LITERATURE REVIEW: DIVERTING MENTALLY ILL OFFENDERS FROM JAIL

Report prepared for the

Criminal Justice Systems Project

by

Robert H. Langworthy, Ph.D.

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Introduction

This review is provided to a subcommittee of the Criminal Justice Systems Project to assist them in their examination of means to reduce jail crowding. The focus of this review is on diverting mentally ill prisoners from jail. It is important to note that no evaluation studies were reviewed. Therefore, what is presented here is a range of options rather than an assessment of each diversion program.

The literature review begins with a brief description of the literature available on the topic of diverting mentally ill offenders from jail. Second, major themes found in the literature are outlined. Third, programs described in the literature are analyzed by breaking them into types and describing the associated elements for each type. Lastly, recommendations from the literature are highlighted. Following this narrative are abstracts of articles reviewed. A bibliography also is included along with information on how to obtain some of the items which are difficult to locate.

Description of Literature

The literature regarding the diversion of mentally ill offenders in the United States is sparse. A search of both NCJRS and NCCD criminal justice abstracts as well as psychological abstracts from the University of Alaska Anchorage library located only seven in-depth articles

which specifically focused on the issue.[1] Much of this work has been done by a few authors (notably: Steadman and Teplin). Also, a search of general sociological and dissertation abstracts found nothing notable to add. In addition to the material in the bibliography, four other sources have been ordered. These items had not arrived as of the time this literature review was written. Two of these relate to the United States, as opposed to foreign criminal justice systems, and appear as though they could be helpful. The first is "Developing Effective Jail Mental Health Diversion Programs" by Henry Steadman, Suzanne Morris, and Deborah Dennis. The second is a report by the State of Illinois Mentally Retarded and Mentally Ill Offender Task Force which specifically looks at diversion of the mentally ill from jail to rehabilitive programs and makes recommendations.

While reviewing the literature regarding diversion of mentally ill offenders from jails, two problems became apparent. First, there is a definite lack of scientific study regarding this matter. Many of the authors cited in the bibliography noted they found the same to be true (Torrey, Stieber, Ezekiel, et al 1992; Steadman 1994; Correctional Association of New York 1989). None of the programs described in the literature had been formally evaluated on results such as recidivism or improvements in the mental conditions of the clients. The assessment of these programs come primarily from the opinions of those involved with them. Second, summaries of the programs in the literature were intended for reference purposes only, they do not provide detailed program descriptions. In a number of the summaries, there were conflicting

[1] The NCJRS search included material entered in the database between 1970 and November 1, 1997. The NCCD collection was the 1968 to 1996 database. The PsycLit Database accessed through the University of Alaska Anchorage Library included journal articles between 1991 and September 1997. The Sociological and Dissertation abstracts were searched through the University of Alaska Anchorage Library and included articles entered between 1990 and 1997.

descriptors or missing information making it necessary to interpret the actual workings of the program in order to develop an abstract.

Common Themes

In the literature, there are recurring themes regarding the diversion of mentally ill offenders from jail. These themes include: (1) The mentally ill are disproportionately represented in jails; (2) Jails are legally mandated to provide adequate mental health care for inmates; (3) The mentally ill are better served in community mental health programs than by remaining in jail; (4) Mentally ill offenders who have committed misdemeanors or low grade felonies can be successfully diverted to mental health programs if all the organizations involved make a commitment to do it; (5) It is morally correct to remove the mentally ill from jails; and (6) More research is needed to assess diversion programs (Shenson, Dubler, and Michaels 1990; Teplin 1989; Teplin 1994; Steadman 1990; Steadman, Morris, and Dennis 1994; Steadman and Versey 1997; Correctional Association of New York 1989; Hartstone 1990).

