness, substance abuse, and suicide within the Bexar County criminal justice system.

In April 2002, a stakeholders meeting was convened in Bexar County with the representation from 22 city, county, and state law enforcement, judicial, and health care entities. The result of the collaboration was the development of a comprehensive Jail Diversion Program Model, under the direction of The Center for Health Care Services

(CHCS), the mental health authority in Bexar County. Initial funding was contributed by the various stakeholders.

The jail diversion program model defines distinct intervention points in the “arrest-detention process” to reduce or eliminate the incarceration of adult offenders with mental illness. Three phases of intervention are included in the model: in the first phase, the emphasis is on diverting mentally ill offenders before they are arrested or booked in the county jail. In the second phase, the program focuses on ongoing identification, and providing screening and recommendations for alternate dispositions such as mental health bond or release to a treatment facility. In the third phase, the focus is on providing appropriate and continuous services upon release from jail or prison. These three phases of intervention are unique, compared to most programs.

Pre-Booking Diversions

Deputy Mobile Outreach Team (DMOT): The DMOT provides a team of Bexar County Deputies and mental health clinicians to respond on a 24/7 schedule to make on-site mental health assessments and interventions at the point of contact with high-risk mentally ill individuals. Individuals are screened by one mental health assessor and a deputy sheriff and referred and/or transported to the CHCS Crisis Center, where subsequent assessments are conducted by a Crisis Center Triage Nurse. Bexar County deputies may also transport the individual to jail, when necessary.

Crisis Intervention Teams (CITs): CITs consist of peace officers specifically trained in working with the mentally ill and retarded, responding to situations in the field that may involve a mentally ill consumer. The officers’ goal is to resolve conflict with the individual so that the person can be appropriately transported to the CHCS Crisis Center, or jail, if necessary. Certain situations may also be resolved at the point of contact with the individual with no referral to either jail or mental health facility. Subsequent assessments are made by a CHCS physician at the Crisis Center, or wherever the individual is located (state hospital, home, or jail.)

Post-Booking Diversions

Pre-Trial Services: CHCS provides additional support the Bexar County Pre-Trial Services with the objective of diverting non-violent mentally ill persons without a prior history of major of major crimes. These diverted defendants are released from jail and referred to an appropriate mental health treatment plan via a mental health bond. Consumers of this program are monitored until the set trial date, which can range from 15 days to 6 months, thus greatly decreasing incarceration time and increasing exposure to the mental health care system.

Mental Health Docket: A mental health docket is established to pre-screen defendants for severe mental illness who may then be released directly to CHCS for long term committed treatment under terms of probation. Assessments by CHCS physicians determine the treatment regimen for the individual.

Outcomes related to the Bexar County Jail Diversion Program are currently being collected based upon a rigorous criteria developed for inclusion into the program. In most cases, consumers will undergo at least two separate mental health assessment before determining their inclusion into the jail diversion program. Therefore, from a reporting standpoint, the program is conservative in identifying true jail diversion cases. As mentioned earlier, jail diversion programs vary in their criteria for determining appropriate individuals for inclusion in their respective programs.

Interim Results from State Fiscal Year 2004 Activities

Interim data was collected during SFY2004 as part of the documentation process related to the jail diversion operations in Bexar County. Actual diversions were identified and recorded based upon a strict set of criteria defined earlier within each pre-booking and post-booking diversion mechanism. Table 1 shows a total of 1,732 diversion recorded during State Fiscal Year 2004, with the majority (1,421) occurring during the pre-booking phase. The specific number of diversions are listed by their respective program mechanism in Table 1.

Table 1. Interim Bexar County Jail Diversion Results (SFY2004)

Pre-Booking Interventions	Diversions from Jail Fiscal Year 2004
Deputy Mobile Outreach Team	664
Crisis Intervention Team	757
Post-Booking Interventions	Diversions from Jail Fiscal Year 2004
Pre-Trial Services	223
Mental Health Docket	88
Total Diversions	1,732

The potential economic impact, in terms of avoiding criminal justice-related costs, as a result of jail diversion activities is presented in Table 2. Estimates of cost avoidance from pre-booking diversion activities were calculated based upon the most recently available estimate in Texas (1999) of average costs for an arrest (\$2,295.)⁴⁰ This cost estimate is inclusive of arrest, booking, legal and magistrate costs and does not consider total incarceration days post-booking.

Estimates of the average criminal justice post-booking costs avoided per diverted client were calculated as a range of estimates reported from the three SAMHSA-sponsored cost-effectiveness studies on post-booking programs, described earlier. The figures are presented as a range, namely, because they represent the only available estimates from controlled comparative analyses between diverted and non-diverted consumers in post-booking programs. The three estimates represent 12-month estimates of cost-savings from the jail diversion programs in (1) Tuscon, AZ, (2) Lane County, OR, and (3) New York City.

