

Ending the Cycle of Recidivism



Best Practices for Diverting Mentally Ill Individuals from County Jails

About the National Association of Counties

Founded in 1935, the National Association of Counties (NACo) is the only national organization in the country that represents county governments. With headquarters on Capitol Hill in Washington, D.C., NACo's primary mission is to ensure that the county government message is heard and understood in the White House and in the halls of Congress.

NACo's purpose and objectives are to:

- Serve as a liaison with other levels of government;
- Improve public understanding of counties;
- Act as a national advocate for counties; and
- Help counties find innovative methods for meeting the challenges they face.

For more information on the topic of diverting non-violent mentally ill individuals from county jails, please contact:

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Dear Fellow County Official,

The nonviolent mentally ill should not be in county jails. I first realized this when I was a prosecutor in Dallas County and came to understand fully how the justice system works. As a Dallas County Commissioner, I became committed to changing the system that deposits the mentally ill in jail because there is no other place to put them. For that reason, one of my initiatives as President of NACo focuses on encouraging counties to develop programs to divert the non-violent mentally ill from jails.

A key objective of this initiative is to educate and train county officials and partners in the community about the mentally ill, so that the mentally ill are identified and handled appropriately if and when they enter the criminal justice system.

According to the U.S. Department of Justice, of the 10 million admissions to jails each year, approximately 16 percent of the inmate population is mentally ill. This is a treatment and custodial problem for counties, both during the jail term and in the person's reentry to the community.

Too often, the mentally ill tend to follow a revolving door, from detention to the streets and then back again. The longer non-violent people with mental health problems are incarcerated, the more their condition will deteriorate—and then they may very well become a public safety risk.

Jail diversion programs can save counties money, provide better treatment for the mentally ill, and improve public safety and the safety of the jail.

As part of the initiative, I made three site visits to learn about successful county programs. The programs examined were in Los Angeles County, California; Hamilton, Butler and Clermont Counties, Ohio; and Miami-Dade County, Florida. Accompanying me on these site visits were Commissioner Tony Bennett of Ramsey County, Minnesota, and chair of the Justice and Public Safety Steering Committee and Commissioner Bill Kennedy of Yellowstone County, Montana, and chair of the Health Steering Committee.

This report outlines the programs from these counties and how they were developed. It presents the key elements for starting a diversion program, describes the program operation, and demonstrates results of the cost savings and improved services for the mentally ill. The report shows the level of commitment within the county and the groups that must become involved for the program to succeed.

I encourage you to use this guide to develop your jail diversion program or expand your program if you already have one in place. One of the most important lessons that we learned is that none of the programs are alike. Some of the elements are similar, but no program is identical with another.

A good program to divert the non-violent mentally ill from jail must fit the needs of its county. So, take the elements from these programs that work best for your county and develop a program. A successful program will have a positive impact on your county and your citizens.

New legislation, the Mentally Ill Offender Treatment and Crime Reduction Act of 2003 has been introduced in Congress to increase public safety and community health by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems. The legislation will help divert individuals with mental illness away from the criminal and juvenile justice systems and treat them within the mental health and substance abuse systems.

NACo was successful in getting language into the bill that will promote collaboration and partnership between cities and counties and between states and local governments. I strongly support this legislation and urge you to do so, too.



Sincerely,
Kenneth A. Mayfield

Kenneth A. Mayfield
NACo President
Commissioner, Dallas County, Texas

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The Honorable Steven Leifman, County Judge
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The Honorable Yvonne Brathwaite Burke
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The Honorable Dr. Barbara Carey-Shuler
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The Honorable Harvey Ruvlin
Clerk of the Courts

The Honorable Katy Sorenson
Vice Chair of the Miami-Dade Board of County
Commissioners

The Honorable Natacha Seijas
Miami-Dade Board of County Commissioners

NACo would like to especially thank The Health Foundation of Greater Cincinnati for hosting a dinner forum in honor of the NACo visit to the Southwestern Ohio counties.

Thank you to all of the counties that expressed interest in hosting the Ken Mayfield delegation and submitted information on their programs. Although all could not be visited, NACo recognizes the excellent leadership role of counties in initiating and implementing effective jail diversion programs.

What is Jail Diversion?



