Jail Diversion Initiatives
CSB/DMHMRSAS

JCHC Joint Behavioral Healthcare Subcommittee
August 16, 2007

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DMHMRSAS

2005 Survey Results: Context

Background:

- ***Virginia Census (2004):*** **7,459,827 residents**
- ***Jail Admissions in 2005 :*** **218,467 (3% of total Virginia population)**
- ***Jails Census, Sept. 13, 2005:*** **24,595 inmates**
- ***(Comp Board data: 57% increase in jail population since 1998)***

The 2005 Jail Survey

- ***Goal:*** Developing an accurate picture of Jail MH Services Needs/Demand; use results for planning
- ***Obstacle:*** Lack of access to jail MH information
- ***Effort:*** Developing improved collaboration w/Jails
- ***Progress:*** Summer 2005, Jails agreed to survey by Senate Finance/DMHMRSAS/ Compensation Board/
- ***Result:*** Surveyed all 67 Local and Regional Jails on September 13, 2005 "Tuesday Report"

2005 Survey Results: Overview

- ***What the jails told us:***
- **Overall result:**
  - 4006 of 24,595 inmates (16%) in Virginia Jails on September 13, 2005 had a mental illness
  - Annualized estimate: 35,450 (assumes= LOS)

2005 Survey Results: Top 10 Jails

- **Jails w/high #s of inmates w/Mental Illness:**
  1. Hampton Roads Regional Jail (510)
  2. Fairfax County Jail (359)
  3. Richmond City Jail (323)
  4. Riverside Regional Jail (306)
  5. Prince William/Manassas Regional Jail (232)
  6. Arlington County Jail (221)
  7. Blue Ridge Regional Jail (138)
  8. Roanoke City Jail (126)
  9. Henrico County Jail (120)
  10. Virginia Beach City Jail (113)

2005 Survey Results: Diagnoses

- **Inmates with MI by Psychiatric Diagnosis:**
  - 847 Inmates with Schizophrenic Disorders
  - 1174 Inmates with Bipolar Disorder
  - 846 Inmates with Depressive Disorders
  - 464 Inmates with Anxiety Disorders
  - 397 Inmates with Other Mental Illness
  - 263 Inmates with MI w/o Diagnosis
- **2270 w/Co-occurring MI and SA disorders**

2005 Survey Results: Medication

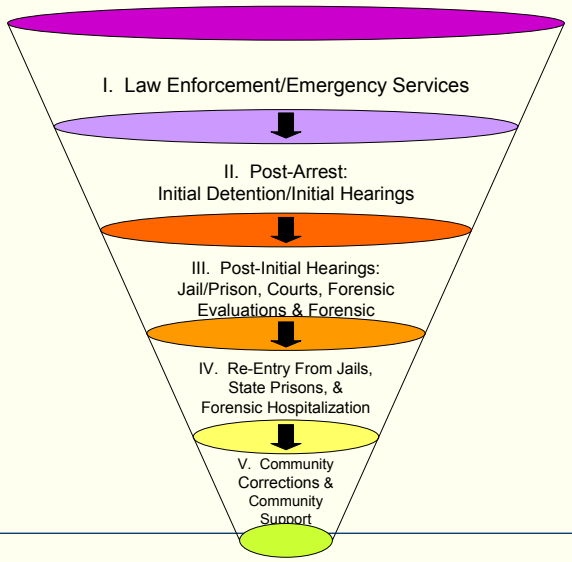
- **Jail Formulary:**
  - **28 Jails report unrestricted formulary**
  - **39 Jails report restricted formulary**
- **Jail inmates categorized by medication type:**
  - 1245 treated with Antipsychotics
  - 815 treated with Mood Stablizers
  - 2495 treated with Antidepressants
  - 294 treated with Anxiolytics
- **2005 Cost for MH medications = $3,981,245**

