



Mental Health Jail Diversion: Is it Cost Effective?

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Why Simulate?

- It may be the only way to answer certain questions (Samuelson , 2004)
- Cheaper, quicker, safer scientifically sound alternative to costly studies (Samuelson , 2004)
- Combines expert judgment with real-world data (Bunn, 1992)
- Identifies new avenues for study (Leff, 1983)
- Ongoing planning tool - easily updated





Steps in the Model

1. Define Target Population
2. Estimate number of divertable detainees by functional level per month
3. Identify service options for mental health, substance abuse and determine criminal justice services and unit costs
4. Prescribe services for Functional Levels
5. Adjust Transitional Probabilities
6. Run Model and modify inputs as necessary
7. Report results and discuss policy implications
8. Implementation





Data Collection – Individual Level Data

1. Demographics
2. Average Number Eligible for Diversion (by month)
3. Functional level status
4. Arrest data
5. Criminal Justice History
6. Mental Health / Substance Abuse service utilization
7. Housing status
8. Medicaid status





Data Collection – General Information

1. Sentencing Estimates by charge type
2. Current recidivism rates
3. Criminal justice unit costs
4. Mental Health / Substance Abuse Unit Costs
5. Mental Health / Substance Abuse service utilization in jail





Data Collection: Expert Planning Group

- Consist of key stakeholders in the local mental health system and national experts on Evidence-Based and Best Practices
- Review data from administrative data and modify prescriptions to conform with Evidence-Based and Best Practices





What Does the Model Produce?

- Comparison of diverted and not diverted groups on several key variables including:
 - Jail days
 - Outcomes (functional level improvement)
 - Cost by system
- Other outputs:
 - Hospital days
 - ER use
 - Units and costs for all services
 - Total cost and population by month





Travis County Methodology

- Initial sample includes all jail bookings who were administered a Texas Recommended Assessment Guidelines (TRAG) assessment in the month of November 2006, January 2007 and February 2007 in the Travis County Jail.
- N = 878
- Current Charge information (N) = 835





Characteristics of Persons Entering Jail with a Mental Health Flag

*(Based on Three Months of Admissions Using Modified
Texas Recommended Assessment Guidelines or TRAG)*

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Clinical and Functional Level Summary

- Clinical Disorders
 - Bipolar Disorder - 27%
 - Depression - 22%
 - Schizophrenia - 20%
 - Mood/anxiety, rule outs, and unknown/other- 31%
- Current Functional Levels
 - Acutely III, Unable to Function (RAFLS 1&2) - 19%
 - Lacks Personal/Community Skills (RAFLS 3&4) - 38%
 - Needs Role Support (RAFLS 5) - 24%
 - Mostly/System Independent (RAFLS 6&7) - 18%





TRAG Scores of Detainees

Percent of detainees with mental health flags who scored significant to high on Texas Recommended Assessment Guidelines (TRAG) measures:

- Risk of harm - 14%
- Support needs - 23%
- Psychiatric related hospitalization - 2%
- Functional impairment - 24%
- Housing instability - 18%
- Co-occurring substance use - 21%
- Criminal justice involvement - 17%





Current and Past Criminal Charges

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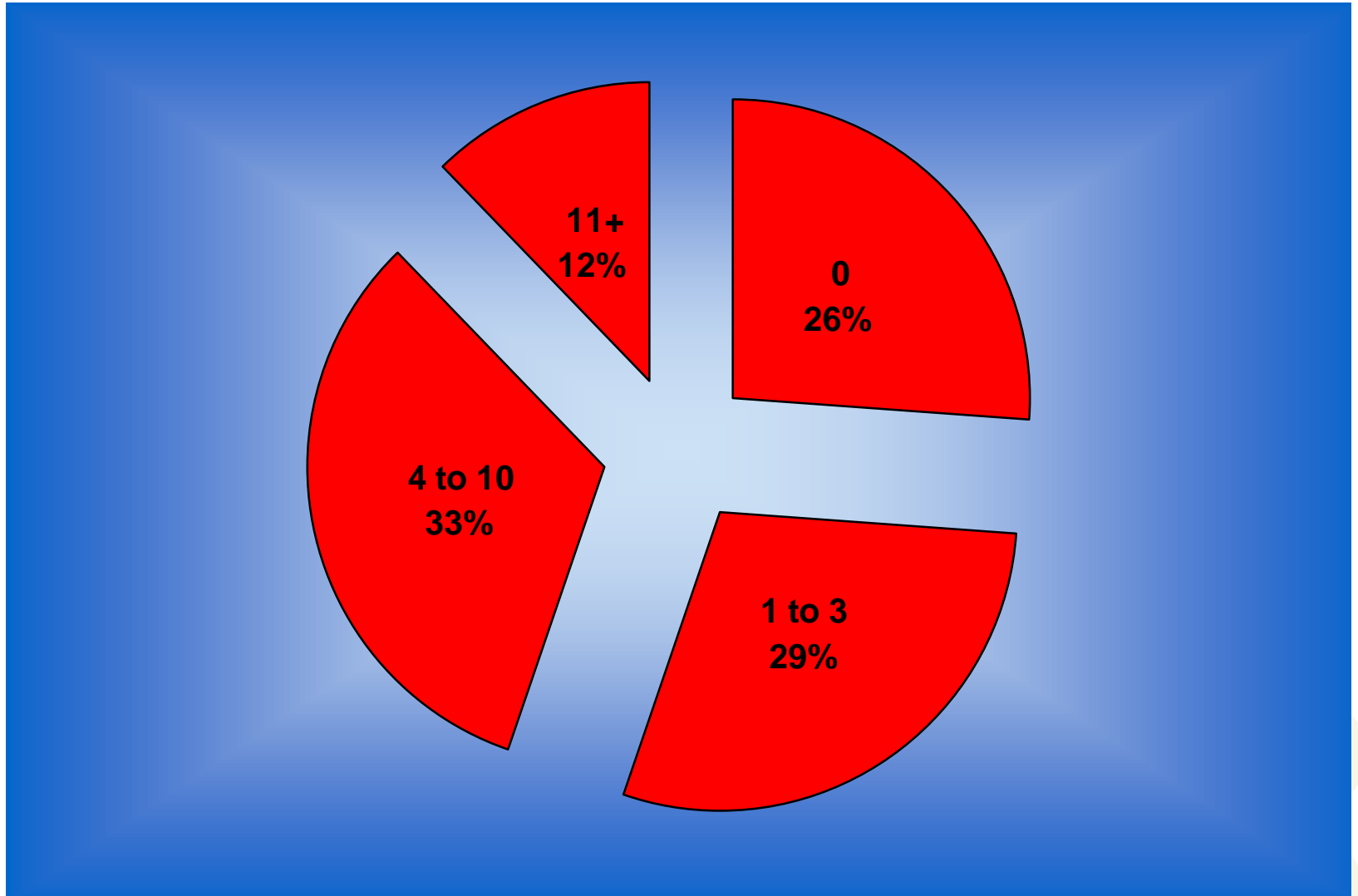
Current Criminal Charges