The nation's local jails have increasingly become the place of last resort for the mentally ill. Beginning in the late 1950's and early 1960's, individuals with mental illness were released from state-run hospitals without alternative placement. Many of these individuals subsequently have committed repeat non-violent crimes, resulting in incarceration, release from jail, and repeat offense and arrest – a cycle of recidivism. By default, jails in many communities have become the primary source of care for the mentally ill, a function for which they are neither equipped nor designed to handle. Moreover, there are cases of individuals struggling with mental illness who intentionally break the law as a way to receive treatment services. This cycle of recidivism is a clear symptom of an unhealthy system.

In a landmark Bureau of Justice Statistics report by Paula M. Ditton published 1999, *Mental Health and Treatment of Inmates and Probationers*, it was estimated that 16 percent of local jail populations are suffering from mental illness. The study found that 70 percent of the mentally ill population was comprised of non-violent offenders.

What county officials and the public should know about the incarcerated, mentally ill population is not just that these individuals will significantly benefit from a system of comprehensive services, such as housing, health, and human services, but also that such a strategy would be less expensive and more effective in the long-term. For a minor offender, community based mental health care is far less expensive than maintaining the individual in jail.

Moreover, implementing a community based social services system is infinitely more preferable to jail in terms of humane care and treatment, and in addressing the multiple issues facing this population. By keeping the mentally ill within the health and human services

system, counties are better able to monitor their condition, provide treatment, and dispense medication if needed. And the public safety is better served.

Jail, on the other hand, has the opposite effect. It can traumatize the mentally ill and result in worsened mental health. For the county health department psychiatrist, it often means working twice as hard to get individuals back to the better, though not entirely healthy, condition they were in when they entered the jail. For the sheriff, it often means assigning a deputy to carefully monitor the individual in jail.

There is an additional, significant fiscal impact. In many states, even a short stay in the county jail is enough to disqualify a mentally ill person from such entitlements as Social Security, Medicaid or Medicare. Once an individual is released from jail, he or she is eligible to receive such benefits, but it may take weeks or months for the benefits to be restored.

In response to this cycle of recidivism, the mental health, judicial, and law enforcement systems at the county level have begun to work together to develop solutions to this growing crisis. Some counties have developed programs that demonstrate the benefit of these systems working together to more effectively respond to individuals with mental illness. These programs demonstrate interventions to divert people at different stages in the criminal justice process, including before arrest, after arrest, and after release from jail.

An ideal diversion program would include interventions for mentally ill offenders at all stages of the criminal justice process. The first stage (or approach), often referred to as the "crisis intervention team" approach, diverts the individual at the scene of the disturbance by training police officers to recognize signs of mental illness. Under this approach, the offender is transported

directly to a treatment or housing facility as an alternative to jail.

Another approach, called the “mental health court,” diverts mentally ill individuals after they have been arrested and charged with an offense. In this instance, the court system has a program to allow for an alternative course of action. This action often involves having the individual enter into treatment and case management, while the court monitors the individual through probation.

Sometimes a person will fall through the cracks and not be diverted at either of the two stages described above, ultimately leading them to jail. A “post-incarceration intervention approach” to transition individuals

from jail to community based treatment services helps to ensure that they do not re-offend and re-enter the criminal justice system.

Finally, a key component in sustaining the success of a comprehensive diversion system is the availability of a long-term, supervised residential housing program for individuals with mental illness. This strategy has been found to be very effective in preventing individuals from re-entering the criminal justice system; however, it can be cost prohibitive. Nonetheless, with the coordination, strategizing, and sharing of resources between the criminal justice and mental health systems, counties have successfully implemented these types of housing programs.

Presidential Initiative

NACo President Kenneth A. Mayfield has long recognized the serious problem of maintaining non-violent individuals with mental illness in county jails. Therefore, Commissioner Mayfield made this issue a focus of his presidency during 2002-2003. The human and dollar cost of the increasing number of individuals with mental illness being housed in the nation’s jails is a major problem for counties, Mayfield believes.

Commissioner Mayfield pursued this initiative to raise awareness among county officials that there are alternative strategies to treat non-violent offenders with mental illness, and that these strategies can be cost-effective. Diversion programs can improve care for the mentally ill, reduce costs for counties, and improve safety within the jails. Solutions exist and counties can take the lead in being part of those solutions. By encouraging the collaboration of mental health and criminal justice systems, county officials can initiate comprehensive programs to divert individuals with mental illness from jail.

“One of my goals as NACo president was to look at gathering support and getting counties involved in making leadership decisions to divert the non-violent mentally ill from our jails,” Mayfield said during a visit to Los Angeles County.