Analysis

The literature has noted a tendency for criminal justice system staff to view any removal from jail as diversion, whether permanent or temporary, and no matter what the reason (Steadman, Barbera, Dennis 1994). To begin an analysis of jail diversion programs, it is necessary to define what these programs are so that we can identify what is to be included. The definition which follows is the most descriptive definition for postbooking diversion found in the

literature. However, as noted below there are two types of diversion this definition does not include:

> specific (formal or informal) programs that screen defined groups of detainees for the presence of mental disorder; use mental health professionals to evaluate all those detainees identified in the screening; and negotiate with prosecutors, defense attorneys, community-based mental health providers, and the courts to produce a mental health disposition outside the jail in lieu of prosecution or as a condition of reduction in charges (whether or not a formal conviction occurs) . . . to include programs that focus, all or in part, on the reduction of pretrial jail time and met all other criteria in our definition (Steadman, Barbera, and Dennis 1994, p.1110).

The two types of diversion this definition does not include are: first, diversion in which a judge sentences a mentally ill offender to a mental health treatment program as a condition of probation, and in lieu of serving time in jail (Steadman 1992; Correctional Association of New York 1989; McDonald and Teitelbaum 1994). This type of postconviction diversion has no reduction in charges, there is only alternative sentencing. Second, is the police use of discretion to find alternatives to arrest (Teplin 1990; Steadman and Versy 1997).

One method of differentiating between the diversion programs is to separate them by the point at which the diversion occurs. Steadman, Morris, and Dennis (1995) created this sort of typology. They separated the programs into two main types: prebooking and postbooking. They then separated the postbooking into three subtypes: prearraignment, postarraignment, and mixed

(1995). It may be helpful to add a fourth subtype to the postbooking category in order to clarify the point of diversion. That fourth subtype is postconviction. The purpose of adding postconviction to this category is to differentiate three of the eight postbooking diversion programs in the attached table which are postconviction only programs.

The purpose of the table on pages 8 and 9 of this paper is to allow the reader a quick reference with which to identify the range of established programs in the United States along with the key elements associated with each of these programs. This reference is intended to aid the readers in building an effective diversion program through analyzing other programs and tailoring elements from these to fit their particular jurisdictional needs (Correctional Association of New York 1989).

The rows in the table are divided among eleven diversion programs. Each of the four columns contains an element associated with the programs listed in the rows. These elements are: disposition of charges, principal organizations involved, and client eligibility criteria. With regard to the disposition of charges, the table allowed for three possibilities: (1) In the case of prebooking diversion, the offenders are not charged; (2) In the case of diversion occurring after booking but before conviction, the charges are either dismissed or continued in tandem with the diversion; and (3) In the case of postconviction diversion, the offender must be adjudicated guilty before diversion occurs. The principle organizations which are involved with the diversion program indicate partners in the effort. The final element is the client criteria that simply lists what additional criteria the mentally ill offender must meet to be eligible for the program.

The table shows two prebooking programs, nine postbooking programs, and one program which can be used as a resource for diverting mentally ill offenders, but does not explicitly function for that purpose.

The prebooking programs listed in the table result in no charges against the offender and are the simplest type of program to implement. The principal organizations are limited to the police and the emergency mental health services provider. Therefore, coordination among the organizations is less complex. Also, it seems likely that effective programs at this point have greater potential to relieve jail crowding. However, because there are many different police officers making decisions consistency within the program may be difficult to achieve. Simonet, the Director of Corrections for the Denver County Sheriff's Department, noted that a plan to train police officers in Denver County to place mental health holds on the chronically mentally ill was discarded. According to Simonet, This task appeared to be to cumbersome for the officers (1991). Teplin (1990) concluded that police officers rarely initiate hospitalizations without prima facia justification for commitment. Prima facia justification would include such overt acts as an individual purposefully injuring themselves (Bittner 1967). This is primarily due to structural constraints resulting from the procedural steps involved with mental health referrals (Rock, Jacobson, and Janepaul 1968). Police officers often make decisions between hospitalization or arrest based on time constraints and their calculations of which is the most efficient course of action (Mattews 1970). The corollary is that it may be more difficult to run a prebooking program than to implement one.

