

## Jail Diversion for People with Mental Illness: Developing Supportive Community Coalitions

Prepared by the National Mental Health Association

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### Introduction

Over the course of a year, about 11 million people are booked into U.S. jails. Approximately 800,000 of these people have serious mental illness, and 72 percent of them have co-occurring substance use disorders. Many of these people would be better served in community-based mental health service programs.

Diversion programs serve as critical strategies in preventing people with mental illness who commit crimes from entering or unnecessarily remaining in the criminal justice system. This publication was developed by the National Mental Health Association (NMHA) at the request of the TAPA Center for Jail Diversion. The information in this publication is designed to help state and local Mental Health Associations and other advocacy groups organize local stakeholders to implement diversion programs.

### Preventing entry into the criminal justice system

Diverting people with mental illness away from jails and prisons toward more appropriate community-based mental health treatment has emerged as an important component of national, state and

local strategies to provide effective mental healthcare. Diversion is designed to enhance public safety, provide judges and prosecutors with alternatives to incarceration, and reduce the social costs of providing inappropriate mental health services or no services at all. Through providing effective linkages to community-based services, diversion programs enable people with mental illness to live successfully in their communities, thus reducing the risk of homelessness, run-ins with the criminal justice system, and institutionalization.

For diversion programs to be successful, they must include timely and accurate mental health screening and evaluation and link people to appropriate community-based services. Comprehensive community-based services are necessary to meet the complex needs of diverted individuals. Individual treatment plans should be focused on individual recovery and choice and should include mental and physical healthcare, case management, appropriate housing, supported education, integrated substance abuse treatment, peer support, and psychosocial services. All services should be delivered in the least restrictive environment. In addition, the specific needs of each community must be considered when designing a diversion program.

### Generating community support for jail diversion

Obtaining the support of a wide range of community stakeholders and building consensus around creating a jail diversion program is the first step in establishing a supportive community coalition.

Stakeholders are individuals and organizations in the community who have a vested interest in mental health services or the criminal justice system, or who would be affected, whether positively or negatively, by the implementation of a diversion program. Coalition stakeholders offer expertise, influence, and dedication to mental health and criminal justice issues. People with mental illness who use community-based mental health services and who have been involved in the criminal justice system, as well as their family members, are essential members of a community coalition. The coalition should also reflect the demographics of the community, including race, ethnicity, sexual orientation, age, and income.

Some questions to consider when forming a coalition include:

- What types of expertise will the coalition need and who would best offer each type of expertise? People with

expertise in the following areas should be considered:

- federal, state and local funding streams
- research and data analysis
- types of diversion programs available
- running public education campaigns and activities

- Who can make or influence important decisions in the community?
- Do these people have resources and time to commit to the coalition?
- From whom does the community need buy-in to make this project successful?

Some individuals who should be invited to join the coalition to discuss diversion programs include the following:

- people with mental illness, including people who have been involved in the criminal justice system
- family members of consumers of mental health services
- prosecutors
- public defenders
- judges
- elected officials
- local law enforcement
- correctional facility staff
- mental health service providers
- probation officers
- state Medicaid director/representative
- state and local department of mental health director/representative

- community mental health center director
- mental health law advocates
- substance abuse service providers
- housing authority representatives and other housing providers

## Roles of Coalition Members

Coalition members should be ready to actively participate in planning a jail diversion program. They must participate in meetings by offering their expertise and suggestions. They must perform tasks such as gathering facts, educating their peers about diversion program options, and gaining support from their organizations and other influential members of the community. Making coalition members a part of the planning process from the beginning will decrease the potential for community resistance later on.

### Assessing the Current Services in the Community

One of the first tasks coalitions need to complete is to assess the current service system in the community. Even if community stakeholders support the implementation of a diversion program, it may be difficult to secure funding if diversion has not been formally identified as a service need in the community. The National Mental Health Association (NMHA) has developed a Community Needs Assessment Tool that coalitions can use to assess local mental health services and to identify needs and gaps in those services. This tool can provide useful in-

formation for obtaining funding. It can also help stakeholders reach consensus about the need for diversion services. To receive this tool, please contact the NMHA's Mental Health Resource Center at 800-969-NMHA.