More and more counties across the country have begun to implement promising strategies in the treatment and management of individuals with mental illness in the jail system. During his presidency, Commissioner Mayfield visited five such county models throughout the country to learn about the key elements that made for their jail diversion programs’ success. Mayfield, along with other NACo officials, toured and studied these model programs. They found that these programs reduced the fragmentation of services for the mentally ill, demonstrated cost savings, and could be replicated in counties nationwide.



About the Programs

Los Angeles County, California

■ The County of Los Angeles Department of Mental Health Criminal Justice Diversion Programs for Mentally Ill Offenders

Los Angeles County has developed many strategies for diverting individuals with mental illness from the criminal justice system. The county faces special challenges as their jail, the Twin Towers Correctional Facility, holds approximately 22,000 inmates, with 10 percent receiving mental health services. The Los Angeles County Sheriff acknowledges that the jail should not be the place for individuals to receive mental health services, and that the lack of alternative mental health treatment options has left the jail as the last resort.

In response, the county has developed programs not only to prevent non-violent mentally ill individuals from entering the jail, but to treat mentally ill offenders upon re-entry to the community.

County size: 9,637,494
Program started: 1993

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“The matter remains that there are too many Americans who have mental challenges, and jails should not be the answer,”

- Los Angeles County Sheriff Leroy Baca

Pre-arrest Diversion

■ Law Enforcement/Department of Mental Health Clinician Teams (Mental Evaluation Teams, MET)

This element of Los Angeles County’s program pairs law enforcement officers with mental health clinicians to respond to 911 calls involving mentally ill citizens. Team members have been specially trained to identify, evaluate, and locate appropriate placement for the mentally ill citizen. Placements can include shelters, medical facilities, or jail if necessary. The Department of Mental Health has developed similar partnerships with the police departments of the cities of Los Angeles, Long Beach, and Pasadena.

This cooperative project between law enforcement and the mental health system began as one MET team serving one section of the county. 20 MET teams now serve the county because of the improved public safety and popularity among residents.

The main objective of the law enforcement-mental health teams is to provide rapid, compassionate response. To achieve this, teams provide intervention, referral, or placement for mentally ill persons while allowing field officers to focus on maintaining public safety. The program prevents the unnecessary incarceration, and facilitates the hospitalization when necessary, of these individuals. Another objective is to return the sheriff’s deputies back to service in a timely manner. On average, it takes 3-4 hours to evaluate and transport the individual to the appropriate facility. The average response time to get officers back on scheduled duty is now 29 minutes.

One of the challenges of the MET program has been establishing trust between the sheriff’s deputy officer and the mental health clinician. Officers, used to having their partners be from law enforcement, had to adjust to having civilian partners. Building that trust was one of the barriers that needed to be overcome for the teams to be effective.

When diverting a mentally ill person in need of medical care, the team also determines if the person has Medicaid or private insurance, enabling the team to pinpoint the appropriate hospital that would accept the person’s medical benefit. If a person requires hospitalization, the teams research

the private insurance or verify Medicaid benefits and then transport the person to either a county or private hospital. According to the program's statistics, of the individuals diverted, about one-third are placed in county hospitals, another one-third are placed in private hospitals, and the rest are transported to community providers.

County Leadership

The Los Angeles County Board of Supervisors played a key role in establishing the law enforcement Mental Evaluation Teams with the Sheriff's Department and the City of Los Angeles, and in expanding that model to other police departments throughout the county. The ongoing leadership of the Board of Supervisors has played a key role in the successful interagency collaboration for the treatment of mentally ill offenders. The cornerstone of the county's jail diversion initiative is the partnership among the Los Angeles County Sheriff's Department, Probation Department, Department of Mental Health, and the cities within the county. This kind of cooperation and shared vision among these departments has created systemic change that is not only cost effective, but also designed to improve the lives of the mentally ill in Los Angeles County.

Results

In FY 2001-2002, the law enforcement-mental health teams responded to 7,121 calls for intervention. Of these, only 107 resulted in arrest. Given the national recognition of this model, Sacramento County, California, and Baltimore County, Maryland, have investigated initiating similar models.

Re-entry into the Community/Housing Strategies

■ Strategies: Village Integrated Service Agency, Integrated Services for Homeless Mentally Ill Offenders

This program is funded through special legislation, Assembly Bill 34, established by the state of California in 1999 to reduce homelessness and incarceration among people with mental illness. The Village Agency is one of several agencies contracted by Los Angeles County to provide comprehensive care for the homeless mentally ill.

