Alternatives to Incarceration: A Snapshot of Mental Health Jail Diversion in Johnson County, Iowa

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The goal of the Johnson County Jail Alternatives Program in Johnson County, Iowa, is to provide treatment services to individuals with mental health and co-occurring substance use disorders who have come into contact with the criminal justice system. The program works to connect these individuals to the appropriate level of community-based treatment for their mental health and co-occurring needs. Twin aims are to improve their overall quality of life and to reduce their involvement in the criminal justice system. In addition to addressing behavioral health needs, the program helps participants to access community resources for housing and employment assistance, entitlement benefits, healthcare, and food assistance, while also helping to develop the individual's support network.

The impetus for the creation of the Jail Alternatives Program, which began in July 2005, was overcrowding in the Johnson County Jail. Voters denied a proposal to build a new jail and communicated that they wanted the county to do more to address the treatment needs of individuals incarcerated with mental health and substance use disorders. Given the community outcry for treatment alternatives to incarceration, a post-booking mental health jail diversion program was created.

The program is staffed by two Licensed Independent Social Workers whose primary duties are to identify, assess, liaison, link, and transition.

We identify individuals who need our services through several access points:

- Questions were added to the jail booking process that inquire about current or previous mental health and substance use disorders and services. The Jail Alternatives Coordinator reviews all of the booking sheets to determine who needs to be seen.
- A system was also developed that generates a report of all the inmates in the jail who are also clients of the county Mental Health and Disability Services department.
- Referrals are also made by jail staff, inmates, probation officers, attorneys, judges, and community providers, as well as by friends and family of the inmates.

Once a client is identified, Jail Alternatives staff meet with the individual to assess their symptoms, determine treatment needs, and explore funding streams. We will then collaborate with the judges and attorneys to determine if the individual is legally eligible for alternatives to incarceration. Once eligibility is determined, we can make referrals to appropriate community-based treatment services and will follow the individual as they transition out of the jail. Jail Alternatives staff remain involved while the individual gets stabilized in the community and while legal charges are pending.

Why Therapeutic Alternatives to Incarceration?

People with mental illness are involved in the criminal justice system in growing numbers. It is reported that approximately 16% of incarcerated individuals have a serious mental illness (Steadman, Osher, Robbins, et al., 2009). Approximately 50% of jail and prison inmates are found to have a "mental health problem" (Glaze and James, Bureau of Justice Statistics Special Report, 2006). Of those individuals with a mental health disorder in the criminal justice system, approximately 75% have a co-occurring substance use disorder (Bureau of Justice Statistics Special Report, 2006).

The prevalence rates of mental health and co-occurring disorders among the Johnson County Jail inmates are fairly consistent with these national averages. Effective responses to this issue require multi-system collaboration, a common language to efficiently discuss the problem, and strategies to intercept people at identifiable points in the criminal justice process and divert them to therapeutic alternatives.