- Total N = 685 individuals with new charges
 - 67% White
 - 77 % Male
- Current Criminal Charges (highest level charge)
 - Misdemeanor C - 4%
 - Misdemeanor B - 17%
 - Misdemeanor A - 19%
 - State Jail Felony - 13%
 - Felony 3 - 16%
 - Felony 2 - 22%
 - Felony 1 - 9%





History (8 Years) of Previous Bookings





Total Criminal Justice Costs by Offense Category

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Total Per Person Costs by Offense Category

Felony 1	\$17,265
Felony 2	\$13,801
Felony 3	\$11,361
State Jail	\$7,327
Misdemeanor A	\$4,057
Misdemeanor B	\$3,568
Misdemeanor C	\$1,644





Summary – Total CJ Costs for Sample*

- Total number divertable over a three month period = 592
- Projected Jail Days = 18,748
- Projected Total Criminal Justice Costs

= \$4,933,721

***Not including cost associated with recidivism**

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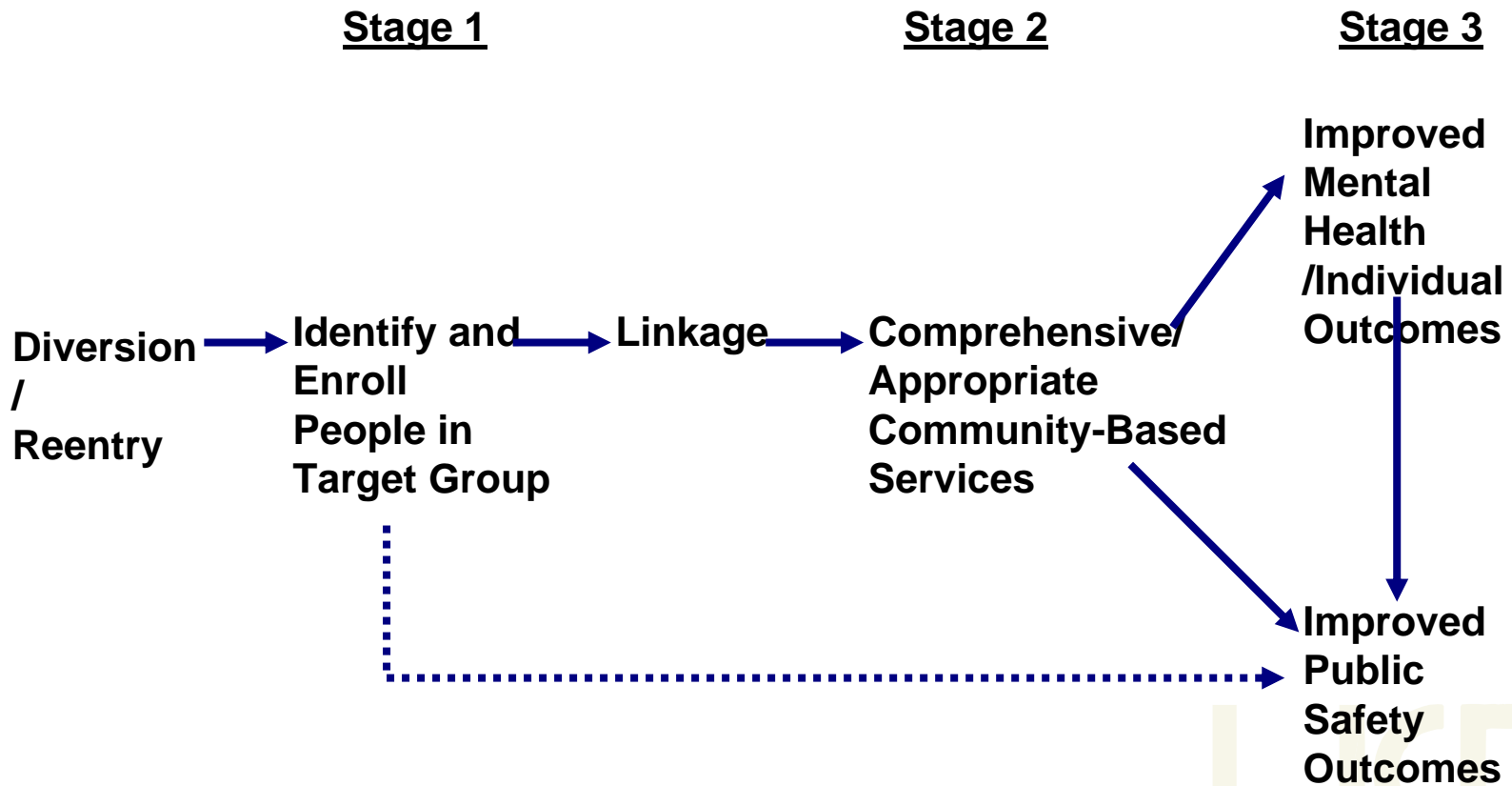
Other Data Collected

- Detailed Texas Recommended Assessment Guidelines (TRAG) Scores On All Dimensions
- Behavioral Health Services Provided In The Community
- Emergency Room Use For Mental Health, Substance Abuse And Physical Health Reasons
- Mental Health Services In Jail
- Jail Sentence Length Estimates By Charge Type
- Probation Length Estimates By Charge Type
- Police Costs
- Pretrial Services Costs
- Court Costs
- Jail Costs





Diversion/Reentry Logic Model





Diversion Options

Travis County Jail Diversion Simulation Project

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Three Diversion Scenarios

- 1. Residential Treatment for Homeless Males with Co-Occurring Disorders**
- 2. Non-Residential Treatment for Defendants with Housing Stability and Co-Occurring Disorders**
- 3. Outpatient Restoration of Competency**



Diversion Alternative	Residential Treatment for Homeless Males with Co-Occurring Disorders - Scenario 1
Criminal Justice Status	<ul style="list-style-type: none"> • Track 1 - Misdemeanors: <ul style="list-style-type: none"> - Release on bond - Divert within 5 days of jail admission - Pre-trial services, 6 months - Dismiss charges at 6 months • Track 2 Felonies: <ul style="list-style-type: none"> - Condition of probation - Divert within 10 days of jail admission. - Probation, 2 – 5 years
Clinical Criteria	<ul style="list-style-type: none"> • Priority Population: Diagnosis of Bipolar Disorder, Major Depression, Schizoaffective Disorder, or Schizophrenia • Co-occurring Substance Use Disorder
Legal Criteria	<ul style="list-style-type: none"> • Eligible Offense Categories: Misdemeanor A, Misdemeanor B, State Jail Felony, Felony 3 • 2 or more prior arrests
Other Criteria	<ul style="list-style-type: none"> • Homeless • Male