The postbooking programs can be separated into: prearraignment, postarraignment, and postbooking. The postbooking programs all involve at least three principal organizations, with the exception of Broward County's Mental Health Court. This mental health court appears to operate primarily between the Public Defenders Office and the Court. The remainder of the postbooking programs include organizations such as: jails, courts, prosecutors, public defenders,

diversion programs staff, community mental health providers, probation offices, and social service agencies.

There was only one prearraignment program isolated, the Multnohmah County Jail Diversion Program. This program gives a social worker employed by the jail the authority to set conditions for pretrial release (Steadman 1992). For the charges to be dismissed, however, the offender, prosecutor, and judge must accept a treatment plan designed by the social worker. As can be seen from the table, even though the diversion takes place early in the postbooking process, there are five organizations involved with the diversion and only nonviolent misdemeanor offenders are eligible.

There are three postarraignment and one postarraignment/postconviction programs listed on the table. The Denver County Jail Program is the only one which dismisses charges against the offender. The other three programs all continue with the charges through adjudication. Each of the programs has three principal organizations involved, except for the Broward County Mental Health Court. As mentioned earlier, Broward County has two Principal organizations involved.

There are three post conviction only programs in the table. It appears these would have the least affect on jail overcrowding and none of these programs listed reducing the number of inmates in jail as a main objective. The last program listed on the table is the Clinic for Socio-Legal Services. This program does not serve as a diversion program, but it does represent an existing resource which could easily be modified into a diversion program. A final note, a constant among all the diversion programs was that the people involved with them rated them as successful.

Survey of Programs for the Diversion of Mentally Ill Offenders From the Criminal Justice System

Program	Point of Diversion	Disposition of Charges	Principle Organizations	Program Criteria
Hillsborough County, FL felonies	Prebooking	Not charged	Police, Crisis Center	Misdemeanor and nonviolent
Fairfax County, VA	Prebooking	Not charged	Police, Mobile Crisis Unit	All mentally ill offenders
Multnohmah Country Jail Diversion Program	Prearraignment	Dismissed	Jail, County Dept. of Justice Recognizance Office, Prosecutor, Court	Nonviolent misdemeanors
Broward County Mental Health Court	Postarraignment	Charges continued	Court, Public Defender	All mentally ill offenders
Denver County Jail	Postarraingment	Dismissed	Jail, Court, State Case Management System	No criteria given
Mental Health Alternatives to Incarceration (MAHTI)	Postarraignment	Charges continued	MHATI, Prosecutor, Court	16 YOA, History of mental illness, Criminal history
Milwaukee's Community Support Program	Postarraingment Postconviction	Charges continued	Wisconsin Correctional Service, Court	All mentally ill offenders
Treatment Alternatives To Street Crime (TASC)	Postconviction	Charges continued *(Offender may receive a conditional discharge)	Court, TASC, Prosecutor	16 YOA, Misdemeanors, Low grade Felonies, Seriously mentally ill not accepted

Continued next page

Survey of Programs for the Diversion of Mentally Ill Offenders From the Criminal Justice System

Program	Point of Diversion	Disposition of Charges	Principle Organizations	Program Criteria
Oregon's Psychiatric Security Review	Postconviction	Charges continued	Psychiatric Security Review Board, Mental Health Providers	All mentally ill Offenders who are dangerous or need treatment.
Palm Beach County Forensic Mental Health Program	Post conviction	Charges continued	Jail, Public Defender, Community Mental Health Services Contractor, Court	All mentally ill offenders
Clinic for Socio-Legal Services	No diversion	Charges continued	Jail Medical Staff, Courts, Probation Office	All mentally ill offenders

The programs are summarized in the abstract section of this paper. The point of diversion is that point along the criminal justice process where the diversion occurs. For the disposition of charges there are three possible categories: (1) the diversion takes place before the charging occurs and charges are not brought; (2) charges are dismissed; (3) charges remain and the offender must continue through the legal process. The principle organizations include those which are most involved in the diversion process. The program criteria are any limitations placed on the eligibility of mentally ill offenders. *This was the only program which specifically mentioned the possibility of a conditional discharge.

