



Leon Evans
President/Chief Executive Officer
The Center for Health Care Services
San Antonio, Texas

When the initial seed of an idea for the Bexar County Jail Diversion Program began to blossom in 2002, we never imagined that in five years the program would evolve into a successful, coordinated delivery network that is making a significant impact on treatment of the mentally ill in the criminal justice system of San Antonio, Texas. The program has demonstrated success in integrating health care, law enforcement, and the judicial system to transform the way mental health services are delivered to offenders with low-level offenses who have mental illnesses.

In the first year, nearly 1,000 people with mental illness were directed away from jail to a more appropriate treatment facility. Since that time, our program has quadrupled, diverting more than 4,000 individuals with mental illness from incarceration to treatment and saving the county at least \$5 million annually for jail costs and \$4 million annually for inappropriate admissions to the emergency room.

Within the last year, jail diversion directors have presented the program concepts at numerous professional conferences and have consulted privately with communities from 17 states as well as Canada and China. In 2006, the program was awarded the Gold Achievement Award in the category of community-based programs from the American Psychiatric Association because of its innovative system of jail diversion involving partnership and collaboration. In addition, the program has received other acknowledgments from the Substance Abuse and Mental Health Services Administration, as a featured national model program, and from the National Council for Community Behavioral Healthcare, which awarded the program for service excellence.

While our program is still evolving, we developed this Tool Kit as a step-by-step guide to help other communities develop the conceptual framework and collaborations necessary for a successful jail diversion program.

We give special thanks to all the members of the Bexar County Jail Diversion Planning and Advisory Committee, the Jail Diversion Oversight Committee, the Community Medical Directors' Round Table and to the many additional passionate and committed stakeholders which made this progress possible.



Table of Contents

Treating the Mentally Ill: A Nationwide Need	3
The Rationale and Rewards of Jail Diversion	7
The Bexar County Model	11
Technology Transfer: Enlisting Community Support	17
Funding the Program	23
Bexar County Jail Diversion Program: Setup and Structure	25
Economics of Diversion	39
Making the Case Locally	43
Notes	46



Treating the Mentally Ill: a National Need

The statistics say it all. In 1955, there were approximately 560,000 Americans receiving treatment for mental illness in state hospitals. However, from 1955 to 2000, while the country's population exploded from 166 million to 276 million, state hospitals were gradually being emptied due to public outcry concerning the conditions within these institutions. Today, there are fewer than 55,000 people being treated in state mental institutions. Called *deinstitutionalization*, this process has left the mentally ill under the care of the criminal justice system, a system that is ill equipped to handle them. In one jail alone, the Los Angeles County jail, approximately 3,000 mentally disturbed individuals are being held. This makes the Los Angeles County jail the largest public mental health facility in America, and it is not a hospital.

Farther to the east is Miami-Dade County Pre-Trial Detention Center, the official name for the main city jail in Florida's largest Judicial Circuit, the Eleventh. Typically, 700 inmates in the Miami jail system per day voluntarily take anti psychotic medication; these are 'compliant' inmates. The most dangerous and unpredictable are housed in the main jail 9th floor, known as the 'primary psychiatric unit.' According to Dr. Joseph Poitier, the center's chief psychiatrist, "A lot of people think someone who is mentally ill is going to get help if they are put in jail. But the truth is that we don't help many people here with their psychosis. We can't. Mentally ill people don't belong in jail. By its very design, a jail like ours is intended to dehumanize and humiliate a person. This sort of atmosphere is counter to treatment or helping improve anyone's mental health."

There is a long and troubled history of seeking ways to help the mentally ill, and much of it is not pleasant. The lobotomy, in which an ice pick is driven into the prefrontal

(CONTINUED ON PAGE 4)



The Case of Mr. Williams:

ILLUSTRATING THE NEED

Mr. Williams is a man of small stature. One day he is found sitting on the church steps blocking the front door. He verbally threatens anyone who attempts to enter the church. The church deacon makes a complaint, which brings local police to the scene to investigate. When police officers approach, Mr. Williams refers to them as 'Lucifer and Satan' and proceeds to speak unintelligibly in a jumble of words. Mr. Williams angers the officers who begin to restrain him. Screaming 'you evil creatures,' he flails his arms and begins to scream.

(CONTINUED FROM PAGE 3)

cortex (where thought is orchestrated), was introduced in 1945, and the technique won a Nobel Prize. Other historical treatments include electroshock, insulin injections, Metrazol® to induce seizures, hydrotherapy (wet sheets and continuous baths), and injections to induce fever. After the 'wonder drug' Thorazine® was introduced in 1950, President Kennedy in 1961 authorized the construction of community mental health centers. This, unfortunately, became a promise unfulfilled. From 1950 to 1980, deinstitutionalization state by state resulted in large numbers of the mentally ill being jailed. Now, according to Judge Steven Leifman of the Eleventh Judicial Circuit, Miami, Florida, "If you ask most people today where the mentally ill are in our society, they will tell you they're in state mental hospitals. They're wrong... they are in our jails and prisons."

The American Jail Association estimates that more than 650,000 bookings each year involve persons with mental illness. This translates into at least 16-25% of the national jail population. A vast majority of these mentally ill inmates are arrested for simple bizarre behavior or non violent minor crimes, and yet they spend an average of 15 months longer in jail for the same charges as non mentally ill prisoners.

Mr. Williams is typical of many individuals with mental illness who say that their condition was first identified in jail or prison, or that uncontrolled symptoms contributed to criminal behavior, a trend noted in the report of the President's New Freedom Commission on Mental Health 2003. Historically, police have faced a host of obstacles when called to handle the mentally ill. Hospitals frequently consider alcoholics, narcotic addicts, or 'dangerous' individuals to be persona non grata. Studies also have found that police avoid initiating hospitalization because of frequent

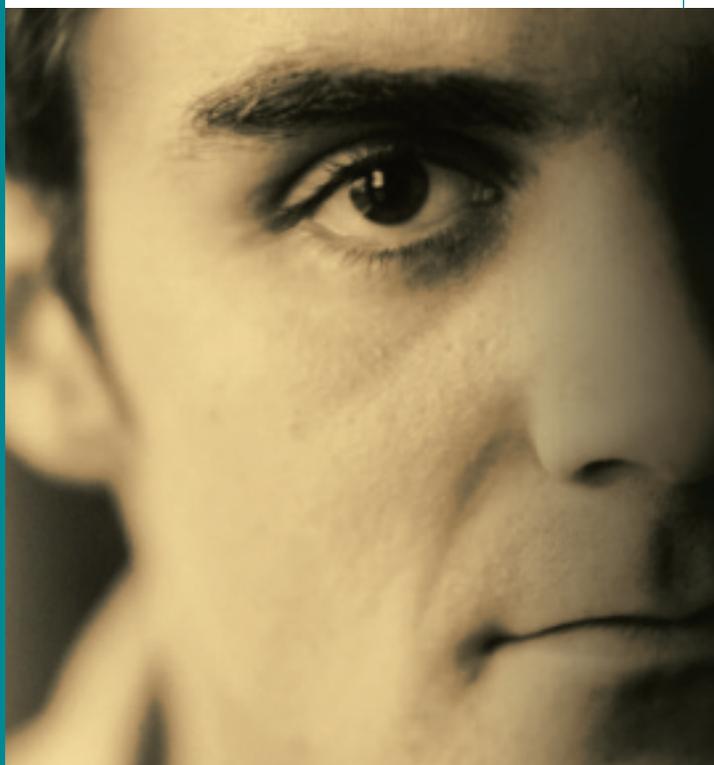


brief inpatient stays leading to community placement, which many police officers consider to be a personal slight. Immediate hospital rejection is frustrating to the officer who is left with no other choice but to arrest the individual for whom treatment was sought. With little formal training in handling mental disease combined with the apparent randomness of hospital policies, police officers often make what amounts to random decisions in adjudicating offenders. This means that the police officer will handle a complaint based on his or her own judgment of a patient's psychological disposition.

In recent years, more people with severe mental illness have come into contact with the criminal justice system. This increasing trend is due to deinstitutionalization and lack of adequate community-based mental health services. Many of these people are homeless. This group of the indigent mentally ill is often caught in a revolving door between jail, public health facilities, and the street. The cycle by which the mentally ill receive inconsistent or inadequate treatment for their disorders and either turn to crime or are incarcerated for disruptive behavior fuels the need for effective jail diversion programs. ■



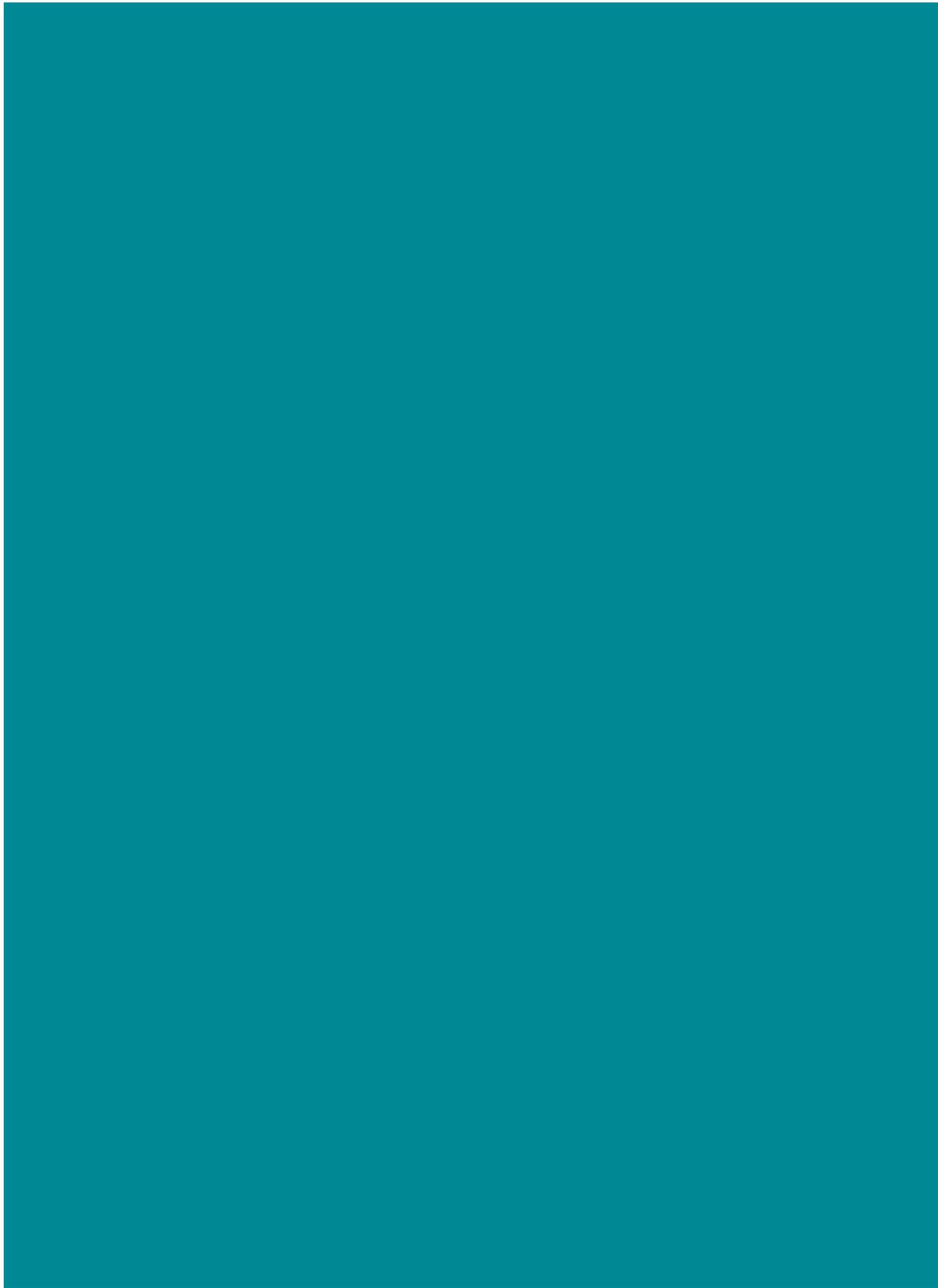
The cycle by which the mentally ill receive inconsistent or inadequate treatment for their disorders and either turn to crime or are incarcerated for disruptive behavior fuels the need for effective jail diversion programs.



The Case of Charlie:

ILLUSTRATING THE NEED

The bus driver, not realizing that the neighborhood character Charlie was drunk, thought that he was ill and had called for an ambulance. Seeing that he was only drunk, the paramedics left him in the police officer's charge who took Charlie to detox. The people at detox, seeing that he was potentially violent and disruptive, refused him entry. Because Charlie wasn't 'crazy' enough to go to a mental hospital and because his rap sheet allowed him easy entry to jail, that is where the officer finally left him.