Recommended Solutions

- ***Implement "Sequential Intercept Approach"***
- ***Prevent arrest and incarceration of persons w/MI***
  - ***(Prebooking Diversion: CIT for law enforcement)***
  - ***more housing and community MH services***
  - ***Postbooking Jail Diversion of low-risk defendants:***
    - *Pretrial, at arraignment/appointment of counsel*
    - *Post conviction/post-sentencing diversion (early release/suspended sentence)*
- ***Improve Jail MH Services:***
  - Consider development of dedicated jail MH treatment units operated by MH service providers
- ***Ensure timely MH hospital admission for inmates needing inpatient treatment/facilitate direct discharge from hospital to community/follow in jail when returned from hospital***

Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



Starting the Process

2006 Joint Behavioral Healthcare Subcommittee

- **DMHMRSAS submitted funding request (ca. $1.6 Million) for "pilot" Jail Diversion Programs:**
  - **New River Valley CIT ($300K for continuation/expansion)**
  - **Chesterfield County Dual Track Program ($300 K for continuation)**
  - **Henrico MHMR Services program**
  - **Norfolk CSB MH Court**
  - **Central Virginia CSB**
  - **Arlington CSB**
  - **Fairfax-Falls Church**
  - **Virginia Beach**
  - **HPR IV Jail Team**

Legislative Results

- *"Surprise" Funding*
- *General Assembly funded:*
  - *$150,000 to New River Valley CIT (one year thru DCJS)*
  - *$320,000 to Chesterfield Dual Track (one year thru DCJS)*
  - *"$500,000 the first year and $500,000 the second year to the DMHMRSAS…to expand community-based programs that divert individuals with mental illness from jails or for aftercare programs for individuals with mental illness who have been released from jail."*

Current Jail Diversion Programs

DMHMRSAS funded all localities in original request: *("Loaves and Fishes"; addition to local and state funding)*

- **Henrico MHMR Services program**
- **Norfolk CSB MH Court**
- **Central Virginia CSB**
- **Arlington CSB**
- **Fairfax-Falls Church**
- **Virginia Beach**
- **HPR IV Jail Team**

Goals of Diversion Initiative

General Goals:

- ***Address crucial point of Sequential Intercept***
- ***Use post-booking approach for appropriate release of jail inmates w/MI to community treatment***
- ***Reduce criminal justice involvement and need for inpatient treatment***
  - ***Fewer days spent in jail***
  - ***Decreased demand for scarce state hospital resources***
- ***Provide for improved communication with Jail Staff***
- ***Improve release planning for all inmates with MI***

Goals of Diversion Initiative, II

Implementation Goals:

- Develop a Memorandum of Agreement with the Community Criminal Justice Board (CCJB) and other stakeholder agencies, for planning, implementation, and evaluation of the Jail Diversion program
- Recruit or designate a Jail Diversion Coordinator
- Jointly develop and implement a “post-booking”/prerelease jail diversion program
- Implementation of individual Jail Diversion Services Plan for and with each diverted jail inmate
- Provide intensive treatment services—in and out of jail—for diverted clientele

Progress So Far

- ***CCJB/Stakeholder group formation/focus:***
  - All programs have convened or are convening active community stakeholder planning/implementation groups
- ***MOA Development:***
  - 5 of 7programs have completed MOAs or equivalent; others in progress
- ***Recruitment of Diversion Coordinator****:*
  - All 6 programs have designated Coordinator

Progress So Far, II

- ***FY 2007—3rd & 4th quarter data****:*
  - *439 jail inmates served*
  - 60 jail inmates diverted pretrial
  - 143 released early following conviction (+81 in Norfolk)
  - 150 inmates received MH services (3 CSBs)
  - 5,983 hours of Intensive Case Management provided; includes total program resources to diverted and jailed inmates w/MI)
  - $1.2-2.5 Million in ***estimated*** savings of Jail/Hospital bed day expense
- ***Bottom Line expectation:*** Program yielding cost effective outcomes, based on available data

Challenges

- **HR requirements delay hiring of Jail Diversion Coordinators in some locations**
- **Insufficient housing available for diversion**
- **Courts sometimes resistant to change**
- **Education of stakeholders takes time**
- **Not enough staff on board to serve all inmates w/MI who are potentially eligible for diversion**