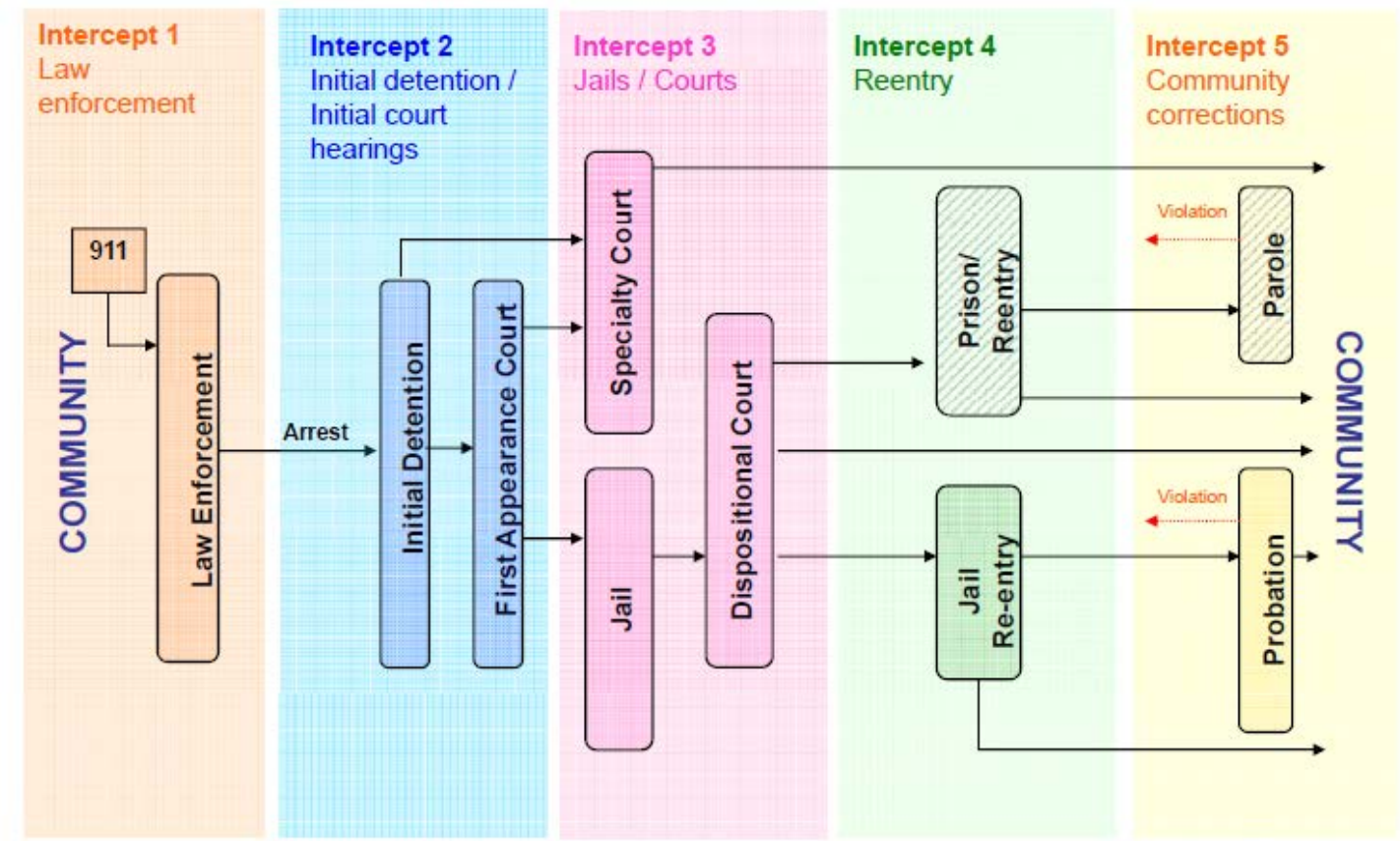
Strategies to Address Justice-involved Individuals with Behavioral Health Needs

The GAINS Center, a national entity that disseminates information on effective interventions for justice-involved individuals with mental health and substance use disorders, recommends that each community have three responses for helping this population:

1. Diversion Program—To keep people with serious mental illness who do not need to be in the criminal justice system in the community instead.
2. Institutional Services—To provide constitutionally adequate services in correctional facilities for people with serious mental illness who need to be in the criminal justice system due to the severity of their crime.
3. Reentry Transition—To link people with serious mental illness to community-based services upon discharge.

The Sequential Intercept Model (Steadman, 2010), illustrated on page 3, is a useful tool in assisting communities to identify the strategies they currently employ at various intercept points and identify gaps and areas of need.

Figure 1. The Sequential Intercept Model Illustrated



Source: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2013

A primary key to successful therapeutic alternatives to incarceration is access to appropriate, adequate, comprehensive, and integrated community-based treatment services. To accomplish this, the GAINS Center suggests having a person who can act as a "boundary spanner" to bridge the behavioral health system of care and the criminal justice system and promote integrated collaboration.

In Johnson County, the Jail Alternatives Coordinator works with cross-system community stakeholders to improve service delivery and access to justice-involved individuals with behavioral health disorders. These stakeholders include, but are not limited to:

- Law enforcement,
- Jail,

- Prison,
- Probation/parole,
- Hospitals,
- Mental health care providers,
- Substance abuse treatment providers,
- Homeless services providers,
- The local office of the Veterans Administration,
- Advocacy groups, and
- Persons who have personal experience of justice-system involvement and behavioral health disorders.

