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Appendix A

Community Leadership Associated with Jail Diversion

A thesis

submitted in partial fulfillment of the requirements for the

Master of Arts Degree in Leadership Studies

University of Southern Maine

By

Wallace J Fraser, Jr

2018

ABSTRACT

In early 2004 a local county sheriff began recognizing the challenges that the county jail was facing with overcrowding and an increasing population with mental illness and substance use. The county sheriff, along with a local advocacy group, created a coalition to begin exploring jail diversion and getting those who needed treatment into treatment and keeping them out of the jail system. This research examines this coalition and looks at the coalition and how community leadership assisted in the formation and the success of the group.

Keywords: Jail Diversion, Community Leadership

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INTRODUCTION

In recent years, there has been more research focused on reducing the number of persons with mental illness (PMI) who become incarcerated (Bidwell, 2016; Iglehart, 2016; Steadman, Morrissey, & Parker, 2016). Across the country, it is estimated that approximately 2 million of the 12 million jail admissions annually have active symptoms of serious mental illness (Steadman et al., 2016). This author will explore a coalition focused on diverting PMI from jails and into treatment in a rural community and how community leadership has assisted in the success of the coalition.

Purpose Statement

The purpose of the research is to examine community leadership and how it impacts the collaboration between law enforcement and behavioral health organizations. The researcher has looked at how community leaders can help improve partnerships to make jail diversion programs efficiently work towards reducing the number of PMI that are arrested and incarcerated in county jails.

Research Questions

The research questions that have guided this study are: (1) How does community leadership help improve the collaboration between law enforcement and behavioral health organizations as they work with an interdisciplinary approach to jail diversion? (2) How does community leadership impact a jail diversion coalition and the effectiveness in helping agencies work with PMI that are involved in the justice system? And (3) How does community leadership help strengthen the relationship between law enforcement and behavioral health providers to better support PMI who may end up interacting with law enforcement?

Importance of Study

Given the nationwide push to address the issue of diverting those with mental illness from jails, the topic of community leadership and the collaboration between law enforcement and behavioral health is a valuable topic to help begin addressing this issue (Bidwell, 2016; Iglehart, 2016; Steadman et al., 2016). By considering a local jail diversion coalition and exploring the best practices across the country for helping to divert PMI from jail, this study will be a benefit to other rural counties across the country that are struggling with similar issues to the county examined in this research. This research is necessary when considering the impact community leadership has on the diversion of PMI from jails and the criminal justice system.

This case study examines a jail diversion coalition devoted to reducing the number of PMI who get arrested as well as finding ways to get those individuals connected to services and providers within the community. Within this case study, the researcher identified the role that community leadership has in leading a local jail diversion program. Given the lack of research on this topic, the researcher provides additional insight into community leadership associated with jail diversion programs.

REVIEW OF THE LITERATURE

A significant number of PMI are arrested and held in jail annually. Steadman, Osher, Clark-Robbins, Case, & Samuels (2009) found that up to 14.5% of males and 31% of females incarcerated meet the criteria for serious mental illness. Diversion programs vary based on the time of the interaction of a PMI with law enforcement. This first diversion would occur pre-arrest and would involve law enforcement, emergency departments, and mobile mental health crisis teams to help individuals get into more appropriate treatment options and services (Hartford, Carey, & Mendonca, 2006; McGuire & Bond, 2011; Steadman, Morris, & Dennis, 1995). However, PMI continue to get arrested and are held in jails, resulting in the total number of PMI in prisons and jails exceeding the amount in state psychiatric hospitals tenfold (Bidwell, 2016).

The following literature review will cover diversion programs that are designed to help reduce the number of PMI that get arrested and incarcerated. Most of the research in this area focused on the problem, diversion programs, and collaboration. This review will also look at community leadership and how it can impact the successfulness of diversion programs.

Persons with Mental Illness in Jails

According to Lamb and DeCuir (2002), police have been having a more critical role in the management of PMI as a result of states moving towards deinstitutionalization to get PMI out of large state-run psychiatric hospitals. The process of deinstitutionalization has resulted in PMI getting discharged from facilities and transitioned back into the community without adequate supports. Overall, deinstitutionalization has resulted in an increasing number people struggling to gain

access to mental health resources within their communities. The result is an increase in crimes committed or police involvement. The authors also indicated that law enforcement officers are more inclined to charge PMI with a misdemeanor and take them to jail if there is nowhere to bring them for treatment or support. As a result, there has become a need for increased training and jail diversion programs to help pull together resources for law enforcement to divert individuals into rather than arresting them and taking them to jail.

According to Steadman, Morrissey, and Parker (2016), approximately 17% of all inmates booked into jails, roughly 2 million individuals, have active symptoms of serious mental illness when booked into the jail. Given these statistics, there is a further need to look at how we can divert PMI into treatment and keep them out of our county jails.

The Sentencing Project (2002) identified that PMI who commit serious violent crimes would be appropriate to process through the criminal justice system. When PMI commit crimes, they fall into three broad categories: those that are byproducts of their mental illness (disorderly conduct, criminal trespass), crimes to obtain money for food or drugs (theft, shoplifting), and violent crimes. The Sentencing Project goes on to point out that the first two categories are crimes that where a diversion could occur, whereas the last category would be appropriate to arrest the individual to protect the safety of the community.

