

BEHAVIORAL HEALTH
JAIL DIVERSION PROGRAM OF



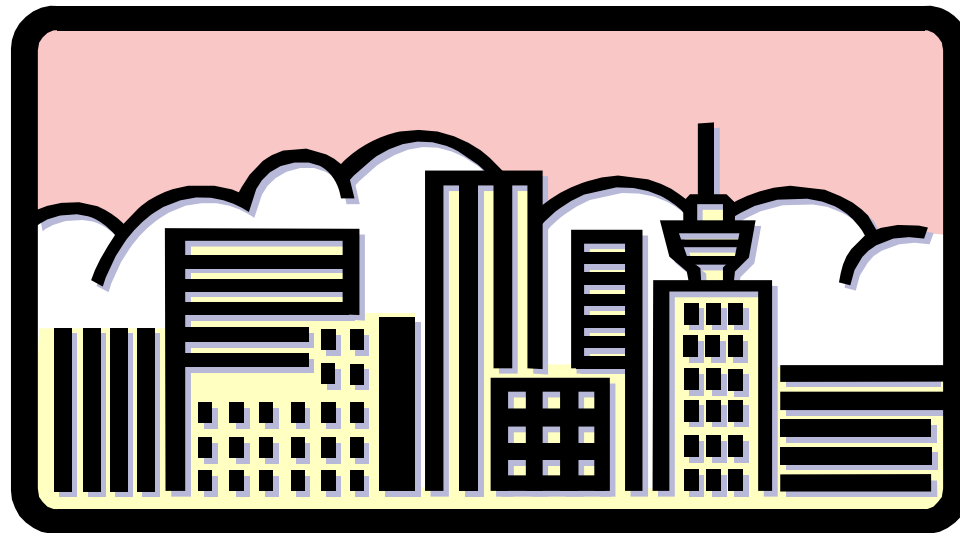
LANCASTER COUNTY,
NEBRASKA

TODAY'S PRESENTATION

NOVEMBER 14, 2007

SHERATON STATION SQUARE
HOTEL

PITTSBURGH, PENNSYLVANIA



HISTORICAL PERSPECTIVE



- 2002-2003 Task Force of Stakeholders Gathers
- Identify a Key Problem in Lincoln/Lancaster County
- Jail Overcrowding
- Faced with Likelihood of Building or Adding on to the Existing Jail

How Do We Begin To “Chip Away” At The Problem?

- A Key Group of Citizens/Consumers Were Identified Who Seemed to be Suffering from the “Revolving Door” Syndrome.
- If This Group’s Pattern of the “Revolving Door” Continued Without Any Interruption, Many of Them Would Be Serving “Life on the Installment Plan.”
- Through a Series of Meetings with Key Stakeholders, it was Decided to Attempt to Provide Jail Diversion Services for Persons with a Severe and Persistent Mental Illness or a Co-Occurring Substance Use Disorder Who Have Committed Non-Violent, Misdemeanor Offenses.



Lancaster County Corrections Director, Mike Thurber

- “We needed to find a way to remove from jail and provide services for those persons society was mad at for continually committing petty, nuisance offenses in order to have adequate room in the jail for those persons society is truly scared of.”



Birth of the Behavioral Health Jail Diversion Program of Lancaster County (BHJDPLC)

- June 1, 2003—Substance Abuse and Mental Health Services Administration (SAMHSA) Grant distributed by the Center for Mental Health Services (CMHS).
- Targeted Capacity Expansion (TCE) Jail Diversion Grant.
- At that time, we were one of 17 jurisdictions nation-wide receiving this SAMHSA grant.
- Approximately \$300,000 per year for 3 years.
- Finished up 12-month no cost extension period (4th year) on August 10, 2007.

Where are we 4 ½ years later?

- We were the first jail diversion program in the state of Nebraska.
- We assisted Omaha (Douglas County), Nebraska and Ames (Story County), Iowa create replicas of our program.
- We currently seek to divert anywhere from 60 to 75 persons per year across three different “tracks,” depending upon the number of days each year we are running at capacity.

Where are we 4 ½ years later?

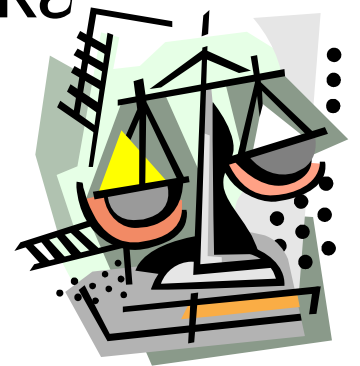
- Lancaster County Board of Commissioners has been supportive of the BHJDPLC both programmatically and financially.
- Applied for and received a Bureau of Justice Assistance Mental Health Collaboration Grant (Category III: Implementation and Expansion).
- We continue to divert individuals out of the county jail as we always have, but are now teaming up with our county's Community Corrections agency.

