Net Conference

Evaluating Jail Diversion Outcomes: Making the Case for Jail Diversion

February 22, 2005
TAPA Center for Jail Diversion

- Funded by Substance Abuse and Mental Health Services Administration (SAMHSA) / Center for Mental Health Services (CMHS) since 2002
- National resource and TA center
- Coordinating center for 20 CMHS-funded jail diversion programs
- Along with the GAINS Center for Evidence-Based Programs (EBP) in the Justice System, comprises the National GAINS Center
Resources

• GAINS Center: http://www.gainscenter.samhsa.gov

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

• Bureau of Justice Assistance Mental Health Courts Grant Program briefs (available in May 2005) at: http://www.consensusproject.org/mhcourts/)
Presenters

• Henry J. Steadman, Ph.D.

• Judge Steven Leifman
Jail Diversion Logic Model

**Stage 1 Outcomes**
- Diversion
- Identify and Enroll People in Target Group

**Stage 2 Outcomes**
- Linkage
- Comprehensive/Appropriate Community-Based Services

**Stage 3 Outcomes**
- Improved Mental Health/Individual Outcomes
- Improved Public Safety Outcomes
Diversion Program

- Police
- Court
- Jail

Community-Based Services

- MH
- SA
- Co-Occurring
- Housing
- Health
- Entitlements
- Employment

Linkage (Case Management)
Basic Research Questions

• What types of diversion work?

• For whom?

• Under what circumstances?
“What did I buy?”

“What good did it do?”
Outcome Measures

1. How many and who served?

2. What services delivered?

3. With what effects?
Outcome Measures

1. How many and who served?
   - Number screened
   - Number eligible
   - Number accepted
   - Relevant characteristics of accepted and not accepted
   - Time between key decision points
Data

• Most programs do not count number considered for diversion eligibility

• Compared to other jail detainees, divertees are more likely to be:
  – Women
  – White
  – Older
Outcome Measures

2. Got what services? (Before-After)
   - Case management
   - Medication appointments
   - Psychosocial rehabilitation
   - Housing
   - Residential substance abuse
   - Integrated services for co-occurring disorders
   - Supported employment/other vocational
   - Self-help groups
   - Etc.
Data from Where?

Services

- Computerized Records
- Provider Forms/Interviews
- Subject Interviews
Outcome Measures

3. With what effects? (Before-After)
   - Criminal Justice System
   - Mental Health System
   - Client
Outcome Measures

• Criminal Justice System
  – Arrests (# / rate)
    • All
    • Violent
  – Incarcerations (#)
    • New offenses
    • Technical violations
  – Jail days
Data

- Reduced jail days
- Reduced rates of arrest
- Similar percentage arrested
**Data:** Nathaniel Project (N=53)

<table>
<thead>
<tr>
<th></th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Arrests</strong></td>
<td>101</td>
<td>7</td>
</tr>
<tr>
<td>• Misd.</td>
<td>35</td>
<td>5</td>
</tr>
<tr>
<td>• Felonies</td>
<td>66</td>
<td>2</td>
</tr>
</tbody>
</table>
## Data: SAMHSA KDA (6 sites)

<table>
<thead>
<tr>
<th></th>
<th>Diverted</th>
<th>Non-Diverted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community days</td>
<td>303</td>
<td>245</td>
</tr>
<tr>
<td># Arrests</td>
<td>1.03</td>
<td>1.20</td>
</tr>
<tr>
<td>Arrests/mo.</td>
<td>.11</td>
<td>.15</td>
</tr>
</tbody>
</table>
Outcome Measures

• Mental Health System
  – Inpatient hospitalizations
  – ER evaluations/treatment
**Data:** SAMHSA KDA (6 sites)

<table>
<thead>
<tr>
<th></th>
<th>Diverted</th>
<th>Non-Diverted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>31.7%</td>
<td>18.7%</td>
</tr>
<tr>
<td>ER</td>
<td>31.3%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>
Outcome Measures

Client

- Symptoms
- Days homeless
- Victimization
- Service system satisfaction
- Quality of life
**Data:** SAMHSA KDA (6 sites)