Community Leadership

The leadership coordinating diversion programs has an overall impact on how well law enforcement and behavioral health organizations will collaborate and work together. Due to the impact that this leadership has on diversion programs, it is important

to look at the leadership and what is important in improving the effectiveness of these programs through the leadership.

According to Nissen, Merrigan, and Kraft (2005), “Traditional leadership practice frameworks to guide systems change often fall short in today’s practice environments” (p. 123). The description is an excellent example of how community leadership is beneficial: it is outside of the regular focused leadership within just one organization. Also, according to Boehm, Enoshm & Michal (2010) community leadership enhances citizens’ involvement, strengthens the community and plays a role in the development of projects, and the improvement of the quality of services.

According to Nissen et al. (2005), individual leaders cannot bring about complex changes on their own, and this is why community leadership and the collaboration between organizations is needed. Because the problem of PMI in jail involves multiple systems, community leadership is required to help connect the systems in order to find solutions to the problem.

The four areas identified in research by Sullivan, Downe, Entwistle, and Sweeting (2006) as challenges for community leaders: (1) Who provides the area with community leadership? (2) Is the council getting better at providing community leadership? (3) Does the council have a clear strategic vision? (4) And what have been the main problems for the council in providing community leadership? By considering community leadership and jail diversion, one would need to begin looking at the challenges and how they might apply to programs associated with jail diversion activities. For example, a jail diversion program may need to look at how they’re getting better at providing the community leadership is necessary for this group and is there a clear strategic vision.

Organizational Boundaries. Crossing organizational boundaries is a way to help to identify the benefits of having this position to connect with other organizations that can help divert PMI from jails and into treatment programs. Research by Steadman et al. (1999) also identified screening inmates for mental illness, then coordinating with the community for treatment and the next steps within the criminal justice/legal system.

Within the justice system and mental health system, Steadman (1992) described the idea of a boundary spanners as one who would step outside of their role in their organization and interact with the environment and other organizations separate from theirs. Steadman (1992) also describes boundary spanning as a “link between two or more systems whose goals and expectations are likely to be partially conflicting” (p. 77). The idea of boundary spanners rarely gets discussed when it comes to the criminal justice and mental health systems, though this is something that is needed when considering the leadership and collaboration between the two fields. When looking at the diversion of PMI, this is even more important to assist in helping increase the partnership between the two disciplines.

The need for a boundary spanner is different in when bridging the gap between the mental health system and the criminal justice system. Steadman (1992) indicated that a difference is that when discussing criminal justice and mental health, system terms are rarely used. When discussing the two fields, the focus is much more focused on the legal rights of those involved. A boundary spanner would have the ability to understand the legal terms and help with the partnership between the two fields.

In one study of Palm Beach County Forensic Mental Health Program, the boundary spanner was a mental health coordinator that was employed by the Sheriff’s

Office. Their sole role was to help coordinate services between the jail, mental health contractor, and medical services (Steadman, 1992). This role requires someone who pulls together the various providers and organizations involved. This person would need to exhibit community leadership traits to enable them to do the most effective job and to complete their work efficiently by assisting in the collaboration between groups to accomplish the same goals of reducing crime and connecting PMI to services.

Law Enforcement Leadership. Given the work in diverting PMI from jail would be led by law enforcement and those in the criminal justice field, it is essential to look at leadership in a police agency, and more specifically, the sharing of leadership. Steinheidera and Wuestewald (2008) examine the sharing of leadership within police agencies and how more collaborative leadership practices help show an increase in commitment to their work, especially when those decisions involved are workplace decisions. The research identified that collaborative leadership through the process of having non-management be on a leadership committee is designed to help senior management run the organization. A diverse group of employees are nominated to the leadership committee based on their job functions or voted on the committee by union members.

When considering shared leadership, Steadman (1992) reviewed the Palm Beach County Forensic Mental Health Program. The program shows that the Sheriff's Office is collaborative and open to allowing others to take on leadership and decision making roles to work within diversion programs while helping to ensure PMI are receiving treatment that they need. More specifically, the mental health coordinator can take their specialty and focus on diversion.

Mental Health Collaboration and Leadership. Aufderheide (2011) defined collaborative leadership as a process that leaders facilitate and develop and that the collaborative model emphasizes using expertise from people to work together. According to Hollander, Lee, Tahtalian, Young, and Kulkarni (2012), mental health clinicians and police have complementary expertise and that when this expertise is integrated together, there are safer outcomes and reduced behaviors in PMI. Hollander et al. (2012) identified that there is a need for more leadership and support to the integration of law enforcement and mental health providers collaborating as they support PMI in the community who are going into further crises and working towards avoiding PMI getting arrested and transported to jail.

Research completed by Hollander et al. (2012) identified some approaches that are helpful in improving the relationship and collaboration between mental health and police. The researchers determined that mobile psychiatric crisis assessment and treatment teams (CATT) that work in partnership with police are efficient in their work together. One area identified was the use of shared protocols that provide guidelines for both police and mental health staff when it comes to crisis situations that require the joint response. Through the research, it was identified that the collaboration of both groups helped better manage the crises compassionately and safely.