Core Services – Scenario 1

- Residential treatment program (90 days) with subsequent Forensic Intensive Case Management (90 days)
- Wraparound services
- Integrated Dual Disorders Treatment (IDDT)
- Forensic Intensive Case Management (FICM)
- Levels of Care 1, 2, 3
- Incorporate daily rate of lease, assuming full capacity





Divertable Defendants by Month and Charge

- Scenario 1

Month	Felony 3	State Jail	Mis A	Mis B	Total
Total	7	22	20	24	73
Monthly Average*	2	7	7	8	24

*Rounded to nearest whole number

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Diversion Alternative	Non-Residential Treatment for Defendants with Housing Stability and Co-Occurring Disorders - Scenario 2
Criminal Justice Status	<ul style="list-style-type: none"> • Track 1 - Misdemeanors: <ul style="list-style-type: none"> - Release on bond - Divert within 5 days of jail admission - Pre-trial services, 6 months - Dismiss charges at 6 months • Track 2 Felonies: <ul style="list-style-type: none"> - Condition of probation - Divert within 10 days of jail admission. <ul style="list-style-type: none"> - Consider waiving indictment as a requirement of admission - Probation, 2 – 5 years
Clinical Criteria	<ul style="list-style-type: none"> • Priority Population: Diagnosis of Bipolar Disorder, Major Depression, Schizoaffective Disorder, or Schizophrenia • Co-occurring Substance Use Disorder
Legal Criteria	<ul style="list-style-type: none"> • Eligible Offense Categories: Misdemeanor A, Misdemeanor B, State Jail Felony, Felony 3 • 2 or more prior arrests
Other Criteria	<p>Not Homeless or do not have significant housing instability</p>





Core Services – Scenario 2

- Forensic Intensive Case Management (FICM)
- Supported Housing
- Rehabilitation
- Counseling
- Levels of Care 1,2,3





Divertable Defendants by Month and Charge – Scenario 2

Month	Felony 3	State Jail	Mis A	Mis B	Total
Total	51	79	158	134	422
Monthly Average*	17	26	53	45	141

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*Rounded to nearest whole number



Diversion Alternative	Outpatient Restoration of Competency (90 days) – Scenario 3
Criminal Justice Status	<ul style="list-style-type: none"> ● Release on bail after finding of incompetence ● Divert within 5 days of finding ● Outpatient Restoration Case Management until restored or found un-restorable
Clinical Criteria	<ul style="list-style-type: none"> ● Priority Population: Diagnosis of Bipolar Disorder, Major Depression, Schizoaffective Disorder, or Schizophrenia ● Clinically appropriate for Divertable Defendants
Legal Criteria	<ul style="list-style-type: none"> ● Eligible Offense Categories: Misdemeanor A, Misdemeanor B, State Jail Felony, Felony 3
Other Criteria	<ul style="list-style-type: none"> ● Acceptable risk assessment scores on HCR-20 and/or LSI-R





Core Services – Scenario 3

- Medication Support
- Forensic Intensive Case Management (FICM)
- Restoration Training Curriculum
- Housing Support
- Assertive Community Treatment (ACT)
- Rehabilitation
- Counseling





Divertable Defendants by Month and Charge – Scenario 3

Month	Felony 3	State Jail	Mis A	Mis B	Total
Total	0	6	10	5	21
Monthly Average*	0	2	3	2	7





Diversion Simulation Results

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Types of Costs Savings

- **Current public level savings** - the result of closed institutions, wings of institutions or reduction of staff
- **Individual level savings** - following a cohort and comparing costs had they not been diverted - usually does not result in system savings but allows for the use of resources for other purposes
- **Future public level savings** - not having to build additional facilities





Diversion Results Scenario 1

Residential Treatment for Homeless Males with Co-Occurring Disorders

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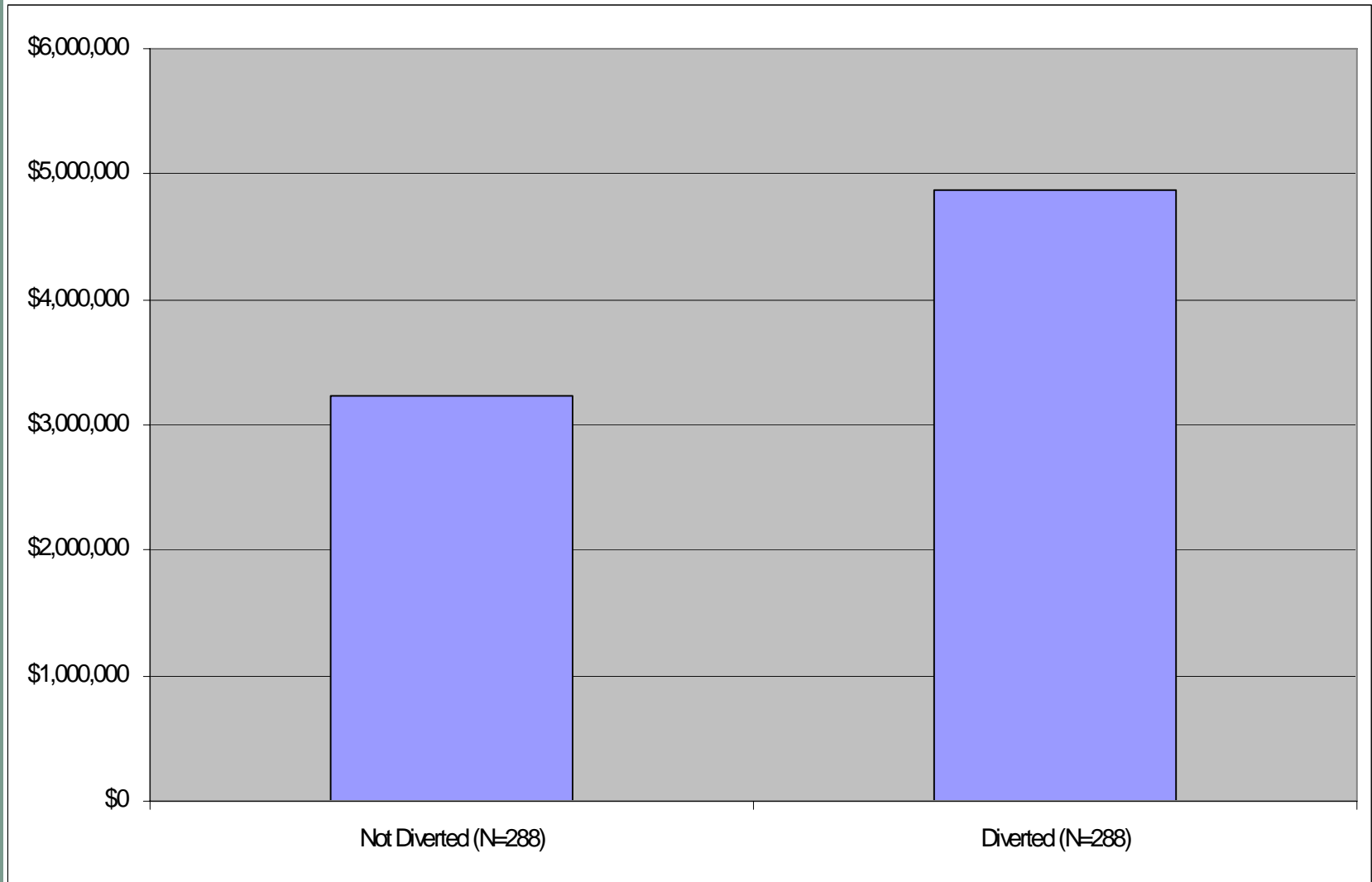
Simulation Assumptions