The Rationale and Rewards of Jail Diversion

The mentally ill suffer from a lack of treatment opportunities that leaves them burdened by idleness, which eventually spills over as an issue for the entire community. They are highly visible, sleeping in the streets and parks, causing commotion in downtown businesses and interacting frequently with police officers who themselves often live in the community. Often, the jails that house the mentally ill are local institutions staffed by community members who must deal with these troubled individuals as they come in and out of court in a revolving-door fashion. The inability to resolve their issues results in increased dollars needed for the criminal justice system and places a strain on local municipal budgets that translates into higher property tax bills.

It is significant that the criminal justice system and mental health system often serve the same individuals. The creation of carefully structured partnerships involving criminal justice and mental health professionals within well-organized jail diversion programs has provided the treatments needed for recovery and has enabled the mentally ill to return to productive lives. Mental illness is treatable, and even for those with serious forms of mental illness, recovery can be achieved. The result of criminal and health care cooperation is that both the patient and the community reap the benefits.

The President's New Freedom Commission on Mental Health in 2003 noted that there is widespread fragmentation in the mental health delivery system and concluded that those in need are not effectively directed toward recovery. Jail diversion programs respond to the needs of the mentally ill by providing immediate access to state-of-the-art treatment and support services within the community.

(CONTINUED ON PAGE 8)



(CONTINUED FROM PAGE 7)

Through its unique position within the criminal justice system, the jail diversion program offers immediate alternatives to incarceration for the mentally ill. Jail diversion is accomplished by applying a step-by-step methodology. The first step is to identify individuals with mental illness along the criminal justice process, and the second step is to integrate the appropriate social and health care services and make them available to these individuals for referral.

Perhaps most significantly for the community is the establishment of crisis care centers in conjunction with jail diversion programs. These centers reduce emergency room use, resulting in significant savings for the community. For Bexar County alone, jail diversion programs leading up to the creation of the Crisis Care Center brought about a savings of nearly 5 million dollars in 2006. Police officers were freed from the enormous amounts of time spent waiting in the emergency room for screening and triage of mentally ill patients under their protection. This allowed a quick return to their duties within the community. Before the establishment of crisis care centers, police officers in Bexar County spent an average of 12 to 14 hours in hospital emergency rooms waiting for psychiatric evaluations. Today, the crisis care centers provide these same services in one hour.

THERE ARE A NUMBER OF DIRECT BENEFITS PROVIDED TO THE COMMUNITY BY JAIL DIVERSION PROGRAMS:

- Jail diversion programs reduce monetary costs to the community and they improve the quality of life for consumers, which arise from inadequate mental health services or even a total lack of mental health services within the prison system. Jails are not designed to provide the necessary facilities to serve the emotional and medical needs of the mentally ill. Jail diversion programs redirect mental health consumers toward the mental health service system where they and society are better served.
- Jail diversion programs offer judges and prosecutors much needed alternatives for disposing cases involving the mentally ill. At one time, incarceration of these individuals was the only choice, but now those in need of treatment can be placed outside the criminal justice system.
- Jail diversions make more jail and prison space available for violent offenders, thus enhancing public safety.

These programs interrupt the endless cycle of arrest-jail-back to street for many of the non violent mentally ill who become caught up in the criminal justice system without hope of treatment.



“The Bexar County Jail Diversion Program has diverted an estimated 4,000 individuals with mental illness from incarceration to treatment. Outcomes data from the Bexar County Jail Diversion Program have served as a model in moving the Texas legislature to require state-approved jail diversion plans for all community mental health centers in the state.”

– **Gilbert Gonzales**
Chief of Development and Community Action (DCA)
The Center for Health Care Services, San Antonio, Texas

A number of jail diversion programs are currently in place. All of them share the common philosophy of formally training law enforcement personnel in techniques to assist the mentally ill and direct them toward appropriate health care service. Many programs utilize a unique collaborative system based on mobile units composed of law enforcement officers, social or mental health personnel, and emergency mental health facilities established to rapidly screen and process mentally ill patients for further services. The success of the Bexar County Jail Diversion Program is driven by the community collaboration and relationships that have developed through the program.

For Bexar County alone, jail diversion programs leading up to the creation of the Crisis Care Center brought about a savings of nearly 5 million dollars in 2006.

For nearly 30 years since their inception, jail diversion programs have enjoyed wide support for their ability to reduce involvement in the criminal justice system by the mentally ill and those with substance abuse disorders. Surprisingly, to date there are few studies documenting the effectiveness of these programs. Those studies that do exist, however, demonstrate the success of diversion programs. In a 1995 Los Angeles investigation, of 101 diverted individuals, 80 were transported to a hospital with 69 remaining as mental health inpatients and only two ultimately ending up in jail. Another study of a jail-based diversion program in Rochester, New York found that in the year following intervention there was a mean reduction in the number of jail days by more than half. In a multi-site research initiative sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1997, the well-being of mentally ill individuals improved on a number of measurable points. This includes reduced days spent in psychiatric and residential treatment facilities, more time back in the community, improved mental health symptoms over time,

(CONTINUED ON PAGE 10)



The Case of Ken:

JAIL DIVERSION AT WORK

Ken (*fictitious name*) was in his 20s when he was found by police in a bamboo marsh pit under a city bridge and arrested for trespassing and failure to ID. He grew accustomed to being in court, so even when not in trouble, Ken would simply show up unannounced and sit patiently waiting to speak with Judge Kimberly Kreider with whom he had developed a relationship. Often, Ken, who was homeless, was referred to the Crisis Care Center (CCC), but he always refused to stay and never saw a doctor. One day, acting through the newly established Community Court, Judge Kreider called Jeanie Paradise, the Jail Diversion Program Manager, who then assigned a case worker to escort Ken to the CCC. Arrangements were made ahead of time with CCC by Jail Diversion to ensure that Ken would be seen immediately. This would prevent the anxiety that caused him to refuse treatment in the past. In coordination with The Center for Health Care Services, which operates the Jail Diversion Unit, Ken received medication and was assigned a treatment case manager. This is a success story in which Ken, who was diagnosed with schizophrenia, was finally stabilized. Since then, through efforts of the case manager and the judge, who maintain open lines of communication with Ken, he has been encouraged to remain in a stable living environment and receive outpatient mental health treatment.

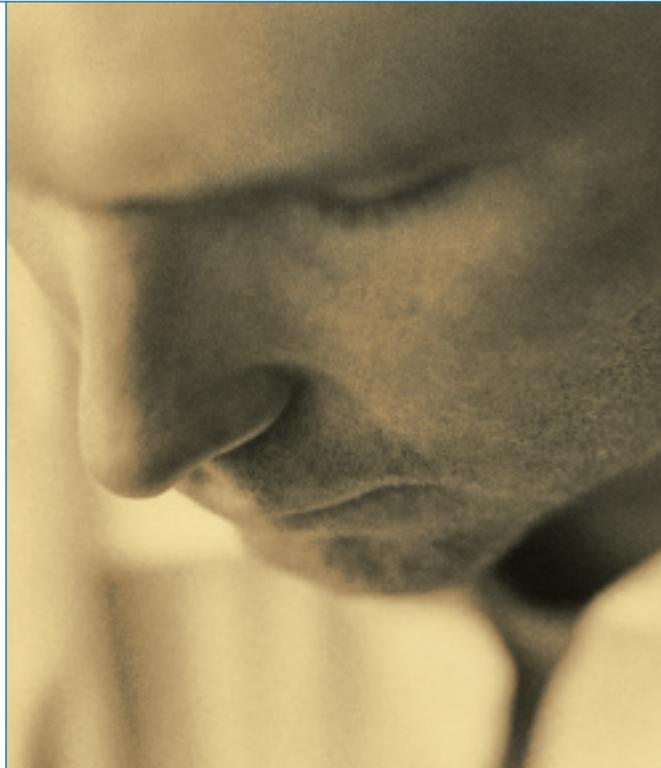
(CONTINUED FROM PAGE 9)

and more mental health treatment being received by the diverted group. Finally, in a review of four programs, two reported no savings; however, New York City reported \$6,260 in savings per individual due to reduction in jail time, and Memphis, Tennessee reported \$5,855 in savings. SAMHSA's conclusion was that jail diversion 'works' by reducing jail time and offering the potential of community savings.

According to Gilbert Gonzales, Chief of Development and Community Action at The Center for Health Care Services in San Antonio, Texas, the Bexar County Jail Diversion Program annually removes an estimated 7,000 individuals with mental illness from incarceration to treatment. Outcomes data from the Bexar County Jail Diversion Program have served as a model in moving the Texas legislature to require state-approved jail diversion plans for all community mental health centers in the state. Most importantly, however, is the impact of the program on individuals. Gonzales notes particularly the case of Paul Eisenhauer who is now assigned to train police officers on how to handle offenders with schizophrenia. Eisenhauer himself suffers from schizophrenia and was frequently arrested until he received help from the Bexar County Jail Diversion Program. Today, he helps the community understand the needs of offenders with mental illness. Thanks to the program, Paul and many others with mental illnesses now live safely and productively in the community instead of languishing in jail. ■

“Downtown there is a high concentration of homeless people. Many of these people are mentally ill and a lot of the time you see them wandering about aimless, hopeless and also committing petty crimes, which really can be prevented if they had access to medical care.”

Rolando Alvarado
Patrol Officer, San Antonio Police Department



The Case of Tom:

JAIL DIVERSION AT WORK

Tom (*fictitious name*) was diagnosed with schizophrenia in his late 20s and, even though he was charged with trespassing and burglary, was never really a danger to anyone. Tom was delusional when one day, thinking that he was visiting a friend, entered a stranger's apartment and sat down to watch television. The result was that he landed in a Bexar County jail. A case worker from the jail diversion program coordinated with the judge to pick him up from jail, encourage him to take his medication, and contact his parents to drive him home. A safety plan was developed in the unlikely scenario that he would become unruly. The success of all this was that Tom now had access to medication, and he was reunited with his family. His family remains a strong support for him, and his health benefits have been reinstated.

The Bexar County Model

The Bexar County Jail Diversion Program has been designed and developed through an expansive effort of community leaders and stakeholders to eliminate the practice of utilizing the jail system for the inappropriate ‘housing’ of individuals who may have substantial mental health problems. It has been found that the arrest and prolonged incarceration of such individuals have an adverse effect on the ability to deliver meaningful health services to the mentally ill.

Jail diversion is a community partnership composed of many organizational components. City, county, and state government combined with law enforcement and criminal/civil courts form an essential backbone to the program. Mental health services partner with private and state hospital facilities to provide the necessary care for diverted mentally ill consumers. Further direction is provided by advocacy programs established to help consumers make their way through the legal process toward treatment. The Bexar County Jail Diversion Program is structured to offer guidance for consumers when they are still at an early stage in the criminal justice system process. Operating under the concept that early diversion helps prevent ‘today’s misdemeanants from becoming tomorrow’s felons,’ this approach has been found to be healthier for both the consumer and the community.

The criminal justice system is a process that flows from arrest to booking, to court appearance, then either to probation, jail, or prison and ultimately release. The diversion process has the capability to intercede in each of these phases. In the booking phase, pre-trial services provides consumer and court guidance. Diversion recommendations within the court, before adjudication, are handled at the magistration facility. After release from incarceration, plans for return to the community are handled by a number of specialized programs including the Genesis Special Needs Offenders Program. The Genesis program provides intensive case management, psychiatric services, and rehabilitation training for offenders on probation and parole.

