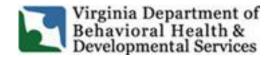
Jail Diversion Initiatives

Program Review 2007-2015

Office of Forensic Services
October 7, 2015



JAIL DIVERSION INITIATIVES

The Department of Behavioral Health and Developmental Services (hereafter referred to as Department or DBHDS) supports a variety of Jail Diversion Initiatives, all of which reside within the Office of Forensic Services. Jail Diversion Initiatives come in a variety of forms, but all essentially strive to *identify* individuals diagnosed with serious mental illnesses (SMI) and co-occurring disorders (early identification), *divert* individuals away from the criminal justice system (or from penetrating more deeply, if identified after arrest/incarceration), and *connect* individuals to meaningful services and treatment (as early as possible, but often during initial court appearance, during incarceration, or upon release from jail).

History of Jail Diversion in Virginia

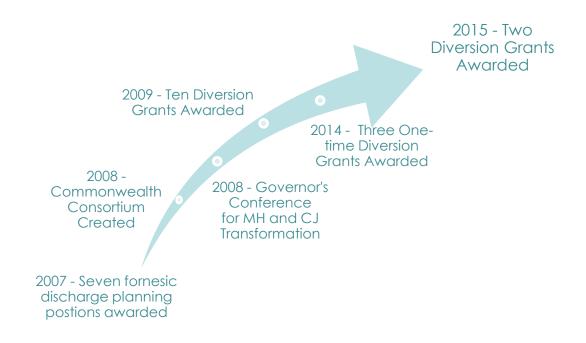
In Virginia, Jail Diversion efforts began in 2007 when the Virginia General Assembly approved funding to promote the diversion of persons with mental illness from unnecessary involvement with the criminal justice system. The Department was given the responsibility for oversight of those funds, and seven (7) Community Services Boards (CSBs) were awarded funding for the purpose of Jail Diversion and forensic discharge planning from jails and forensic hospitals.

Jail Diversion gained further momentum with the 2008 signing of Executive Oder 62 by Governor Timothy M. Kaine. This order established the Commonwealth Consortium for Mental Health/Criminal Justice Transformation. The Consortium was tasked with the development of a comprehensive approach to address the challenging needs of individuals with mental illness in the Commonwealth's criminal justice system. Under the leadership of the Secretaries of Health and Human Resources and Public Safety, the Consortium hosted two statewide meetings and saw the development of multiple programs and processes for creating positive systems change.

In May 2008 the Governor's Conference for Mental Health and Criminal Justice Transformation was convened, with a goal of assisting localities with initiating or furthering their community planning for Jail Diversion and improved services. The model soon after adopted by the Commonwealth's Jail Diversion Initiatives was the Sequential Intercept Model. Developed in 2006 by Dr. Mark Munetz and Dr. Patricia Griffin, this model provided a conceptual framework for communities to organize targeted strategies for justice-involved individuals with serious mental

illness. That same year, the General Assembly approved funding for the continuation and expansion of Jail Diversion initiatives. The Department was once again tasked with administering and overseeing these grants, which were awarded to ten (10) CSBs in late Fiscal Year 2009.

Virginia's commitment to Jail Diversion is well established, and diversion programs have continued to expand. The Department awarded three (3) one-time Jail Diversion grants in 2014 and two (2) ongoing Jail Diversion grants in 2015 to enhance or initiate new diversion programs in the Commonwealth. The Department remains committed to pursuing strategies for the diversion of persons with serious mental illness from jail into treatment whenever appropriate.



Jail Diversion Program Sites & Descriptions

2007 Forensic Discharge Planning/Jail Diversion Grantees:

Seven (7) Community Services Boards received funding in 2007 for the purpose of establishing a forensic discharge planning position (to work with individuals at the state hospitals under forensic status as well as the jail), and for other necessary resources to provide post-booking jail diversion services to inmates in the local jails. The CSBs who receive these grants are: Arlington CSB, Fairfax-Falls Church CSB, Henrico CSB, Horizon Behavioral Health, Norfolk CSB, Richmond Behavioral Health Authority, and Virginia Beach CSB.