### Reaching Community Consensus

Reaching community consensus about the need for jail diversion may be extremely difficult. Some community members may oppose the idea of a diversion program because they believe that people who commit crimes should do time in a correctional facility without consideration of mental health factors. Some community members, too, may oppose appropriating funds for diversion services when they deem other community services more important.

Community members may lack knowledge about how people with mental illness who have access to appropriate services can live successfully in and contribute to the economic stability of a community. Public education and advocacy activities are vital tools in reaching consensus in a community.

### Developing an Action Plan

An action plan is a written record of the coalition's goals that is continuously updated as the coalition makes progress. It is helpful to develop action plans at the end of each coalition meeting that reflect the outcomes of the discussion. For example, if coalition members believe they lack the information they need to support the implementation of a diversion program, the coalition may add an action item to gather additional materials on the subject for the next meeting.

Action plans are designed to ensure collaboration and progress toward achieving goals. The coalition should collectively determine the action items, identify who is responsible for overseeing the progress or completion of each item, and report on progress at subsequent meetings. A successful action plan will lead to positive systems change in the community.

## Examples of Coalition Building and Consensus Reaching Strategies

State and local Mental Health Associations have been instrumental in planning and implementing jail diversion programs in communities across the U.S. Four examples are described below.

### Tarrant County, Texas

The Mental Health Association in Tarrant County (MHA-TC), located in the Fort Worth area, has, since its inception many years ago, facilitated the community's Justice Coalition on Offenders with Mental Impairments. The Coalition has approximately 20 members, including the Tarrant County Sheriff's Department, Fort Worth Police Department, Arlington Police Department, U.S. Department of Parole, Juvenile Services, Tarrant County Pre-Trial Release Services, Mental Health and Mental Retardation (MHMR), hospitals and other service providers, the District Attorney, and several advocacy groups.

In the past, the Coalition successfully advocated for the County to fund MHMR to provide services in the jails and advocated

for implementation of one of the first programs serving parolees in the state. When the Coalition began to focus on diversion programs for people with mental illness, they had the experience to move forward. MHA-TC took the first step by applying for and receiving a Community Action Phase I Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant enabled the coalition to pay for meetings, research and planning staff, and photocopying, in an effort to reach consensus in the community around implementing a diversion program.

To reach consensus, MHA-TC facilitated several community meetings to foster discussions and educate stakeholders. One of the first meetings was a large breakfast to which several police departments and stakeholder groups were invited. This was a fact finding/work forum where police officers and advocates could talk about how officers interact with people with mental illness and how services could be enhanced for better outcomes.

Only law enforcement personnel were invited to the next meeting. Officers had an opportunity to talk openly about difficult situations and to express their concerns about the mental health service provider community. A third meeting was held for service providers only to discuss their concerns about how law enforcement officers deal with people with mental illness.

These meetings resulted in law enforcement and service providers agreeing that implementing a diversion program would be beneficial to the community. A larger meeting was then convened

to devise a work plan that would result in a community response plan to meet the needs that the stakeholders had identified earlier in the process. Some of the action items identified at this meeting included:

- All officers should be better trained to work with people with mental illness.
- The current trainings for officers should be expanded and made more interesting.
- A 3-day training offered by the Certification Board for Officer Training for mental health officers should be offered more often and at a lower fee.
- A diversion team consisting of Mental Health/Mental Retardation staff should be developed to be available 24 hours a day by phone to assist police working with people with mental illness.
- A relationship between law enforcement and the community mental health center should be developed so that people are diverted to services instead of being brought to jail.

Through implementation of the action items, a prebooking diversion program has been established in Tarrant County. MHA-TC was successful because they:

- facilitated a strong justice coalition, which already existed in the community
- applied for and received funding that enabled them to commit staff time to researching diversion programs, calculating costs

associated with the program, and planning meetings

- discussed, as a coalition, the possible obstacles to implementing a diversion program and ways to prevent those obstacles from arising
- encouraged communication between law enforcement and service providers
- produced continuous results, which prevented stakeholders from feeling like the project was going nowhere and becoming disinterested
- included key stakeholders in the process, including mayors, chiefs of police, and county commissioners
- facilitated the planning process, while making sure that no one “owned” the project; MHA-GH knew that to implement a diversion program in the community, everyone had to be equally involved and feel equal ownership.