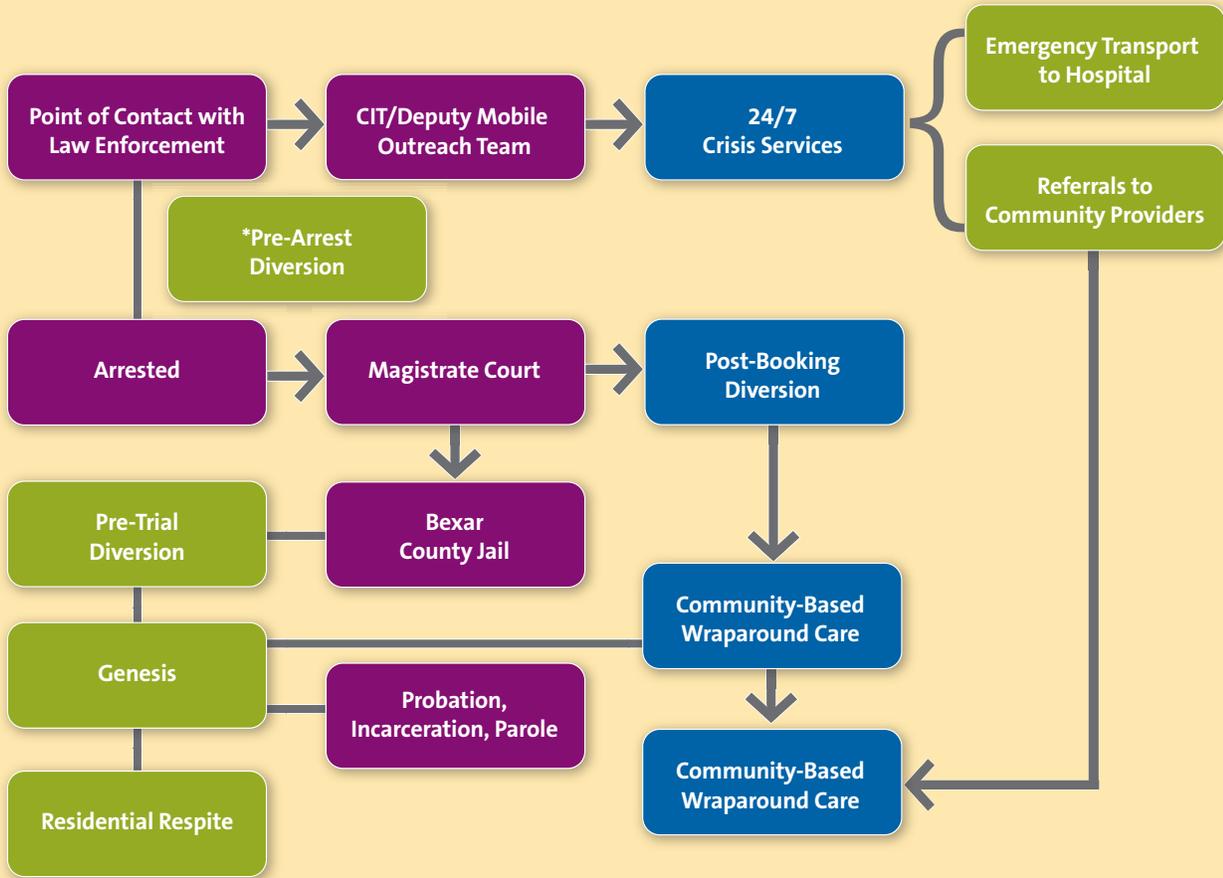
(CONTINUED ON PAGE 12)



“The criminal justice system is a process that flows from arrest to booking, to court appearance, then either to probation, jail, or prison and ultimately release. The diversion process has the capability to intercede in each of these phases.”

— **Aaron Diaz**
Director of Jail Diversion and Crisis Services
The Center for Health Care Services, San Antonio, Texas

The Diversion Process



* Federal Grant Award

(CONTINUED FROM PAGE 11)

IMPACT ON THE CRIMINAL JUSTICE/ MENTAL HEALTH SYSTEM

The fully functioning Bexar County Jail Diversion Program impacts and influences the criminal justice/mental health system at 46 intervention points. Some of these intervention points include the following:

- Training practitioners and policy makers and educating the community. This includes developing new and advanced skills required for law enforcement intervention for individuals with mental illness, and providing adequate training for mental health professionals and for court officials.

Jail diversion is a community partnership composed of many organizational components. City, county, and state government combined with law enforcement and criminal/civil courts form an essential backbone of the program.

- Providing dispatchers with tools to determine whether mental illness may be a factor and whether or not to send a CIT officer to a call for service. This includes the development of procedures and protocols to enable officers to implement an appropriate response based on the nature of the call.
- Sharing resources with 34 different partners, including the Bexar County Judges, the criminal court judges, the probate court judges, The Center for Health Care Services, City Magistrate services, the Bexar County Sheriff's Office, the San Antonio Police Department, the University Health System, the Bexar County Adult Detention Center, community stakeholders, and many others. Resource sharing between mental health partners and criminal justice is to be encouraged without infringing on consumers' civil liberties.
- Intervening in pre-trial issues, such as education of defense attorneys on effective ways to proceed in handling mental health consumers. Examples are the education of individuals who have been victimized by a defendant, maximizing the use of alternatives to prosecution, assisting defendants with mental illness, and release during daylight hours only.
- Maximizing the availability and use of alternative sentencing for the mentally ill during the post-trial period. This involves assistance for offenders with mental illness in complying with conditions of probation and

(CONTINUED ON PAGE 14)

The Path—2002-2005

- Deputy Mobile Outreach Team is established
- Jail Diversion Planning Advisory Committee met for one year
- Mental Health Docket is expanded
- Jail Diversion Over-Sight Committee established
- Bexar County Jail Diversion Model approved by JDPAC
- 78th Legislature in session/reorganization in process — Jail Diversion Law
- Crisis Intervention Training for public safety officials continues
- Adult Crisis Services and medical clearance 24/7— central location established
- County/City Wide consolidation of crisis services and minor medical triage in process
- Data on ER utilization and jail admissions for misdemeanors tracked and showing decrease
- Jail diversions show an eightfold increase
- Expansion of Pre and Post Diversion programs continue



“When most officers receive a call, they stop and think, ‘I’ve got this guy or woman in my car and I’ve got to do something with them.’ Well, they have committed a minor crime, so they are usually taken to jail. An officer who is CIT-trained will recognize when an individual has mental illness and will handle the call differently than the normal San Antonio Police Officer.”

— Deputy Chief Harry Griffin
San Antonio Police Department



The Crisis Intervention Team Training role players consist of (from left to right) Carmen Casares-Cernoch, Jeanie Paradise, Scott Davis, Homer Arias, Mary Bohne, Jean Souza. CIT Training is conducted three times per year, and over 400 law enforcement officers have benefited from this training.

(CONTINUED FROM PAGE 13)

adequate screening for inmates in order to detect mental illness. An important component is helping to develop a seamless transition from prison back into the community for people with mental illness.

- Promoting the use of evidence-based practices and promising approaches in developing mental health treatments.
- Assigning case managers as court liaisons, and initiating and maintaining partnerships between mental health and other relevant providers.
- Developing advocacy programs to help build awareness of the need for high-quality, comprehensive mental health services.
- Ensuring that mechanisms are in place to collect data and identify outcome measures to help in future policy initiatives.

GAINING ACCESS TO JAIL DIVERSION

The Bexar County model offers several routes of entry into the diversion process. Once access is gained, the consumer is guided through an algorithm of steps designed to guarantee treatment, to facilitate return to the community, and ideally to introduce them to a productive life. There are four important points of entry into jail diversion:

- **Crisis Intervention Team (CIT)** is a group of specially trained peace officers who have the knowledge to intercept mentally ill consumers in the field and direct them either to the Crisis Care Center (CCC), appropriate health care facility, or to the magistration facility for further processing.
- **Deputy Mobile Outreach Team (DMOT)**, consists of mental health assessors and two sheriff deputies and is designed to provide field assessment prior to transportation to the crisis center.
- **Pre-trial services** is established as an after booking/ before trial diversion program for consumers already incarcerated. Referral may be made to The Center for Health Care Services pre-trial services for subsequent screening.
- **Central Magistration Facility**, can receive consumers either from law enforcement activities or from referral by the CCC. Screening procedures determine if further mental health services are indicated. Inside the Magistrate facility in court number four, misdemeanor charges are often handled. Here, case workers are in close consultation with the court in order to help find appropriate referrals that are compatible with people's needs.

An array of screenings and assessments determines consumer eligibility for entry into jail diversion. These screenings help to translate consumer signs and symptoms of mental illness into appropriate therapeutic and judicial responses. The CIT, DMOT, Magistration Facility, and Pre-trial services each have their own screening and assessment procedures.

■ **Crisis Intervention Training (CIT):** A preliminary assessment is done by law enforcement officers or CIT officers followed by a crisis assessment at the CCC.

■ **DMOT:** As with CIT, a field assessment is completed; however, in this case the team consists of a deputy sheriff and one mental health professional. This is referred to as the DMOT initial screening. If indicated, the consumer is transported to the CCC.

■ **Magistration Facility:** Here, consumers are in detention and have been identified as probable cases of mental illness. Screening is completed after charges are filed. The initial screening is carried out by the San Antonio magistration detention staff (which may include a booking officer, triage RN, or the Bexar County pre-trial services staff). The initial screening assesses for signs of major mental illness. Both the initial and subsequent assessments are done at the Magistration Facility.



Members of the Deputy Mobile Outreach Team transport a consumer in crisis to the Crisis Care Center for screening and intervention.

■ **Pre-Trial Services:** This program provides screenings on consumers in the Bexar County Adult Detention Center. An initial screening for mental illness is conducted followed by an RN screening. The consumer is then referred to social services, which may include additional screenings in order to determine eligibility for various programs.

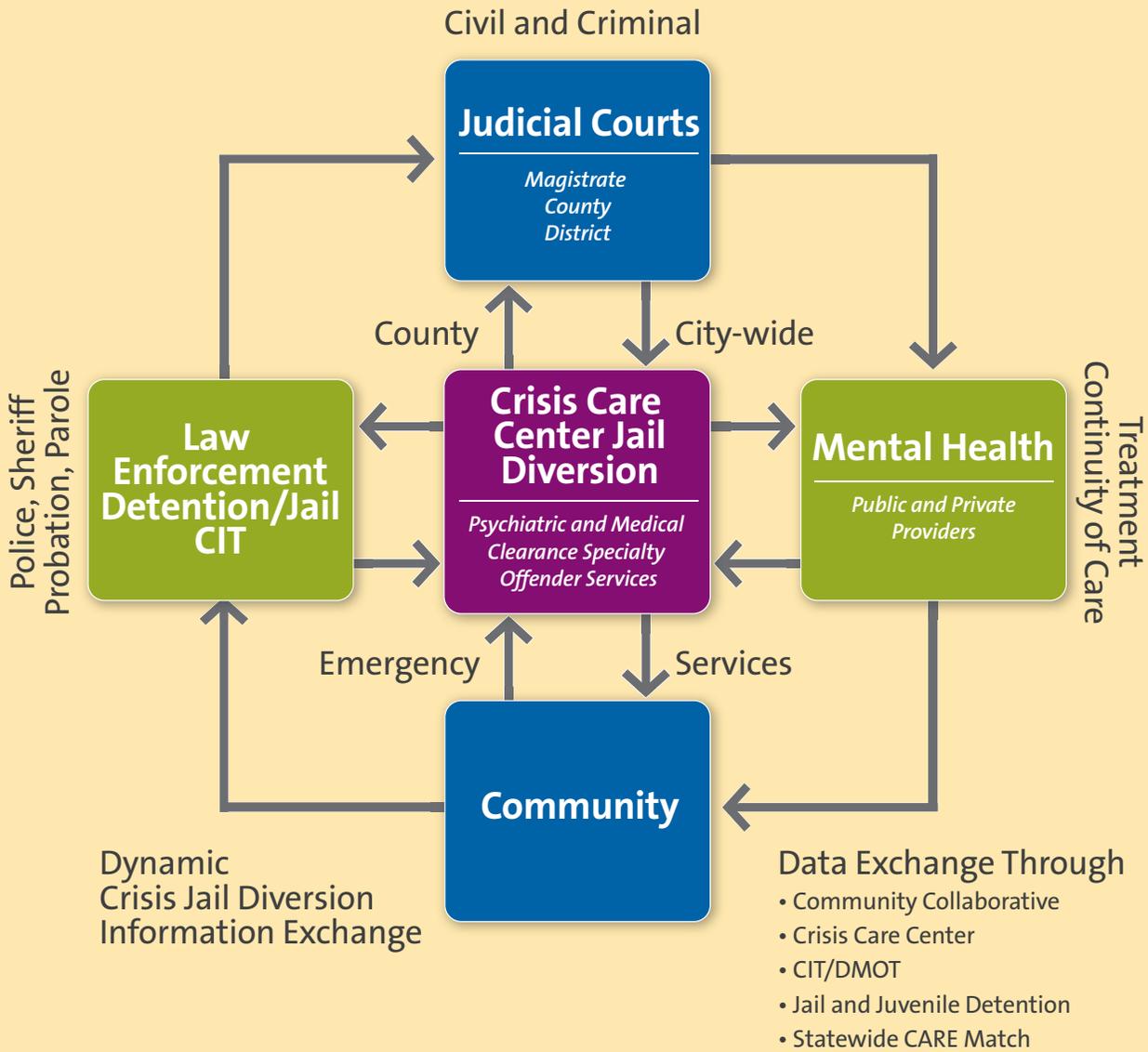
(CONTINUED ON PAGE 16)



“I was called one day because a person seemed to be mentally ill and the judge thought that community service hours could be given to this person to include a Crisis Care Center psychiatric evaluation and an application for social security and disability. The judge had a non-punitive attitude, and was interested in getting this person stable.”

— Jeanie Paradise, M.A., LPC
Clinical Director of Crisis Services, Crisis Care Center

System County City-Wide Entry Points



Technology Transfer: Enlisting Community Support

We are comfortable with our daily routines and certainly do not like changing them. To alter an individual's or organization's behavior is as difficult and challenging as is changing inertia. It is no wonder, then, that the reams of literature written to date on what academia has coined *technology transfer* – getting individuals and organizations to adopt new methods to their respective professions – boil down to acknowledging and addressing human nature: you have to demonstrate to people the benefits of change (or the consequences of not changing), and you have to make it easy to change.

For anyone who doubts the constancy of human habit, consider the use of safety belts in automobiles. Government agencies continue to spend untold amounts of money promoting the use of safety belts, and yet, drivers and passengers continue to meet horrific and untimely fates every year on our highways because they do not comply. Of course, much progress has been made in recent decades, but it has been a difficult battle.

