

Jail Diversion Cost Simulation Model – Beta Test

Overview

Travis County, TX

September, 2006 to September, 2007

CMHS GAINS Technical Assistance & Policy Analysis
Center for Jail Diversion

Human Services Research Institute

**Final Version:
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Introduction

For a jail diversion program for persons with mental illness, success can be measured in terms of public health and public safety outcomes, consumer satisfaction, and fiscal impact. A program is accountable to its stakeholders and community for each of these outcomes, not the least of which is the expectation that scarce resources devoted to the program will be applied as effectively as possible to achieve the most desirable results. The Jail Diversion Cost Simulation Model is an adaptation of a computerized model developed by Human Services Research Institute (HSRI) for estimating the fiscal impact of different mental health service packages for state mental health agencies. It is a planning tool to assess to what extent proposed jail diversion programs will result in cost savings, to provide a tool to system administrators and planners to support resource planning and allocation decision-making, and to determine system capacity requirements.¹

The Jail Diversion Cost Simulation Model produces a projection of a diversion program's effectiveness, costs, and potential cost savings using the community's criminal justice, mental health, homelessness, emergency room, and psychiatric hospitalization data. A community's real costs are entered into the model. Simulations based on local data and local costs provide policymakers and public officials with options relating to service packages, resource allocation, and fiscal impact.

The model relies on five inputs: number of divertible cases per month by mental health status and criminal justice charges, mental health and substance abuse services that the diverted group should receive in the community, the cost of services in the mental health system, criminal justice costs associated with each offense, and the estimated outcomes of service packages. For each simulation, the model will produce estimates of consumer benefits, community outcomes, and mental health and criminal justice system costs that reveal the fiscal implications of implementing that particular strategy.

The first test of the Jail Diversion Cost Simulation Model took place in 2003 and 2004 in Chester County, PA under the auspices of the Technical Assistance and Policy Analysis Center for Jail Diversion (TAPA Center). From this test, four conclusions were reached:

- Jail diversion without linkage to appropriate and effective community-based services may reduce jail days, but it will not result in improved public health outcomes.
- To achieve improvement in individual-level public health outcomes, nothing is more important than access to effective services.
- In general, a post-booking jail diversion program will produce cost savings compared to a treatment as usual group after 18 months to 24 months.
- Cost savings will not be generated by diverting individuals with low level charges (HSRI, 2004).

The Travis County (Austin), TX Application

In 2006 the TAPA Center solicited communities planning a post-booking jail diversion program to take part in a second test of the model. In September, 2006, the Mayor's Mental Health Taskforce Monitoring Committee submitted an application on behalf of Travis County (Austin), TX. Over the next 12 months, the TAPA Center and HSRI worked with the Travis County Cost Simulation Workgroup, chaired by Judge Nancy Hohengarten of Travis County Courts, Abraham Minjarez of the Austin Travis County Mental Health Mental

¹ Costs are measured as expenditures to the public system

Retardation Center, and Susan Stone, MD, JD, of the Mayor's Mental Health Taskforce to collect cost, jail admission, criminal charges, criminal history, and service utilization data. Many county agencies participated in the data collection process, notably the Sheriff's Office, the Criminal Justice Planning Department, the Community Supervision and Corrections Department, the Criminal Court Administration, the Indigent Care Commission, and the Planning and Budget Office. Beginning in November, 2006, a three month sample (n=878) of jail admissions with a "mental health flag" who were administered the Texas Recommended Assessment Guidelines (TRAG) was collected and matched with current criminal charge data (n=835).

Following several meetings of the workgroup to review the status of data collection, develop three diversion models to simulate, and interpret the resulting summary and simulation data, a status report was presented to the Travis County Jail Diversion Workgroup in April, 2007; a final report of the simulation results was presented at the Travis County Courts at Law in September, 2007.

Characteristics of the Three Month Sample

Current criminal charge information was available for 95% of the sample (n=878) of jail admissions with a "mental health flag" administered the TRAG in November of 2006 and January and February of 2007. Of those with current charge information, 685 individuals were admitted on new charges. For 47% of admissions with new charges, the highest charge category was felony (followed by misdemeanor, 40%, and state jail felony, 13%). Twenty six per cent had not been booked into the Travis County Jail within the past eight years, 29% had one to three prior bookings, 33% had four to ten prior bookings, and 12% had 11 or more prior bookings.