Anecdotes

- Inmate with 22 previous hospitalizations and multiple arrests was placed in supervised housing; is active, cooperative treatment participant w no new arrests or hospitalizations this quarter
- Diversion team obtained a last minute civil commitment for a jail inmate who became psychotic in jail just before release
- Inmate w/4 year suspended sentence fully cooperative with treatment program
- 21 year old female w/MR, persistent delusions, trauma history and arrests for assault has been successfully treated and placed in wraparound community services program for first time.
- Jail Diversion coordinator in one program has used creative approach to fostering positive client adjustment; obtained a bicycle for diverted inmate needing transportation; used diversion program resources to enroll another in computer class for employment
- Jail Diversion program activity in one locale has fostered increased support for released inmates from other agencies in the community

Broadening the Agenda

- **Highly commendable community-based ownership of Jail Diversion agenda continues to develop**
- **CSB/Stakeholder innovations include:**
  - Increased use of resources for consumers with criminal justice system involvement
  - Emphasis on diversion in continuing education trainings
  - Diversion agenda addressed in legislative initiatives
  - Increased focus on discharge planning/continuity of care for jail inmates leaving state hospitals
  - CSB/ other stakeholder interest in access to medication, housing, entitlements

Next/Continuing Steps

Full implementation of *Intercept* approach

- Examine/improve current practices with at-risk consumers
  - Integrated/collaborative Hospital/Community Regional planning efforts
- Invoke changes to law, policy and budget that promote diversion and positive reentry
- Ensure access to services in jails
- Decrease homelessness

Fairfax County
Jail Diversion Program
Intensive Case Management Services

The goal of the Jail Diversion Program is to reduce incarcerations and hospitalizations for individuals with serious and persistent mental illness and to support them in achieving a better quality of life

Fairfax County Jail Diversion

Who We Are

- The Jail Diversion staff is comprised of 6 individuals: 1 Manager, 3 Intensive Case Managers, 1 Forensics Discharge Planner and 1 Psychiatrist (5 hours per week)

Who We Serve

- Adults (18 years of age and older) displaying behaviors associated with a serious mental illness or co-occurring disorder who may be charged with a non-violent misdemeanor or felony (3 strikes misdemeanor turns into felony)
- 85 persons have been or are being served through the Jail Diversion Program since its start on October 3, 2005

Fairfax Jail Diversion, II

What We Do

Utilizing the Sequential Intercept Model

- Provide a high level of intensive case management services
- Ratio of 8 to 10 individuals to one staff member
- Establishment of a therapeutic relationship is primary
- Address the multiple needs of each client

  housing, entitlements (SSI, SSDI, Medicaid, Medicare), medical and dental care, food and clothing, identification documentation and IDs, legal issues
- Link clients

  with the next appropriate level of care – often intensive case management with mental health support services or the Program for Assertive Community Treatment (PACT)
- Keep statistics on efficacy of services

  including number of hospitalizations and incarcerations 6 months pre-enrollment and 6 months post discharge from the program

Fairfax Jail Diversion: Intercepts 1&2

INTERCEPT 1: Law Enforcement and Emergency Services

- Effective partnership between police and mental health:
- Police have been diverting individuals for over 20 years
- No refusal drop off at Woodburn Emergency Services (WBES)
- WBES provides CRISIS Intervention Training (CIT) for police

  approx. 80 officers already trained, the third training (40 hours) scheduled for the fall of 2007
- About one third of referrals are pre-booking

INTERCEPT 2: Post Arrest

- Referrals are received from a variety of sources

  the forensics discharge planner located at the Adult Detention Center (ADC), mental health clinicians in other CSB programs, police, sheriffs, family members, NAMI, community non-profit organizations and other stakeholders
- We work closely with the court system

  court services, commonwealth attorneys, public defenders and judges to advocate for treatment vs. further incarceration
- Two thirds of our referrals are post-arrest

Fairfax Jail Diversion: Intercepts 3&4

INTERCEPT 3: Post initial hearings

- Forensic admissions to Western State Hospital have doubled from 12 in the first six months of 2006 to 24 in the first six months of 2007
- The forensic discharge planner travels to WSH bi-monthly to meet with the clients and provide assessment, case management and discharge planning services
- Hospitalized clients are screened for inclusion in Jail Diversion/ Intensive Case Management Services