McKenna, Furness, Oakes, & Brown (2015) identified another model of collaboration that referenced as the Northern Police and Clinician Emergency Response (NPACER). This collaboration found that when mental health clinicians and/or nurses partnered with police on a regular basis, the responses were improved, and it resulted in a much better result for PMI. McKenna et al. (2015) reflected on the collaboration and the

ability it had for officers and mental health clinicians to learn each other's strengths and weaknesses. The partnership allowed both groups to work closer and more effectively.

Collaborative Leadership. Given the new challenges in correctional settings with PMI, correctional leaders need to look at ways to work more collaboratively with mental health leadership to address the problems. Collaborative leadership is the idea of combining expertise from the different areas and using their knowledge to create opportunities for transforming changes in an organization (Aufderheide, 2011).

Aufderheide (2011) referred to various roles that mental health leaders can have when it comes to a correctional setting. One of the roles was a collaborative role or a "just a cup of coffee" role. In this model, mental health and correctional staff will begin building relationships and trust with each other by "having a cup of coffee" together and building on the relationship. The idea of this model is that by creating the relationship, both correctional staff and mental health providers will work more collaboratively when a crisis occurs within the correctional setting, as both people already have a trust and understanding for each other's role.

Partnerships. In considering community leadership as it pertains to jail diversion, the two primary groups to work together would be mental health services and the criminal justice system. With this, the two groups can recognize that caring for the mental health needs of PMI who are involved in the justice system have to take a priority and get the treatment they need.

One example of a partnership that worked is a case study by Keene, Rodriguez, and Badger (2005) that explored the partnerships between mental health and criminal justice, as it applied to the substance use field. The U.K. developed the Criminal Justice

Intervention Programme (CJIP) where officers would look at offenders who committed certain crimes, and that identified as most likely committed by drug users. Police focused on those offenses and would later offer treatment to those offenders through the CJIP.

The CJIP is an agreement between police agencies and community agencies to share data. Keene et al. (2005) indicated that the increased enforcement and referral to treatment providers for drug offenses were effective in reducing crime rates, while also helping to divert people from the jail system. This partnership shows that when leadership collaborates, they are more effective in reducing jail populations and, in this situation, helping to reduce crime rates.

Community Policing. Peaslee (2009) identified community policing as an integral part of policing and recognized how building partnerships with social service agencies would help support those within the communities. The results seen were a reduction in juvenile crimes in the cities they looked reviewed. By partnering with the social service agencies and looking at how officers made referrals to connect those in the community to services, showed the officers that there was a payout in reduced crime and safer communities.

Cordner (2000) identified the benefits of using this approach for working with PMI. When partnering and working with organizations like the National Alliance of Mentally Ill (NAMI), law enforcement agencies can partner directly with PMI, their family members, advocates, and professionals. This partnership can help put police in advocacy roles rather than in the position of the social worker (Wood, Watson, & Fulambarker, 2017). This partnership can be beneficial to those involved and can also assist in preventing encounters that result in PMI facing possible arrest and incarceration.

Sequential Intercept Model and Diversion

Hughes, Steadman, Case, Griffin, and Leff (2012) discuss the jail diversion model that was recommended to help connect PMI who are justice involved with appropriate community-based mental health treatment. Research has shown that jail diversion has been useful in demonstrating improvements in mental health and public health outcomes (Case, Steadman, Dupuis, & Morris, 2009). Other research has also shown that jail diversion programs help PMI gain access to community-based mental health treatment (Steadman & Naples, 2005).

The next step of looking into ways to help reduce the number of PMI arrested is to consider ways to divert people from jail. Steadman et al. (2016) began to look at the Sequential Intercept Model as a way to identify where jail diversion programs needed to be applied and at what points they are necessary to implement. The five intercepts are seen as locations in which persons with mental illness can be identified, diverted, treated, and returned to the community (p. 14). Accordingly, the purpose of the Sequential Intercept Model is to engage PMI during the earliest point of contact to prevent PMI from penetrating deeper into the criminal justice system (Munetz & Griffin, 2006).

The five intercepts cover points where PMI come into contact with the criminal justice system. The intercepts are the community, initial detention, jail and court system, reentry, and community corrections. The Sequential Intercept Model is a way to help identify which point of contact PMI are in and to help provide some direction to what diversion programs might be helpful to them.

Community Diversion. One of the widely-used diversion models is the crisis intervention team (CIT) training. McGuire and Bond (2011) indicated that the CIT model

helps to bring specially trained police officers (those who receive the CIT training) and crisis response sites together to help support PMI when they have interactions with law enforcement. This model helps to improve the level of collaboration between law enforcement officers and behavioral health providers.

McGuire and Bond (2011) worked to begin identifying the critical elements associated with the effectiveness of the program and its benefit to officers who receive the training. In their study, the researchers used experts in the field and those who have received CIT training to identify numerous elements which they defined as essential aspects of their training. Within these elements, they identified areas of philosophy and collaboration, specifically, mental health/criminal justice collaboration as sections of elements. Through this research, 78.2% of respondents reported that interagency communication was crucial as well as 81.8% of respondents feeling that involvement in program development was also critical.

Perez, Liefman, & Estrada (2003) began to look at diversion models and how to apply them in the State of Florida. Within the research, it was found that a focus on pre-arrest diversion and the use of the CIT model was an effective diversion for their communities. They recognized that CIT training would help reduce injuries to officers and PMI, as well as reduce the time spent on mental health calls.