Where are we 4 ½ years later?

- We work together to divert adults with an SPMI or co-occurring substance use disorder who are monitored by Pre-Trial Services and Adult Drug Court and have committed either misdemeanor or felony level offenses.
- The Bureau of Justice Assistance Grant provides \$100,000 per year for two years. The Lancaster County Board of Commissioners have committed to provide \$150,000 per year for those two years to supplement the grant funding.

Two Primary Goals of the BHJDPLC

- Drastically reduce or altogether eliminate the “revolving door” of being in and out of jail for participants of the BHJDPLC.
- Improve the quality of life for persons in the BHJDPLC, as well as for the tax payers of Lancaster County, Nebraska



How Are These Two Goals Accomplished?

- IDENTIFY persons appropriate for the BHJDPLC.
- ENGAGE these persons in treatment services/wellness programs available in Lancaster County.
- MAINTAIN these persons and their participation in these needed services.

How Are Persons Diverted In Lancaster County?

- Initial Screening
- Face-to-Face Interview
- Gather Supplemental Information
- Accept/Deny
- Gather Additional Information for Eligibility/Court System



“Initial Screening”

- Completed by the Booking Officer at the County Jail.
- Every person booked in at the jail is asked the exact same questions.
- 14 of these questions are used as potential identifiers for persons who might be appropriate for the BHJDPLC.
- If the person answers in the affirmative to one or more questions, they are “flagged” and forwarded to Mental Health Clinician with the BHJDPLC who is officed in the booking area at the county jail.

“Initial Screening” Continued

- These individuals are identified as being “potentially mentally ill.”
- The Mental Health Clinician then conducts a “paper screening” to determine whether or not the individual is eligible for the BHJDPLC from both a mental health and legal perspective.
- Violent offenses and recent history of violence or any sexual assault automatically makes a person ineligible.

“Face-to-Face Interview”

- Mental Health Clinician performs a face-to-face assessment with the individual to further screen for potential eligibility.
- This assessment takes place in either an interview room on the individual’s housing unit or in the booking area.
- Usually, this interview takes place after booking, but before the arraignment.
- For individuals referred by Community Corrections or Drug Court, an interview is arranged at their office, unless the person is in custody.

“Face-to-Face Interview” Continued

- The “Face-to-Face Interview” involves the following (not all inclusive):
 - 1) the person’s presenting behavior
 - 2) the person’s psychiatric diagnosis
 - 3) past and present medications
 - 4) past and present treatment
 - 5) the person’s willingness to participate.
 - 6) the person’s current level of psychiatric stability or instability.

“Face-to-Face Interview” Continued

- 7) the person’s housing needs
- 8) the person’s trauma needs
- 9) the person’s transportation needs
- 10) the person’s national criminal background history check
- 11) the person’s substance abuse history and treatment needs.

Following the face-to-face interview, releases of information are signed and their psychiatric history is gathered.

Additional Information Could Be Gathered

The use of a contract psychiatrist or psychologist to assess current functioning and medication adjustments. This provides an even higher level of clinical evaluation in the most difficult cases, as well as an extra point of consultation.

Some subjective questions will be used by assessors, most likely increasing in number and type as the level of clinical assessment increases.

Requests for records, such as the Probable Cause Affidavit, particularly regarding “borderline” charges that require more detailed information.

“Court Decision”

- Once a person is identified as an appropriate candidate for the BHJDPLC, a referral is made to the necessary parties.
- The Court Decision involves several parties' mutual agreement: County or City Attorney's Office, Public Defender's Office and Judges.
- The individual must then agree to participate in the BHJDPLC and sign an individualized agreement which is presented to the judge, typically at arraignment or at bond review.
- While this entire process is taking place, the person will continue to receive the appropriate level of care within the Lancaster County Jail.