Recommendations

There are a number of recommendations which the authors believe will lead to a successful diversion program for mentally ill offenders. Those recommendations which run through the majority of the literature include: sound research; training for staff from all the organizations involved; development of a variety of mental health resources at the community level; and commitment from all the organizations and key staff involved (Correctional Association of New York 1989; Harstone 1990; McDonald and Teitelbaum 1994; McEwen 1995; Shenson, Dublar, and Michaels 1990; Steadman, Morris, and Dennis 1995; Teplin 1990).

Once again, suggestions from Steadman, Morris, and Dennis summarize that with which most the authors concur: (1) the necessity for integrated services at the community level to include: judicial, correctional, mental health, and social service systems. (2) regular meetings among judges, the districts attorney's office, public defender's office, probation office, jail services supervisor, and the county mental health director; (3) a "boundary spanner" who directly manages the interactions between the judicial, correctional, and mental health staff; (4) a strong leader with good communications skills and an understanding of all the components and informal networks involved; (5) early identification of potential clients, within 24 to 48 hours; (6) case management from early identification through service delivery. The authors conclude that discharge planning and follow-up with community-based services are critical to the success of a diversion program (1995).

This review explores a range of options and provides a structure for thinking about the problem. The review does not take a position or make specific recommendations about programs because we do not know enough about the dimensions and character of the problem in Alaska or the efficacy of extant programs. Additional research will be required before researched positions can be taken. Two specific areas of inquiry will need to be explored. First, to determine the appropriate level of intervention (e.g., pre-booking or post-booking) it will be necessary to describe the volume and nature of mentally ill contact with the criminal justice system at each depth of the system. Second, to know which programs to emulate it will be necessary to explore the gray literature (agency reports that are not widely distributed in the literature) for insights into the effectiveness of extant programs.

ABSTRACTS

The major headings within the abstract portion of this review are titles of articles regarding the subject of diverting mentally ill offenders from jail. The subheadings are followed by descriptions of particular programs outlined in the articles. The number below the major headings, preceeded by the letters NIJ refer to material available through NCJRS.

Boundary Spanners: A Key Component for the Effective Interactions of the Justice and Mental Health Systems

(steadman, 1992)

Abstract: The author posits that rarely is the interface between the criminal justice and mental health systems framed in terms of systems. Rather, the focus tends to be on legal rights, clinical assessment, or treatment and management issues. However, a systems perspective can greatly assist in the identification and solution of problems between the justice and mental health systems. The author works from this perspective. He concludes that all organizations have boundaries which are often hard to discern, and all organizations exist in the environment of other organizations. "Boundary spanners" are the people whose role it is to interact and negotiate system interchanges with people in two or more different organizations. By having one person assigned to this role, the possibilities of conflict between people in different organizations is greatly decreased. The author uses three jail diversion programs to demonstrate the boundary spanner role. The three programs are: the Multnomah County Jail Diversion Program, the Palm Beach

County Forensic Mental Health Program, and Oregon's Psychiatric Security Review Board.

Multnomah County Jail Diversion Program

The Multnohmah County Jail Diversion Program revolves around the County Department of Justice Services Recognizance Office. The office consists of one social worker who coordinates between all the other agencies involved in diverting mentally ill jail detainees and treating them in the community. The program starts with jail intake officers screening detainees to identify those who may meet the criteria for the program. To meet the criteria, the detainee must be charged with a nonviolent misdemeanor and be deemed mentally ill. A mental health evaluation is then done by the jail nursing staff. This is followed by an interview between the detainee and the social worker from the Recognizance Office. The social worker reviews the detainees records, checks the charges, and develops treatment options. The social worker has the authority to set terms for pretrial release. If the detainee, prosecutor and court accept a treatment plan designed by the social worker, the charges are dismissed and the client enters treatment.