Initial Detention. Steadman et al. (1995), recognized that further research was needed to identify the effectiveness of diversion programs for PMI in jail. New studies could help determine what programs would help those with serious mental illness get into and stay in treatment. By considering further research into diversion programs for treatment in jail, programs could be identified to help PMI receive treatment and help.

When PMI are receiving treatment and support, this will help to reduce the level of risk of recidivism and likeliness that they would be returning to jail. Another form of a diversion program would be reentry programs and how they can assist in reducing recidivism. Unfortunately, there is a lack of outcome studies to help guide programs into looking at any evidence-based transition-planning practices (Osher, Steadman, & Barr, 2003).

Steadman et al. (1999) described jail diversion programs as programs in which detainees get screened for mental disorders. After the screening, a mental health professional will help coordinate with prosecutors, defense attorneys, and community-based mental health providers. At the time of the research, Steadman et al. (1999), found that 50-55 jails across the country had programs that fit this definition of a jail diversion program. Also, this study identified that further research into jail diversion programs was needed, primarily as it related to what specific programs might be more beneficial to PMI.

Diversion in Jail and Court. When it comes to diversion after the booking process has completed, Ryan, Brown, and Watanabe-Galloway (2010) looked at the variety of programs that are available for the diverse group of PMIs who need added support to keep them out of jail. The programs they identified as helpful with diversion were assertive community treatment teams, intensive case management, intensive psychiatric probation and parole, mental health courts, and residential supports.

Reentry. One model that has been found to be a best practice model is the APIC model (Assess, Plan, Identify, and Coordinate). Osher et al. (2003) described the APIC model as a set of critical elements that help improve outcomes for persons with co-

occurring disorders upon release from jail. This diversion model focused on reducing the risk of jail reentry or re-involvement in the justice system. This model can assist in reducing the risk of recidivism by ensuring those released are getting connected to the services and have the support what they need.

Costs Associated with Diversion Programs

Cowell, Hinde, Broner, and Aldridge (2013) began to look at the costs associated with diversion programs to help keep PMI out of jail. It identified immediate reductions in taxpayer's costs because the individual no longer engaged with the criminal justice system. They also found that diversion from the criminal justice system and into treatment programs can assist in saving money in the future with the reduction in future offenses that would've resulted in arrests and incarcerations.

Cowell et al. (2013) found savings came from diversions occurring pre-arrest and when the booking process did not get initiated in the jail. By having the PMI diverted before they become arrested, this will help to reduce the costs of the correctional system. The immediate costs would shift to the programs who were providing treatment.

Conclusion

In considering jail diversion programs, there is a lot of research on the different programs and the effectiveness of how each type of program helps. This study reflects on the training programs and the ways that each program can benefit PMI. However, the research does not specifically capture how community leadership impacts program effectiveness or the increased collaboration with organizations outside of law enforcement. In looking at this specific topic, there would be a benefit to other

communities in learning ways to more efficiently divert PMI from the criminal justice system to keep them out of jail.

METHODOLOGY

Context

The researcher used a case study approach to develop an in-depth analysis of a local jail diversion coalition. The case study approach is found in many fields, especially evaluation (Creswell, 2014). Within this, the researcher will look at how community leadership has had an impact on the collaboration between law enforcement and behavioral health organizations. The researcher used information available to determine how the diversion group helped divert PMI from jail, as well as looking to see if there is any definitive impact that community leadership has on the jail diversion work. This program was chosen due to its focus on the local community and to look at how community leadership has affected this program during its 14 years of facilitation.

Method

The researcher focused on a single instrumental case study and collected historical information about a local jail diversion coalition, to include the history of how the coalition came to be, the history of the coalitions growth, and the leadership associated with the coalitions progress and effectiveness.

Procedure. This researcher collected and reviewed detailed information using meeting agendas, meeting minutes, meeting attendance, and any data collected and shared during the period that the jail diversion program was in place. While evaluating the information gathered in this case study, the researcher assessed and considered how community leadership played a role in the building of collaborative relationships and the effectiveness of the program.

Analysis. The researcher used a holistic analysis of a single case study involving a local jail diversion coalition. While looking at the coalition, the researcher began to examine the community leadership that has occurred within the group. The researcher sought to identify any themes that correlated with the attendance of leaders from within the community and how it appeared to impact the functioning of the group. The researcher also took into consideration how community leadership and this meeting increased the collaboration between law enforcement and behavioral health providers. The information about increased collaboration and community leadership exhibited assisted in answering the research questions and in evaluating how beneficial community leadership has been to the jail diversion program.

CASE STUDY

A Local Jail Diversion Coalition

The Problem

In the early 2000s, a county jail in the North East began to identify the challenges that they were having with an increasing population and the problems that came with an overcrowded jail. In addition to the difficulties surrounding overcrowding, the jail was beginning to struggle with the growing mental health needs. The increasing mental health needs in the jail also came with an increase in substance use disorders and identifying ways to help treat the inmates within the jail.

In addition to the changing climate, this jail struggled with several suicides in a short period of time. The Sheriff did not want to have people dying in his jail and the Sheriff did not feel prepared to prevent suicides. After a public plea for help via local news media and exploring his options for support, this problem was identified as a larger community problem that everyone needed to partner to help solve.