INTERCEPT 4: Reentry from jails and forensic hospitalizations

- All clients who have been hospitalized at a state facility while incarcerated receive discharge planning and linkage to community mental health services which may include intensive case management services provided by the forensic discharge planner to insure a successful transition

Fairfax Jail Diversion: Challenges and Barriers

- **Homelessness is the No 1 barrier to engagement with these individuals**
- Automatic Medicaid cutoff for individuals who are incarcerated
- Co-occurring medical and substance abuse issues
- Need for more ongoing intensive case management services, such as PACT
- Emergence of a subgroup of clients who illnesses pose significant engagement and treatment challenges

  The client profile includes younger, often male, often dually diagnosed, with poor impulse and anger control, a history of aggressive behaviors, childhood abuse, lack of family supports and diagnosed with Borderline Intellectual Functioning, ADHD, developmental disorders, Learning Disabilities

THE SEQUENTIAL INTERCEPT MODEL: WHERE WE ARE IN VIRGINIA BEACH, VIRGINIA

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Adapted From: Jail Diversion Presentation by Bridget Manyak

Virginia Beach Department of Human Services MHSA Adult Correctional Services

Overview of Jail – Based Services

- Jail Educational Services
- Discharge Consultation/Planning Services (Medical, Psychiatric, Jail Social Workers)
- In-Jail Restoration to Competency
- Re-Entry Services

Virginia Beach Jail Diversion Data
November 17, 2006 – June 30, 2007

- Daily inmate population of 1,700
- 190 inmates receiving psychotropic medications
- Mental Health Block houses 25 mentally ill inmates who are stable; other mentally ill inmates may be housed in General Population or on Medical Isolation Units
- 194 inmates were screened at VBCC by DHS Forensic Team
  - 155 eligible for services
  - 39 ineligible for services
- 87 inmates currently receive services provided by DHS Forensic Team

Virginia Beach Jail Diversion Data

- The total estimated number of jail days spared by diverting inmates to community treatment is **9,607** jail days, a **$ 518,778** savings.
- The total estimated number of inpatient state hospital days spared by diverting inmates to community treatment is **810** hospital days, a **$473,850** savings
- 5 clients new to Medicaid and/or other entitlements, since re-entry into the community
- 37 clients enrolled to Medicaid/SSI, since re-entry into the community
- 11 clients active in community based Mental Health Diversion Program

Virginia Beach Intercept I: Pre-Booking Diversion: Law Enforcement/Emergency Services

- Virginia Beach Sheriff's Office
- Virginia Beach Police Department
- Magistrate's Office
- Emergency Services

Virginia Beach Intercept 2: Post Arrest: Initial Detention/Initial Hearings

- Forensic Staff immediately notified by DHS Case Managers when a client is being transported to jail.
- Pretrial completes investigation and notifies Forensic Team of inmates with mental illness
- Referral forms for inmates who were recently arrested and need discharge planning are received by Jail Medical Social Workers, Pretrial, DHS, etc.
- Forensic Team reviews daily the roster of all Virginia Beach arrests within the last 24 hours.
- The roster is cross-referenced with DHS database to determine which inmates are DHS clients.

Virginia Beach Intercept 3: Post -Initial Hearings:Jail, Courts, Forensic Evaluations & Forensic Commitments

- The Forensic Team works closely with the Office of the Public Defender, Jail Medical, DHS Outpatient Services, Emergency Services, Case Management, Community Corrections Pretrial and Family Members to determine diversion strategies.
- In -Jail Restoration to Competency
- Outpatient Restoration to Competency

Virginia Beach Intercept 4 : Re-Entry from Jails, State Prisons, and Forensic Hospitalization

A smooth release helps lower recidivism

- A “hold” may be placed on a mentally ill inmate to ensure exact release time. This process prevents mentally ill clients from being released during evening hours.
- Prior to release, inmates are given an appointment for Intake, Psychiatric Evaluation, and Med Evaluation, Case Management, Day Treatment, Supportive Housing, Medications Management Services
- Mental Health Diversion Program (MHDP) diverts seriously mentally ill people from jail by means of bond or at the point of disposition.