The Palm Beach County Forensic Mental Health Program

The Palm Beach County Forensic Mental Health Program is a comprehensive program for mentally ill offenders who are booked into jail. The Sheriff's Office runs the jail. A community mental health center is contracted to provide evaluations and case

management, and a medical service is contracted to provide psychiatric services. The person who coordinates the three organizations is the mental health coordinator who works for the Sheriff's Department. The mental health coordinator is the sole jail employee who works on mental health issues. Each day the mental health coordinator checks on detainees who may be mentally ill. If she finds it necessary, she may assign more appropriate housing for the detainee in the jail or at a crisis stabilization unit. The mental health coordinator will also arrange for a mental health evaluation through the appropriate contractor. After the evaluation, the mental health coordinator brings the report to the attention of the public defender so that the detainees with minor charges may be quickly moved out of jail.

Oregon's Psychiatric Security Review Board

Oregon's Psychiatric Security Review Board is made up of five members: a psychiatrist, a lawyer, a psychologist, a nurse, and a member of the public. This board deals exclusively with post conviction cases which were adjudicated as guilty except for insanity. The board has jurisdiction over all cases except those people who are mentally ill but have been convicted of nonviolent misdemeanors and do not require treatment. The board makes most of the decisions about the hospitalization and release of the people who do come before it. The board also manages money set aside for community mental health centers to provide treatment for people found guilty except for insanity. The board's effectiveness is credited to its statutory authority to manage the mentally ill offenders who come before it.

The Diversion of Mentally Ill Persons from Jails to Community-Based Services:

A Profile of Programs

(Steadman, Morris, and Dennis, 1995)

Abstract: This article is a follow-up to "A National Survey of Jail Diversion Programs for Mentally Ill Detainees" (Steadman, Barbera and Dennis 1995). This article describes characteristics of existing programs and assesses there effectiveness. The authors divide the programs into two main types: prebooking and post booking. Post booking is then divided into three subtypes: prearraignment diversion, post arraignment diversion, and mixed. The authors study included post booking programs only. The authors found six key factors among the programs they studied: (1) Integrated services at the community level to include: judicial, correctional, mental health, and social service systems; (2) Regular meetings among judges, the district attorney's office, public defender's office, probation office, jail services supervisor and the county mental health director; (3) A "boundary spanner" who directly manages the interactions between the judicial, correctional and mental health staff; (4) A strong leader with good communications skills and an understanding of all the components and informal networks involved; (5) Early identification of potential clients should be within 24 to 48 hours; (6) Case management from early identification through service delivery. The authors conclude that discharge planning and follow-up with community-based services are critical to the success of a diversion program.

Florida County Diverts Offenders in Nation's First Specialty MH Court

(*Mental Health Weekly,* 1997)

Abstract: Broward County is believed to be the first to establish a mental health court which began operating in June 1997. The specialized court prioritizes the needs of persons with mental illnesses and diverts them from jail into community mental health services. The factors which make an effective mental health court are the same as those which make an effective drug court: rapid processing of cases, an effective network of treatment services in the community, and an opportunity to create a rapport between a caring judge and an offender. The arrestees who are candidates for the mental health court are identified during arraignment which occurs within 24 hours of their arrest. The sole mental health judge will leave her other duties and hold a hearing within two hours of the arraignment. If emergency psychiatric care is needed, the judge may send the arrestee to a treatment center. If this occurs, the judge also appoints two independent mental health professionals to review the arrestees competency. When the defendant is stabilized, he/she returns to court and the judge determines appropriate placement. The mental health court is averaging 5 or 6 cases a week with some repeat offenders. The only offenders eligible for the mental health court are those arrested for nonviolent misdemeanors, not to include driving under the influence. No formal evaluation has been done on this program, however, both the judge and the chief public defender report excellent cooperation with area treatment facilities. They also agree that more classes of offenders should be allowed to participate in the program. The judge believes that managed care has the potential for

being a problem in the future because they may not authorize treatment where a judge ultimately decides the appropriate level of services.