2009 Jail Diversion Grantees:

Ten (10) Community Services Boards received funding starting in 2009 for the purpose of jail diversion. The CSBs who receive these grants and description of their diversion programs are below:

- Alexandria CSB (Intercepts 4, 5): The Jail Diversion Grant supports the CORE Program (COllaboration for Recovery and ReEntry), a partnership between the Alexandria CSB and the Office of Probation and Parole aimed at helping offenders with mental illness live healthy and law abiding lives in the community. Clinicians and probation officers work closely to connect persons with mental illness to appropriate treatment prior to release and collaborate through the duration of the probation to prevent the individual from returning to jail.
- Arlington CSB (Intercepts 2, 3, 4, 5): The Jail Diversion Grant supports the work
 of the Magistrate's Post-Booking Diversion Program. Clinicians provide case
 management, assessment, diversion, and support services to clients across all
 levels of the Sequential Intercept Model, particularly at the Magistrate's
 intercept. The program responds to requests from the Magistrate to assess
 and divert persons with mental illness into community treatment, and that
 treatment becomes a condition of the person's bond. This allows early
 release from jail and expedited access to treatment when appropriate.
- Chesterfield CSB (Intercept 2): The Jail Diversion Grant supports the Dual
 Treatment Track (DTT) a pretrial diversion program for non-violent
 defendants that suffer from both a serious mental illness and substance
 abuse addiction. The services are delivered in a day reporting center model,
 which allows for a "one stop shop" where mental health, case management,
 substance abuse and criminal justice supervision are combined under one
 roof with a collaborative multi-agency staff.
- Fairfax-Falls Church CSB (Intercepts 3, 4, 5): The Jail Diversion Grant funds the Jail Diversion Program, which provides intensive community-based, wrap around services to mentally ill/co-occurring individuals involved with the criminal justice system. Referrals to the program come from all five Sequential Intercept points. The program provides intensive case management and targeted support services as well as peer specialist partnering. The program also provides vouchers for temporary transitional housing, transportation assistance, and emergency food/clothing needs
- Hampton-Newport News CSB (Intercepts 1, 3, 4): The Jail Diversion Grant funds supervisory, clinical, case management, and peer staffing to work with

- individuals diverted across the Intercepts. Funds also support psychiatry in the detention center and CIT Assessment Site security. The Program makes a distinction between Primary and Secondary Diversions in describing their work. Primary Diversions are persons identified immediately at the time of arrest and secondary diversion is targeted at providing psychiatric care and release linkage for persons in jail.
- Middle Peninsula-Northern Neck CSB (Intercepts 1, 3, 4): The Jail Diversion
 Grant funds a Jail Diversion Counselor provides intensive case management
 services aimed at intervening and establishing/reestablishing services in the
 community to avoid incarceration. Funding also supports Peer Support
 Services that are offered in the community and in the correctional facility,
 transitional housing, and some of the costs associated with the CIT training
 program.
- New River Valley CSB (Intercepts 1, 2, 3, 4): The Jail Diversion Grant supports several diversion efforts. The first is the NRV Crisis Intervention Team (NRVCIT) program. Funds also support the Bridge Program, which includes clinical/supervisory, case management, and peer staffing to individuals with mental illness transitioning from jail to community. The Bridge clinicians also provide individual counseling to incarcerated consumers. Additionally, grant funds support short-term housing assistance, medications, and other emergency needs as they arise.
- Portsmouth CSB (Intercepts 1, 3, 4): The Jail Diversion Grant supports diversion
 efforts at multiple Intercepts. Portsmouth Department of Behavioral
 Healthcare Services (PBHS) partnered with Chesapeake Integrated
 Behavioral Healthcare Services, law enforcement, and a local medical
 center to establish the CIT Assessment Center (Safe Harbor). Funding also
 supports one full-time Forensic Case Management position to provide preand post-booking services for individuals currently in jail who exhibit
 symptoms of mental illness, and are charged with minor, non-violent crimes.
- Rappahannock Area CSB (Intercepts 1, 3, 4): Jail Diversion Grant funding supports Jail Diversion Therapist and Case Management positions responsible for completing assessments and developing discharge and diversion plans in partnership with the Office of Programs and Community Corrects (pre-trial services) at the Rappahannock Regional Jail. The funds also support a CIT Coordinator position, responsible for coordinating CIT training for law enforcement
- Virginia Beach CSB (Intercepts 1, 3, 4, 5): The Jail Diversion Grant funds The Mental Health Supervision Program, which is an intervention program

designed to provide an alternative to incarceration by diverting individuals with serious mental illness and substance use, who come in contact with the Criminal Justice System. Grant funds are also used to pay for transitional housing, peer services, SOAR, discharge planning services, WRAP Facilitation, and a portion of a full-time CIT/Clinical Systems Coordinator position and Assessment Site security costs are funded through the grant as well.