- Simulation takes the same group of individuals and simulates criminal justice costs and mental health and substance abuse system costs and tracks over 1 year and 2 year time periods
- **Not Diverted Group**
 - Receives basic service package when not in jail
 - Criminal justice costs include original sentence plus current recidivism rates for Travis County for a similar population
 - Recidivism rates based on cohort group are 26% in year 1 and 44% in year 2
- **Diverted group**
 - Receives current basic service package with enhance service package (e.g. Assertive Community Treatment) depending on diversion option
 - Criminal justice costs are calculated up to the diversion point and recidivism rates from a model program are included in subsequent criminal justice costs
 - Recidivism rates are 16.5% lower in year 1 and 14% lower in year 2 than the not diverted group based on model program results in the literature





Program Costs Year 1 Scenario 1



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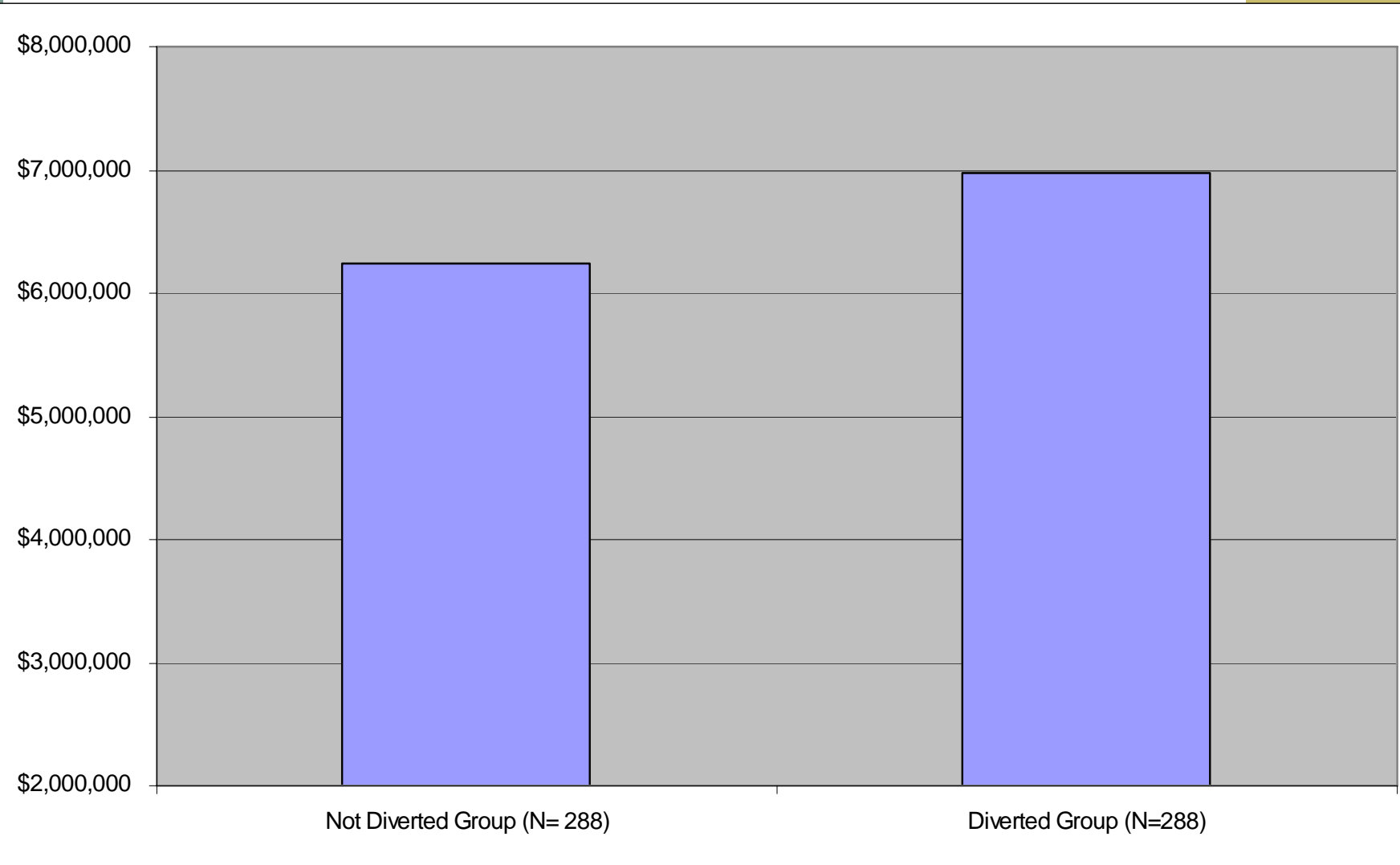
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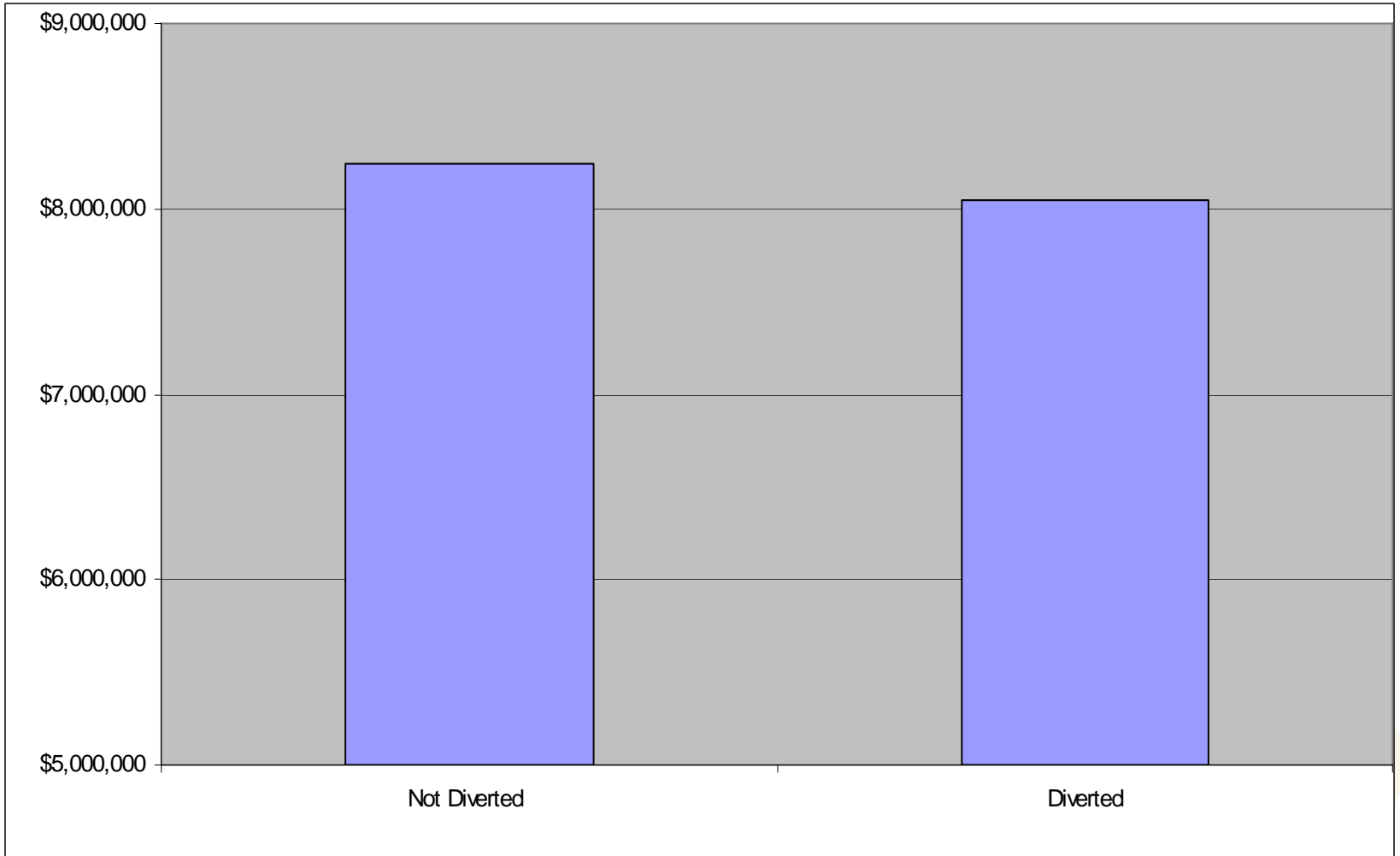