<table>
<thead>
<tr>
<th></th>
<th>Diverted</th>
<th>Non-Diverted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in CSI</td>
<td>8.21</td>
<td>7.19</td>
</tr>
<tr>
<td>(symptoms)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Data: SAMHSA KDA Cost Studies

(Cowell et al, 2002)

<table>
<thead>
<tr>
<th></th>
<th>OR</th>
<th>AZ</th>
<th>NYC</th>
<th>Memphis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Costs</strong></td>
<td>Same</td>
<td>Same</td>
<td>-$6,260</td>
<td>+$5,855</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Drug Use $\downarrow$ 80%</td>
<td>CSI $\downarrow$ 70%</td>
<td>Non-viol. Victimization $\downarrow$ 70%</td>
<td>CSI $\downarrow$ 2.4</td>
</tr>
</tbody>
</table>
Case studies—a great complement!
# Key Evaluation Challenges and Some Solutions

<table>
<thead>
<tr>
<th>Key Challenges</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Money set aside to do evaluation</td>
<td>1a. Approach local foundations</td>
</tr>
<tr>
<td></td>
<td>1b. Involve local college students</td>
</tr>
<tr>
<td>2. Being too ambitious</td>
<td>2a. Less, done well = better</td>
</tr>
<tr>
<td></td>
<td>2b. Get pro bono evaluation help</td>
</tr>
<tr>
<td>3. Documenting treatment services actually received</td>
<td>3a. Doing #’s 1 &amp; 2</td>
</tr>
<tr>
<td></td>
<td>3b. Hard work</td>
</tr>
<tr>
<td>4. Thinking about these things soon enough</td>
<td>4a. Just do it</td>
</tr>
<tr>
<td></td>
<td>4b. Line up a prime local evaluation ally</td>
</tr>
<tr>
<td>5. Cost data</td>
<td>5. Fairly sophisticated or not at all</td>
</tr>
</tbody>
</table>
Evaluating Jail Diversion Outcomes: Making the Case for Jail Diversion

Eleventh Judicial Circuit of Florida Criminal Mental Health Project

Judge Steve Leifman, Miami-Dade County Associate Administrative Judge
Build It and They Will Come
In the beginning . . .
We had nothing

- No Research
- No Data
- No Staff
- No Resources
The 2000 GAINS Summit
The Summit: Initial Data Gathering

- Miami-Dade highest % of mental illnesses of any urban community (9.1%)
- 800-1200 people with mental illnesses in jail (20%)
- Recidivism of defendants with mental illnesses > 70%
- Defendants with mental illnesses stay in jail 8 x longer at 7 x the cost
- 7 people with mental illnesses killed during a police encounter (now 13)
The Summit continued...

- Analyzed existing system – concluded it was embarrassingly dysfunctional
- Produced GOALS – must develop a system that works for people with mental illnesses, not us
- Produced Cooperative Agreement – everything in writing
- Created the 11th Judicial Circuit Criminal Mental Health Project
- Motto “Diversion and Linkages to Comprehensive Care Makes Jail the Last Resort”
11th Judicial Circuit’s Criminal Mental Health Project

- Pre-Booking Diversion:
  - Crisis Intervention Team Policing (CIT)
- Post-Booking Diversion
  - County Court Jail Diversion Program
- Comprehensive Care Program
- Assisted Living Facility (ALF) Quality of Care Program
- Housing & Transition Program
- Identification Card Program
11th Judicial Circuit’s Criminal Mental Health Project continued

• Stakeholders/Partnerships
• Planned Computer Linkage System
• Research – FIU/Dr. Jim Rivers & In-house
An excellent researcher from a University working on the project from the beginning is CRITICAL
Why?

We had a project, but still:

- No Research
- Little Data
- Little Staff
- No Resources
Who?

A Reputable Public Policy Researcher

- You get along with
- You trust
- Adds credibility to the Project
- Ability to produce practical, useful data
- Ability to collaborate and write grants
How?