Judge Ginger Lerner-Wren: (954) 831-7240

Chief Public Defender Howard Finkelstein:(954) 831-8644

Jail Diversion for the Mentally Ill: Breaking through the Barriers

(Steadman, 1990) NIJ 130981

Abstract: This is a monograph which was developed from a 1990 conference concerning mentally ill persons who are involved in the criminal justice system. The conference was sponsored by the National Association of Counties, the Washington State Department of Corrections, and Community Action for the Mentally Ill Offender (CAMIO). The participants included professionals from the mental health, law enforcement and correctional systems as well as families and the mentally ill themselves. The conference was based on four assumptions. (1) Mentally ill persons in the jail are a community problem; (2) The jail is part of the community; (3) Mentally ill misdemeanants whose illegal behavior usually is survival behavior should be diverted into appropriate mental health treatment services; (4) Mentally ill felons have a right to essential mental health evaluation and treatment services as well as linkage to community services. The monograph is divided into six chapters: an introduction, policing the mentally ill, the mentally ill in local jails, jail based mental health services, linking mentally ill offenders

to community health services, and policy recommendations. Each of these is written by a different author. The chapter on policing the mentally ill by Linda Teplin is particularly helpful in the context of prebooking diversion programs. Teplin summarizes seven police departments and their approach to handling mentally ill persons, including diverting them from the criminal justice system. Some of the key recommendations from the monograph include: implementing cross training of police, mental health workers, corrections personnel, and families; enhance identification of mentally ill offenders including a standardized screening tool to be completed within two hours of admission to jail; developing treatment programs as alternatives to jail; developing treatment programs for mentally ill who are substance and alcohol abusers; getting families and offenders involved; and establish coordinating councils to facilitate communication between organizations.

Insane and in Jail: The Need for Treatment Options

for the Mentally Ill in New York's County Jail

(Correctional Association of New York, 1989) NIJ 124790

Abstract: This report was intended to identify the needs of mentally ill offenders and describe the programs which may divert them from jail. The report stresses the need for local-level treatment. Also noted is the scant research that exists on the mentally ill in jail and how much of what does exist is methodologically suspect. This report itself used intensive interviews of key individuals involved in the programs they describe. Thus,

this study is based upon expert opinions, not structured scientific research. The authors recommend six steps to establish diversion programs for diverting mentally ill offenders: (1) conduct sound research, (2) provide training for police, (3) set up a means for effective and immediate screening of potential clients, (4) hire a skilled and flexible staff, (5) assess the availability of appropriate treatment, and (6) develop an ongoing dialogue between the criminal justice and mental health communities.

The Clinical Model

(Clinic for Socio-Legal Services)

The Monroe County Clinic for Socio-Legal Services was created in 1963 as a free-standing mental health clinic. About half the funding for the clinic comes from the County and the State Office of Mental Health.. The Clinic staff performs diagnoses, renders opinions, offers treatment, administers medication and recommends long term treatment options. The goals of the center are to move the mentally ill swiftly, effectively, and compassionately through and out of the county criminal justice system. The Clinic takes referrals primarily from judges, jail medical staff, and probation officers. They also on occasion receive referrals from other members of the criminal justice or mental health systems. The bulk of the Clinic's work is providing in-jail services and doing evaluations of subjects mental health status. There is no mention of a formal diversion program within this system. It only provides an option for obtaining the professional mental health services which may be needed for a diversion program. The

clinical approach is given credit for providing a sophisticated level of service to local criminal justice officials.

The Referral Model

(TASC)

Treatment Alternatives to Street Crime (TASC) was developed from a model created by the Federal Law Enforcement Assistance Program (LEAA) in 1978. TASC was originally designed to refer offenders to, and monitor their progress in, drug and alcohol treatment programs. In 1982 TASC assumed responsibility for mentally ill offenders. At the time of this report, TASC had an annual case load of about 800 clients. Roughly 10 to 15 percent of these clients were mentally ill. TASC consists of 12 caseworkers, two supervisors, and one administrator working out of three regional offices (White Plains, Yonkers, and Mount Vernon). TASC case workers screen clients at jail, make appearances at hearings, and arrange treatment for offenders. Most referrals come from prosecutors or judges. To be eligible, offenders must be 16 years old, have committed misdemeanors or low grade felonies (forgery, larceny etc.), and agree to participate. Serious mentally ill offenders are not accepted. TASC does not diagnose or treat, they screen, refer and monitor. TASC caseworkers are not expected to be knowledgeable about treatment methods instead, they are a referral and monitoring agency only. TASC case workers have 50 to 60 programs to which they can refer their mentally ill clients. According to TASC's limited statistics about 40 percent of their clients complete their programs (these statistics do not differentiate the mentally ill from