Program Costs Years 1 and 2 Scenario 1





Program Costs Years 1, 2 and 3 Scenario 1



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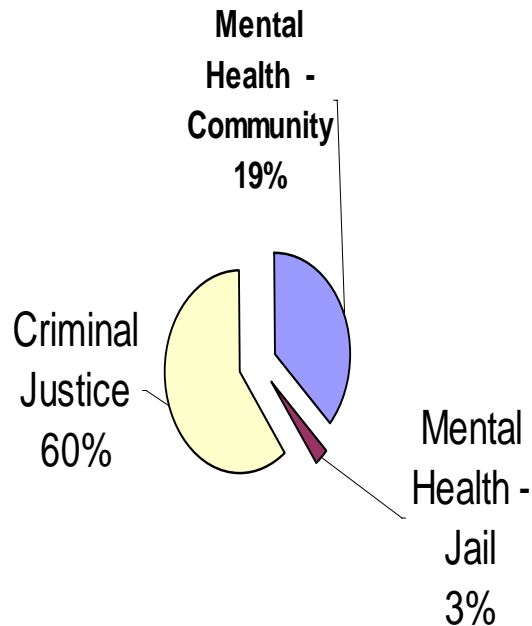
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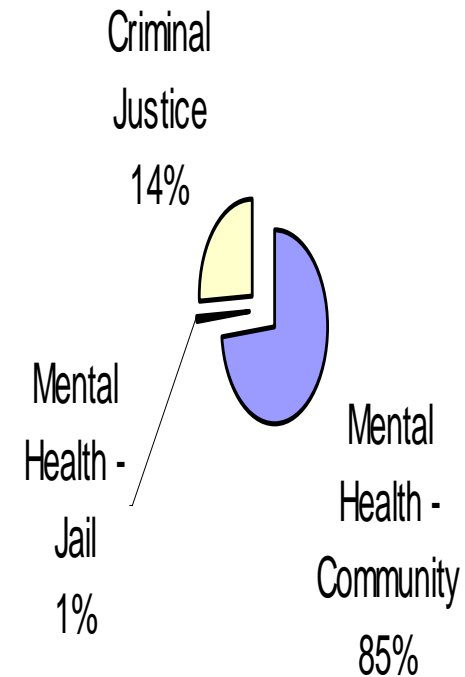


Resource Distribution for 3 Year Model Scenario 1

Not Diverted Group



Diverted Group





Diversion Results Scenario 2

*Non-Residential Treatment for Defendants with
Housing Stability and Co-Occurring Disorders*