Imagine, then, the challenge of altering behavior on a macro scale, when the benefit of change is far less obvious than life and limb, and change is far more than the simple concept of 'click it or ticket.' Such has been the challenge to Bexar County administrators who promote the jail diversion concept. Perhaps because they work in the shadow of the Alamo, the Bexar County Jail Diversion promoters are imbued with a commitment and courage not readily available to other presently established jail diversion programs. The Bexar County administrators' well-honed sense of understanding human nature has led them to create a workable plan for establishing new jail diversion programs nationally.



Program leaders (from left to right) Gilbert Gonzales, Chief of Development and Community Action, Leon Evans, President and CEO, and Aaron Diaz, Director of Jail Diversion brought together 22 initial community partners in the jail diversion program. These partnerships helped CHCS expand service capacity and educate the community about the benefits of jail diversion.

(CONTINUED FROM PAGE 17)

A review of literature on technology transfer offers various approaches for understanding human nature and techniques for changing organizational behavior. One of the most comprehensive compilations of ways to affect human behavior, which can be readily applied to the jail diversion concept, can be found in the National Institute on Drug Abuse's research monograph series, *Reviewing Behavioral Science Knowledge Base on Technology Transfer*. It represents the collective effort of more than a dozen researchers and authors. The series investigates a wide range of literature regarding individual-based and organizational-based behavior, as well as behavior change technologies specifically referenced to substance abuse. Authors estimate the body of literature they reviewed to represent more than 10,000 citations.

Within the monograph, a series of chapters offer insight of particular relevance to the jail diversion concept. Kathryn H. Kavanagh, Associate Professor, University of Maryland, in the "Collaboration and Diversity in Technology Transfer" section, discusses the role of academicians who create technology transfer concepts and the practitioners who actually carry out the technology transfer. In essence, Kavanagh suggests that it is those on the front lines of treatment who are crucial to either perpetuating or ending the use of a new technology. The front line must be consulted to ensure that new methods are both relevant and feasible. Moreover, the front line of rendering health care, whether it is in the author's example of substance abuse treatment or in the case of jail diversion or public mental health care, must consider a wide number of factors in order to implement change successfully.

In order for new technologies to succeed, they must be culturally applicable across all participating populations involved in the program, including the consumers of services as well as the practitioners who supply the services.

In the National Institute on Drug Abuse monograph series chapter, "Interorganizational Planning and Coordination as Technology Transfer: Lessons From a Case Study,"³ many of the all-too-common mistakes made when a municipality attempts any form of technology transfer are demonstrated. For instance, a municipality's mayor may decide to

Community Partnership

The Jail Diversion
Over-Sight Committee

The Jail Diversion
Planning & Advisory Committee

Community Medical
Directors Roundtable

Private Sponsorship
AstraZeneca

Community Partnership:

- City, State and County Government
- University, Local and Private Hospitals
- Criminal and Civil Courts
- Advocacy – NAMI
- Consumers
- San Antonio State Hospital
- Mental Health Partners
- Adult Protective Services
- Child Protective Services
- Military Entities
- EMS System

address social economic issues within his city by directing his human resources official to decentralize staff and services at the neighborhood level. Several dozen councils are thereby established with virtually no detailed direction as to outcomes expectations or methods of application. Further, they are autocratically ordered to proceed in a manner that practically guarantees a failure of collabora-

The Bexar County administrators' well-honed sense of understanding human nature has led them to create a workable plan for establishing new jail diversion programs nationally.

tion. When a task requires the integration of numerous organizations, particularly in government programs, this 'hands-off' approach may be politically tempting but is painfully ineffective.

Within the monograph and with direct relevance to jail diversion, Paul Gendreau, Professor of Psychology, University of New Brunswick, focuses on what he terms 'knowledge destruction' in his chapter entitled, "Technology Transfer in the Criminal Justice Field: Implications for Substance Abuse." Gendreau sites varying degrees of skepticism, on both the conscious and subconscious level, with which personnel in both the criminal justice field and the substance abuse field either outright ignore or actively dispute literature that challenges their current or accepted practices. Of particular concern in reference to jail diversion, Gendreau suggests that many individuals in the criminal justice arena have come to accept the position that treating offenders of substance abuse does not substantially reduce recidivism and is therefore not worth pursuit. This same attitude would be expected to apply to issues of jail diversion programs.

The authors of this monograph series suggest four conditions that must be met in order for technology transfer to succeed. These are as follows:

- effective dissemination of knowledge
- applicability of the technology and readiness of its intended adopters to accept it
- availability of resources
- consideration of the human dynamics of change.

Six Strategies for Successful Technology Transfer

- 1 Interpersonal contact (face-to-face beats paper)
- 2 Planning and conceptual foresight (anticipate the details, good and bad)
- 3 Outside consultation on the change process (get objective input)
- 4 User-oriented transformation of information (translate to your audience's lingo)
- 5 Individual and organizational championship (recruit one or more spokespersons)
- 6 Potential user involvement (involve someone you want to convert).

(CONTINUED ON PAGE 20)



“Before this program, families and consumers were victimized and put at-risk. Their only options were the hospital emergency rooms, state hospital and/or jail. The emergency rooms were always full with long waiting hours. The Jail Diversion program and Crisis Care Center has changed the way people with mental illness are treated in Bexar County.”

– Ed Dickey
President, National Alliance on Mental Illness (NAMI) – San Antonio

(CONTINUED FROM PAGE 19)

None of these strategies is new or surprising. They are, collectively, ‘behavioral modification 101.’ But to employ such simple strategies for a technology that may represent decades of study and investment will appear to be counter intuitive if not outright galling for academics and practitioners alike. Galling or not, however, these strategies work. Proof lies in the success of the Bexar County Jail Diversion Program.

From the outset, leaders of the Bexar County program carefully employed all of the above strategies beginning with interpersonal contact, outside consulting, championship (gaining public support of a recognized opinion leader), and potential user involvement. Difficulties arose during the establishment of the planning committee, however, with the realization that constituencies with whom they wished to consult might decide to participate only with representatives on the junior level. These lower level personnel might be charged with the authority to say no, but not the more important authority to say yes when asked to collaborate and to provide resources. Some of the collaborators with whom the planning committee wished to participate included the courts, state hospitals, the University Health System, the police and sheriff’s departments, the housing authority, and other agencies.



Judge Polly Jackson-Spencer played a key role in formulating the jail diversion program, and participated in the Planning Advisory Committee Meetings. She also invited other participants on the County’s behalf, which helped to enlist the support of other community leaders.

To secure the level of representation necessary for the jail diversion program, the planning committee approached an ally in the courts – a judge – and asked this individual to invite participants on the county’s behalf. Sure enough, the desired players came to the table.

To secure the level of representation necessary for the jail diversion program, the planning committee approached an ally in the courts – a judge – and asked this individual to invite participants on the county’s behalf. Sure enough, the desired players came to the table.

In order to maintain the program’s momentum over months of meetings, the planning committee established a planning and foresight strategy that leaned heavily on several tried but true incentives. The first and most basic of these, according to Gilbert Gonzales, Chief of Development and Community Action, was to hold the meetings on the same date and in the same location (a courtroom) every month without fail, and always to serve lunch. Setting the meetings in a convenient manner was key to their success. In addition to guaranteeing participation of desired players at each month’s meeting, specific actions to be taken were recorded in public minutes that were distributed to all relevant parties and their superiors who might not always be present. As the months progressed, it was also made clear to participants that failure to participate or to implement assigned action items was clearly noted in subsequent minutes.

Success in the Bexar County Jail Diversion Program has been ensured by securing a champion (having a judge issue invitations for the planning committee personally) and maintaining ongoing participation of many disparate organizations through ‘convenient accountability’ as the team refers to their luncheons and minute-taking incentives. However, the program has also achieved success by remaining sensitive to the many different ‘languages,’

meaning the many different needs expressed by these organizations at the meetings. During these gatherings for instance, the general public wanted to hear about safety in the streets. Law enforcement officers wanted to hear about safety on calls and ways to reduce time spent in emergency rooms waiting for evaluation. The mental health system was concerned about having offenders utilizing limited resources while recognizing the need to focus on maximizing access to care for the mentally ill. Jail representatives wanted to speak about ways to reduce occupancy and minimize the potential for agitation and injury. Finally, families of the mentally ill and/or offenders wanted to hear about better care and compassion. As a result of this, all interactions with respective constituencies have been carefully customized to focus on relevant concerns.

Beyond the six strategies for successful technology transfer, the National Institute on Drug Abuse notes the value of using the proven results of established programs as an incentive to encourage further involvement and expansion of new programs. In Bexar County, for example, after hospitals noted the successful implementation and opening of the Crisis Care Center to triage minor offenders, hospital emergency rooms subsequently experienced a reduction in utilization. With this demonstrated success, state hospitals have recently elected to help fund a new minor medical clinic to serve the jail diversion effort.



University Health Systems Police Department Officer John De la Garza (left), Lt. James Blake (middle) and Officer D.J. Statz (right)



The Crisis Care Center is conveniently located inside the University Health System's downtown facility because it is only two blocks from the magistrate court and one block from the county's largest homeless shelter.

Further proof of the concept that success breeds new participation, the Deputy Mobile Outreach Team originally received only minimal support from the Sheriff's Office. While the Sheriff's Office provided deputies and paid only some expenses, it was the county that was paying their salaries. However, after observing several very successful years of jail diversion in action and the reduced risk to officers and the public alike, the Sheriff's Office decided to increase their commitment. Therefore, when the county was unable to pay program salaries due to federal budgetary cuts, the Sheriff's Office gladly took over these salary responsibilities. With full support from the Jail Diversion Oversight Committee, the Sheriff's Office is pursuing complete operational responsibility for the program and for doubling its size.

The Bexar County Jail Diversion leadership is proud of the 'frontier spirit' in their program in which strong leadership brought a diverse group together to improve lives. The program leadership hopes to continue this frontier spirit by applying tried and true technology transfer concepts in the development of new jail diversion programs nationally. ■



Funding the Program

Jail diversion programs are collaborative initiatives involving multiple stakeholders. As such, they offer opportunities for resources to be pooled and used with greater efficiency. Unfortunately, however, when many if not most of the stakeholders are publicly funded to any significant degree, organizations tend to become territorial in order to preserve their funding and do not always act in the most cooperative manner.

Organizations and programs in the criminal justice and mental health care fields seek maximum efficiency internally; however, when collaborative efforts transcend organizational boundaries and budgets, efficiency can mean some gain while others lose. Government auditors do not look favorably on concepts such as loaning out staff and resources, which may be good for the community but bad for the government program that is being affected.

CREATIVE SOLUTIONS

The Bexar County Jail Diversion architects have addressed these issues through creative solutions that make example of tangible results to help convince public and private organizations to give needed support. As referenced in the “Technology Transfer” section of this Tool Kit, the Deputy Mobile Outreach Team, which the sheriff’s department and The Center for Health Care Services originally jointly funded, was ultimately taken over completely by the Sheriff’s Office.

