Making Jail Diversion Work in Rural Communities

GAINS TAPA Center for Jail Diversion
Easy Access Net/Teleconference
March 27, 2006
C.I.T. in a Rural Community

Brown County, Ohio’s Experience

Colleen Chamberlain, LSW, M. Ed
CIT Project Director
Brown County, Ohio

- Population = 42,890
- Total square miles = 492
- Population per square mile = 86
- Per capita income = $17,100
- Medical facilities = 1 hospital with 35 beds
- Psychiatric facilities = none
- Detention facilities = 1 with 36 beds
Before CIT: Us and Them

- Lack of Understanding about Mental Illness
- Lack of Understanding about Mental Health Services
- Lack of Understanding about Law Enforcement’s Role and Responsibility
More Reasons Not to Get Along

- Lack of Historical Cooperation
- Resistance to Change
- Territorialism
- Scarce Resources and Little Funding
The Cast of Collaboration

You must have the Key Stakeholders involved from the very beginning.

- Brown County Prosecutor
- Brown County Sheriff’s Office*
- Brown County Community Hospital
- Brown County Juvenile Court
- Brown County EMT’s
- Brown County Municipal Court Probation Department
- Brown County Counseling
- Brown County Common Pleas Court
- Brown County Board of Alcohol, Drug Addiction and Mental Health Services

*represented law enforcement in the county as they are the largest agency
The Background

- Police Perspective and Goals
  - Increase officers’ awareness of mental illness and mental health crisis
  - Increase safety for officers and individuals in crisis
  - Reduce return calls to residences on other days and other shifts by making an appropriate disposition initially
  - Increase the tools available to officers dealing with a mental health crisis
Making C.I.T. Viable

- Inventory of Services
- Adapting an Urban Model
- Supporting CIT
- Implementation
Inventory of Services

- Community Resources as the Foundation
  - General Community Hospital
  - Telephone Helpline
  - Counseling Center
  - State Psychiatric Hospital
  - Psychiatric Beds in Neighboring Counties
Adapting an Urban Model

- Poor Fit with Urban Best Practice Model
  - Community resources available
  - Training opportunities and obstacles
  - Geography
  - Law enforcement demographics within the county

- Making Modifications
  - Assessing what will work
  - Gaining consensus
  - Maintaining commitment
  - Ensuring sustainability
  - Maintaining fidelity to the intent and purpose of CIT
Supporting CIT

- **Train officers**
  - Develop CIT curriculum for rural county and adapt urban model for local community

- **Jail Boundary Spanner**
  - Work with requirements for jails and hire RN that has psychiatric experience
  - Develop screening tool for mental health and substance abuse issues
  - Develop operational policies
  - Linkage to community services
Supporting CIT (Continued)

- **Expanded Helpline Services**
  - Provide direct cell phone access for officers to mental health responders
  - Provide 30 minute response time to secure triage site

- **Psych Triage Sites**
  - Establish relationship with community hospital to provide a safe environment for assessment
  - Set up area at the jail for psych triage that is pre-booking
  - Security provided by transporting officer
  - Crisis Responders follow case through disposition
Supporting CIT (Continued)

- Psychiatrist for Consultation
  - Consultation services for jail inmates who can’t be diverted, but are presenting symptoms of mental illness

- Crisis Stabilization
  - Contract with facilities that have crisis services
  - Issues continue with distance and transportation
Implementation

- Develop contracts
- Develop protocols
- Develop policies
- Develop CIT curriculum, recruit speakers, begin training
- Set up outcome monitors
- Prepare for Murphy’s Law
Colleen Chamberlain, LSW, M. Ed
Associate Director
CIT Project Director

85 Banting Dr.
Georgetown, OH 45121

937-378-3504
Implementing Jail Diversion in Virginia’s New River Valley

Victoria Huber Cochran, JD
Amy Forsyth-Stephens, MSW
Mental Health Association of the New River Valley
Blacksburg, Virginia
Where in the world is the New River Valley?
A beautiful place to live and work...

...a challenging place to implement jail diversion
1,458 square miles
Population 165,000
Four counties
One small city (pop. 15,000)
Ten towns
Fourteen Law Enforcement Agencies
Two jails (one regional, one local)
Two public universities
One community college
Montgomery County Jail

Booked approximately 4,400 individuals in 2005
- ~60% non-violent crimes
- ~75% released w/in 72 hrs.
- ~150 potentially eligible for post-booking jail diversion

New River Valley Regional Jail

Average Daily Census: ~500 inmates
- About half within catchment's service area
- 16% anticipated to have MI/co-occurring SA disorders
Mental Health Services in the New River Valley

- Public mental health needs met by one community service board agency
- No public mental health in-patient beds available in the NRV
- Nearest state hospital facility is two hours away
- One private, proprietary medical facility with an in-patient behavioral health unit—Carilion New River Valley Medical Center
Our Mantra:

“It’s All About Change!”
The Mechanisms for Making Change...