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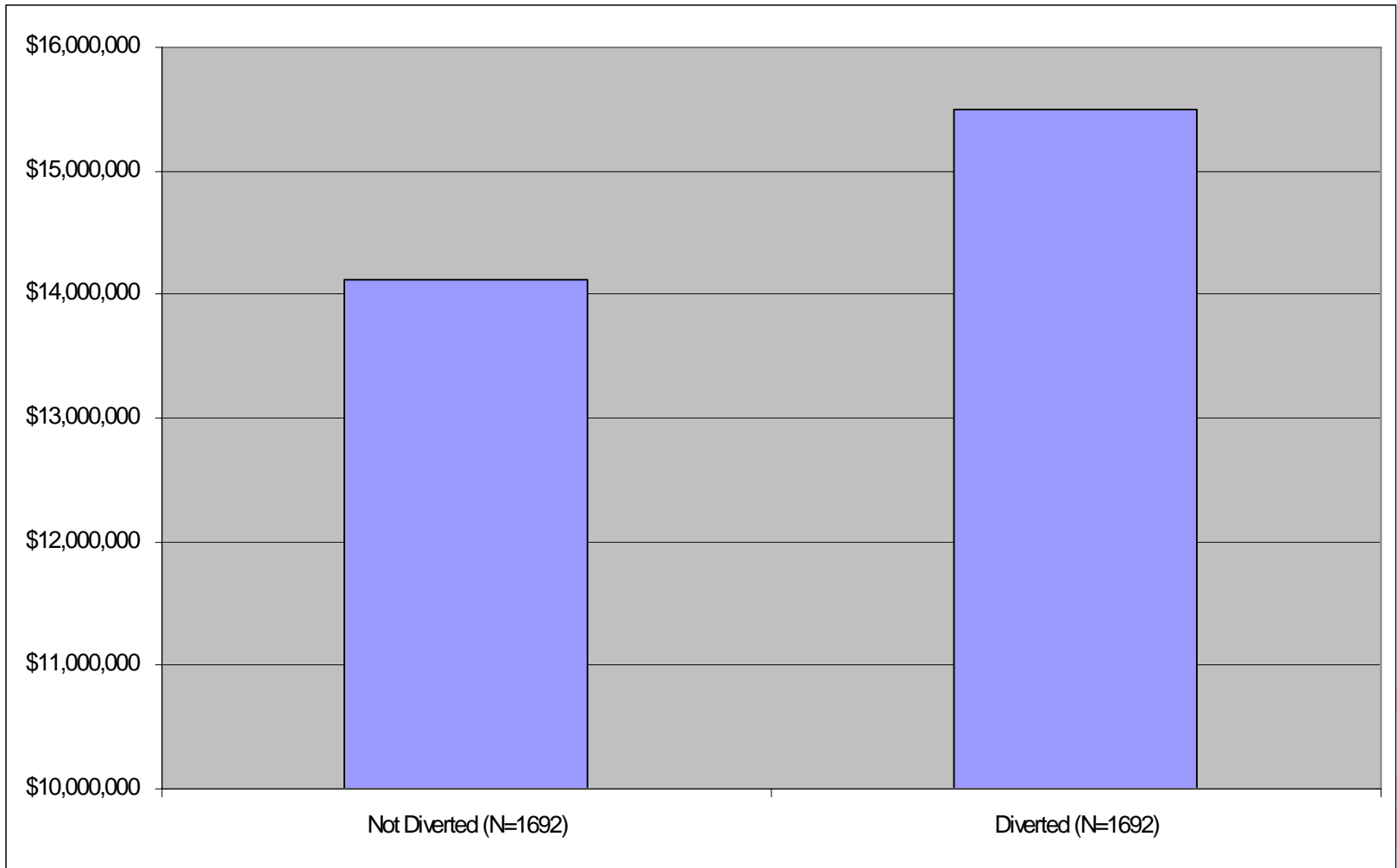
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Program Costs Year 1 Scenario 2 (n=1692)



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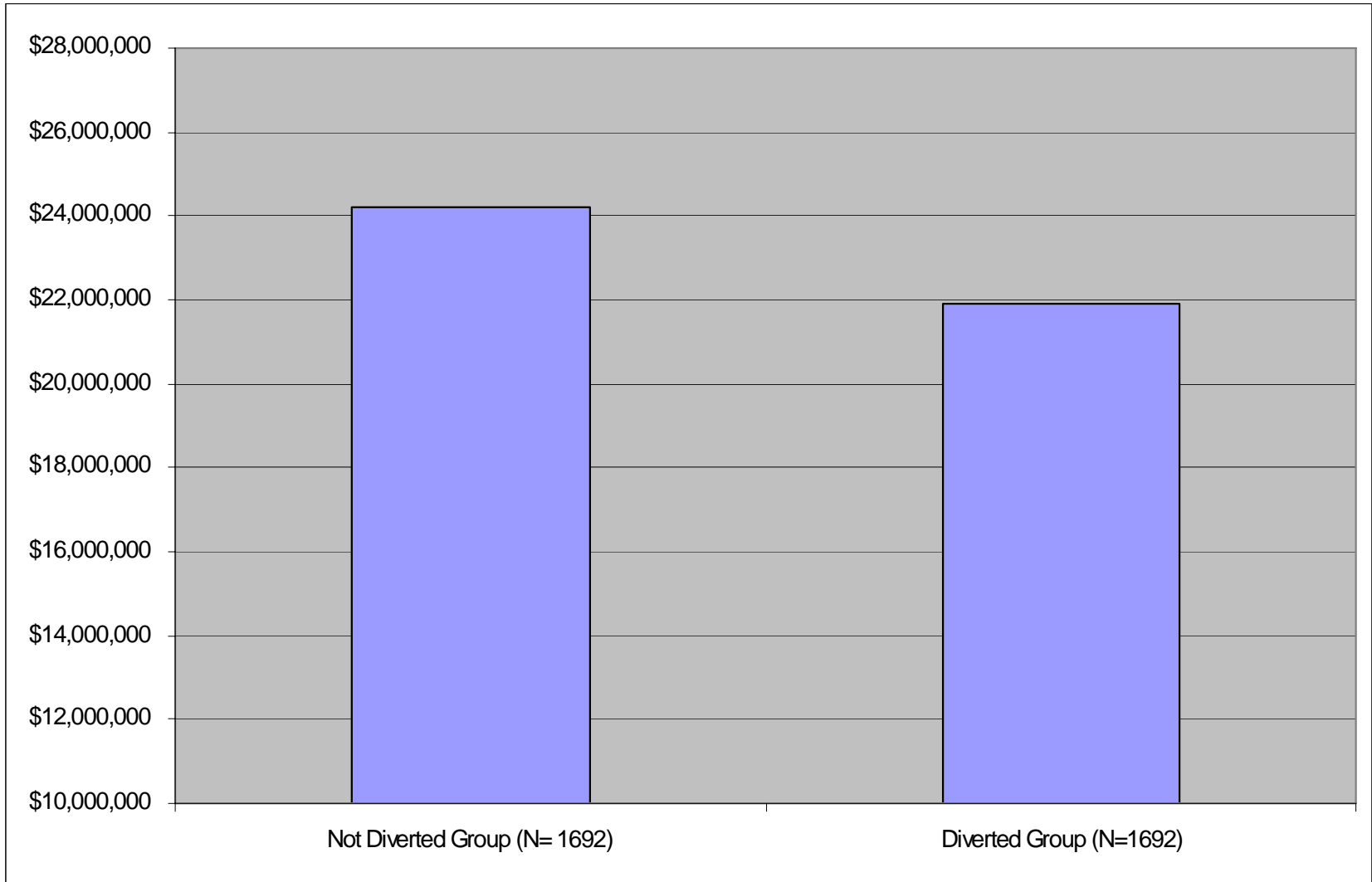
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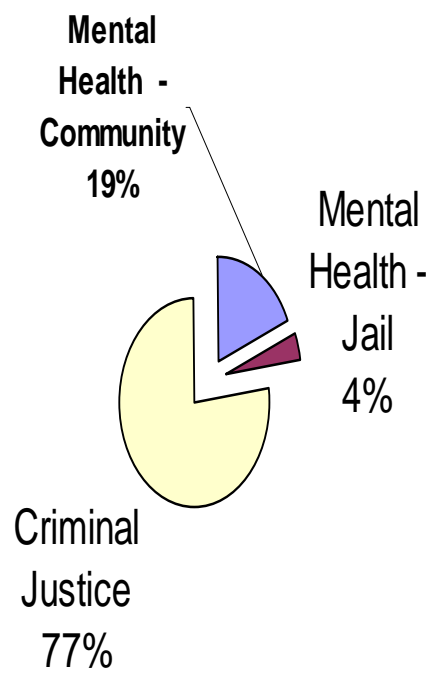
Program Costs Years 1 and 2 Scenario 2 (n=1692)