Interview, Interview, Interview

✓ Go to different Universities/different departments
✓ Review past projects
✓ Check references/reputation
Research/Data Needs

- Apply for grants
- Educate policy makers
- Increase public funding
- Educate community
- Justify continued funding
- Justify system/policy changes
Required Research

• Jail mental health population survey
• National, State and local data on mental illness
• Costs of incarcerating people with mental illnesses
• Costs of acute care
• Recidivism studies
• Costs of forensic hospitalization
• Outcome data
Study of Mental Health Population at Miami-Dade Co. Jail

- Data on jail mental health population needed for grant application
- With funding from the Health Foundation of S.F. and the Dept. of Children and Families, Dr. Rivers conducted first-ever study of the mental health population in Miami-Dade Co. Jail
- Provided critical data about mental health population: demographics, charges, and number of arrests
Highest Utilizers Study

• Examined costs associated with mental health acute service delivery for the recidivists of the Miami-Dade County Jail Diversion Program

• Highest utilizer defined as anyone who participated in the Jail Diversion Program more than one time within a calendar year
## Methodology

- Identified a one-year time period (1/1/01 - 1/1/02)
- Identified the highest utilizers (recidivists) of the program for time period
- Collected data elements for each high utilizer
- Collaborated with multiple agencies to collect data elements
- Calculated total costs for group of highest utilizers
- Isolated costs for each service examined
## Results

### 31 High Utilizers Identified

- **1,955 Jail Days**
- **830 Crisis Stabilization Days**
- **14 court ordered psychological evaluations**
- **138 Emergency Room & Inpatient Admissions**

### AGENCY | COSTS
---|---
Miami-Dade County Corrections | $228,735.00
FL Department of Children & Families | $185,455.20
JMH/Public Health Trust | $124,081.02
Administrative Office of the Courts | $2,050.00
Results
GRAND TOTAL: $540,321.22
Outcomes of Diversion Project

- Misdemeanor recidivism reduced 70% to 18%
- Improved public safety
- Reduced police injuries
- Faster return to patrol
- Saving Miami-Dade Co. $2.3 million annually
- Saving lives – No deadly force by Miami Police Department – 2 yrs
- De-criminalization of mental illness
Outcomes of Research

- SAMHSA Targeted Capacity Expansion Jail Diversion Grant
- Funding for a Computer Linkage Program ($160,000)
- Commitment from County to continue funding 2 court staff positions and absorb all grant staff positions
- $22 million dollar Bond to build new County Forensic Facility
Outcomes of Research continued

- Miami-Dade County Grand Jury Report: “Mental Illness and the Criminal Justice System: A Recipe for Disaster/A Prescription for Improvement”

- Proposed legislation for a $1 million dollar revolving fund pilot program to provide gap funding for individuals with mental illnesses accessing federal entitlements after incarceration
Packaging the Data

• Follow the money/Determine gov’t interests

• County Govt’s have little idea how much $ is spent on Corrections Mental Health and Liability

• The States are keenly aware of the amount of $ being spent on Forensic State Hospitals and are looking for ways to reduce costs

• The Police have little idea on the number of mental health calls they handle

• The public has no idea that more people with mental illnesses are in jail than hospitals
Packaging the Data: Audiences

Everyone

• Using data, put the issue in context
  • How the problem began
  • The extent of the problem
  • Who’s paying and who’s suffering
Packaging the Data: Audiences

The County/Law Enforcement

- Jail mental health population
- Costs of incarceration
- Liability costs
- Recidivism rates
- Savings from diversion
- Outcome data
Packaging the Data: Audiences

**The State**

- Forensic commitment costs vs. diversion costs
- Recidivism rates
- Highest Utilizer Study – Cost of doing nothing
- Outcome data
The Messenger

• As a Judge, I invited non-traditional stakeholders to a MH Summit – Everyone Attended

• 10 years earlier as an Asst. Public Defender, I did the same and No One Attended

**Other Viable Messengers**

Elected Officials

Police Chiefs

Sheriffs
FOR MORE INFORMATION
CONTACT:

Judge Steve Leifman
sleifman@jud11.flcourts.org

Alina Perez, M.A.
Mental Health Project Coordinator
alperez@jud11.flcourts.org

Dr. Jim Rivers
riversj@fiu.edu
Questions?

Please complete an evaluation of today’s Net Conference at http://www.surveymonkey.com/s.asp?u=9214856452