the drug and alcohol programs). Two problems TASC has encountered are high turnover among caseworkers and a turf war with probation over client supervision. The high turnover is blamed on low-grade position status given to caseworkers along with poor pay and little chance for advancement. The turf war is the result of a belief that TASC does little more than duplicate the services provided by probation officers. TASC has also been criticized in the past for not being a true diversion program. This is due to its narrow selection criteria which some say targeted the wrong people. In response to this criticism, TASC changed its policy allowing offenders charged with low grade felonies to be eligible for the program. The persons cited in the report give good opinions of the program. TASC has an annual budget of $600,00 (1990 dollars). Half of the funding is provided by the County and half by the New York Division of Probation and Correctional Alternatives.

Intensive Case Management Model

(MHATI)

The Mental Health Alternatives to Incarceration (MAHTI) Program was only partially implemented at the time this report was written. The director of TASC, Carlos Maldonado, is also the administrator of MAHTI. MAHTI is being established in two New York counties as well as the Bronx. The report did not address the Bronx program at all. In Oswego County, MAHTI's goal is to make therapeutic services more available to mentally ill inmates bound for probation. No further details were given about the program. In Westchester County, MAHTI's goal is to keep mentally ill offenders out of

jail by use of intensive case management. In Westchester County MAHTI has two case workers and the goal is to have 10 to 12 clients assigned to each of them. The caseworkers are on 24-hour call to help the clients find housing and work, buy food, collect welfare checks, make clinic appointments, take medication or anything they may need to bring structure to their lives. The caseworkers want to immediately react to problems to reduce stress and decrease the chances for decompensation. Every Monday the two caseworkers look through the jail forensic unit's files looking for potential clients. The clients must be at least 16 years old and have both a criminal history and a chronic mental illness. The district attorney must approve the offenders involvement in MAHTI.

Managing Mentally Ill Offenders in the Community:

Milwaukee's Community Support Program

(McDonald and Teitelbaum, 1994) NCJ 145330

Abstract: Milwaukee's Community Support Program is run by a nonprofit agency which is funded primarily through state and federal block grants and the United Way. Other funding sources include: Medicare, Medicaid, and private insurance for psychiatric, psychological, and pharmaceutical services. The annual cost per client is about $3,000.00 (1994 dollars). This program has a capacity of about 250 clients and in 1992 accepted 67 new clients. The program accepts referrals from any agency or individual. In 1992 the criminal justice system had 200 to 300 arrestees who were eligible for the program. From these, 61 referrals were accepted. Some of the others were referred to

other programs in the Milwaukee area. There are two formal jail diversion programs based in the courts which refer detainees to Community Support Program. First, the Municipal Court Intervention Program is a post conviction diversion program which offers a structured alternative to incarceration. Judges may order offenders into the program as a condition of probation. Second, the Central Intake Unit screens all defendants brought into the courts for arraignment to obtain information needed by the court for bail and custody decisions. Intake screeners also identify candidates for the Community Support Program These candidates are then interviewed more intensively. A judge may either release and refer the defendant to the Community Support Program or order the defendant to the program as a condition of his/her pretrial release. Police may also refer clients to the Community Support Program, but this program focus does not detail that process and it appears to be infrequent. This program has not been formally evaluated, however, county and court officials along with jail staff strongly support the program. Program staff report that past experience shows that less than 10% of the offenders released from the program were reinstitutionalized in either jails or psychiatric hospitals. Currently, however, about 25% are reinstitutionalized. Staff attribute the increase to the upsurge in cocaine abuse.