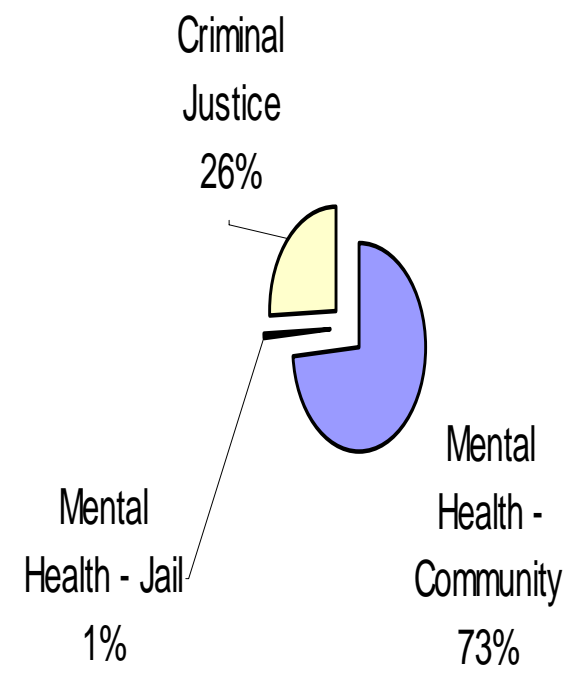


Resource Distribution for 2 Year Model - Scenario 2

Not Diverted Group



Diverted Group





*Diversion Results
Scenario 3
Outpatient Restoration of Competency*

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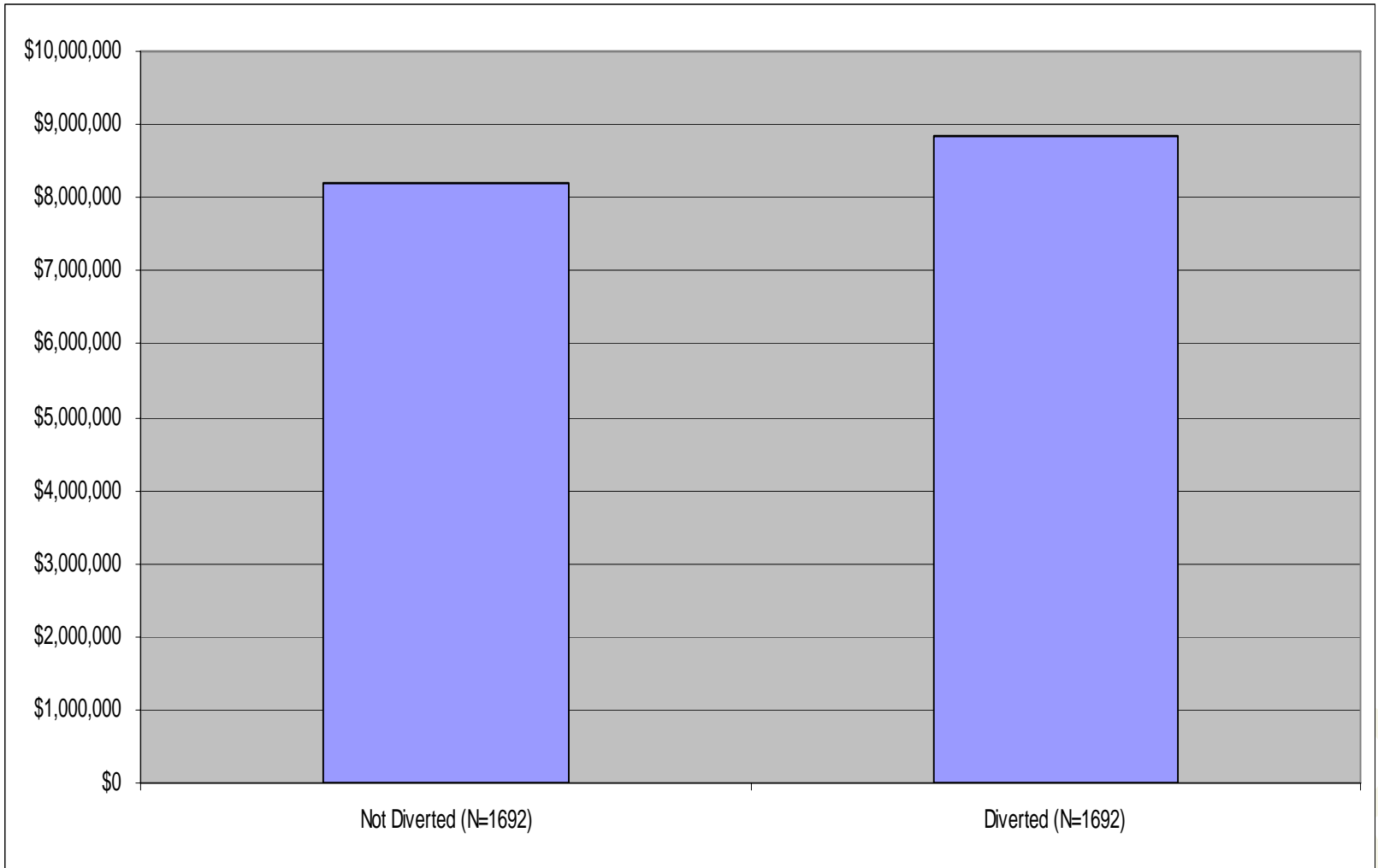
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Program Costs Year 1 - Scenario 3

Outpatient Restoration of Competency (n=84)