This community-based program provides treatment, housing assistance, linkages to health care, employment and vocational services, advocacy in the legal system, and assistance in applying for public benefits to mentally ill individuals who are homeless or at risk of incarceration. The program also serves those who recently have been released or are pending release from the criminal justice system. The purpose of the program is to reduce incarcerations, hospitalizations, and homelessness while moving people into housing through an integrated services approach. The program also provides crisis intervention 24 hours per day, seven days per week.

Professional staff members work closely with jail mental health services to link individuals in jail with community agencies. Therefore, when individuals are released from jail, they are already connected to services. There are a total of 1,680 individuals enrolled in the program.

Results

Comparing data for 720 participants 12 months prior to their enrollment to the 12 months after enrollment in the program demonstrated the following results:

- 77% increase in permanent housing
- 65% reduction in the number of incarcerations
- 80% decrease in the total number of days participants were incarcerated
- 33% reduction in hospital admissions
- 250% increase in the number of participants employed full-time

The success of the village integrated-services approach has sparked much national interest. The federal Substance Abuse and Mental Health Services Agency is funding programs in counties across the country to develop models based on the village program.

Keys to Success

- Outreach in the community and engaging the client in treatment
- Linkage of care from the jail to the community
- Ongoing training, including training by the state on developing partnerships with housing agencies

Butler, Clermont, and Hamilton Counties Ohio

Located in Southwestern Ohio, Butler and Clermont Counties border Hamilton County, home to the City of Cincinnati.

■ The Clermont County Mental Health and Recovery Board Jail Diversion Program

The Clermont County Mental Health and Recovery Board is a public agency established by the state to provide comprehensive mental health services to the community.

Prior to launching their program, this Board conducted a needs assessment and researched other jail diversion programs. The county wanted to develop a system that met local needs and would work well with existing local systems. After that information was collected and reviewed, Clermont County applied for and received two grant funding awards, one from the Ohio Department of Mental Health and one from The Health Foundation of Greater Cincinnati to launch their program.

Clermont County, Ohio
County size: 177,977
Program start date: March 2000

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Post-arrest Diversion

The jail diversion project diverts individuals after they are charged and brought into the Clermont County Municipal Court system. There are three Municipal Court Judges and a Magistrate who sentence the majority of cases and make referrals to the jail diversion program. Each of the judges plays an integral role in the jail diversion program, and all attended educational sessions on mental health and substance abuse issues.

For the participants in the program, the primary diagnoses were depressive disorder, bi-polar, and generalized anxiety disorder. Driving under the influence ranks as the most frequent charge for individuals potentially served by this program; however, to qualify, a person must be diagnosed with a qualifying mental illness. Often these individuals suffer from both substance abuse and mental illness, called co-occurring disorders. Clermont's jail diversion team consists of a specialized case manager working with a dedicated intensive probation officer whose background and understanding is focused on persons with mental health problems. Most clients participate in the intensive treatment probationary period for 14 months. They must take required medications and stay clean and sober while in the program.

Results

From March 2000 to December 2002, a 34-month period, 252 non-duplicated individuals participated in the program. These 252 individuals referred to jail diversion had been sentenced to 37,629 jail days. With jail diversion, 8,166 days were actually served and 29,463 days were suspended.

At the county jail per diem rate of \$57, the sentenced days would have cost \$2,144,853. Considering the grant amounts and treatment expenses, costs were \$526,089 for the 34-month period, for a savings of \$1,618,764. (Please note that

“As a Past President of the Ohio Community Corrections Association, I have seen the benefits of jail diversion programs. It is important to recognize the mental health issues that affect our community. These issues also affect our courts and corrections systems. The jail diversion program supports these individuals in making restitution and becoming more productive members of our community. Also, it frees up jail space for more predatory offenders”

- Clermont County Commissioner Bob Proud

figure represents the maximum amount of savings to the county. The offender may not have served all initially sentenced jail days.)

The recidivism rate during this period was 29, or 11.5% percent.