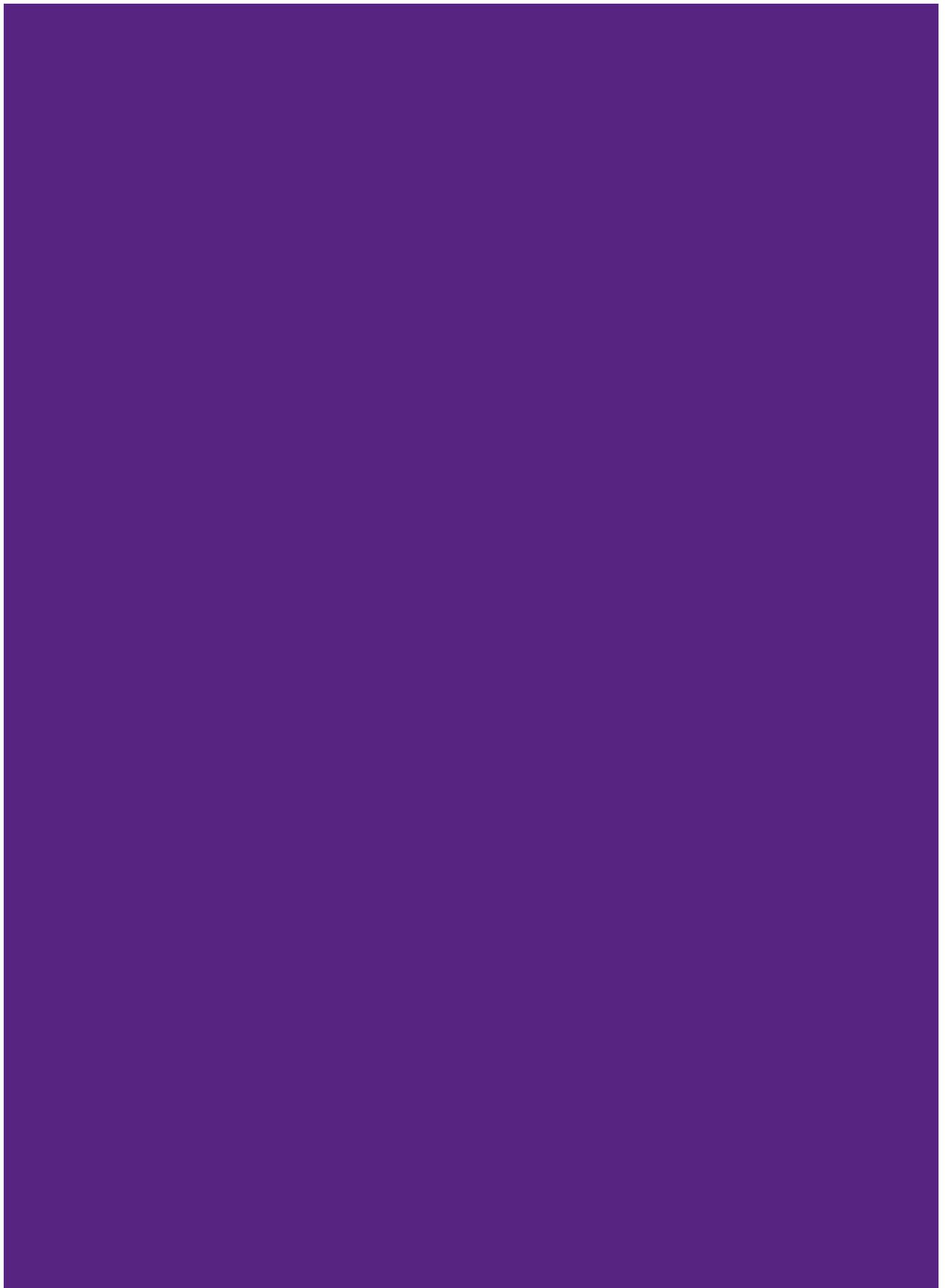
INCREASED STATE FUNDING

The success of the Bexar County Jail Diversion Program has recently gained the attention of a state appropriations committee, which committed \$83 million over two years to carry the effort statewide. This is in strong contrast to the early years when the Bexar County program started simply by tapping into standard reimbursement mechanisms for their services. By screening minor offenders for mental illness and for Medicaid eligibility, Bexar County secured state funds that allowed them to earn Medicaid Administrative Claims (MAC), which at the individual level, can cover anywhere from 25% to 30% of the cost of

The success of the Program has recently gained the attention of a state appropriations committee, which committed \$83 million over two years to carry the effort statewide.

diverting someone with mental illness from jail. Bexar County administrators also encouraged state hospital and other institutional practitioners to seek out panel inclusion (to become a ‘participating provider’ and therefore eligible for reimbursement of services) with all available payers in the area, not just Medicaid but private insurance, Medicaid managed care payers, and the Veterans Administration. They approached every available grant source, primarily the Substance Abuse and Mental Health Services Administration (SAMHSA), but also foundations with even the most cursory interest in the issue (for example, not just mental illness advocacy, but also homeless coalitions, religious organizations, and so on). And they sought the help of allies in the courts to approach legislators for funding at the state level.

There is no magic formula to raising funds for jail diversion. Jail diversion represents the collaboration of primarily public entities that handle two largely disenfranchised segments of the population – the mentally ill and criminal offenders. Success comes with dogged determination to achieve and publicize positive outcomes and thereby to demonstrate accountability. ■



Bexar County Jail Diversion Program: Setup and Structure

The Bexar County Jail Diversion Program was created through an expansive effort of community leaders and interested parties. Its goal is to eliminate the inappropriate incarceration of individuals with substantial mental health issues and to reduce the use of arrest and booking process for adult offenders with mental illness.

THE PROGRAM IS STRUCTURED AROUND SEVEN MAJOR INITIATIVES:

- 1 Establish training programs for mental health and law enforcement professionals and other stakeholders
- 2 Encourage law enforcement involvement in the diversion process
- 3 Form collaborative relationships with the community
- 4 Establish pre-trial services
- 5 Establish post-trial services
- 6 Ensure effective mental health treatment
- 7 Identify outcomes

Management tasks are performed by the Jail Diversion Oversight Committee. The role of the committee is to evaluate the program and to disseminate the program model statewide. The committee also serves as a liaison with the state legislature regarding future funding and re-application for funding. In an ongoing process, the committee evaluates the program impact on the mentally ill individual, referred to as the 'consumer' of health care services, their families, and other interested parties. The committee also examines how the process affects the daily interaction between law enforcement officers and mentally ill consumers.

Outcomes established by the committee include hospital admissions and the number of days that patients are in treatment, the consumer's ability to function in the community, quality of life, family relations, and consumer and family satisfaction with treatment. Feedback is provided to community stakeholders on the implementation process of the jail diversion program. Stakeholders include the following:

- County Judge
- Mayor of San Antonio
- Bexar County Sheriff
- Representatives from Bexar County Pre-trial Services
- The Center for Health Care Services
- District Court Judges
- Probate Court Judges
- Municipal Court Judges and Magistrates
- District Attorney
- National Alliance for the Mentally Ill
- San Antonio Police Department
- Local Hospitals
- Adult Protective Services
- Child Protective Services

(CONTINUED FROM PAGE 25)

The Bexar County Jail Diversion Program has identified 46 separate and distinct intervention points in the arrest/detention process within the criminal justice/mental health system where jail diversion practice is applied. These 46 points are divided into three phases of intervention for the mentally ill consumers which occur before, during, and after incarceration.

- The first phase focuses on diverting the mentally ill *before* they are arrested and/or booked into the county jail. In this phase, the magistrate or judge receives recommendations for diversion of the consumer to appropriate clinical settings as an alternative to jail.
- The second phase provides treatment alternatives for the consumer who is in jail. The Bexar County Jail Diversion Program focuses on identification, screening, and recommendation for alternative dispositions such as a mental health bond or release to a treatment facility.
- In the final phase, the consumer is provided with appropriate services upon release from jail or prison. The goal is to ensure continued mental health and support services and reintegration into the community.

The Bexar County Jail Diversion Program makes every effort to ensure continual monitoring of consumers as they progress through the criminal and mental health system.



The Bexar County Sheriff's Office played a critical role in the initiation and continuation of the Jail Diversion Program and Crisis Care Center. Bexar County Sheriff Roland Tafolla. (pictured above)

Regardless of where treatment is provided, either through the Crisis Care Center (CCC), other health care facilities, or the state hospital, the jail diversion program provides direction to ensure that people do not 'fall through the cracks'. CHCS is the official mental health authority for the county and is, therefore, in direct control of admissions to the state hospital. This ability to ultimately direct the mentally ill to the

The Bexar County Jail Diversion Program makes every effort to ensure continual monitoring of consumers as they progress through the criminal and mental health system.

hospital is regarded by the jail diversion program as 'closing the circle' in that it represents the ability to direct the most seriously impaired consumers who may be deteriorating and making little therapeutic progress.

HOW THE PROGRAM WORKS THE DATA COLLECTION PLAN

Client Measures: Local authorities are required to provide documentation for entry into the Criminal Justice Information Services (CJIS) and the database (Patient Information Management System [PIMS]). Data captured in these databases includes criminal justice status and history, medical history, past hospitalizations, mental health status, quality of life indicators, and consumer satisfaction. Financial assessments also are made.

Police Measures: A pre-test and post-test are administered at each CIT training, in order to measure the training participants's perception and knowledge of mental illness.

Additional tracking outcomes that are measured are as follows:

- Calls for service to law enforcement
- Calls for transportation/referral
- Rearrest
- Jail admissions
- Jail days
- Revocations of community-supervised release. Offenders who are on probation or parole may have their release revoked for various violations.
- Mental health crisis facility admissions
- Psychiatric inpatient admissions and total days

- Substance abuse crisis facility admissions
- Involuntary treatment costs
- Prison days

PLAN IMPLEMENTATION

Since the inception of the Bexar County Jail Diversion Program in April 2002, the group of stakeholders, referred to as the Jail Diversion Planning and Advisory Committee (PAC), met monthly for one year. Their initial sessions were devoted to analyzing the human and systemic costs of the status quo and identifying and describing the criminal justice, mental health, and human service entities currently involved in service delivery. Working groups were established to recommend improvements to the system.

The original charge for the PAC was to establish a comprehensive, coordinated system of mental health care and substance abuse services for offenders with serious mental illness. PAC goals include supplementation of pre-trial diversion with pre- and post-booking components that attempt to eliminate incarceration. Since its inception, the PAC has been expanded to include consumers.

Additional goals of the PAC include the following:

- Reorganize existing services to reflect a flow that meets individual needs
- Cross-train providers and law enforcement in the intent and resources of the program

The Bexar County Jail Diversion Program has identified 46 separate and distinct intervention points in the arrest/detention process within the criminal justice/mental health system where jail diversion practice is applied.



Lt. Terri Neal, San Antonio Police Department, at the Department's Call Center.

- Ensure fully integrated treatment, assessment, and service coordination with an eye toward rehabilitation and reinvolved with family and community
- Create easily accessible service locations
- Evaluate impact of the program
- Expand public awareness of the program and its value
- Acquire funding to sustain the program

Presently, the Bexar County Jail Diversion Program employs 146 multidisciplinary staff, including physicians, nurses, licensed mental health professionals, benefit specialists, case workers, and vocational and housing specialists. Funding is approximately \$9 million annually, provided through federal, state, and local support, Medicaid, Medicare, the University Health System, and CareLink, which is a Bexar County initiative for county residents who do not have health insurance and are not eligible for federally funded programs.

(CONTINUED FROM PAGE 27)

BUILDING BLOCKS OF THE PROGRAM

The following model recommendations of the PAC were crucial in establishing the present Bexar County Jail Diversion Program:

- Implement a Crisis Intervention Team (CIT) program and expand the Deputy Mobile Outreach Team (DMOT) for the purpose of diverting persons with mental illness before their arrest
- Provide continuity of care by recording persons receiving pre-booking services in the information system and following up with all individuals served to determine the system's impact
- Provide consistent and continuous cross-training to all law enforcement officers, court personnel, and mental health or social service providers
- Expand residential care components to include 'no-refusal' crisis intervention drop-off center for law enforcement officials
- Shift the pre-trial diversion program to a post-booking intervention in the magistrate court. This minimizes transport of eligible detainees to the county jail, thereby



CIT role players Homer Arias, Linda Hodgson, Scott Davis and John Young.



Judge Kimberley Kreider handles mental health cases at the City Magistrate's Office.

lessening the chance that they will be lost within the criminal justice system. Cross-training of magistrate and municipal court personnel

- Allow individuals with felony convictions to be eligible for post-booking services at the judge's discretion
- Create the necessary team of partners and services to ensure the availability of quality evidence-based practice in the following areas: case management, community treatment, medication management and access to medication, integrated mental health and substance abuse treatment, psychiatric rehabilitation, life skills training, job placement, health care, gender-based and trauma-based services
- Add a peer support component
- Formalize linkage between consumer's family and existing support groups

RANGE OF MENTAL HEALTH SERVICES

A treatment plan for all consumers is developed by an assigned case manager under the auspices of The Center for Health Care Services (CHCS) with contributions and continual updates from all team members. As consumers reclaim their capacity for self-direction, a "recovery model" of treatment is employed to encourage transition to less intensive services.

Within Bexar County, the CHCS currently operates multiple programs and services for persons with severe and persistent mental illness who have come in contact with the criminal justice system.

The CHCS provides treatment planning, case management, community treatment, pharmacy services, integrated mental health and substance abuse treatment, and life skills training. In cooperation with the The University Health System and the Department of Psychiatry at the University of Texas Health Science Center in San Antonio, medication management and psychiatric rehabilitation are provided. Outside agencies such as the San Antonio Housing Authority and the Alamo Workforce Development Council also work in cooperation. Expansion of services will include gender-based services for women and trauma victims.

CRISIS CARE CENTER

The County Crisis Care Center (CCC) is located within the University Health System's downtown location in San Antonio in a convenient site two blocks from the Magistrate Court and one block from the county's largest homeless shelter. Referrals are received through various means including walk-in, the Crisis Line, DMOT, internal and external providers, community agencies, the San Antonio Police Department, Bexar County Sheriff's Office and other law enforcement entities. The center is unique in that it combines medical services and behavioral health care services for the consumer. Minor medical clearance is provided for those who are in need of this service or by a physician's order. In the evening hours from 8 PM until 8 AM, the CCC operates as a minor medical clinic for law enforcement programs only. Many of the individuals brought in at that hour have psychiatric problems, however, individuals who are brought in by law enforcement without mental illness issues and who otherwise would have to wait 8 to 16 hours in a hospital emergency room are also treated. Treatment at the CCC is usually received within one hour. The advantage to this style of operation is that patrol officers can return rapidly to the streets and patients are quickly cleared and can be processed by the criminal justice system. If there is a need for further psychiatric evaluation, this can also be accomplished under one roof and the officer is back on the street in approximately 20 minutes.