2014 One-Time Jail Diversion Grantees:

Three (3) one-time diversion grants were awarded in 2014 to promote the development or expansion of jail diversion efforts. The CSBs who were awarded these grants and description of their diversion programs are below:

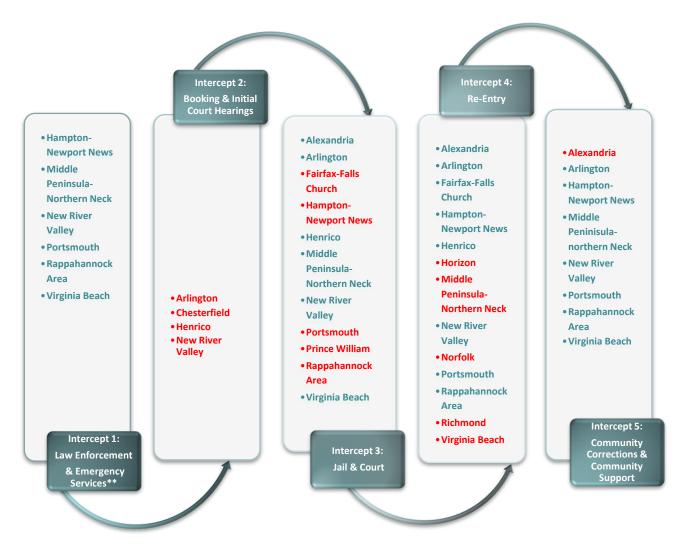
- Valley Community Services Board (Intercept 3): One-time funding was
 granted to support a pilot mental health docket in that catchment area. This
 docket targets misdemeanor defendants with mental health issues who
 come before the Staunton and Augusta County General District Courts.
- Norfolk Community Services Board (Intercepts 3, 4): One-time funding was
 granted to provide for temporary housing assistance and other short-term
 interventions for individuals that are enrolled in the Norfolk Mental Health
 Court and Norfolk Mental Health Docket who are homeless or in unstable
 housing.
- Crossroads Community Services Board (Intercepts 1, 4): One-time funding
 was granted to support several initiatives in that area, including the initiation
 of CIT training, implementation of Mental Health First Aid training for criminal
 justice personnel, expansion of discharge planning staff hours, and the
 development of a stakeholder group designed to identify individuals at risk
 and increase awareness and collaboration.

2015 Jail Diversion Grantees:

Two (2) Community Services Boards will receive funding starting in 2015 for the purpose of jail diversion. The CSBs who will receive these grants and description of their diversion programs are below:

Henrico Area Mental Health & Developmental Services (Intercept 2): The Jail
Diversion Grant will fund the development of an Intercept 2 Post-Booking
Diversion Program. The funds will pay for staff who will work with the jail at the
booking stage to identify individuals who are appropriate for diversion and

- will subsequently craft diversion/release plans that will be presented to the court for approval.
- Prince William CSB (Intercept 3): The Jail Diversion Grant will fund the
 enhancement of the Prince William DIVERT Docket, a specialty therapeutic
 docket designed to more quickly identify defendants with mental illness,
 divert from jail when appropriate, and ensure timely linkage to community
 mental health and support services while under the monitoring of the court.
- ❖ Jail Diversion Programs Across the Intercepts*:



*The red text indicates that this is the Primary Intercept where the program does its work. This graph depicts only those programs receiving ongoing funding (2007, 2009, and 2015 grantees).

^{**} There are numerous CIT Training and CIT Assessment Site Programs funded through DBHDS, however these listed here are specifically funded in part through Jail Diversion grants.