After the plea for help, the county sheriff worked with a local advocacy group to create a coalition of community providers to work with the jail on ways to keep inmates safe and to look at treatment options. The first such meeting occurred in June 2004, and one of the things that the Sheriff's Office has identified as its biggest challenge is the diversion of PMI to more appropriate care rather than them getting arrested and taken to jail. Given the difficulties with overcrowding and the history of suicide attempts at the jail, the idea of diverting PMI from jail is an important topic, especially for this county.

Corothers (2007) reported that during a six-year study, eleven jail inmates across the State of Maine died from suicide. In this study, the author found that most of the

recommendations from legislative reviews had not been followed through on in Maine jails and that there was limited funding to help solve the problems. However, the author did identify that the most specific assistance to county jails has come from local leaders who joined together with an advocacy organization to help divert PMI into treatment and away from jail.

Over the years, the jail also struggled with funding, and due to cuts in the budget, staffing was reduced. As a result of reduced staffing, the jail's rated capacity would be reduced due to the lack of correctional officers on shift that would have been providing direct supervision. Given the challenges with overcrowding and the increased number of PMI who were incarcerated, PMI were taking up even more of the limited resources.

After several suicide attempts at the county jail in early 2004, the jail was struggling to find ways to manage the mental health needs of its inmates. Due to the challenges facing the jail around keeping inmates safe and meeting their mental health needs, the county sheriff knew something needed to change. The sheriff approached the Executive Director of a local advocacy group and requested support in finding ways to increase mental health services for inmates at the jail and to help explore ways to get individuals with mental illness into treatment rather than having them brought into the jail. Both the sheriff and the local advocacy group worked together to begin finding leaders from the social service agencies within the county seat to start looking at how to solve this problem.

As the jail began to collect data, they identified that there were three completed suicides from January 2003 - May 2006. They also found that they had 35 inmates

attempt suicide from 2002 - 2006, and these were considered “saves” because correctional officers found the inmates before the completion.

Jail Diversion Coalition Developed

The first meeting of the jail diversion coalition met in June 2004 where they began discussing the challenges faced by the jail. Through those discussions, the coalition identified the things that the community needed to do to address the issues in the jail, both within the community and at the state level through advocacy. Another topic that the coalition worked on was policies to help address some of the issues on a larger scale.

Some of the early goals of the jail diversion coalition were to explore Crisis Intervention Team (CIT) Training for officers with the local police department and with the corrections officers at the county jail. The attendees of the coalition also decided to create three subcommittees to identify issues raised in the first meeting, as well as working on action plans to work towards change.

During the first year, the jail diversion coalition also began identifying the growing list of challenges that both the community and the jail faced pertaining to mental illness, law enforcement, and the correctional system. By identifying these items, the facilitators of the meeting assigned subcommittees to focus on specific clusters of challenges (training needs, policy needs, resources, etc.). As the subcommittees identified areas that needed more attention or support, the community leaders started growing the group by inviting other community stakeholders to attend. These additional group members included local emergency departments, representatives from the Department of Health & Human Services, and other local social service agencies.

As meetings progressed, the group members brought information about the different services offered and identified how the group was impacting the community. With some of the changes put into place and the connections made across organizational boundaries, group members began identifying diversions that were completed in the community, resulting in PMI receiving treatment and not getting transported to the county jail.

Group Membership

Community members participating in the coalition ensured that everyone in the group was aware of the services each different agency and provider offered. By becoming aware of the services provided, collaboration and awareness of available services for PMI increased. The mental health agencies within the community came to the coalition and shared what programs their respective agencies had to offer.

This information helped the coalition to learn about the services for PMI in the community. With this information, the coalition discussed the services and how to refer clients to treatment and connect them with supports to keep them out of the correctional system. Leaders from several mental health agencies in the community informed the group of programs offered that were funded through grants. Some of these were resources to support PMI who lacked health insurance coverage.

Community Resources and Supports

As the coalition identified the community resources available, the group decided to begin looking at the most frequently arrested individuals who the jail identified as having a mental health diagnosis. Given concerns and issues around privacy and confidentiality, this task was assigned to a small subcommittee of mental health providers

to begin addressing. Given the concerns about privacy, the group only reported on outcomes to the larger group rather than getting into specific information about individuals.

Boundary Spanner. Another significant benefit that the jail diversion coalition learned about during the first few years of this group was about the use of boundary spanners. Steadman (1992) described a boundary spanner as one who steps outside of their role in and interacts with other organizations.

The group learned that the boundary spanners needed to understand the criminal justice system from the perspective of law enforcement officers, correctional officers, judges, and both the prosecution and defense attorneys. This required training for any individuals in the community who were willing to be designated for this role. Through the leadership of the coalition and support from grants, a trainer came to the community to provide training on these topics and to help individuals understand the different roles.

The coalition identified various case managers and staff within the community who attended this training. The providers trained were recognized as staff trained in the criminal justice system and who provided more intensive support to PMI who had justice involvement. This extra training offered them the opportunity to understand the different roles and help the courts recognize what services the PMI required and how the mental health workers were providing the extra level of support.

Identifying System Gaps. Another action item that was targeted by the coalition was looking at the sequential intercept model. The group began identifying where the gaps were and what areas needed further work. Part of this process included working on

the boundary spanner to further assist with bringing the gap between the mental health and criminal justice system.