Virginia Beach Intercept 5: Community Corrections and Community Support

Inmates who are released into MHDP are placed in Community Corrections Program. Collateral role of Community Corrections Officers include:

- Active involvement in intakes, treatment recommendations, medications compliance and supervisory probation of the participant;
- Linkages with Day Support staff to monitor progress
- Participation in monthly meetings with MHDP and Supportive Housing staff
- Involvement with participants' employers
- Maintaining updates about DRS referrals

HPR IV Jail Team: History

The Region IV Jail Team is a collaborative effort between the six CSBs and one BHA in Region IV, Central State Hospital and four jails in the region: Riverside Regional Jail, Richmond City Jail, Dinwiddie County Jail and Southside Regional Jail. The first three jails were initially chosen for the project due to their high utilization of Central State Hospital services. In September 2005, Southside Regional Jail requested services from the team, and a limited array of services was added.

HPR IV Team: FUNDING

- The Region IV Jail Team originated from the State Reinvestment Initiative in FY 2003-04.
- Funds from the closing of two civil units at Central State Hospital were reinvested in Region IV to be utilized in providing services to consumers.
- The Region IV Jail Team is one of the regional projects funded by this reinvestment initiative.
- There are no local or federal funds supporting the Region IV Jail Team.

HPR IV Team: STAFFING

The staffing for the Jail Team project:

- a psychologist (team supervisor)
- a psychiatrist
- two mental health clinicians
- an administrative assistant
- a jail diversion position funded with the new initiative funding received in FY 2007

Office space for the staff is provided as in-kind services by Central State Hospital.

HPR IV Jail Team: OUTCOMES

- 136 admissions to Central State's forensic unit diverted
- 61 days (avg) for restoration in jail as opposed to 180 at CSH
- 642 inmates served since service inception.
- Average caseload of 112 inmates/month during FY 2007.

HPR IV Jail Team: OUTCOMES, II NEW DIVERSION

- 16 were diverted in the FY 06-07 (6 mo)
- 45 Consumers found eligible to receive services through the Jail Diversion Program
- 7 re-enrolled to Medicaid/SSI
- 1170 days of restoration at CSH were saved by diverting the consumers to community programs

HPR IV Jail Team: FUTURE CONSIDERATIONS

- There is a need to expand psychiatric services at the four jails served through the Region IV Jail Team and at other jails in the region.
- There is a need to increase funding for medications, at least to include consumer/inmates who would otherwise qualify for Community Pharmacy medications.
- There is a need to expand services at each point of the Sequential Intercept model in all communities in Region IV and elsewhere.
- There is a need to apply recovery principles to consumers in the jail population and in the forensic and civil units at state facilities.

Arlington County CSB

Data:

Table 1. Average Number of Days of SMI in Jail vs. Days of Non-SMI in Jail for the Same Offense

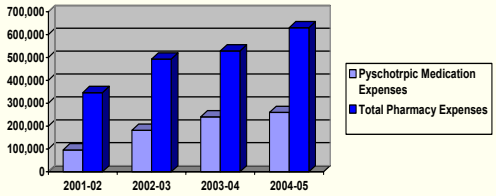
Charge	Trespassing	Disorderly Conduct	Failure to show Identification
Non-SMI	15	2	0
SMI	34	28	26

Note: In FY 07, DHS Mental Health staff worked with 683 people in the jail.

Arlington County CSB, II

Table 2. Psychotropic Medication Costs for SMI in the Arlington County Jail

Contract Year	2001-02	2002-03	2003-04	2004-05
Total Pharmacy Expenses	$346,404.28	$492,417.78	$528,414.38	$629,533.17
Psychotropic Medication Expenses	$95,816.62	$181,897.85	$240,469.14	$259,547.91



What are the issues and concerns in Arlington?