Jail Diversion Funding

The following graph depicts the amount of year, amount, and duration of funding for each of the Jail Diversion programs monitored by the Department of Behavioral Health and Developmental Services:

Jail Diversion Program	Annual Funding 2007 (General Funds)	Annual Funding 2009 (General Funds)		One-Time Funding 2014	Annual Funding 2015 (General Funds)
Alexandria		\$229,900			
Arlington	\$75,000	\$259,350			
Chesterfield		\$180,500			
Crossroads				\$81,381	
Fairfax-Falls Church	\$75,000	\$246,050			
Hampton- Newport News		\$288,800			
Henrico	\$75,000				\$172,675
Horizon	\$30,000				
Middle Peninsula- Northern Neck		\$152	2,000		
New River Valley		\$270	,750		
Norfolk	\$75,000			\$64,280	
Portsmouth		\$87,400			
Prince William					\$185,000
Rappahannock Area		\$133,000			
Richmond	\$71,250				
Valley				\$80,000	
Virginia Beach	\$75,000	\$279,300			
Total	\$476,250	\$2,127,050		\$225,661	\$357,675
Total Annu	al Diversion Fundin	g	\$2,960,975		
Total One-Ti	me Diversion Fundi	ng	\$225,661		

Jail Diversion Data

Beginning in FY10, DBHDS began receiving regular quarterly data reports from the ten (10) diversion programs funded in late FY09 through the Office of Forensic Services. The data below is a snapshot of the services these programs have provided and the people who have benefited from the services over the past six years.

Who are we serving?

- Total individuals enrolled in JD services from FY10 to FY15: 4,434
- Average number of individuals enrolled in JD services per year: 739
- Average age: 36.7 years old
- Race: 64% Caucasian; 30% African American/Black; 6% other (i.e., Asian, American Indian, mixed race)
- Hispanic Origin: 4.5% Hispanic/Latino
- Military Status: 3% active military/military history/family member of military
- Diagnoses: 44% mood disorder (i.e., bipolar disorder, major depression); 26% psychotic disorder (i.e., schizophrenia, schizoaffective); 9% anxiety disorder (i.e., PTSD, generalized anxiety); 7% substance abuse disorder; 14% other diagnoses (i.e., adjustment disorder, ADHD, impulse control)
- Charges: 46% felony; 20% misdemeanor; 34% other (i.e., technical, ticket/infraction, violation, no charge)
- Offense type: 35% minor (i.e., disorderly conduct, petit larceny); 29% property
 (i.e., trespass, destruction of property); 10% drug (i.e., possession, distribution,
 DUI); 12% violent (i.e., assault); 14% other (i.e., potentially violent, sex)

How much does it cost?

- Total funding provided to all 10 Jail Diversion Programs per year: \$2,960,975
- Average cost per person per year: \$2,878.28

> Outcomes:

Based upon data collected through the quarterly reports, the outcomes of jail diversion programming are below:

Average length of incarceration with SMI jail diversion services = 131 days

- Average length of time between enrollment in jail diversion and jail release =
 42 days
- Average length of time served in the community following jail release = 90 days
- From FY10-FY15, on average, individuals who were enrolled in diversion services while still incarcerated served 49% fewer jail days than those who were released from incarceration prior to enrollment (indicating that diversion programming impacts length of jail stay). If comparing the average number of jail days for individuals incarcerated at enrollment to all individuals served (to better account for the possible impact of charge/offense type), the data still shows that individuals incarcerated at the time of enrollment serve 17% fewer jail days, indicating that there is a modest impact on the length of jail stay as a result of diversion program enrollment.
- Completion Rates: 34% successful completion of JD program; 36% no longer eligible (i.e., moved, transferred to another facility, no longer meet diagnostic criteria); 30% noncompliant or voluntarily withdrew
- Housing: In FY15, 79% of individuals maintained stable housing or showed improvements in their housing status by the time of their discharge from the diversion program.
- Insurance: In FY15 28% of individuals maintained or showed improvements in their insurance coverage by the time of their discharge from the diversion program
- Benefits (SSI/SSDI): In FY15 18.7% of individuals maintained or showed improvement in their benefits status by the time of their discharge from the diversion program
- Engagement in Diversion Services: In FY15, 36.7% of individuals maintained or showed improvements in their level of engagement in diversion services by the time of their discharge from the diversion program
- MH Stability: In FY15, 40% of individuals maintained or showed improvement in their level of mental health stability by the time of their discharge from the diversion program
- Linkage to Outpatient Services: In FY15, 38% of individuals maintained linkage or became linked to outpatient mental health services by the time of their discharge from the diversion program.