Through the process of looking into the sequential intercept model, the group identified the need for forensic beds and inpatient psychiatric treatment. Through the work of this coalition, a plan was developed for county jails across the state to have access to acute psychiatric inpatient beds when there is a need due to safety issues.

Another aspect of the sequential intercept model identified was in the first intercept, interventions with law enforcement. Regarding jail diversion, the first intercept was the area that needed work to help police officers gain knowledge on how to work with and approach individuals with mental illness. In addition to this, the first intercept helped officers connect PMI with local resources. Through this process, the coalition identified Crisis Intervention Team training as the model that would be most beneficial to this community.

One challenge for the jail diversion coalition over the years has been that not everything has stuck. After several years of pushing for and utilizing boundary spanners, there has been restructuring in the Department of Health and Human Services which has resulted in programs and staffing cuts and reducing the resources available to county jails. In recent years, there have been requests to increase the hours of the boundary spanners.

In late 2017, two county jails began working with the Department of Health & Human Services on identifying needs for PMI who were in the jails. This program would use the Intensive Case Managers assigned to the jails, who were previously identified as boundary spanners, to help explore the needs of PMI shortly after their arrest. The pilot

programs goal is to focus on getting PMI into treatment to help speed up the legal process and to reduce the time that PMI spends in jail.

Psychiatric Hospitalization. Through the jail diversion coalition, there has been a significant amount of work done to address the issues that surround the county jail overcrowding and finding alternative ways to address the mental health needs within the jail. In addition to this focus, the coalition looked at the other system issues within the community that might not have a direct impact on the jail. For example, one focus was on exploring the length of time that psychiatric patients spent in emergency departments waiting for hospitalization. This collaboration allowed for the group members to collect data and report back, while then exploring ways to help resolve this issue.

Though wait times for acute psychiatric hospitalization is not something that directly applies to the jail, this would have a significant impact on the jail. If an inmate were to be transported to a local hospital to seek out psychiatric hospitalization, it would result in correctional officers staffing the hospital while the inmate awaited placement in a locked psychiatric unit. By the coalition bringing this up, it allowed them to address the broader community issue of the length of an emergency room visit, and it ultimately reduced that time and for the group to identify ways for the jail to mitigate the challenges they faced when searching for inpatient psychiatric hospitalization for inmates.

Challenges

As things progressed, the coalition and broader mental health community began to struggle with maintaining some of the same levels of support to help with the services required to help with the diversion of PMI or those struggling with substance use disorders.

Another challenge faced by the county jail has been the use of specialty courts. The county had a drug court that was in place to target drug offenders and offer them treatment and support to work towards getting charges dropped or lowered. However, the county faced many issues with this court and the program's funding got cut. Thankfully, the drug court did get reinstated in 2017, and it is running again.

Stepping Up Initiative

In May 2015, the problem of PMI getting arrested and held in county jails came to the forefront, and various groups identified this as something that needed to change. Due to this problem, the National Association of Counties (NACO), the Council of State Governments (CSG) Justice Center and the American Psychiatric Foundation teamed together to begin an initiative focused on reducing the nationwide problem of PMI getting arrested and held in county jails (Kates, 2015). As the initiative started to gain movement, the groups decided to facilitate a summit in Washington, D.C. and they requested proposals from counties across the country with a plan to choose 50 teams to attend the summit.

Due to the long history of the jail diversion coalition, and because of the strong partnership between mental health, law enforcement, and the advocacy group, this county was chosen to attend the Stepping Up Summit. Leaders from the 50 counties selected to participate attended various work sessions and presentations learning about the idea of diverting PMI from county jails and into treatment. The summit was an opportunity for a small county to find different techniques and things to help to reduce the number of PMI who are in the county jail.

This summit allowed the leaders of the jail diversion coalition, and local leaders, to identify the ways that they can further step up and work towards furthering their work towards diversion. This summit helped the counties identify ways to collect data to find ways to progress further. The Stepping Up Initiative has also helped the coalition leaders to refocus the direction of the group and to identify ways to move forward.

Data Collection. Since the Stepping Up Summit, the jail diversion coalition has shifted and begun to look at data collection to identify areas for growth. Through this process, the group recognized that there was a need for a new assessment tool for inmates arrested and booked into the jail. Through recommendations for a new assessment tool came from the jails mental health provider and a state pilot project involving the state psychiatric hospitals.

As the jail has begun to roll out their new screening assessment, early data is proving to be a success for the jail and its attempt to collect data about mental illness and substance use of those arrested. The jails mental health vendor, and the state psychiatric facility assisted in choosing the Screening Form for Suicide and Medical/Mental/Developmental Impairments as the new tool to screen for mental illness in the jail.

The new assessment has focused on an evidence-based tool used to screen for suicide risk, as well as looking at other factors that would identify new inmates as someone with a severe and persistent mental illness. The state psychiatric facility is using this screening tool to identify individuals who require further support and potential hospitalization.

Discussion

Community leadership is the process of building a team of volunteers to accomplish some critical community outcome (Hughes, Ginnett, & Curphy, 2012). For this study, the author looked at how community leadership benefits jail diversion rather than individual leadership traits. For the purposes of this coalition, the community leaders involved sought out leaders in the community and had that group working towards one shared goal, better supporting PMI who have interactions with the criminal justice system.