To receive pre- and post-booking services from the CHCS, the following criteria are applied:

- Demonstrated symptoms of mental illness such as threat to self or others, confusion, and disorientation
- No threat of violence
- Criminal history of misdemeanors (individuals with a history of felony arrests will be considered at the judge's discretion)
- At risk of incarceration due to mental illness

It has also become evident within the jail diversion program that those who are mentally ill often do not take care of their bodies or comply with their prescription regimens. They may have high blood pressure or diabetes, for instance, which will go unattended. The Center is therefore staffed by one medical doctor and two physician assistants who provide coverage after hours. There is a registered nurse and three aids present for every shift. A psychiatrist is on staff from 7 AM to 12 midnight. During the day, the Express Med Clinic handles minor medical clearance issues, and is run by the University Health System in cooperation with law enforcement. Those with particular law enforcement issues are able to go to the front of the line.

(CONTINUED FROM PAGE 29)

There are approximately ten beds, and patients can stay up to 23 hours. The same psychiatrist that handles the walk-in patients is also responsible for these beds. Professional counselors and social workers are also part of the staff, and there is a receptionist and secretary as well as a staff member who handles financial assessment of patients. The center tries to work with medical coverage to recoup some of the costs. In the first year alone, more than 7,000 combined medical and psychiatric cases were handled.

In the “23-hour stay area,” the center averages about 14 patients daily. Approximately 600 individuals present for psychiatric services each month, with 200 of these individuals assigned to the 23-hour observation. In the 23-hour clinic, the patient is stabilized and restarted on medication. Patients who cannot be stabilized are transferred to the least restrictive setting. Depending on the benefits available to the consumer, the patient is either handed over to a private facility or to the state hospital.

The jail diversion program also runs three adult outpatient clinics, which are separate from the CCC and are operated by the CHCS. These centers provide mental health services and intensive case management for consumers on probation and parole.



SAPD Officer Ernest Stevens stands by his patrol car after transporting a consumer to the Crisis Care Center.

It has also become evident within the jail diversion program that those who are mentally ill often do not take care of their bodies or comply with their prescription regimens.

Jeanie Paradise, Clinical Director of Crisis Services, notes, “Our clients are mandated to be screened within one hour for acuity and psychiatric treatment needs. Cases are dispositioned to the least restrictive setting.”

BEXAR COUNTY JAIL DIVERSION PRE-ARREST PROGRAMS

THE CRISIS LINE

The Crisis Line is a continuously staffed, 24-hour-a-day operation that serves as a confidential crisis line, a mental health outreach line, and an information and referral line. This line is in contact with and can access services from the DMOT and the jail diversion program. Operators are able to provide callers with brief psychiatric screening/assessment and can decide the best possible actions needed at the time of the call.

The Crisis Line serves as the primary means for contacting the jail diversion staff, particularly after business hours. When an operator receives a call requiring further action, the on-duty caseworker from the Crisis Line contacts the on-call jail diversion staff member to make a request to begin coordinating the necessary services. When the case worker feels that a call may need immediate attention, the distressed party may be called directly to obtain further details about the situation. It is the responsibility of the case worker to make the final decision to dispatch DMOT and also to decide which doctor is to be assigned to the case. The case worker further communicates and may even meet with the deputy to decide the level of police involvement that might be indicated.

Calls on the Crisis Line in Bexar County are staffed by at least two psychiatric RN's, 24 hours a day. The Crisis Line is operated in conjunction with the University Health System, and is accredited by the American Association of

Suicidology. Crisis Line operators must be fully informed concerning the role of the CCC so they can do their part in redirecting consumers away from the emergency room.

THE DEPUTY MOBILE OUTREACH TEAM (DMOT)

The Deputy Mobile Outreach Team (DMOT) is a 24-hour-a-day, 7-day-a-week intervention team of specially trained deputies and mental health clinicians. They provide an active intervention partnership of mental health and law enforcement staff. Their role is to direct the consumer to the most appropriate clinical treatment setting with the least possible delay. The DMOT is activated when a face-to-face, on-site evaluation is required. The team that is dispatched includes the deputy and a licensed counselor. In consultation with a psychiatrist, a decision is made on whether immediate treatment should be provided at the CCC or if the consumer should be triaged elsewhere, such as to the state hospital. In a case of significant emergency, 911 can be called. It should be emphasized that the deputy's first responsibility is to secure the safety of all concerned and to diffuse any crises while the clinician conducts a field assessment and determines the best course of care. The intent of DMOT, after safety is assured on scene, is to divert the individual from jail whenever possible. The team at present is averaging 60 calls per month. Out of these, 80% involve an individual who is already an active client at the CHCS.

CRISIS INTERVENTION TEAM (CIT)

Crisis Intervention Team (CIT) consists of specially trained, uniformed police officers who respond to calls where mental illness may be a factor. Trained by mental health



Operators at the Crisis Line provide brief psychiatric assessment. If necessary, they contact DMOT for further action.



Members of the Deputy Mobile Outreach Team, consisting of a mental health professional and a specially trained deputy in plain clothes, respond to a call for help and determine whether the consumer should be transported immediately to the Crisis Care Center.

professionals, the CIT is charged with safely resolving conflict and for transporting the consumer in crisis to an appropriate mental health treatment facility, placing the consumer on an Emergency Detention for further psychiatric evaluation, or to jail if necessary. The officers are particularly well informed about the availability of mental health services and community resources.

The CIT oversight committee meets regularly, approximately monthly. As training classes approach, they meet weekly to discuss planning efforts for the training school. The committee invites police officers to address various issues such as how well the hospital staff responds to their needs and whether the CCC addresses patients' needs in a prompt and efficient manner. Jail diversion program personnel cell phone numbers are made available to the police officers so that issues can be addressed 24 hours a day. At the monthly committee meeting the community is encouraged to participate, including medical directors from each private or county facility.

COMPREHENSIVE TRAINING PROGRAM

The Bexar County CIT program is modeled after and has expanded upon the Galveston, Texas CIT program, which relies on the use of formal training classes for the officers. In the Bexar County program a typical class consists of

(CONTINUED FROM PAGE 31)

50 students who are instructed by eight Bexar County Sheriff's deputies and ten San Antonio police officers. Specific topics such as schizophrenia, bipolar disorders, and medications are taught by peers and mental health experts. Mental health professionals are brought on board to help with role-playing, where officers receive experience in handling actual scenarios, an integral part of the training. The course spans 40 hours, and is held Monday through Friday.

It has been the experience of trainers that, at the initiation of class, officers are reluctant to participate in the class. They may feel that they have been mandated to participate in the class. However, by the end of training on Friday, there is a noticeable difference in officer's attitudes. They are more sensitive to people with mental illness, and are better prepared to handle situations involving persons with mental illness.



A group of police officers assemble after completing a CIT training session. The five-day training session provides officers with the techniques and skills necessary to manage potentially volatile situations that involve people who are seriously mentally ill in crisis, suicidal or emotionally, mentally or behaviorally impaired.

Stages of Communications and Negotiations

Officers who participate in the CIT training session are taught the various stages involved in handling a crisis intervention.

CRISIS STAGE

1 Establish Safety and Security

- Personalize our introduction and establish rapport
- Reduce authority
- Reassure
- Do not try to solve the problem

2 Facilitate Ventilation and Validation

- Paraphrasing
- Listening for feelings
- Listening for meanings

ADAPTATION STAGE

1 Facilitation of planning

- Indirect suggestions
- Problem oriented questions
- "I" Messages
- Try not to challenge sense of control

RESOLUTION STAGE

1 Facilitation of creative problem solving

- Problem solving skills
- Be aware of frustration and anxiety early in this stage
- Guided Imagery
- Manage anxiety

SURRENDER STAGE

1 Anticipate a renewed crisis

- Personalize communications
- Reduce authority
- Reassure

In the first year alone, more than 7,000 combined medical and psychiatric cases were handled.

COMMUNITY INVOLVEMENT

The course is enhanced by interaction with a ‘community panel,’ which contributes to the success of the program. For instance, the training facility is donated by a church, lunch is provided by local organizations, and support is offered by psychiatric hospitals and CHCS. Bringing the community into the program provides opportunities for police officers to personally meet decision makers and facility admissions groups with whom they will need to interact, such as hospitals and private mental health centers. This allows police officers to learn about entry points into appropriate facilities and to be able to form useful contacts. Furthermore, the community panel provides question-and-answer sessions during the training with community leaders such as a judge, Sheriff’s Office administrators, University Health System administrators, and representatives of the CCC.

An important component of the training program is the consumer’s perspective on CIT. Through a partnership with the National Alliance for the Mentally Ill (NAMI), two consumers come to the program to speak about their mental illness and CIT from their own perspectives. During these presentations, family members will often present as well.



Instructors trained in role-playing act out a variety of potential scenes that officers may encounter, involving psychosis, possible suicide attempt, substance abuse and schizophrenia. Here, the instructors are role playing a situation involving a schizophrenic woman and her infant

The training program makes use of a CIT Training Manual. This hard cover, loose-leaf, notebook takes the officer step by step through the process of safely diffusing encounters with mentally ill consumers. The manual opens with lessons on listening skills and crisis intervention along with officer safety. Reviews in mental illness include developmental disorders, psychosis and schizophrenia, substance abuse, depression and suicide, mental retardation, and the consumer’s perspective on encountering the law. Legal issues are also presented including the law and mental health, rights and liabilities, and the proper use of documentation when dealing with the mentally impaired.

(CONTINUED ON PAGE 34)



“Bringing the community into the program provides opportunities for police officers to personally meet decision makers and facility admissions groups with whom they will need to interact, such as hospitals and private mental health centers. This allows police offers to learn about entry points into appropriate facilities and to be able to form useful contacts.”

– Roger Morin
Community Liaison

(CONTINUED FROM PAGE 33)

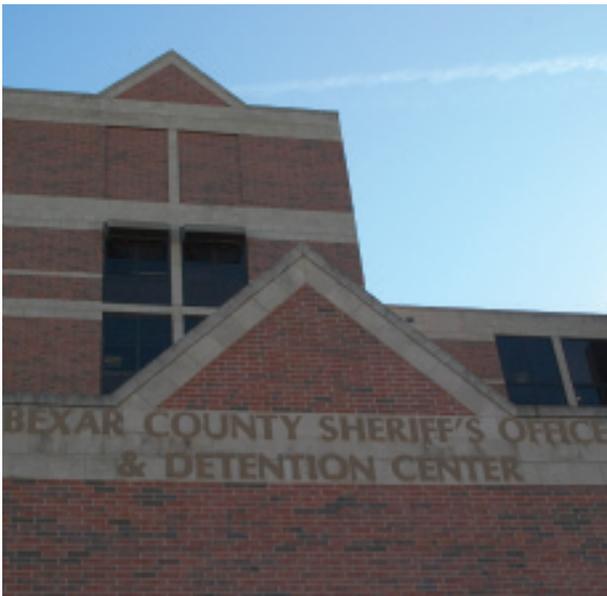
At present, CIT is voluntary with enough CIT officers being trained so that there is at least one officer on every shift. The Bexar County CIT program is currently developing a refresher program, which will complete the 'Memphis Model'.

Crisis Care Center provides a safe therapeutic environment for medically stable individuals in psychiatric crises. The service provides cost-effective, high-standard psychiatric care outside of the court system.

PRE-ARREST PROGRAMS

Magistrate Screening, which provides initial screening of all arrested persons in Bexar County, is housed at the Frank Wing Detention Facility which is the City/County Processing detention facility. Prior to the jail diversion program, no mental health screening or assessments were conducted until after the consumer was booked and transferred to the county jail. These screenings help to link the consumer to appropriate community resources.

Referral and transportation to the least restrictive and most clinically appropriate treatment setting are provided to all qualified persons who are eligible for release on a special mental health bond.² The process for magistrate screening begins when the judge, nurse, or detention officer with authority calls the jail diversion program with a screening



CHCS staff Rosendo "Jerry" Garza and Robert Mares simulate an initial screening for acuity at the CCC.

request. This call is made on behalf of a consumer who has just been arrested and is suspected of being mentally ill. These consumers can be scheduled for a follow-up appointment or, if they are considered emergent, will be referred immediately to the CCC or to a psychiatric hospital. If necessary, some consumers will be sent for medical clearance before continuing with the process. There are five case workers assigned to do the screening and, when a call comes in, one of these workers is dispatched to the magistrate. The screenings are done in cooperation with the physician at the CCC. Should a person be found eligible for a mental health bond, they will receive the bond for free. On the other hand, if there is an assault charge, the consumer cannot qualify for the bond, although he or she may be eligible to receive a personal recognition bond with additional mental health criteria.

It is the responsibility of jail diversion program to report back to the pre-trial officer on the consumer's compliance or noncompliance. If there is failure to comply, the officer informs the judge and the bond is revoked. The program, however, has been relatively successful in preventing jail time. The jail diversion program also acts as an advocate

for the consumer by speaking with the defense attorney and actually going to the court date. At that time, the district attorney and the judge are approached, and requests for mental health treatment are made. This is all considered 'post-arrest' but still 'pre-trial' diversion.