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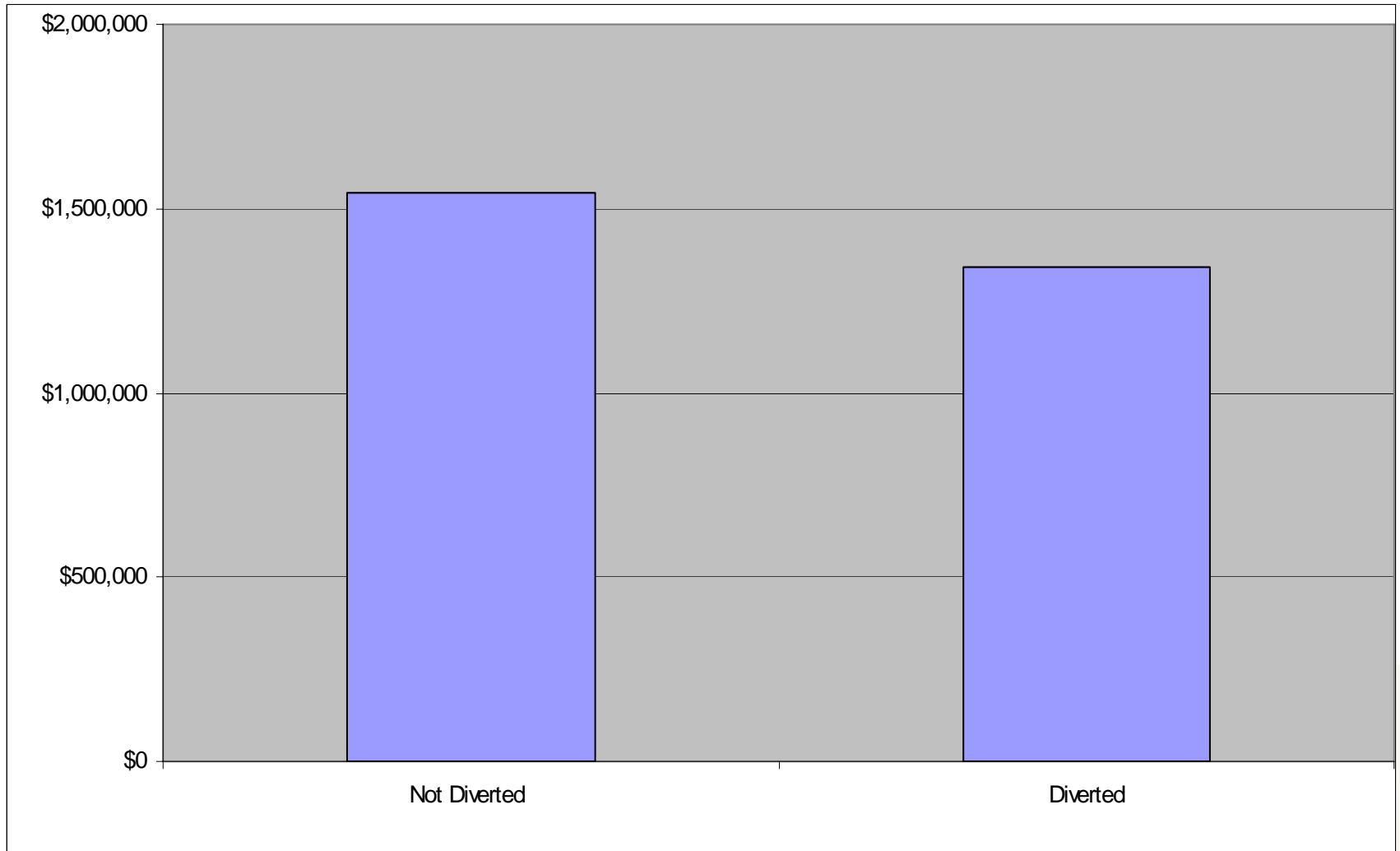
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Program Costs Year 1 and 2 - Scenario 3

Outpatient Restoration of Competency (n=84)



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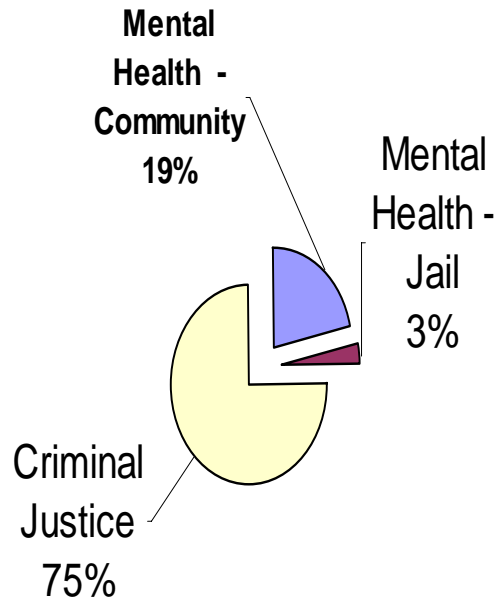


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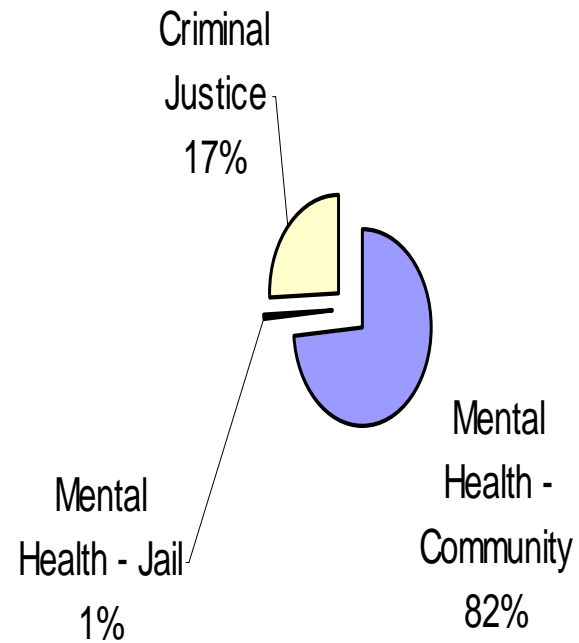


Resource Distribution for 2 Year Model - Scenario 3 Outpatient Restoration of Competency

Not Diverted Group



Diverted Group





How the Model Process is Helpful

- Is outcome-based
- Uses the best knowledge available and expert judgment when there are gaps
- Assumptions can change depending on the type of program and services available and delivered
- Facilitates stakeholder participation: easy to try out suggested strategies
- Users can see immediate consequences of changes to the service configuration and assumptions





Projecting Cost Savings is A Challenging Activity

- Must distinguish between “real” and “paper” savings to each system involved
- Even if the differential costs between diversion and incarceration are minimal, dollar costs must be considered in relation to achieving desired consumer and system level outcomes
- Essential to distinguish between immediate cost savings and future cost avoidance





Projecting Cost Savings is a Challenging Activity cont'd

- Achieving results predicted by the simulation requires screening and assessment for clinically appropriate diversion
- Service levels described by the model must be taken seriously: No short-cuts to intensive services when they are needed!