As noted in the literature review, there were many options for diversion of PMI from jail explored within the coalition. The coalition's leadership worked with the jail to identify challenges, and developed subcommittees to further identify ways for the group to invoke change within the community.

The coalition leadership rallied the members to identify and solve the issues that were brought up. The combination of community leadership, by bringing the group together and getting them more involved in the resolutions, as well as individual leadership within group members organizations, the coalition identified solutions to resolve the issues.

Another factor in the success of the jail diversion coalition has been the law enforcement leadership within this county. With the leadership of the past and current sheriff being open to allowing others to come in and offer support where the jail knew they lacked the expertise to support inmates. By being open and willing to collaborate, the leadership has fostered the growth of the jail diversion coalition over the past fourteen years.

The openness allowed the Sheriff's Office to develop the community partners and to work on addressing the challenges of PMI coming into the jail and treatment for PMI within the jail. The openness and collaboration turned out to be one of the first steps to building the coalition and in helping the coalition go on over the years. In addition, the coalition's leadership kept the group members engaged and motivated to accomplish the shared goals of developing resolutions to the problem.

Limitations. The limitation of the study is that this is a single case study and will only be looking at this one jail diversion coalition and the existing research associated with jail diversion programs. Creswell & Poth (2017) indicate that selecting a single case and establishing a rationale for that case is a challenge of case study research. However, given the longevity of this jail diversion coalition and the lack of research into the role that community leadership plays, this jail diversion coalition can help to look at the position of community leadership. In addition to the limitation of this as a single case study, there are no other jail diversion coalitions similar to this one in the region for comparison.

Conclusion

In considering the growth that the jail diversion coalition has gone through, one must look at what helped this county get to the point of making progress. This county is one of few rural counties that have an established a group of community stakeholders to begin identifying ways to divert PMI from the county jail. The process of forming a group of community stakeholders alone is an accomplishment for a small rural county. This group needed good leadership to help keep the group together and to help move things forward. The leadership of the group has worked towards identifying challenges and issues, as well as identifying ways for the group to work together to overcome those challenges.

The leaders of this coalition built a team of volunteers to accomplish the goal of better supporting PMI and to develop various jail diversion programs within the community. When considering the definition of community leadership by Hughes et al. (2012), the leaders of the jail diversion coalition had an impact on the coalition by getting investment from community agencies to best support PMI that had justice involvement.

Without the community leadership in place to help support and guide this group, the county jail would likely not have made the progress they made. Due to the leadership and guidance, there is increased mental health services, policies in place to ensure those arrested are safe before entering the jail, and there is widespread adoption of CIT training within the area.

Community leadership helped support PMI that were getting arrested and provided more resources to law enforcement through training and education about services available to assist PMI. The collaboration that occurred across organizational

boundaries broke down barriers between law enforcement and mental health providers. As a result, PMI began receiving the support and services that they needed.

In moving forward, the coalition will need to focus on their new ability to collect and review specific data points. With the new data, it can help give the leaders particular information about next steps in leading the stakeholders in the direction of further change. As they identify different solutions, the jail can use the data to analyze how those solutions are impacting the jail on a larger scale.

Throughout this study, the community leadership exhibited within the jail diversion coalition has assisted the county jail in putting programs and services into place to help reduce the number of PMI that are arrested and incarcerated. The community leadership helped to pull the stakeholders together in a way that assisted the development of new programs in the community. The community leadership has also assisted in bridging the gap between law enforcement and mental health to increase the collaboration across organizational bounds.

The coalition leaders used community leadership skills to pull the group together and to work on accomplishing the goals. By using the Sequential Intercept Model, the coalition leaders were able to direct the group to identify resolutions to help alleviate the system in different areas in order to provide more support for PMI, both in the community and in jail.

References

- Aufderheide, D. (2011). A seat at the table: The need for collaborative leadership in correctional mental health. *Corrections Today*, 73(5), 38-41.
- Bidwell, J. (2016). *The next step for the justice reinvestment initiative: Making mental health a priority* (Master's Thesis, University of Oregon) Retrieved from <http://hdl.handle.net/1794/20491>
- Boehm, A., Enoshm, G. & Michal, S. (2010). Expectations of grassroots community leadership in times of normality and crisis. *Journal of Contingencies and Crisis Management*, 18(4), 184-194.
- Case, B., Steadman, H., Dupuis, S., & Morris, L. (2009). Who succeeds in jail diversion programs for persons with mental illness? A multi-site study. *Behavioral Sciences and the Law*, 27(5), 661-674.
- Cordner, G. (2000). A community policing approach to persons with mental illness. *The Journal of the American Academy of Psychiatry and the Law*, 28(3), 326-331.
- Corothers, C. (2007). *Report on the status of services for persons with mental illness in Maine's jails: 2000-2007 What has changed?* Augusta, ME.
- Cowell, A., Hinde, J., Broner, N., & Aldridge, A. (2013). The impact of taxpayer costs of a jail diversion program for people with serious mental illness. *Evaluation and Program Planning*, 41, 31-37.
- Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th Ed.). Thousand Oaks: SAGE Publications.
- Creswell, J. & Poth, C. (2017). *Qualitative inquiry & research design: Choosing among five approaches* (4th Ed.). Thousand Oaks: SAGE Publications.