County Leadership

County officials are convinced programs such as these can result in significant savings in county resources and human capital. The Clermont County Board of Commissioners believes in the success of the project and has decided that the county will begin covering the cost of a staff position to keep the program running smoothly as one of the grant funding sources ends. Beyond the cost savings, the Clermont County jail is experiencing over crowding; therefore, the Sheriff is also very supportive of efforts to divert appropriate individuals to treatment in lieu of incarceration. For the Sheriff, not only is the jail not the best place to be treating these individuals, but liability issues escalate when people with mental illness are housed in the jail.

Keys to Success

- Relationship and partnership between the courts, law enforcement, and mental health treatment system
- Examine existing models and design a program to meet the needs of the local community
- Set clear goals and objectives in planning stage
- Collect data and measure the results



Butler County, Ohio

■ Substance Abuse Mental Illness Court (SAMI)

In July 1999, Butler County launched a mental health court program called a Substance Abuse Mental Illness (SAMI) Court. It is one of nine programs in the State of Ohio funded by the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services to demonstrate an integrated substance abuse/mental illness treatment model based on a program developed by researchers at the New Hampshire-Dartmouth Psychiatric Research Center. Butler County was the only court-based project to be funded. It is the only such program in Ohio and one of few in the country. The Health Foundation of Greater Cincinnati also funded the SAMI Court project.

Key stakeholders, including representatives from the local mental health system and the criminal justice system, formed a planning workgroup for the project development. This group participated in an extensive week-long planning conference sponsored by The National GAINS Center for People with Co-Occurring Disorders in the Justice System to foster collaboration between the two systems. The workgroup returned to Butler County with a common vision and joint plan for working together on the SAMI project.

County size: 337,013

Year program started: July 1999

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Post-arrest Diversion

The SAMI Court is designed for individuals with co-occurring mental illness and substance abuse who have been charged with a felony in the Butler County Court of Common Pleas.

Once a defendant qualifies, he or she must voluntarily enter a guilty plea and enter the SAMI Court program as a condition of probation. The caseload for SAMI Court program is 25 individuals; it is a relatively small number because the program deals with the most difficult cases in the community. These individuals have moved from crisis to crisis, ending up in emergency rooms, and repeatedly are arrested. All participants would have been sentenced to prison, if not for the SAMI Court treatment option.

The program utilizes a specific treatment model focusing on active treatment and relapse prevention. The SAMI Court program treatment team consists of representatives from probation, the court, and the mental health and substance abuse systems. This team of cross-system professionals meets weekly to discuss the cases and treatment planning. Every two weeks, SAMI Court participants are required to appear before the Court, and the entire treatment team is present to review the client's progress.

The probation officer monitors the client on a regular basis, and the client is screened weekly for drug use. The client also receives intensive case management services consistently throughout the program and can access assistance in obtaining housing and enrollment in federal and state benefit programs. A 24-hour crisis intervention service is also available. The average length of stay in the program is one year. After completion of the program, individuals receive ongoing community-based case management services.

Results

From July of 1999 through April of 2002, the courts, probation, attorneys and social service agencies referred over 400 individuals to the program. From this group, 50 were found to meet all legal and diagnostic criteria and were enrolled in the program. Of the 50 clients admitted, 23 failed to complete the treatment and were sentenced to prison. As of May 2002, eight of the remaining 27 have graduated to community-based care and 19 are still active in SAMI Court treatment. Due to the "difficult to treat" nature of this population, success with a few clients is considered by Butler County to be a positive outcome.

The following outcomes are based on data collected on 30 clients who were in SAMI Court treatment for any part of the one-year period from May 1, 2001, through April 30, 2002.

- Hospital costs were lowered by \$177,000 for the 30 SAMI Court participants compared with costs for the two years prior to admission.
- Community treatment was less expensive than prison. The cost to house and treat a mentally ill adult in prison is approximately \$80.10 per day, compared to an average of \$53.92 per day for SAMI Court services. During this one-year study period, the cost of treatment yielded a savings of \$76,400.
- By enrolling participants in Medicaid and Medicare federal benefit programs, approximately 40% of SAMI Court treatment costs are paid by the federal government.
- To date, none of the eight SAMI Court graduates have re-offended.

Post-arrest Diversion

■ Therapeutic Alternative Court (TAC)

Butler County launched a second mental health court in January 2002 at the Fairfield Municipal Court, building from the success of the SAMI Court. The City of Fairfield within Butler County has a population of approximately 42,000. The TAC program is a pretrial diversion program for misdemeanor offenders who have a qualifying mental illness. The understanding behind the program is that these individuals most likely committed a minor offense because of their untreated mental illness, and court monitored treatment would serve as the smarter alternative to jail.