A National Survey of Jail Diversion Programs for Mentally Ill Detainees

(Steadman, Barbera, and Dennis) AN 65366

Abstract: The authors objectives were to seek information about the number, structure and effectiveness of jail diversion programs for mentally ill offenders. They began by

mailing 1,263 surveys to U.S. jails with more than 50 detainees. There were some telephone interviews and site visits which were based on the initial survey. Due to the nature of the study, only post arrest diversion programs were included. The authors defined jail diversion programs as specific programs which: screen defined groups of detainees for the presence of mental disorder; use mental health professionals to evaluate all those detainees identified in the screening; and negotiate with prosecutor, defense attorneys, community-based mental health providers, and the courts to produce a mental health disposition outside the jail in lieu of prosecution, a condition of reduction of charges, or a condition of pretrial release. Initially, 34 percent of the respondents reported having a formal jail diversion program. After further analysis, the authors found that only 52 of the jails had formal mental health diversion programs which fit their definition. All 21 diversion programs identified in the telephone survey served misdemeanant offenders; 15 of the programs served non-violent felons; and 10 served some violent offenders. Most of the programs had staff assigned to them, although often they were part-time. The majority of the programs were funded either by a county mental health department or the state. Three-fourths of the programs were located in mental health agencies, and two-thirds of the directors considered the programs to be moderately or very effective. The authors note that it is commonly believed that jails working with community resources, existing mental health resources and the court system can successfully divert mentally ill offenders. Only a small number of jails have diversion programs for mentally ill detainees, and objective data on their effectiveness are lacking.

Providing Services for Jail Inmates with Mental Disorders

(Steadman and Versey, 1997) NCJ 162207

Abstract: The authors provide two models of prebooking diversion programs. Very few prebooking programs are identified in the literature. First, Hillsborough County, Florida developed a pre-booking diversion program by establishing a crisis center as an alternative to jail. Police can bring criminal offenders [up to nonviolent felonies] who they suspect have serious mental illness, to the crisis center instead of jail. The crisis center is a secure facility which offers assessment, crisis intervention and treatment. Police spend no more than 20 minutes at the center when they are dropping off offenders. The crisis center offers better mental health services than the jail, and they can force medication when necessary. Second is the Fairfax County, Virginia Mobile Crisis Unit. The Mobile Crisis Unit was designed to divert mentally disordered inmates from jail by working with the family, police, and the courts. The Unit makes home visits for those who are unable or unwilling to go to a mental health center. The Unit is staffed seven days a week from 3 p.m. to midnight. Each day they check with mental health centers for referrals. The services provided include: suicide assessment, prevention, and intervention; psychiatric crisis evaluation, intervention and hospitalization; administration of medication; and intervention in drug and alcohol crisis. Other duties for the Unit include: training police and magistrates in mental health issues; educating families and the community about the criminal justice system; providing backup for the jails crisis intervention team; and acting in lieu of police as petitioners/recommenders for the mentally disordered at hearings.

Removing the Chronically Mentally Ill from the Criminal Justice System

(Simonet, 1991) NCJ 141463

Abstract: During the early 1980's Denver County Jail housed between 35 and 45 chronically mentally ill persons. Many of these were repeat offenders charged with minor crimes. The jail staff was aware these placements were inappropriate, but the mental health system refused to provide services for anyone who had pending criminal charges. In 1986 the Denver County Sheriff's Department, in conjunction with the Colorado Division of Mental Health and the Denver County Courts, developed a system to remove the chronically mentally ill from the criminal justice system. A plan to train police officers to place 72-hour holds on chronically mentally ill offenders was dismissed. The reasons given were the extensive training required and because it seemed cumbersome for police to place 72-hour holds on individuals. The plan adopted instead called for police to book the offenders in jail. A psychiatric nurse reviews the cases of all chronically mentally ill arrestees and may recommend charges be dropped. If the court system decides to drop the charges, the state case management system is notified, and the individual is returned to the mental health system. As of the time this article was written, the Denver County Jail housed no chronically mentally ill inmates on misdemeanor charges. Much credit is given to the psychiatric nurse who has an excellent working relationship with the case management system and the county courts. This article is very brief and lacks details.

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