- Hartford, K., Carey, R., & Mendonca, J. (2006). Pre-arrest diversion of people with mental illness: Literature review and international survey. *Behavioral Science & the Law, 24*(1), 845-856.
- Hollander, Y., Lee, S., Tahtalian, S., Young, D., & Kulkarni, J. (2012). Challenges relating to the interface between crisis mental health clinicians and police when engaging with people with a mental illness. *Psychiatry, Psychology and Law, 19*(3), 402-411.
- Hughes, R., Ginnett, R., & Curphy, G. (2012). *Leadership: Enhancing the lessons of experience*. India: McGraw Hill Education.
- Hughes, D., Steadman, H., Case, B., Griffin, P., & Leff, H. (2012). A simulation modeling approach for planning and costing jail diversion programs for persons with mental illness. *Criminal Justice and Behavior, 39*(4), 434-446.
- Iglehart, J. (2016). Decriminalizing mental illness - The Miami model. *The New England Journal of Medicine, 374*(18), 1701-1703.
- Keene, J., Rodriguez, J., & Badger, D. (2005). Mental Health and Criminal Justice partnerships: A case study from the substance misuse field. *The Journal of Forensic Psychiatry & Psychology, 16*(1), 1 – 10.
- Kates, G. (2015). Breaking the mental health pipeline to jail. *The Crime Report*. Retrieved from <https://thecrimereport.org/2015/05/05/2015-05-breaking-the-mental-health-pipeline-to-jail/>
- Keene, J., Rodriguez, J., & Badger, D. (2005). Mental Health and Criminal Justice partnerships: A case study from the substance misuse field. *The Journal of Forensic Psychiatry & Psychology, 16*(1), 1 – 10.

Lamb, H., Wienberger, L., & DeCuir Jr, W. (2002). The Police and Mental Health.

Psychiatric Services, 53(10), 1266-1271.

McGuire, A. & Bond, G. (2011). Critical elements of the crisis intervention team model of jail diversion: An expert survey. *Behavioral Sciences and the Law*, 29(1), 81–94.

McKenna, B., Furness, T., Oakes, J., & Brown, S. (2015). Police and mental health clinician partnership in response to mental health crisis: A qualitative study.

International Journal of Mental Health Nursing, 24(5), 386-393.

Munetz, M. & Griffin, P. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services* 57(4), 544-549.

Nissen, L., Merrigan, D. & Kraft, M. (2005). Moving mountains together: Strategic community leadership and systems change. *Child Welfare*, 84(2), 123-140.

Osher, F., Steadman, H., & Barr, H. (2003). A best practice approach to community reentry from jails for inmates with co-occurring disorders: The APIC model.

Crime & Delinquency, 49(1), 79-96.

Peaslee, L. (2009). Community policing and social service partnerships: Lessons from New England. *Police Practice and Research*, 10(2), 115-131.

Perez, A., Leifman, S., & Estrada, A. (2003). Reversing the criminalization of mental illness. *Crime & Delinquency*, 49(1), 62-78.

Ryan, S., Brown, C., & Watanabe-Galloway, S. (2010). Toward successful post booking diversion: What are the next steps? *Psychiatric Services* 61(5), 469-477.

- Steadman, H. (1992). Boundary Spanners: A key component for the effective interactions of the justice and mental health systems. *Law and Human Behavior*, 16(1), 75-87.
- Steadman, H., Deane, M., Morrissey, J., Westcott, M., Salasin, S., & Shapiro, S. (1999). A SAMHSA research initiative into the effectiveness of jail diversion programs for mentally ill persons. *Psychiatry Services*, 50(12), 1620-1623.
- Steadman, H., Morris, S., & Dennis, D. (1995). The diversion of mentally ill persons from jails to community-based services: A profile of programs. *American Journal of Public Health*, 85(12), 1630-1635.
- Steadman, H., Morrissey, J., & Parker, T. (2016). When political will is not enough: Jails, communities, and persons with mental health disorders. *The Prison Journal* 96(1), 10-26.
- Steadman, H., & Naples, M. (2005). Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behavioral Sciences and the Law*, 23(2), 163-170.
- Steadman, H., Osher, F., Clark-Robbins, P., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services* 60(6), 761–765.
- Steinheider, B., & Wuestewald, T. (2008). From the bottom-up: sharing leadership in a police agency. *Police Practice and Research*, 9(2), 145–163.
- Sullivan, H., Downe, J., Entwistle, T., & Sweeting, D. (2006). The three challenges of community leadership, *Local Government Studies*, 32(4), 489-508.
- The Sentencing Project (2002). *Mentally ill offenders in the criminal justice system: An analysis and prescription*. Washington, DC.

Wood, J., Watson, A., & Fulambarker, A. (2017). The “gray zone” of police work during mental health encounters: Findings from an observational study in Chicago.

Police Quarterly, 20(1), 81-105.

COMMUNITY LEADERSHIP ASSOCIATED WITH JAIL DIVERSION

Appendix B

FINAL APPROVAL FORM The
University of Southern Maine Master
of Arts in Leadership Studies


April 20, 2018

We hereby recommend that the thesis of Wallace J Fraser, Jr entitled Community Leadership Associated with Jail Diversion be accepted in partial fulfillment of the requirements for the Degree of Master of Arts in Leadership Studies.

 Thesis Advisor (signature)

 Second Reader (signature)

Accepted

 (signature) Director

Required signatures as determined by program