1. Identifying the needs
2. Targeting the programmatic solutions
3. Identifying and organizing the stakeholders
4. Identifying the leaders/power brokers
5. Acknowledging barriers
6. Allowing ownership in developing solutions
7. Providing consistent organizational support throughout the process
The Criminal Justice Continuum and Mental Health Intervention Intersections:

- Pre-booking
- Post-booking
- Trial
- Post-Trial
- Post-Incarceration (prisoner re-entry)
Two SAMHSA Community Action Grants for Consensus Building, Planning and Implementation of CIT

(April 1, 2002 - September 30, 2005)

One SAMHSA Targeted Capacity Expansion Grant to Enhance CIT and Create a New Post-Booking Diversion Program (The Bridge)

(October 1, 2005 – September 30, 2008)
Pre Booking Diversion:

The Crisis Intervention Team
Making Change in Our Community

Post Booking Diversion:

The Bridge Program
Putting the Puzzle Together
Overall Goal of a Pre-Booking Diversion Program such as CIT:

- To prevent the inappropriate jailing of persons with mental illness and instead, provide treatment in the community.

The diversion occurs at the point of contact with highly trained, specialized law enforcement officers before formal charges are made.
Organized 65 Stakeholders into 3 “Strands”

- Mental Health
- Law Enforcement
- Consumer/Community

- Leaders from 14 law enforcement agencies
- Representatives from 5 separate governmental entities
- Consumers, family members and advocates
- Public and private mental health care providers
- Magistrates
- Community organizations
Basics of Rural CIT Implementation

- Centralized CIT Program coordination with a neutral agency
- Assemble local volunteer CIT Faculty
- Conduct at least two trainings per year
- Reduce/eliminate training fees as resources allow
- Establish goal for all agencies to train 20%
- Allow each agency to establish own CIT policies
- Establish ongoing quarterly meetings of chiefs and sheriffs
- Train dispatchers
- Establish centrally located CIT triage facility
Overall Goal of a Post-Booking Diversion Program such as The Bridge:

- To prevent the inappropriate pre-trial incarceration of persons with mental illness charged with crimes and instead, provide treatment in the community

The diversion occurs at the initial court appearance within 24 to 72 hours of arrest.
<table>
<thead>
<tr>
<th>Program Stages</th>
<th>Booking</th>
<th>Initial Eligibility Interview</th>
<th>Preliminary Plan Created</th>
<th>Initial Court Appearance</th>
<th>Intake Interview/Program Enrollment</th>
<th>Treatment and Services Provided</th>
<th>Court Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Involved</td>
<td>Police Magistrate Jail Staff</td>
<td>Pre-Trial Services (PTS) Intake Worker</td>
<td>PTS Court Case Manager Tx Case Manager</td>
<td>PTS Case Manager Judge</td>
<td>Peer Ombudsman Research Assistant Tx Case Manager PTS Case Manager</td>
<td>Tx Case Management Oversight</td>
<td>Judge PTS Case Manager Prosecutor Defense Attorney</td>
</tr>
<tr>
<td>Action Taken</td>
<td>Charges Filed Initial Bond Set Client Held</td>
<td>Administer Brief MH/SA Screen Check Criminal Hx and Charges</td>
<td>PTS and Tx Managers Create Preliminary Tx and Supervision Plan</td>
<td>Court Plan Approval Client Released to PTS for Initial Appointment</td>
<td>Obtain Informed Consent Tx and Services Needs Assessment Client Enrolled</td>
<td>Provision and Receipt of Treatment and Services</td>
<td>Various</td>
</tr>
</tbody>
</table>
GAINS TAPA Net/Teleconference: Making Jail Diversion Work in Rural Communities
THE OBSTACLES WE ALL FACE

- Under-funded public mental health systems
- Stigma
- Lack of effective means of communication among disparate stakeholder groups
- Keeping people at the table
- Developing EBPs and establishing mechanisms to deliver comprehensive services
MORE OBSTACLES WE ALL FACE

- Identifying resources for support services e.g., housing, transportation
- Overcoming consumer resistance
- Addressing criminal justice systems needs
- Obtaining judicial buy-in
- Obtaining prosecutorial buy-in
... and on top of **THAT** because we’re **RURAL**!

- Coordinating 14 Law Enforcement Agencies and 2 Jails
- Coordinating multiple public and private service providers
  - Closest public psychiatric hospital is two hours away (Marion)
  - Enlisting support from a local private hospital to develop a modified triage facility
- Distance/transportation issues
- Appalachian cultural mindset/values
AND **THAT’S NOT ALL!**

- Complicated, multi-faceted interpersonal relationships
- Historical suspicion of change
- Resentment of inequitable resource distribution
- Multiple court levels, jurisdictions, judges and prosecutors in relatively autonomous court sub-systems
Recognizing the needs
Identifying the solutions
Creating the context for change
Turning obstacles into opportunities
Thank you for joining us!

Please copy and paste this link into your browser to complete a brief evaluation:

http://www.surveymonkey.com/s.asp?u=326351921069