Although the TAC program does not follow a specific treatment model, the focus is on court oversight and supervision, intensive case management, and system coordination. The criteria and procedure for being admitted to the TAC program are very similar to the SAMI Court. A defendant must meet diagnostic criteria, enter a guilty plea, and successfully comply with program requirements.

Pre-arrest Diversion

Shortly after the TAC program began, mental health staff met with the City of Fairfield Police Department staff to discuss the goals of the TAC program and why mental health training for officers would enhance overall diversion efforts. The partnership that developed among the court, law enforcement, and mental health community resulted in the creation of a crisis intervention team approach. In October 2002, mental health training for Fairfield police officers began as an extension of the TAC program.

Results

From the period of July 1, 2002, through February 15, 2003, there have been 47 pre-arrest diversions with none resulting in arrest. In addition to training officers of the police department, mental health staff often rides along with officers several times per month. TAC mental health clinicians are also in communication with the police department on an average of three or more times per week.

Official evaluation of the TAC program is currently underway.

Keys to Success

- During project planning, define the roles of the criminal justice and mental health system in program implementation.
- Consistent and frequent communication between the criminal justice and mental health treatment staff.
- Involving members of the mental health, probation, and court systems in the decision-making process regarding program participants' treatment planning.

Hamilton County, Ohio

■ Alternative Interventions for Women

This program, a partnership among the Hamilton County Courts, Department of Pretrial Services, Hamilton County Adult Probation, and Hamilton County TASC (Treatment Alternatives to Street Crimes), was formed in response to the growing number of women offenders entering the criminal justice system and the need to determine alternative treatment strategies. The Health Foundation of Greater Cincinnati and the Hamilton County Commissioners provided start-up funding for the project.

County size: 845,303

Year program started: June 2000

Mary Carol Melton

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Post-arrest Diversion

Hamilton County's jail diversion project is designed specifically for women with non-violent misdemeanor or felony offenses who have been diagnosed with co-occurring mental illness and substance abuse disorders. The Court Clinic performs a clinical assessment for each woman to determine eligibility. A Judge or Probation Officer can refer a woman once a diagnosis is made and eligibility criteria have been met.

This program enables women to set personal goals for the program and develop, with staff support, an individual treatment plan. Women must participate in the core program for a minimum of five weeks and up to three months. Step-down and transition and aftercare services are available to women for up to one year.

Hamilton County also opened its first Mental Health Court, which operates out of the Hamilton County Municipal Court, with funding support from The Health Foundation of Greater Cincinnati and the Hamilton County Community Mental Health Board. The Court is designed to divert non-violent misdemeanor offenders with a qualifying mental illness to community-based treatment.

County Leadership

The leadership and support of the Hamilton County Board of Commissioners has been critical to the creation and expansion of jail diversion efforts.

Results

From March 2001 to December 2002, 4,203 women were screened for mental health and substance abuse disorders at the Hamilton County Department of Pretrial Services. Three hundred sixty-six women qualified for the next phase, in-depth assessment, and a recommendation of appropriate treatment was made to the court. Of the 366 women assessed, 25 women were not found to be in need of treatment services, and 119 entered the Alternative Interventions for Women program. The remaining individuals were referred to other community-based services.



Miami-Dade County, Florida

■ 11th Judicial Circuit Criminal Mental Health Project

Miami-Dade County has the highest percentage of persons with mental illness of any urban area in the country, 9.1 percent of the general population or 200,000 people, and an even higher percentage in its criminal justice system. Less than 13 percent of the mentally ill population receives treatment. County data indicated that the county was paying \$15 million annually to house and treat people with mental illness in the county jail. Additional data indicated that the cost to house a non-mentally ill person in jail amounted to approximately \$20 per day, while the cost for an individual with mental illness undergoing treatment amounted to \$125 per day.

Miami-Dade County also faces challenges in treating individuals with mental illness who are not U.S. citizens, and therefore do not qualify for federal benefits. They also face a serious homeless problem; their data indicates that 45 percent of homeless individuals suffer from chronic mental illness or co-occurring mental illness substance abuse disorder.

A grant from the National GAINS Center for People with Co-Occurring Disorders in the Justice System enabled Miami-Dade County to host a summit with key stakeholders in July 2000 to design a comprehensive plan to appropriately treat people with mental illness. The summit resulted in a plan to build a comprehensive community-based care system through which individuals are diverted to local treatment facilities and can access medication, housing assistance, and supported employment.