JAIL DIVERSION PROGRAM INTAKE TEAM SERVICES

The CHCS Jail Diversion Program Intake Team works with individuals charged with nonviolent offenses who have no history of a major or violent crime. They must suffer from either severe mental illness or mental retardation and may have additional alcohol/drug addictions. The program provides incarceration release on mental health bond and directs the consumer to needed services. The service follows up on treatment until trial. This is a voluntary program and provides conditional release upon approval of the servicing magistrate. Further services are offered during periods of incarceration to prevent deterioration until adjudication and release back to the community. Court advocacy is also provided for court appearances. There is a quarterly clinical staff meeting where all persons involved in the treatment team, including probation officers, meet with the patient to review his or her mental health and to address problem areas in treatment. A distinct effort to praise and encourage the patient is made at all meetings.

PRE-TRIAL BOND REFERRAL AND JAIL SCREENING

Intake/screening/assessment by the Intake Team to link to outpatient psychiatric services and provide court advocacy for court appearances for consumers who are released on PR or MH Bond to outpatient services in Jail Diversion Program. Consumers are released to Jail Diversion Intake Team staff and close collaboration is maintained with bond officers.

BDADC (BEXAR COUNTY JAIL) RELEASE CONTINUITY OF CARE SERVICES

Jail screening, discharge planning and linkage to services on release are provided to individuals who are identified by MH jail staff and referred for services in weekly staffing with Jail Diversion Intake Team. Team also provides screening and referral services for individuals identified on daily CareMATCH Report based on daily data match between BCADC and CARE data systems. To assure continuity of care while in BCADC, Jail Diversion Intake Team also



Elizabeth Redon-Garza counsels an individual at the Jail Diversion MANOS Program.

enters WebCARE assessments from BCADC MH clinical staff, provides Treatment Planning and follow up until release to allow continuation of NGM Medications.

GENESIS TCOOMMI PROGRAM

Genesis was the original Bexar County program offering jail diversion outpatient services and has become the model that subsequent programs follow as a treatment standard. Funded by TCOOMMI (Texas Correctional Office for Offenders with Medical and Mental Impairment), Genesis is an intensive outpatient treatment program, specially designed for felony probationers and parolees, to provide continuity of care and to reduce recidivism for persons transitioning from the criminal justice system. A full range of support services offered through the program includes psychiatric care, medication, counseling, psychosocial rehabilitation, family support, and life skills training.

Patients enrolled in Genesis and all other Jail Diversion Program Services, typically see a psychiatrist once monthly for medication management services. A nursing staff member is made available for medication-related questions, assessments, and guidance. Patients see an assigned case manager weekly for individual rehabilitation and skills training in high-need areas of the patient's life. Most patients receive additional group or individual sessions two times weekly for substance abuse, anger management, life skills, and symptom management. The program's case managers help the consumer to link with



Jail Diversion Intake Team caseworkers provide thorough assessment interviews to offer individualized treatment plan and support services.

(CONTINUED FROM PAGE 35)

needed community services such as shelter, food stamps, insurance, and medication and medical treatment. All patients are assisted in obtaining medical coverage and or applying for disability. A strong relationship is maintained between the program and both parole and probation officers with whom meetings are arranged involving the patient. These meetings delve into problem areas in treatment and set aside time for praise and encouragement.

To qualify for the program, patients must have a major depressive disorder with psychosis, bipolar disorder, schizophrenia, or schizoaffective disorder. The consumer must also be on parole or felony probation for at least one year and is in need of intense treatment.

GENESIS TCOOMMI RESIDENTIAL PROGRAM

This program serves adults with mental illness and a history of substance abuse to probationers who have been

It is the responsibility of jail diversion program to report back to the pre-trial officer on the consumer's compliance or noncompliance. If there is failure to comply, the officer informs the judge and the bond is revoked.

assessed for the need of a treatment setting with more restricted supervision in order to achieve mental health treatment and probation success. It is designed to act as a step down from jail and slower transition to the community. As a working partnership between CHCS and Bexar County Adult Probation Department, eligible probationers are court ordered into the program and housed at the Mentally Impaired Offender Facility (MIOF) under the care and supervision of the Bexar County Adult Probation Department. During their average stay of 90 days, probationers are offered psychiatric and medication treatment services, individual and group counseling, psychosocial rehabilitation training, family counseling and support by CHCS clinical staff, funded by TCOOMMI. Thirty days prior to discharge from the program, staffing with continuity of care workers from Jail Diversion Programs are held to begin engagement and enrollment in less restrictive outpatient treatment services in the community.

MANOS PROGRAM

This program was designed as an expansion of the Genesis Program and developed with support from AstraZeneca to address a significant community challenge – a lack of funding and a waiting list for services to mentally impaired offenders. The goal of the program is to offer adequate mental health treatment to alleviate the conditions that resulted in the offense and to reduce recidivism. MANOS services include screening/assessment, psychiatric services, nursing services, pharmacological management, counseling, individual and group psychosocial rehabilitation, case management for linkage to benefit enrollment and local resources. In addition to felony probationers and parolees, MANOS Program also serves wider range of misdemeanor referrals and community referrals from Crisis Care Center, SAPD CIT officers, Bexar County Adult Detention Center, Bexar County Adult Probation Department, and numerous referring courts who identify individuals who are at risk for re-incarceration.

FACT TEAM (FORENSIC ASSERTIVE COMMUNITY TREATMENT)

The FACT Team is a multidisciplinary community-based team, modeled after NAMI PACT Team standards, to include substance abuse and mental health clinicians, nurses, vocational and housing specialists, case managers, and community support specialists. FACT Team staff work

Originally designed as a “hospital without walls,” FACT Team services are designed to offer the highest intensity services to individuals who are not succeeding in conventional, clinic based mental health treatment.

together to provide a full range of services in the community with multiple weekly home visits by Team staff, 24 hour crisis response and daily capacity for face to face support. Individuals who are referred for FACT services have had a history of multiple hospitalizations and incarceration, and are at higher risk for re-arrest or re-hospitalization. Team members are specially trained for court advocacy and collaborate closely with probation and parole officers to provide more intensive community support. Team staffing takes place daily to review progress and needs of all consumers assigned to the team, and frequently includes probation officers, housing providers, or family members who work closely with the team. Individualized services are offered at the consumer’s place of residence and modulated for frequency needed for individuals to live successfully in the community. Medications can be closely monitored in the home setting, and services are offered to consumers who usually avoid treatment in a clinic facility. Providers and family members also have support of FACT Team staff as needed in the home setting, allowing earlier reunification with families and more stable housing arrangements. Originally designed as a “hospital without walls,” FACT Team services are designed to offer the highest intensity services to individuals who are not succeeding in conventional, clinic based mental health treatment.

JAIL DIVERSION MENTAL HEALTH COURTS PROGRAM MENTAL HEALTH DOCKET REFERRALS

Mental Health Docket provides treatment recommendations to the county’s most severely mentally ill in jail. Through cooperation with the courts and the Probation Department, appropriate community treatment is then provided while under supervision of the department and the CHCS.

NOT GUILTY BY REASON OF INSANITY(NGRI) PROGRAM

Not Guilty by Reason of Insanity Caseload’ (NGRI) program targets consumers who have been determined to be not guilty by reason of insanity and are no longer a danger to themselves or others. Intensive case management and outpatient psychiatric services are court ordered for individuals served by this program.

INCOMPETENT TO STAND TRIAL

Incompetency Commitment Program targets the nonviolent offender who is found incompetent to stand trial and has been criminally committed to the state hospital for treatment to attain competency. The program works in conjunction with state hospital staff and the court system to monitor progress and act as liaison to the court. Intensive case management services are offered including monthly face-to-face contact with the consumer and reports to Competency Court.

INVOLUNTARY OUTPATIENT COMMITMENT (IOPC) SERVICES

Involuntary Outpatient Commitment (IOPC) Services provides intensive case management and court advocacy to patients who have frequent emergency hospitalizations secondary to noncompliance with treatment. The IOPC program works closely with the civil court system to provide intensive case management services and to monitor treatment adherence.

OUTPATIENT COMPETENCY RESTORATION SERVICES

A new program is being designed in collaboration with Bexar County Courts in response to Texas Senate Bill No. 867 to offer outpatient competency restoration services in the community as part of CHCS Jail Diversion Programs. The program services will be court ordered for misdemeanor offenders with mental illness who would otherwise face months in jail and inpatient facilities to complete competency restoration, often exceeding normal time served for misdemeanor offenses and incurring high community costs for jail and inpatient bed days.

FAMILY CONSUMER SUPPORT

Family Consumer Support recognizes the stress placed on mentally ill consumers and on their families by involvement with the criminal justice system. As such, support groups

and education classes in both English and Spanish are offered where consumers and family members learn about mental illness, coping skills, and how to handle crisis situations. Peer support is a major component of the concept.

FLEXIBLE PROGRAM

The Bexar County Jail Diversion Program is both adaptive and flexible regarding the changing needs of the community. Therefore, the program has identified distinct penetration points where it may have an impact upon the ‘arrest-detention process’ within the criminal justice system. Development and enhancement of the program continue while remaining true to its basic principle of reducing or eliminating incarceration of adult offenders with mental illness and reducing recidivism through active involvement with consumers following release from the criminal justice system.

COGNITIVE ADAPTIVE TRAINING (CAT)

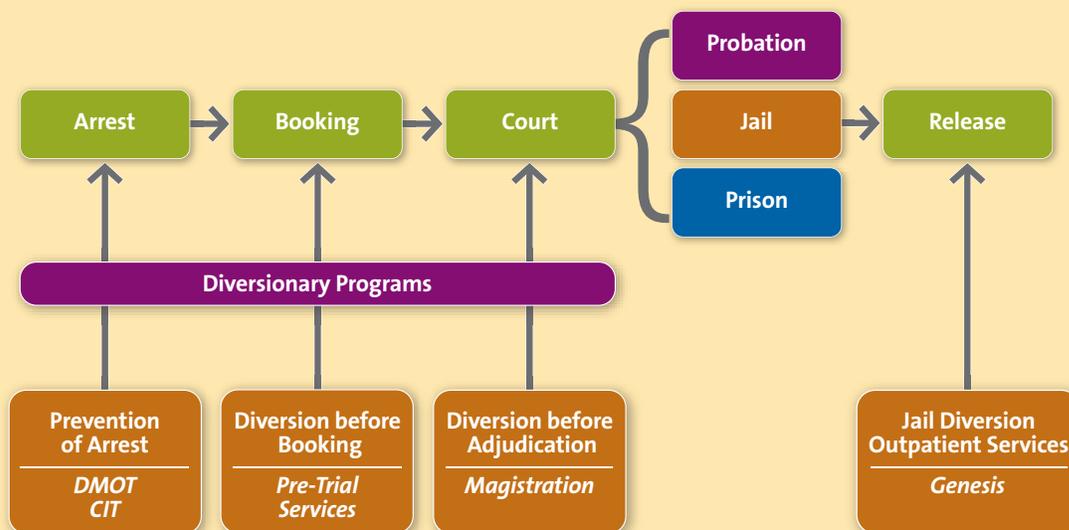
Cognitive Adaptive Training (CAT) seeks to improve the consumer’s quality of life and to prevent re-hospitalization. The program includes home visits and assessments and helps consumers function in their environments.

“The Bexar County program creates an integration of services from different areas that is sorely needed. We had fragmentation and different funding streams and it has made a huge difference when it came together to help people.”