### Harris County, Texas

The Mental Health Association in Greater Houston (MHA-GH) established a coalition of stakeholders representing more than 20 organizations in Harris County. The coalition included mental health service providers, people with mental illness and their family members, and law enforcement agencies. Its purpose was to address the increasing number of adults with mental illness becoming involved with the Harris County criminal justice system.

MHA-GH applied for and received SAMHSA Community

Action Grant funding to reach consensus around implementing a diversion program. The grant enabled MHA-GH to hire a consultant who had experience in facilitating the consensus-reaching process within coalitions. In addition, funds were used to pay coalition members to visit three diversion program models. A mental health service provider, a consumer or family member, and someone from law enforcement participated in each site visit.

The coalition reached consensus to implement a diversion program in the community within six months of hiring the facilitator. Some of the strategies that the facilitator and MHA-GH used included:

- A consensus-building model was used to facilitate the process. There are several consensus-building models from which coalitions can choose. In this case, the coalition used the Interest-based Negotiations Model.
- The coalition analyzed the current services in the community to identify needs and gaps.
- The facilitator interviewed each coalition member individually, giving people the opportunity to express their concerns in a safe environment.
- A summary of the interviews was developed, and the coalition was able to develop a plan based on the summary.
- Coalition meetings included team-building exercises, which increased members feelings of comfort and safety.

- Members of the coalition met with the chief executive officers of organizations represented on the coalition, to get their input on the implementation of a diversion program and their support.
- Members of the coalition requested input from direct service staff, which resulted in their support for the project.

Although the coalition was confronted with obstacles throughout the implementation, they were able to successfully implement a prebooking diversion program in their community. Some of the obstacles they encountered were:

- Gaining the support of the chief of police was a major challenge. The coalition knew he had been approached unsuccessfully in the past regarding similar initiatives. This coalition convinced him of the need and gained his support. MHA-GH credits the momentum and united front of the coalition for this success.
- The pilot program implementation was designed to train 60 officers in the Houston Police Department in mental health response over a 12-month period. However, due to the immediate success of the program, the chief of police wanted the training to go department-wide six months after the pilot began. The coalition had to change the training to accommodate the demand. One fourth, or 750 officers, of the Houston Police Department have successfully completed the training program.

- The coalition had planned to work with 48 other local law enforcement agencies to train the officers in mental health response. Due to lack of finances to coordinate work with these agencies, the plan was abandoned. The coalition and the agencies are hopeful that they will be able to resume this work in the future once additional funding is secured.

Overall, the consensus-reaching and implementation process went smoothly in Harris County. The well-defined goal and ongoing support of the coalition to reach that goal made this project a success.

### Marion County, Indiana

In late 1994, the Mental Health Association in Marion County (MHA-MC) received a call from a staff member at the local jail complaining that more people with mental illness were coming in contact with the criminal justice system. In early 1995, MHA-MC responded to this call by convening community stakeholders, including judges, lawyers, the prosecutor's office, and community mental health center staff to discuss the problem. The primary issue was that people with serious mental illness charged with minor offenses were taking up jail beds and tying up court dockets. The stakeholders quickly agreed that the implementation of a diversion program could be the solution.

In that same year, MHA-MC, with input and cooperation from other stakeholders, facilitated the planning and implementation of a pretrial, postbooking diversion

program for people with mental illness and co-occurring disorders. The biggest obstacle faced was the lack of trust that the criminal justice stakeholders had for the community mental health centers. Police officers had all too often been called to a scene involving a person with mental illness and taken the person to the hospital to receive mental health treatment, only to find the person on the streets again in a matter of hours. Judges had diverted people with mental illness to receive treatment only to find out that service providers had not followed up, and the people had not received the services they needed or wanted.

Judges and prosecutors would only support a diversion program if MHA-MC served as the court monitor to ensure that people could access and maintain treatment services. Based on this agreement, the Psychiatric Assertive Identification and Response (PAIR) program was launched as a pilot program in October 1995 and was implemented permanently in September 1996. PAIR is a collaborative program of the Marion County Superior Court, the Marion County prosecutor, and the Mental Health Association in Marion County. The design of the program has resulted in positive communication among the agencies and access to appropriate services for people eligible for the program.