County size: 2,289,683
Year started: July 2000

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Pre-arrest Diversion

There are Crisis Intervention Team (CIT) police programs. Police officers volunteer to complete 40 hours of training to learn how to sensitively and effectively interact with individuals in mental health crisis. The County Mental Health Hospital Center, Jackson Memorial Hospital, provides the training at no cost. There are currently 10 police agencies in Miami-Dade County offering the CIT program. Once diverted, CIT officers transport the individual to one of six community mental health center crisis stabilization units (CSU's). These state-funded public receiving facilities stabilize individuals and assist them in accessing services. Once released, the Court Mental Health Project staff tracks and ensures that these individuals are linked with case-management services.

Post-arrest Diversion

The post-arrest misdemeanor diversion occurs through two courts that are not separate specialty mental health courts, but function like specialty courts. If an individual is determined to be in need of mental health services, they are transported by the Department of Corrections within 24-48 hours of arrest to an appropriate CSU.

To enroll and maintain individuals in federal benefit programs for better access to treatment, Miami-Dade County has established a relationship with the local Social Security office to expedite the process of re-establishing or establishing federal benefits for individuals. Under this system, it can take as few as 24 hours to establish a person's benefits.

Housing

There are adult living facilities that provide long-term supervised housing for people with mental illnesses. The Court Mental Health Project refers 500 to 1,000 individuals per year to these adult living facilities.

Collaboration

A group of stakeholders including State's attorneys, public defenders, state and county representatives, family members of people with mental illness, members of the judiciary, the Department of Corrections, mental health providers, and representatives from the 10 police agencies involved in CIT meet on a monthly basis to discuss successes, challenges, and needs of the entire jail diversion program.

The State of Florida has been a key partner with Miami-Dade County in their efforts to properly treat

people with mental illness. Both the county and the state work together in a mutually beneficial way and each contributes to the success of the project. The state has provided funding for a staff person within the court system to link diverted mentally ill individuals to case management services. The state has also offered to help offset costs of treating undocumented immigrants who cannot access benefits. The county provides funding for an additional staff position in the court and also has committed \$6 million to build a forensic facility, to expand crisis stabilization, and to provide a transitional living program.

County Leadership

The Miami-Dade Board of County Commissioners provides critical leadership for jail diversion efforts. Not only is the Commission supportive of efforts to find the best alternatives for treating individuals with mental illness, they also are committed to ensure that these efforts not only continue, but expand. The County Board Chair plans to keep the issue of appropriate treatment of mentally ill individuals a top priority in Miami-Dade County.

Results

The City of Miami CIT police officers diverted 2,100 individuals to community based mental health centers over a period of six months, resulting in fewer police injuries, decreased recidivism, and substantial savings to the county.

From 2000 to 2001, the Project has reduced the recidivism rate for the mentally ill population from an

estimated 70 percent to 11 percent. The recidivism rate rose slightly, to 18 percent, in 2002. According to the Project's calculations, the overall reduced recidivism rate saved Miami-Dade County \$2.3 million in a one year period.

In May 2003, Miami-Dade County was one of seven communities across the country to be awarded a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand its jail diversion program. Additional expansions and improvements to the Project are underway, including enhancing evaluation through a partnership with a local foundation and university, and creating a felony diversion program.

Keys to Success

- Partnership and cooperation among state, county, and city agencies
- Cooperative agreements with hospitals and other mental health providers to build the continuum of mental health care.
- Having a coalition of key stakeholders meet regularly as a group to strategize on how to continue leveraging local, state, and national resources. Approaching potential funding sources as coalition with a shared cause can increase chances of success.
- Ongoing and frequent communication among the key agencies involved in the jail diversion program
- Leadership of the County Commission



Program Central Themes

County Leadership

In each of the sites visited, the County Board, County Sheriff, and members of the judiciary played key roles in launching jail diversion efforts. In many cases, the support and leadership of elected and appointed county officials created the political will for programs to be developed. Additionally, county elected officials can play a key role in financially sustaining programs after grant funds or start-up funds expire.

Strategic Planning

As demonstrated by the visits, there are innovative strategies for counties of all sizes. Counties certainly should investigate and examine existing models for jail diversion and decide what pieces/aspects will work best for their community. What will work effectively in one community may not in another. The best approach often depends on the social needs of the county, the problems particular to their region, and the structure of local systems.