– Dr. Alexander Miller

Alexander Miller, MD, Director Division of Schizophrenia, The University of Texas Health Science Center at San Antonio, Department of Psychiatry has observed, “The Bexar County program creates an integration of services from different areas that is sorely needed. We had fragmentation and different funding streams and it has made a huge difference when it came together to help people.” ■

Phases of Diversion



The Bexar County Jail Diversion Program: An Economic Evaluation

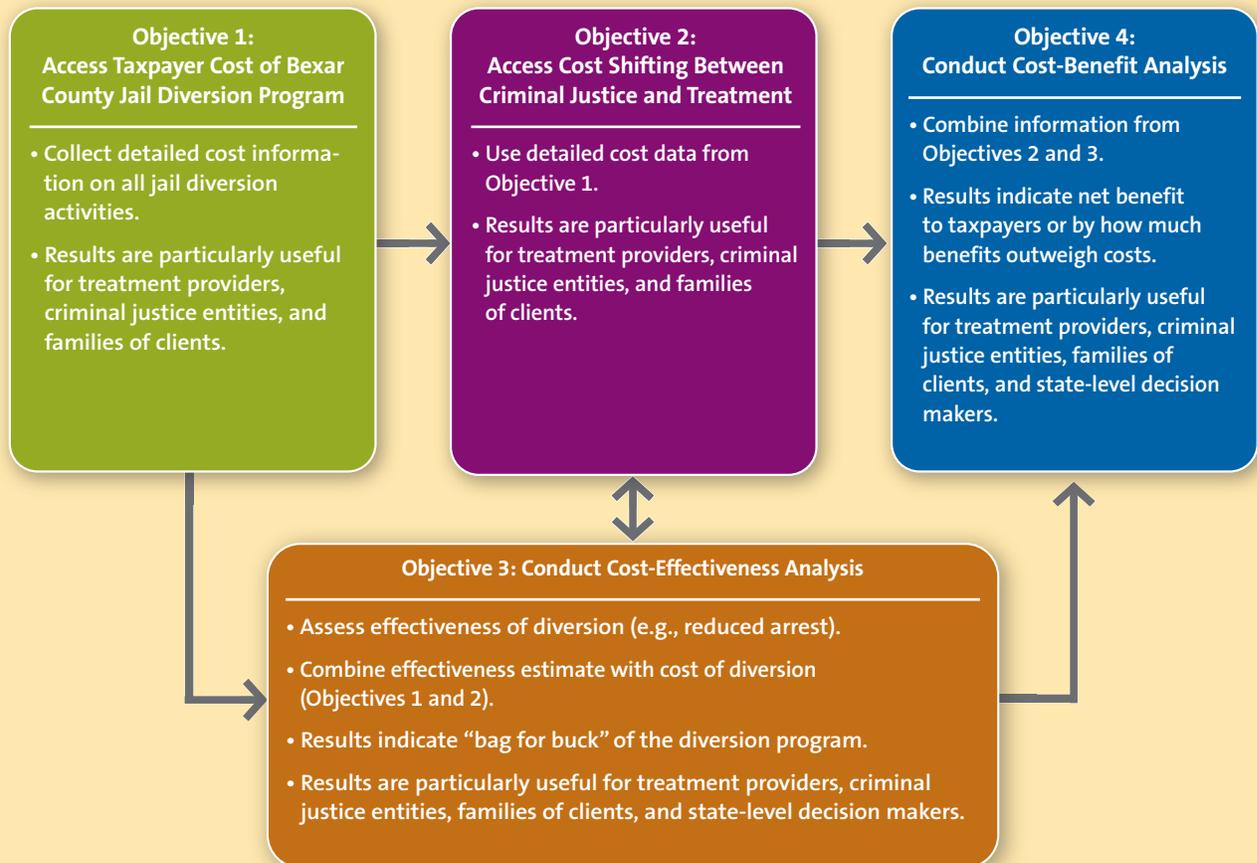
WHAT IS THE ECONOMIC EVALUATION?

The National Center for Behavioral Health Solutions based in Texas, together with AstraZeneca, funded researchers from RTI International to evaluate the diversion program. The economic evaluation will provide an accurate

assessment of the Bexar County diversion program's costs and impact on the community, including organizations involved in law enforcement, adjudication, detention, supervision, and health services provision. Exhibit 1 shows how the four evaluation objectives build on one another.

(CONTINUED ON PAGE 40)

Exhibit 1. Objectives of the Economic Evaluation



HOW DOES A SUCCESSFUL EVALUATION HELP THE COMMUNITY?

RTI and the Bexar county Center for Health Care Services (CHCS) designed the evaluation to address specific high-priority questions faced by the community, providing timely information to key stakeholders. Exhibit 2 matches selected features of the study with benefits to the community.

Exhibit 2. Features and Benefits of the Evaluation

EVALUATION FEATURE

- Uses data on resources from a comprehensive list of stakeholders
- Draws on a research design that is as sophisticated as necessary and practical to implement
- Provides intermediate reports, written for a wide audience

BENEFIT TO THE COMMUNITY

- Results will be directly relevant to each stakeholder involved with the diversion
- Findings will be reliable and robust and thus can be confidently disseminated to other jurisdictions and used to help secure funding
- Evidence on Bexar County's diversion program will be timely and used throughout the community

A Cost Analysis of the Bexar County, Texas, Jail Diversion Program

Report 1: The Value of Resources Used for Diversion

EXECUTIVE SUMMARY

This report is the first in a series of reports on a cost analysis of the jail diversion program in Bexar County, Texas. The overall study addresses three main questions:

- What does it cost to divert one person?
- How does diversion shift costs between the criminal justice system and the treatment system?
- What is the cost-effectiveness of jail diversion?

This report presents results for the first question: What does it cost to divert one person? We answered this question in two parts. First, we estimated the value of the resources used to build the program in Bexar County.

Second, given that the program had been set up, we estimated the typical day-to-day cost of diverting one person.

Researchers from RTI International worked with staff at Bexar County's Center for Health Care Services (CHCS) to collect data from any stakeholders, using semistructured interviews. Costs were estimated for each of Bexar County's three types of diversion:

- pre-booking diversion, whereby a person is diverted before being booked
- post-booking bond diversion, whereby a person has been booked but has not yet appeared on a court docket and is diverted via a bond

- post-booking docket diversion, whereby a person is diverted via a special court docket

HIGHLIGHTS OF FINDINGS FROM THIS FIRST REPORT ARE AS FOLLOWS:

- The total value of the resources used to build the diversion program over the 2001-2003 period was approximately \$550,000. This estimate does not include the services actually provided; it captures only those resources used to fully implement the program.
 - The majority of the resources (77%) was accounted for by a dedicated director of jail diversion; this person served to span the boundaries between the agencies.
- Diverting a typical person through pre-booking costs approximately \$370.
 - About 90% of that cost is borne by CHCS.
 - When examining the cost by broad categories of activities, short-term monitoring and initial screening comprise more than 80% of that cost.
- Diverting a person through the post-booking bond docket costs approximately \$238.
 - The individual job functions contributing the majority of the resources for post-booking bond diversion are the courts (54%) and Bexar County's Pre-Trial Services (PTS) (38%).
 - Breaking the costs down by categories of activities shows that 70% of the cost is for activities that go toward the court decision.

- Diverting a typical person via the post-booking docket costs approximately \$205.
 - About half that cost is borne by CHCS; the other half is borne by the courts.
 - Breaking the cost down by activity shows that the bulk of activities (more than 80%) are in the court decision.

These results will prove useful for informing policy decisions. First, the estimates suggest that building Bexar County's jail diversion program required significant up-front investment. Such an investment should be expected for a program that was built from the ground up and that serves the seventh largest city in the nation. Most of the investment involved the hiring of a full-time diversion director, the "boundary spanner" for Bexar County. Some additional investment came in the form of in-kind contributions from various stakeholders who donated time to attend planning meetings.

Second, the estimates indicate that the proportionate share of costs incurred by each agency varies greatly depending on the type of diversion. In Bexar County, the community mental health agency, CHCS, devoted relatively large amounts of resources to the two types of diversion that were at the beginning and end of the continuum of diversion: pre-booking and post-booking docket. The courts contributed much of the resources in both post-booking programs.

Future reports will address the remaining study objectives. We will assess the extent to which cost-shifting occurs between the treatment system and the criminal justice system. To do so, we will combine the estimates of costs directly required to divert a person with the broader system costs involved with adjudication, incarceration, and treatment. We will also describe the trade-off between spending money on diversion activities and any potential gains in reduced criminal justice recidivism. ■

Next Steps

The evaluation is in its final phase. CHCS and RTI will provide a final report in 2008. For more information, please contact Mr. Leon Evans at CHCS at 210-731-1300 or via e-mail at levans@chcsbc.org, or contact Dr. Alexander Cowell at RTI at 919-541-8754 or via e-mail at cowell@rti.org.



Making the Case Locally

The effectiveness of the Bexar County Jail Diversion Program is due in large part to its proven flexibility in adapting to and working within the county justice and health care systems. Jail diversion is a fluid process that often evolves by simple trial and error. Therefore, the ability to alter course, sometimes on a daily basis, has proven to be crucial to keeping the program relevant. The model program presented in this Tool Kit offers basic elements, preliminary constructs, and first steps for implementing jail diversion in other communities; however, these will necessarily have to be supplemented within each new community by their own individual initiatives. Therefore, each time a jail diversion program is started in a new area, it must be customized to the local environment in which it is taking root.

Factors to be considered when a community introduces a jail diversion program include the following:

- The demographics of the community (race, ethnicity, gender, age, and economy)
- The size, structure, and political and economic predispositions of all jail diversion stakeholders, including but not limited to the following
- The mental health system (hospitals and outpatient facilities; public, private, and academic interests)
- The criminal justice system (courts, jails, pre-trial facilities)
- Law enforcement agencies (police, sheriff, Homeland Security)
- Other relevant public service agencies (Centers for Medicare and Medicaid Services, housing, labor, transportation)

- Broader government organizations (mayoral, gubernatorial, federal offices)
- The scale and scope of the planned jail diversion program
- Percent of people incarcerated in the community with one or more mental illness diagnoses
- The availability and quality of mental health care in the criminal justice system and the public health system and how this will be attached to the new program
- Available estimates of law enforcement contacts with the mentally ill, crimes tied to mental illness, estimates of mental illness prevalence among indigent populations

Due diligence and careful planning can reveal important insights regarding the makeup of a candidate community under consideration for a new jail diversion program. This information can help fashion important adaptations necessary for a successful program, including finding the most effective champions, identifying those elements of jail diversion that must be prioritized, defining the messages

(CONTINUED ON PAGE 44)

(CONTINUED FROM PAGE 43)

that will resonate with constituencies, and determining how often and in what format the different stakeholders should interact. The scope of a new jail diversion program will necessarily reflect the depth of a given community's needs and the commitment of its contributors. For some communities, a history of newsworthy crimes involving the mentally ill may also serve as a stimulus to welcoming and developing a jail diversion program that they perceive will fit their needs. Wild card elements such as a history of notable crimes may also have an impact on access to funding and speed up timetables for implementation.

Your due diligence must ideally include identifying those relevant baseline statistics that will prove useful for making the case for jail diversion to potential participants and monetary contributors. For example, in its earliest planning stages, Bexar County decided to measure the following 'gross indicators'¹ at the beginning and end of agreed periods of evaluation:

- Calls for service to law enforcement
- Calls for transportation/referral
- Re-arrest
- Jail admissions
- Jail days
- Revocations of community-supervised release
- Mental health crisis facility admissions
- Psychiatric inpatient admissions and total days
- Substance abuse crisis facility admissions
- Involuntary treatment costs
- Number of days in prison

Though their perspectives may differ as to how the diversion program should evolve, potential policy makers and financial backers must be convinced to buy into the jail diversion concept in order for success to be guaranteed.

Data collection and analysis is necessary for creating an ideal jail diversion program that is well tailored to a given community's needs. However, limitations in funding often prevent the adequate compilation of much needed baseline statistics. It is important for communities to recognize that only by establishing baseline statistics will they be able to gauge progress and ultimately establish proof of their program's success. All communities, therefore, should be encouraged to invest some time and resources gathering data before proceeding with program development.



Deputy Chief Harry Griffin and Lt. Terri Neal, two of the many champions involved in the Bexar County Diversion Initiatives.

The process of information gathering also provides an unseen dividend, which is facilitation of relationships and trust among the various constituents whose participation you will ultimately need. In other cases, however, information sharing, such as available funding, staffing, or other metrics, can be a closely guarded secret by organizations, particularly when these organizations compete for public dollars and favor. Information gathering can be further hindered by new Homeland Security and privacy regulations. By securing a local champion such as a respected opinion leader, data gathering at the early stages of jail diversion planning can be made significantly easier. A champion can also help to bring together just those players who have the expertise to monitor outcomes and create a statistically viable meta-analysis among disparate agencies.

Though their perspectives may differ as to how the diversion program should evolve, potential policy makers and financial backers must be convinced to buy into the jail diversion concept in order for success to be guaranteed. It can be noted that federal agencies demand rigorous planning and evidence before they will come on board with a new program. It is important to be a good promoter and demonstrate your community's need as well as the potential results that jail diversion can bring. You should use all available channels and forums to make the case. For instance, the Bexar County Jail Diversion Program has made results from their model program available to local, state, and federal agencies; to municipalities around the country; and to professional associations in both criminal justice and mental health. Further, with the help of AstraZeneca Pharmaceuticals, they have developed an educational videotape, conducted a state legislative event, and are presently rolling out findings from an extensive economic study. Bexar County officials are also securing media coverage of key milestones and are taking advantage of the fact that the topic of jail diversion continues to pique reporter interest across the country. Bexar County also recognizes that stakeholders may serve as experts to develop and maintain media interest in new programs.



Making the case for, initiating, and maintaining a jail diversion effort in any community is a long and arduous journey. In your community, begin that journey on the front lines by asking law enforcement officers and emergency room practitioners who must interact with the mentally ill every day to tell their stories. Ask how many mentally ill consumers they see each day and the manner in which they interact with them. Also inquire about how much time is spent working with the mentally ill, how often they fear for their own safety or the safety of the patient, and how often they see the same people cycle through their care over and over with no apparent improvement and no hope. Then take these experiences to the next level and speak to the mayor, to judges, to community stakeholders, and so on, until you have made your case successfully. ■

Making the case for initiating and maintaining a jail diversion effort in any community is a long and arduous journey. In your community, begin that journey on the front lines by asking law enforcement officers and emergency room practitioners who must interact with the mentally ill every day to tell their stories.