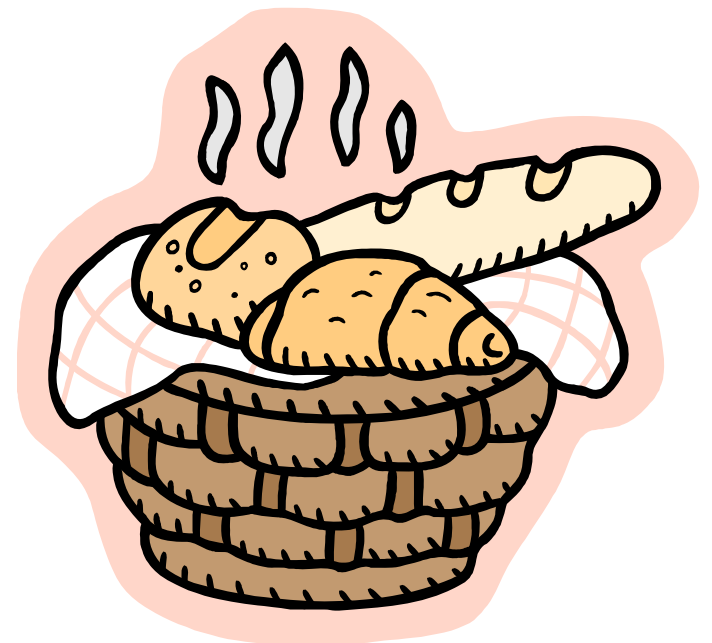
What Happens Once a Person is Released from Jail?

- Upon a favorable “Court Decision,” the person is released from jail and begins working closely with their assigned “Intensive Case Manager” (ICM).
- While the person is waiting to receive appropriate community services, the ICM will work with the person to seek improved stability.
- Our look at ICM vs. ACT, especially for rural areas.



Intensive Case Management Services

- The ICM works with the person providing (but not limited to):
 - 1) safe housing
 - 2) establishing psychiatric care
 - 3) medication management
 - 4) food
 - 5) clothing
 - 6) applying for entitlements such as General Assistance, Social Security Disability, etc.



Intensive Case Management Services -- Continued

- 7) Transportation
- 8) Navigation of the Court System
- 9) Assistance with Substance Abuse Evaluations

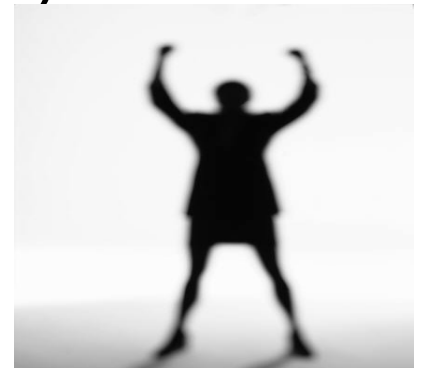
- The Mental Health Clinician also provides individual and group therapy while persons remain on community waiting lists.
- Trauma groups are also provided.

Goals of Intensive Case Management

- Transition the person and help them to become stabilized in the community within a six to twelve month period.
- Continue to keep the “window of motivation” alive for the person while they are on waiting lists for on-going, outpatient services or inpatient substance abuse treatment.
- Avoid dependence upon the ICM, but assist the person in gaining healthy living skills and coping mechanisms that will not only help keep the person out of the criminal justice system, but...

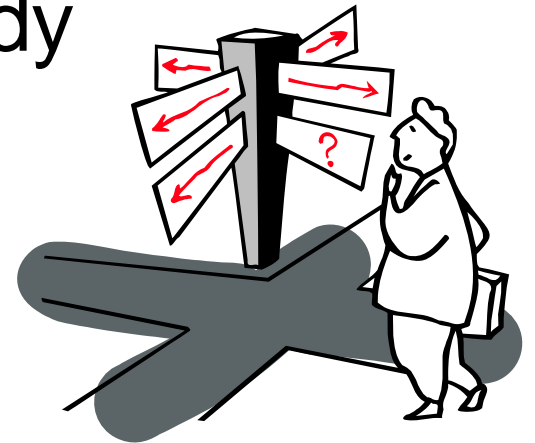
Goals of Intensive Case Management -- Continued

- will also lay the ground work for the ongoing community based services that the individual is being transitioned to.
- Ultimately, the ICM is working with the person to make certain that they are providing for their own day-to-day needs, as well as preparing them to transition out of the ICM model of care and into a less intense level of community-based service provision.



Legal Disposition

- For most persons, the final disposition of their legal case takes place prior to completing the ICM portion of the BHJDPLC. This typically occurs because most persons have committed lower level misdemeanor offenses, which are often accompanied by relatively speedy dispositions.



Legal Disposition -- Continued

- For some, however, the final disposition does not occur until after the ICM portion of diversion has been completed.
- Many persons are allowed to complete community service instead of paying fines and court costs or spending time in jail.
- Regardless of when the court system has officially closed the person's case, thereby removing the person's judicial incentive for compliance, the ICM transitions the person into stable, on-going community-based services.