The ultimate goal is to intercept individuals before they become involved in the criminal justice system and assist them in effectively addressing their mental health and substance use disorders. For those who do become involved in the criminal justice system, the goal is to identify them and intervene as soon as possible to prevent further penetration into the criminal justice system.

The Intercept Model in Action

Intercept 1

The first intercept point (see diagram) is with law enforcement. Formal Intercept 1 strategies include mobile crisis teams and Crisis Intervention Teams.

- Mobile crisis teams partner behavioral health professionals with law enforcement officers. Law enforcement agencies dispatch the mobile crisis team when an individual evidences signs and symptoms of behavioral health needs. The behavioral health professional assesses the needs on-scene and is able to provide necessary treatment interventions and potentially avert the person's arrest.

- Crisis Intervention Teams (CIT) provide specialized training for law enforcement officers to increase their awareness of signs and symptoms of mental health and substance use disorder, learn effective de-escalation strategies, and increase familiarity with local community resources. The goals of CIT are to improve the way law enforcement responds to people experiencing mental health crisis and to avoid arrest when possible.

In Johnson County, there is no formal mobile crisis team, nor are there any CIT-trained officers. However, the Jail Alternatives Program staff partners when we can with local law enforcement to respond to calls for services in which there are known mental health problems. While there are no CIT-trained officers in Johnson County, there is an annual multi-agency training with all law enforcement in

Johnson County, where Jail Alternatives staff provide smaller-scale training, similar to that provided during CIT training.

Intercept 2

The goal of Intercept 2 is to intervene as soon as possible after an arrest. Jail Alternatives staff attend initial court appearances Monday through Friday and receive booking sheets daily to identify individuals with mental health and substance use disorders who may be eligible for diversion. There is also a formal, weekly Jail Population meeting that brings together an assistant county attorney, public defender, Jail Alternatives staff, command staff from the jail, and a district associate judge. At this meeting, the jail census is reviewed to see who might be eligible for alternatives to incarceration.

Intercept 3

Intercept 3 includes post-booking jail diversion. This is where the formal mental health jail diversion component of Johnson County Jail Alternatives is active. This involves the interventions outlined at the beginning of the article.

Specialty courts are also included in Intercept 3 strategies. Johnson County has a Drug Treatment Court, which is a prison diversion program. To be eligible, an individual must be facing prison and meet criteria for a substance use disorder. The individual may also have a co-occurring mental health disorder, which is fairly unique as many drug courts will exclude individuals who are taking psychiatric medications. However, in Johnson County there is recognition of the high rate of co-occurrence and the fact that improving outcomes requires interventions that address the complexity of the individual's behavioral health needs.

Intercept 4

Intercept 4 jail diversion strategies focus on reentry planning. The Johnson County jail does not have reentry planning available to all jail inmates. However, the Jail Alternatives Program will provide reentry services for individuals who have been referred to us but were deemed ineligible for alternatives to incarceration due to the severity of their legal charge. Reentry planning includes coordination of treatment services, housing, employment, and arrangements to meet other psychosocial needs.

Intercept 5

The goal of Intercept 5 is to effectively address mental health and substance use disorders while the individual is under the supervision of community-based corrections. Doing so helps prevent reoffense and/or a return to incarceration due to technical violations or failure to adhere to the conditions of supervision on probation/parole.

Therapeutic alternatives to incarceration at this point include:

- Assigning individuals to specialized supervision caseloads,
- Integrating probation/parole activities into treatment and community supports,
- Using services and supports to help individuals live successfully in the community,
- Providing linkages to treatment, case management, housing, and employment, and
- Making use of sanctions and incentives.

The Johnson County Jail Alternatives Program works very closely with the local probation and parole office. We help individuals transitioning from correctional halfway houses to get their benefits in place and establish the treatment services they need. Jail Alternatives also collaborates with probation/parole to assist individuals who are struggling to adhere to their conditions of supervision because of their behavioral health needs.