PAIR has been a great success, and MHA-MC acknowledges that without the support from judges and the prosecutor's office this project would not have been possible. Many of the stakeholders who were part of the original consensus-reaching process continue to meet once a week for round-

table discussions. This group, comprising representatives from MHA-MC, the public defender's office, the prosecutor's office, and community mental health center staff, meets to review cases to determine who may be eligible for diversion.

PAIR has been implemented in at least four other counties in Indiana and provides technical assistance to communities around the country that are interested in implementing a diversion program.

### Albany County, New York

Following the 1999 death of a man with schizophrenia incarcerated at the Albany County Correctional Facility, diverting people with mental illness from the criminal justice system to the mental health system became a top priority in the community. The Mental Health Association in New York State (MHANYS) invited community stakeholders to participate in a coalition to research, discuss, and implement a diversion program that would meet the needs of people with mental illness who become involved with the criminal justice system.

As part of this process, MHANYS received Phase I and Phase II Community Action Grants from SAMHSA to fund the consensus-building process and the implementation of a jail diversion program. During 2001–2002 (Phase I), key stakeholders initially identified a diversion model in Jacksonville, Florida to be replicated in Albany County, and continued to focus on convening additional community stakeholders. MHANYS was able to bring together a variety of community stakeholders, including

the Albany County Department of Mental Health and Department of Social Services, the Public Defender's and District Attorney's Offices, the Probation Department, law enforcement and corrections professionals, several local nonprofits, service providers, mental health advocates, and consumers.

In addition, an external coalition facilitator and evaluator were hired with grant funds. The facilitator was responsible for making sure meetings were productive and tasks were completed in a timely fashion. The evaluator was responsible for determining whether consensus was being reached among the coalition members. After each meeting, the evaluator had stakeholders fill out questionnaires that provided feedback about their concerns and the extent to which stakeholders were in agreement regarding the diversion project and model. These questionnaires enabled the facilitator, evaluator, and project director to identify any obstacles that might arise before a barrier was established.

One minor obstacle that arose was "turf issues." There were questions related to "project ownership" and decision making. To overcome this obstacle, the evaluator interviewed the major decision makers to give them the opportunity to express their concerns in a "safe" environment. The evaluator then compiled the information from the interviews and gave it to the project director, who addressed the issues within the larger diversion coalition and also held a meeting with all of the relevant parties to talk through their concerns. This process resulted in more open communication and support among the groups, enabling the process to move forward.

In addition, MHANYS wrote the Phase I Community Action Grant proposal under the premise that the coalition would work to reach consensus around a diversion program in Jacksonville, Florida. As the end of the first year approached, the coalition had reached consensus that a diversion program would be appropriate for New York's Capital Region; however, consensus had not been reached on the Jacksonville model. In the second to last consensus-reaching meeting, coalition members agreed that the Jacksonville model was not appropriate for their community because it was not a voluntary diversion program and instead agreed that the community would adopt a post-booking, deferred prosecution model currently in use in Arizona and Connecticut.

The largest obstacle that continues to stand in the way is identifying long-term funding for the program. A pilot diversion program has been implemented, however, and MHANYS is confident additional funding will follow.

## Conclusion

Jail diversion provides people with mental illness who encounter the criminal justice system an opportunity to access appropriate community-based mental health treatment; to recover; and to become successful, contributing members of the community. This document and other resources about diversion provide mental health advocates with a tool to foster collaboration among community stakeholders and to change policies that negatively affect people with mental illness in contact with the

criminal justice system. These collaborations are leading to positive systems change in many communities across the U.S. ■

## Resources

**The TAPA Center for Jail Diversion**  
A Branch of the National GAINS Center  
Policy Research, Inc.  
345 Delaware Avenue  
Delmar, NY 12054  
Toll-free: 866-518-TAPA (8272)  
Fax: 518-439-7612  
gainscenter.samhsa.gov

**National Mental Health Association**  
2001 N. Beauregard Street  
12th Floor  
Alexandria, VA 22311  
Phone: 703-684-7722  
Fax: 703-684-5968  
Mental Health Resource Center:  
800-969-NMHA  
www.nmha.org

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The National Mental Health Association (NMHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research and service.