

spotlight

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JAIL DIVERSION PROGRAMS

A step toward better mental health reform

KEY FACTS: • Sixteen percent of all jail and prison inmates have serious mental illness.

- One in every 10 police encounters involves a mentally ill individual.
- Mentally ill inmates cost more to detain and are detained longer than other inmates.
- Diverting mentally ill individuals into community-based care instead of jail and prison can improve health outcomes, reduce recidivism, maintain public safety, and reduce total system costs.
- The nationally recognized Sequential Intercept Model provides a good basis for establishing jail diversion priorities.
- Communities should start with crisis intervention teams or other pre-booking methods before implementing mental health courts or other post-booking interventions.

North Carolina's current mental health care reform is distressingly similar to the national attempt begun in 1963 with the Community Mental Health Centers Act. That legislation included authorization for \$3 billion of federal money to replace ineffective state hospitals with community-based providers, but the money was never appropriated.

Lawsuits forced states to transfer patients from costly and ineffective state hospitals to whatever community support existed. In North Carolina, state hospitals were and continue to be unsafe for patients.¹ Without a comprehensive community-based system in place, however, the result was a "fragmented continuum of care that has failed to adequately integrate services, providers, or systems; leaving enormous gaps in treatment and disparities in access to care."² Nor is funding for community services in North Carolina integrated – Medicaid pays for the majority of services directly to providers without any connection to state or local mental health care management infrastructure.

This system is difficult for anyone to navigate, but it is a particular burden for those with the most chronic and severe mental illnesses. As a result, these

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individuals end up rotating through the most expensive locations for mental health care – emergency rooms, state hospitals, and the criminal justice system.

Although most people with mental illness function well in society, some get entangled in the criminal justice system for crimes ranging from nuisances to serious offenses. Family members call the police because it is their last hope to get treatment for their loved one. More than half of those with mental illness also have substance abuse challenges, and one survey found 15 percent are homeless,³ both of which increase the likelihood of police involvement.

One of every ten police encounters involves a mentally ill individual.

Nationally, there were 368,000 or more people with serious mental illness in jails and prisons at the end of 2005 compared to just 70,000 in hospitals at any one time. Another 170,000 or so were homeless.⁴ A June 30, 2005, census found 17,171 inmates in North Carolina jails.⁵ Assuming the state is similar to the nation as a whole, about 2,750 of those inmates had serious mental illness.

Why not jail?

Jails and prisons are not intended to provide mental health treatment. What care inmates do get is designed to help them function well enough to stand trial or return to the prison. Because of behavioral problems that arise without proper treatment, inmates with serious mental illness are held nearly six months longer than the average inmate before trial and are three times as likely to serve the maximum prison sentence if convicted.⁶ As an example, Pennsylvania’s prisons pay seventy-five percent more each day to hold inmates with serious mental illness than to hold the average inmate.⁷ Mentally ill inmates are also more likely to come back into the criminal justice system after their release.

Alleghany County, Penn., Mental Health Court: Net Annual Cost Saving / Increase Per Participant		
	One Year After Diversion	Two Years After Diversion
Total costs ^a	-\$1,804	-\$9,584
Mental health costs	\$1,920	-\$6,876
Jail costs	-\$5,656	-\$5,948

^a Total cost includes the costs of arrests, prison, probation, cash assistance, and MHC administration in addition to mental health and jail costs.
Source: Ridgely, et al., "Justice, Treatment, and Cost," RAND Corporation, 2007

In an ideal system, the mentally ill would receive proper care in the community and have no more contact with the police than those with physical illnesses have. In reality, the best we can hope is to identify mentally ill persons as early in the criminal justice process as possible and direct them into effective treatment programs. Although there are a number of different methods of jail diversion, all of them have been shown to reduce costs over time while keeping the public safe and increasing safety for the mentally ill and police.

At first blush, it would seem expensive to build a solid community-based system that can provide care to people diverted from jail. While it is true that mental health costs initially rise, the fall in jail costs can offset this increase and other associated costs. The savings become substantial in later years on both the mental health and jail sides as patients rely less on hospitals and other costly forms of treatment. Interventions early in the criminal justice process yield even greater cost savings than mental health courts, which dedicate a judge to hearing nonviolent cases involving mentally ill individuals. The judge can create a plan and sentence these individuals to treatment programs instead of criminal sanctions, but criminal sanctions apply if the person does not participate in treatment.

RAND Corporation calculated the additional costs and savings from a mental health court in Alleghany County, Pennsylvania. The results showed net savings in the first year and savings in both mental health treatment and jail

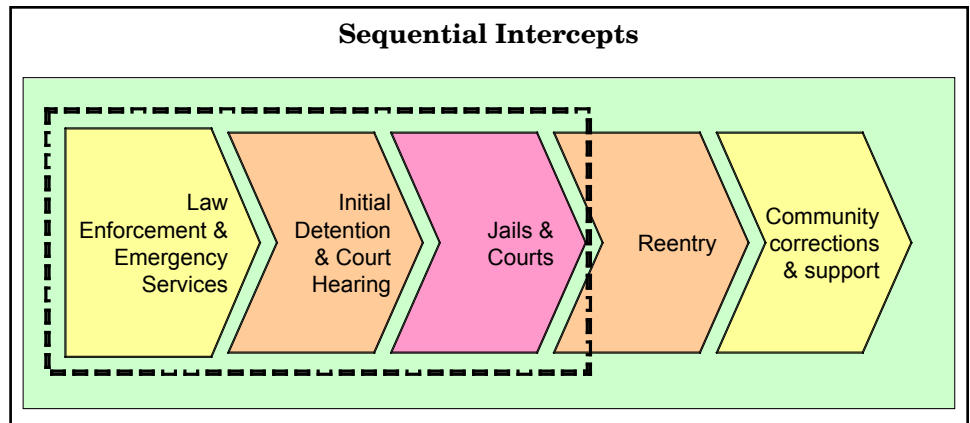
costs starting in the second year⁸ (see chart).