- Efficiency of transfer from police to mental health staff (i.e. ES and Forensic staff)
  - No place for police to bring person with SMI where they can drop them off for services and then get back on the street quickly - so they often bring them to jail
  - Need for increased education around best strategies for intervening with mentally ill (i.e. CIT Model)
- Housing*
  - Lack of housing alternatives
- Financial support*
  - Medical insurance/pharmacy plan (once arrested these are often cancelled)
  - If eligible for SSI/SSDI/Medicaid/Medicare benefits take time, require an address, and in some cases a payee

* Out of 40 current forensic clients 25 are homeless, 3 are living independently and 12 are living with relatives/friends on a transient basis

What are we doing in Arlington?

- Intensive Case Management and MH Services to include the following:
  - Intercept I. (Law Enforcement/ES)
    - Crisis Intervention by police
    - Risk Assessment by ES
    - Referrals from ES to NEW Jail Diversion Program
  - Intercept II. (Post-Arrest)
    - Substance Abuse Assessments
    - Mental Health Screening in the Jail
  - Intercept III. (Post-Initial Hearings)
    - Restoration to Competency
    - Advocacy within the Criminal Justice System (close interface and collaboration w/Public Defenders Office and Commonwealth's Attorney)
  - Intercept IV. (Re-Entry)
    - Psychiatric Evaluations (with BHD Psychiatrists)
    - Linkages to Housing, Shelter, Food, Medical Services, Social Services, Vocational Services
    - Crisis Care Admissions
    - Collaboration with Community Corrections and Adult Probation
  - Intercept V. (Community)
    - Management of court ordered treatment requirements
    - Coordination with Social Services
    - Facilitation of Voluntary or Involuntary Psychiatric Hospitalization
  - Contact (as permitted) with Family or Significant Others (all Intercepts)
  - *All of the above services can be provided to forensic clients in the community, jail, or hospital setting

Impact of the new Forensic Team

- Diversion
  - Since March 2007 the Forensic Team and MH Emergency Services diverted 18 SMI adults from the jail (Pre-booking) to community mental health services
- Discharge
  - 37 people in the jail have been served by the new Forensic Team
  - 27 of the 37 people were so psychiatrically unstable that they were transferred to Western State Hospital for restoration
  - Length of stay in the jail has been reduced because of interventions by the Forensic Team working with deputies, the Public Defenders office, and the courts

Case Study

Ms. B is a 45 year old brain injured African American female diagnosed with Schizoaffective Disorder. She was arrested in December 2006 for possession of cocaine after being persuaded into holding drugs for someone. Ms. B was flagged at the jail as having a mental illness and was housed on the mental health unit. In the jail she presented as child like, exhibited poor coping skills, responded to internal stimuli, and was vulnerable due to her cognitive limitations. Ms. B was sent to WSH on a restoration to competency order for approximately one month, at which time the Forensic Team became involved in her case. Upon her return, the Forensic Team coordinated with the jail, the defense attorney, and the Sheriff's Pre-trial Release Program to successfully divert Ms. B from the jail to community treatment in May 2007 (two months before her scheduled trial). Her trial was held in July 2007, and she is now set for sentencing in November of 2007. As a result of the interventions of the Forensic Team, Ms. B avoided an additional 6 months of jail time and has successfully linked with treatment providers in the community. She is currently served by the PACT (Program of Assertive Community Treatment) Team, the most intensive mental health and case management services available in Arlington County.

Lynchburg's Community Jail Diversion Alliance

Planning Grant Awarded November 2006

August 2007 update

Organizational Activities

- ✓ Identify & engage member agencies from three main groups:
  1. Criminal Justice
  2. Service Providers
  3. Evaluators

- ✓ Press release announcing goals of Alliance
- ✓ Establish monthly meeting schedule
- ✓ Develop Mission Statement
- ✓ Hire Project Coordinator

Collaboration

- ✓ Establish Consumer Advisory Council
- ✓ Agency Cross-training to educate members on current agency procedures
- ✓ Education regarding challenges in accessing MH beds; the ins and outs of ECO's and TDO's
- ✓ Participation in DMHMRSAS/CSB Jail Diversion Team meetings