Table 2. Estimated Potential Economic Impact of Jail Diversion within the Bexar County Criminal Justice System (SFY2004)

Pre-Booking Interventions	Total Potential Criminal Justice Cost Avoidance \$2,295/Avoided Arrest Costs ³⁹		
Deputy Mobile Outreach Team (n=664)	\$1,523,880		
Crisis Intervention Team (n=757)	\$1,737,315		
Total Pre-Booking (n=1,421)	\$3,261,195		
Post-Booking Interventions	Total Potential Criminal Justice Cost Avoidance Using Various Study Site Model Results ³⁵		
	AZ \$1,814/case	OR \$2,816/case	NY \$5,579/case
Pre-Trial Services (n=223)	\$404,522	\$627,968	\$1,244,117
Mental Health Docket (n=88)	\$159,632	\$247,808	\$490,952
Total Post-Booking (n=311)	\$564,154	\$875,776	\$1,735,069
Total Potential Cost Avoidance Pre- and Post-Booking (n=1,732)	\$3,825,349	\$4,136,971	\$4,996,264

As Table 2 shows, the estimated potential cost avoidance of criminal justice system costs in Bexar County based upon interim results of the jail diversion program may be quite significant. Total estimated potential avoidance in criminal justice costs ranges from \$3.8 million per year to nearly \$5.0 million, depending upon the range of post-booking results that is selected. It should be noted that, when considering the estimated societal impact of the jail diversion program, differences in mental health care utilization costs between diverted and non-diverted clients should be included. Also, total program costs related to the administration of the program across all participating entities must be considered. While this report does not attempt to estimate the impact of the jail diversion program on these societal costs, a suggestion for conducting a study to measure all costs of the program follows, below.

Recommendations for an Economic Evaluation in Bexar County

Published studies that have measured the clinical, economic and humanistic outcomes related to jail diversion programs are quite sparse, given the number of programs that have been developed over the last few years. Some have speculated that the lack of published studies with more rigorous research methodologies is due to the nature of jail diversion services, in general.¹³ Because a functional jail diversion program requires integration of mental health support services at varying points within the criminal justice process, a high level of coordination is necessary to collect meaningful outcomes data on consumers. In addition, many jail diversion programs have lacked adequate access to administrative data systems that would allow for selecting comparison groups and collecting mental health service utilization and criminal justice records on consumers prior to the study period.

However, a unique opportunity exists to conduct a rigorous cost-effectiveness study within the Bexar County Jail Diversion program due to many favorable conditions, namely: (1) the large target population currently treated within the CHCS system, (2) the extensive and ongoing data collection process involved with the Bexar County Jail Diversion Program, (3) the forthcoming organization and development of a mental health services/criminal justice system administrative database, and (4) a history of collaboration between law enforcement, the court system, and CHCS. The following briefly describes a study outline that would seek to measure the economic impact of jail diversion within Bexar County:

- Comparison groups of diverted and non-diverted consumers would be established through a confidential review of CHCS clients treated for a mental illness over the course of 1-2 years. Using the jail diversion client database currently being developed by CHCS, those clients could be identified and a comparison cohort of non-diverted mental health clients could be established using a matching system based upon demographic factors and severity of mental illness. As an alternative, diverted clients could serve as their own control by comparing pre-diversion and post-diversion periods.

- Using the confidential identifiers collected from the CHCS system, a criminal record database could be established by linking the confidential identifiers to create criminal record histories to include incarceration days and severity of offense (i.e. felony versus misdemeanor). Finally, mental health service utilization data would be collected using the CHCS and statewide mental health administrative databases.
- The economic impact of jail diversion would be measured by an analysis of system-wide costs between the two groups, more specifically: 1) arrest costs, 2) incarceration costs, 3) court fees, 4) mental health service costs, and 5) jail diversion program costs. Other variables can be measured for descriptive purposes, including: 1) incarceration days, 2) rates of recidivism, and 3) mental health service utilization (hospitalizations, emergency room visits, etc.)
- Arrest costs, incarceration costs and court fees would be calculated based upon actual costs incurred by Bexar County. Mental health service utilization would be collected from CHCS and statewide systems using the state Medicaid fee schedule for the calculated costs of services provided. Jail diversion program costs would be calculated based upon CHCS budget information.
- Data for each diverted consumer would be collected for a minimum of 12 months following initial contact with the jail diversion program (index date.) Comparison group (non-diverted) data collection would begin with the first occurrence of a criminal justice encounter (index date) during the study period and for a period of 12 months following the index date.
- Statistical comparisons would be made between diverted and non-diverted groups regarding criminal justice and mental health care utilization costs. In addition, days of incarceration, rates of recidivism and psychiatric hospitalizations would also be compared. Appropriate statistical models would be developed to control for differences in mental health severity and level of offenses.

Summary and Conclusions

Jail diversion programs have been shown to have positive impacts on decreasing incarceration time for the severely mentally ill, while increasing access to, and utilization of, comprehensive psychiatric services. The Bexar County Jail Diversion Program was developed through a community-wide collaborative effort, including law enforcement, the court system, and CHCS, the local community mental health authority.

Interim results of the program show over 1,700 diversions from jail incarcerations during state Fiscal Year 2004, potentially resulting in an estimated range of \$3.8 million to \$5.0 million dollars in avoided costs within the Bexar County Criminal Justice System. Due to the organized structure of the program and the thoroughness of the concurrent data collection process, a unique opportunity exists to measure the actual societal cost-benefit derived (in city, county and state dollars) of the jail diversion program in the near future, with continuance of the program.

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