In North Carolina, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) in the Department of Health and Human Services (DHHS) has undertaken two studies of post-booking jail diversion programs in the state. Their results are not conclusive due to the small number of individuals involved,⁹ though other research has been positive about the effects of jail diversion.

Sequential Intercept Model

One of the best pictures of how jail diversion should work is called the sequential intercept model.¹⁰ The model provides a way to consider the entire cycle of mental health interactions with the criminal justice system and how the process can change to improve results and lower costs. First and last is the community-based network of services; if this is good fewer people have later interactions with the criminal justice system. For those that do, the next step is to recognize their mental illness during an incident with law enforcement before booking and avoid any jail costs at all. If there is no recognition from law enforcement or the offense calls for stricter enforcement and jail time, the jail should have effective screening with a trained nurse and an evidence-based evaluation tool. Jail staff should work with the outside mental health system to ensure treatment and a connection upon release. Mental health courts or public defenders' offices can provide alternatives to prison for those with mental health concerns who could do well in treatment. For those who make it through all of these steps and find their way to prison, corrections officials can provide treatment and develop ways to make a smoother transition back to community care and the broader society.

The rest of this paper will focus on the early intervention stages with law enforcement, jails, public defenders, and the courts – where local governments can make changes on their own. Those in the criminal justice system who have worked with the mentally ill emphasize the need to start at the early stages and generally recommend implementing crisis intervention teams (CIT) before moving on to post-booking programs that can more easily be overwhelmed.



CIT. Wake County was among the first in the state to adopt a crisis intervention team (CIT) approach to diversion. Officers trained in CIT assess a situation themselves and lower the situation's level of intensity (de-escalate) instead of having to wait for a social worker to arrive on the scene. Proponents of CIT note that if structured appropriately, it involves no extra cost because the officers volunteer for the training, which can be arranged through community colleges in conjunction with mental health and other health agencies.

The Wake County Sheriff's office and many city police forces in the County have trained officers in CIT. Off-duty officers work at the county mental health department to allow officers in the field to drop off patients and return to duty. Not every county will be able to do this, but it is a benefit of the Wake County program that the sheriff's office, community college, and mental health system worked together to accomplish. The Governor's Crime Commission provided a \$27,804 grant to establish the program as a foundation to build infrastructure and train others.¹¹

Post-Booking. If someone is arrested and cannot be transferred to mental health care providers, jail staff need to have effective evaluation tools. Ideally these tools would be proven, evidence-based surveys administered by nurses trained in mental health evaluation. The nurse would conduct this evaluation as part of the overall health inventory upon entry. Computerized records would help, but paper records can be sufficient.

Each jail should have a good working relationship with the local management entity (LME) that directs the mental health care for people in the county. This is easier to do in larger counties that have their own LME, but the multi-county Sandhills Center is working with Moore County to set a model for that region. Benny Langdon, Mental Health Coordinator for the Wake County Sheriff's Office, works with the county-based mental health department. Within health information privacy laws, Langdon checks if the person is already receiving treatment including medication needs. Mental health staff and nurses at the facility then follow through on treatment. Mecklenburg County has contracted with a private provider to treat inmates.

Orange County and others have adopted mental health courts to divert non-violent offenders into treatment options. The judge in such a court establishes a treatment program for the defendant who agrees to it or faces the prospect of a full criminal trial. While this helps assure more informed judgments in such cases, it can mean additional burdens on the court system by pulling a judge full time from hearing other cases.

Another approach would avoid additional burdens on the court system. Shelby County (Memphis), Tennessee's, Jericho Project covers a wider range of offenses, including some violent crimes through the public defender's office. The public defender and a social worker develop a treatment alternative that they present to a judge for approval. This approach works within the normal court system, with no additional requirements on court resources or judge training.¹²

Proponents of both alternative sentencing approaches emphasize the need to have a viable pre-booking diversion system in place to keep a manageable load for the public defender or mental health judge. Even if a government does not adopt this step, a critical post-hearing step is to connect inmates to the mental health system upon their release, including transportation if necessary.

Lower costs, better results

Counties have a direct stake in providing lower-cost, community-based alternatives to prisons for mentally ill individuals. Putting those alternatives in place will take time and creativity, but the effort will pay off in multiple ways.

It costs money to get the system right, but it saves money overall while improving public safety. One of every ten police encounters involves a mentally ill individual. If officers know how to respond, they can improve outcomes for everyone involved. Proper care for the mentally ill and substance abusers will reduce their rate of arrest, incarceration, and criminalization, making it more likely for them to contribute to society.

Wake County provides one example of how to achieve results through a county-run mental health agency. Other mental health care management agencies are experimenting in other areas of the state. Research and experience are providing more ideas of what works and how to implement jail diversion programs.¹³ With the overall savings and better outcomes from jail diversion, the case for increased county funding of mental health becomes clearer. The current system's reliance on Medicaid funding makes it hard to hold providers or case managers accountable for their results in the jails particularly and at the LME level more broadly. With programs such as CIT, sheriffs can promote more accountability in the system.

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End Notes

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