Identifying Gaps in Services

- ✓ Limited access to basic MH evaluations
- ✓ Clients do not have $1,200 for private sector evaluations
- ✓ Agency surveys conducted by Lynchburg College reveal lack of knowledge regarding available procedures and options
- ✓ Lack of dedicated staff for client follow-up
- ✓ Lack of drop-off facility for alternative police response
- ✓ Communication gaps due to protected health and criminal history information

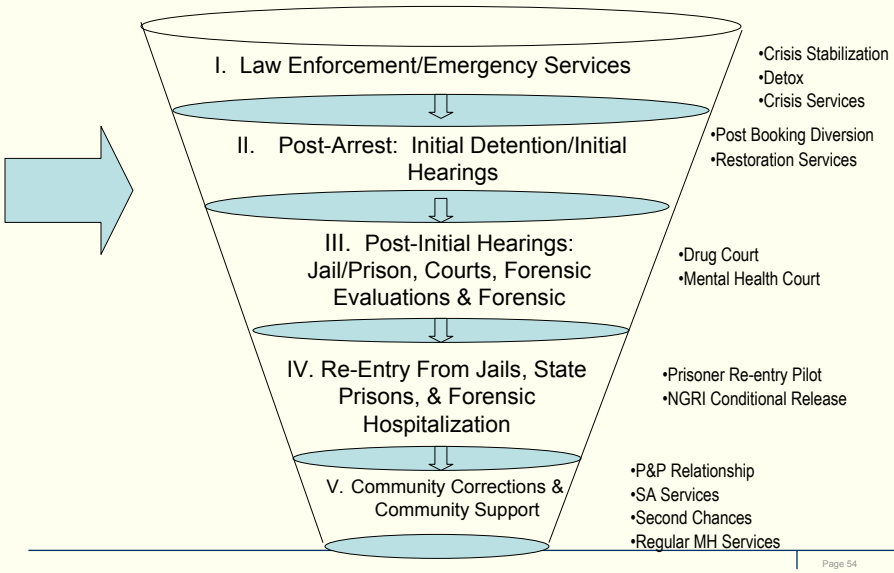
Exploring Potential Options

- ✓ Review Sequential Intercept Model
- ✓ 3 members attend presentation on CIT model & meet with presenters
- ✓ Review Brief Jail MH Screening tool
- ✓ Review PACT model
- ✓ Coordinator attends field trips to VA jails to observe MH screening procedures
- ✓ Coordinator attends MH Conference

Policy & Model Development

- The *Criminal Justice/Mental Health Consensus Project* is being used to guide local policy review and development.
- Each agency in the Alliance is identifying the model policies impacting their agencies and any modifications that may be indicated.
- Develop realistic intervention model and secure continued funding to support implementation.

Norfolk Sequential Intercepts



Henrico CSB Jail Services

- **Henrico County Jails (2006 data)**
  - 1300 Average Daily Census
  - 1223 Inmates received mental health services (905 S.A. services)
  - 177 Average number of inmates on psychotropic medications
  - Direct cost to serve mentally ill in jail: $1,000,000
  - Philosophy: “It is our goal to provide a seamless (mental health) service delivery between the jail and the community”.

Henrico CSB Jail Services, II

- **Jail Diversion Project**
- -Hired an Intense Case Manager to provide transitional services from jail to community. Remaining funds used for emergency housing and medication.
- -Target case load is 15-20
- -Target Population are LTMI inmates with history of arrests and inconsistent treatment compliance
- -Service starts in jail and continues in community for 3-6 months
- -Consumers transferred to regular outpatient services once stable

Henrico CSB Jail Services, III

- **Services Provided**
  - Jail Based
    - Develop commitment to long term MH/SA treatment
    - Develop outpatient treatment plan
    - Stabilize on medication
  - Outpatient
    - Medication management and psychiatric care
    - Housing
    - Entitlements (disability, Medicaid, Medicare)
    - Day treatment or vocational rehabilitation
    - Substance Abuse (dual diagnosis group, intensive outpatient, residential