Jail Alternatives staff meet with probationers/parolees to assess their clinical needs and determine if there are treatment services that may help them manage symptoms that are interfering with successful adherence to supervision requirements. We make referrals to appropriate treatment services and maintain contact with the individual while services are being established and their mental health becomes stabilized.

Individuals with mental health and substance use disorders often struggle to navigate the structure and expectations of the probation/parole system. Therefore, Jail Alternatives staff will often meet with the probationer/parolee and their probation/parole officer (PO) together. This allows us to assist the PO in identifying behaviors that may be symptoms of the client's behavioral health disorders versus blatant non-compliance.

This is where effective use of sanctions and incentives is useful. The goal is to use incentives to promote behavior change that reflects the development of a distal skill, that is, a skill the individual has not already mastered. Examples could include achieving sobriety or learning to better manage one's mental health symptoms. Skills that are distal should be rewarded high and sanctioned low. Conversely, failure to use skills that are proximal, such as attending treatment and probation appointments, should be sanctioned high and rewarded low because these are skills the individual already possesses.

Tangible and Intangible Outcomes

The various alternative programming implemented at each Intercept point has resulted in favorable outcomes in Johnson County. Given the issue of jail overcrowding, one of the primary measurements used has been its impact on jail bed-days.

- The Jail Population meeting described under Intercept 2 has resulted in a decrease in average daily population from 162.4 in FY11 to 156.3 in FY12, which translates to 6.1 fewer inmates per day.

- The Jail Alternatives Program (mental health diversion) compares the number of jail bed-days individuals had one year prior to participating in the program and one year post. Based on those who meet the timeframe criteria, there has been a potential savings of 27,126 jail bed-days. With an estimated daily cost of $71, that translates to a potential cost savings of $1,925,946.

While overcrowding may have been the impetus for the various jail diversion strategies, the benefits we have realized certainly extend beyond monetary costs savings. Some benefits are difficult to quantify, such as prevented law violations, victimizations, lawsuits, and psychiatric hospitalizations. Additional benefits include maintained and increased employment and housing for individual participants, improved public health, improved community wellness, greater public safety, and an enhancement in the overall quality of life in our community.

It is often asked whether the Jail Alternatives Program is "successful." It is helpful to consider the outcome measures we use to define success. There are several accounts in which clients highlight that their involvement with Jail Alternatives has been the most positive and productive experience they have had with a service provider. They say this is because the program was able to address the right need at the right time, as identified by the client. Re-incarceration may have occurred, but the individual may have experienced their best quality of life during those 5 months they were not in jail. Over time, the hope is that individuals will begin to increase the time between incarcerations, substance use relapses, inpatient psychiatric hospitalizations, periods of homelessness and/or unemployment, etc. In this program, we acknowledge that change is not a linear process and that 100% elimination (of incarceration, substance use, etc.) may not be the only benchmark for progress or success.

While much has been done to address the needs of justice-involved individuals with behavioral health needs in Johnson County, there is certainly the need and desire to expand what is currently in place. It is a goal to have more in-custody treatment programs for inmates; however, jail crowding and space limitations prohibit such expansion at this point. There is also a clear need for improved crisis response options in Johnson County, including a mobile crisis team and a comprehensive spectrum of crisis stabilization services that are law enforcement-friendly. Additionally, we intend to continue to integrate new research regarding justice-involved individuals with behavioral health disorders. The research identifies the need to address criminogenic factors, such as anti-social personality traits and associates, substance use, and unwise use of leisure time, to improve outcomes.

Our hope is that the work done through the Jail Alternatives Program translates to individuals getting their behavioral health needs met, avoiding further involvement in the criminal justice system, and creating a life that is meaningful and fulfilling to them. We simultaneously strive to create a behavioral health system of care that is comprehensive and able to address the complex needs evidenced by justice-involved individuals with mental health and substance use disorders. It is our belief that doing so is mutually beneficial to the individual and the community as a whole. While we continue to explore ways to expand and improve the work we do, we also celebrate the accomplishment achieved thus far.

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