PEER SPECIALIST/CONSUMER ADVOCATE WORK

- 2003=Peer Specialist Training in St. Simon's Island, Georgia
- 2005=Master's Level Wellness Recovery Action Plan (WRAP) Facilitator Training with Mary Ellen Copeland in Vermont
- All 6, 12 and 18-month data collection interviews were completed by peer interviewers.



PEER SPECIALIST/CONSUMER ADVOCATE WORK

- As a result, we believe that the data collected by peer interviewers was much “cleaner” than if the data had been collected by program staff.
- WRAP Workshops completed with some of the jail diversion participants.
- Trying to launch support groups co-facilitated by the Program’s Coordinator and Peer Specialist.

PEER SPECIALIST/CONSUMER ADVOCATE WORK

- Peer Specialists are able to provide a type of support and understanding (been there, done that) that many professionals just can't provide no matter how hard they try.
- Our next goal is to be able to hire a full-time benefited county Peer Specialist position with the Program.
- Progress has been slower than we would like, but we are light years ahead of where we were two years ago.

PEER SPECIALIST/CONSUMER ADVOCATE WORK

- Have conducted a great deal of promoting and advocacy work with state legislators, as well as locally elected officials to not only promote mental health jail diversion, but also to advocate for issues that are important to the consumer movement in Nebraska.



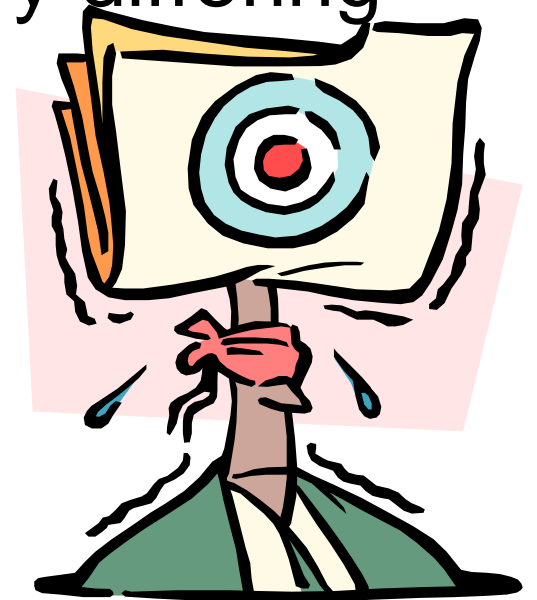
Important Considerations for Communities

- Must have in place or be willing to create good working relationships between the Corrections and Mental Health/Substance Abuse Treatment systems in the community.
- Both agencies or entities must support the individual and shared missions and goals of the other in order for such programs to succeed.



Important Considerations -- Continued

- Often, there is much “leg work” and negotiating to be done between the two systems prior to implementing such diversion programs due in part to the fact that these systems have two very differing goals.



For Corrections

- The primary charge of the Corrections System is public safety. In order for this goal to be met, it requires that persons be incarcerated and kept away from society.



For the Mental Health (Jail Diversion) System

- The goal of the Mental Health/Substance Abuse Treatment System in this instance is to get persons released from jail, placed in the right treatment setting(s) and ultimately integrated back into the community.



LESSONS LEARNED

- Three quick lessons from Lancaster County, Nebraska:
- County Attorney's Office (bad experience with college football player suffering from a mental health disorder).
- Public Defender's Office response about recommending clients for jail diversion.
- Build trust/rapport and change the paradigm.



LESSONS LEARNED

- If you are applying for or receiving a grant, they are almost always time-limited.
- Must be thinking from day one about sustainability of your program at the conclusion of the grant period.

- LB 669
- LR 99

Final Quote

- Lancaster County Chairperson
- “It is gratifying to see diverted persons make the transition from being ‘tax consumers’ to ‘tax payers.’”



PUBLICATIONS

- Addy, Jim and Parker, Travis. (March/April 2006). The Lancaster County, Nebraska, Mental Health Jail Diversion Project. *American Jails*, 27-35.
- Second journal article recently submitted for publication to *American Jails*, entitled, “Intensive Case Management for Behavioral Health Jail Diversion: The Lancaster County, Nebraska Approach.”

Evaluation Findings

- COME TO TOMORROW'S PRESENTATION IF YOU WANT TO SEE ALL OF OUR OUTCOME DATA!



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