City/County Collaboration

Another common theme was the division of labor between municipal and county governments and the need for collaboration. Counties have a major responsibility for funding felony courts, operating jails and detention centers, and providing for public health and human services at the local level. Municipal governments have major responsibility for municipal police, public housing and misdemeanor courts. It is essential that they plan and work together.

Mental Health/Criminal Justice Collaboration

The need for collaboration between criminal justice and health and human service agencies at the local level in dealing with the mentally ill was another central theme of the programs we visited. The ability of these two systems to effectively work together and share responsibility for treating this population played a key role in the success of the programs.

State/Local Partnerships

The sharing of responsibility between the state and counties for the humane and appropriate treatment of individuals with mental illness is essential. In each of the local programs visited there was State support of the programs. Whether through special legislation (LA County), grants from State Mental Health Departments (Ohio), or the state being open to and responding to requests for assistance from the county (Miami-Dade), the state and local governments need to work with each other to put a final end to this crisis. Each has much to gain by the improved public safety, reduced costs, improved lives, and even lives saved.

Future Opportunities

Counties are inherently regional governments and as such are often engaged in countywide and multi-county solutions. (There are 2500 counties with populations of less than 50,000.) Progress in developing new systems at the local level will depend on creating new partnerships between state and county governments and strengthening relationships between city and county governments.

State and National Resources

■ Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Mental Health Services (CMHS)
Phone: (301) 443-0001

■ Center for Substance Abuse Treatment (CSAT)

Room 12-105 Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Email: info@samhsa.gov
Web: www.samhsa.gov

■ U.S. Department of Justice Office of Justice Programs Bureau of Justice Assistance

950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
Phone: (202) 616-6500
Email: AskBJA@ojp.usdoj.gov
Web: www.ojp.usdoj.gov/BJA/

■ The National GAINS Center for People with Co-Occurring Disorders in the Justice System Policy Research Associates

345 Delaware Avenue
Delmar, NY 12054
Phone: (800) 311-4246
Email: gains@prainc.com
Web: www.gainsctr.com

■ National Resource Center on Homelessness and Mental Illness Policy Research Associates

345 Delaware Avenue
Delmar, NY 12054
Phone: (800) 444-7415
Email: nrc@prainc.com
Web: www.nrchmi.com

■ National Sheriffs' Association

1450 Duke Street
Alexandria, VA 22314-3490
Phone: (703) 836-7827
Web: www.sheriffs.org

■ National Association of State Mental Health Program Directors (NASMHPD)

Phone: (703) 739-9333
Web: www.nasmhpd.org

■ National Association of County Behavioral Health Directors (NACBHD)

1555 Connecticut Avenue NW
Suite 200
Washington, DC 20036
Phone: (202) 234-7543
Email: Lauren@nacbhd.org
Web: www.nacbhd.org

■ Bazelon Center for Mental Health Law

1101 15th Street NW
Suite 1212
Washington, DC 20005-5002
Email: materials@bazelon.org
Web: www.bazelon.org

■ President's New Freedom Commission on Mental Health

5600 Fishers Lane
Room 13C-26
Rockville, MD 20857
Phone: (866) 326-4563
Email: staff@mentalhealthcommission.gov
Web: www.mentalhealthcommission.gov

■ Police Executive Research Forum (PERF)

1120 Connecticut Avenue NW
Suite 930
Washington, DC 20036
Phone: (202) 466-7820
Email: perf@policeforum.org
Web: www.policeforum.org

■ The Health Foundation of Greater Cincinnati

Janice Bogner, Program Officer
3805 Edwards Road, Suite 500
Cincinnati, Ohio 45209-1948
Phone: (888) 310-4904 (Toll Free)
Email: jbogner@healthfoundation.org
Web: www.healthfoundation.org

■ The Maryland Mental Health and Hygiene Administration

Dr. Joan Gillece, PhD
Director of Special Needs
Populations
201 West Preston Street
Baltimore, MD 21201
Phone: (410) 724-3235

■ Florida Partners in Crisis Advocating for Improved Mental Health and Substance Abuse Services in the State of Florida

100 Bush Boulevard
Sanford, FL 32773
Phone: (407) 665-6731
Web: www.floridapartnersincrisis.org

■ Criminal Justice/Mental Health Consensus Project Council of State Governments

Phone: (212) 912-0128
Web: www.consensusproject.org