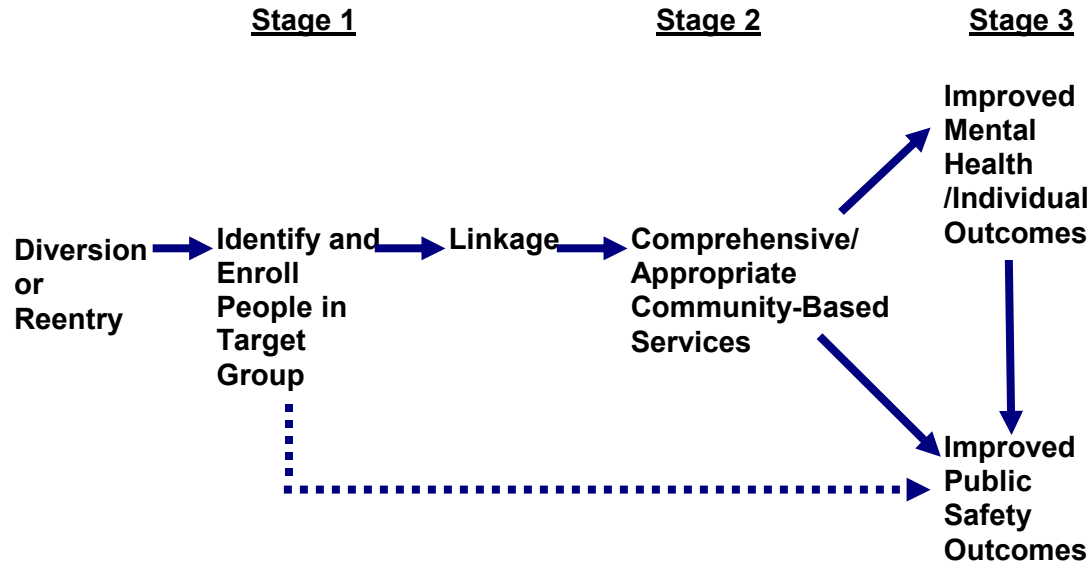
Of the individuals admitted on new charges, 67% were white and 77% were male. Ethnicity data was not collected.

From the total sample (n=878) of jail admissions administered the TRAG, 69% were diagnosed with bipolar disorder, depression, or schizophrenia. Twenty one per cent of admissions were "rule outs" where no Axis I disorder was diagnosed. Among the TRAG's service needs measures, 14% scored significant to high for risk of harm, 23% for support needs, 18% for housing instability, and 21% for co-occurring substance use.

The Resource Associated Functional Level Scale (RAFLS) scores were converted from the TRAG to measure functional impairment. The scale has seven levels ranging from one, acutely ill, to seven, system independent. Half of the sample scored four, lacks community skills (24%) or five, needs role support (26%).

Jail Diversion/Reentry Logic Model

The development of the three diversion models to simulate was based on the TAPA Center for Jail Diversion's Logic Model for diversion and reentry programs.



**Diversion Scenario 1:
Residential Treatment for Homeless Males with Co-Occurring Disorders**

Stage 1

The target population for this scenario was men with co-occurring severe mental illness and substance use disorders who were currently homeless and had a history of multiple arrests. Major depression, bipolar disorder, schizophrenia, and schizoaffective disorders were the eligible diagnoses. Three offense categories were excluded: Misdemeanor C, Felony 2, and Felony 1.

Two tracks were projected to serve individuals whose highest current charge was an eligible misdemeanor or felony. In the misdemeanor track, individuals would be released on bond within five days of admission to the jail. Charges would be dismissed following six months of supervision by Pretrial Services. Individuals processed through the felony track would be diverted as a condition of probation within ten days of jail admission. Individuals would be supervised by probation for two to five years.

Of the total possible divertible individuals under this scenario in the three month sample (n=592), approximately 24 per month were projected to meet this scenario’s admission criteria.

Stage 2

The service package for this scenario centered around a 90 day residential treatment program followed by 90 days of Forensic Intensive Case Management. Integrated Dual Disorders Treatment and wraparound services were also included.

Projected Program Costs and Resource Distribution

Assuming 24 individuals are enrolled into the program each of the 12 months following program implementation for a total of 288 program participants, costs for the diverted group were projected to exceed the costs of the not diverted group after 12 months and 24 months. At 36 months or “the tipping point”, cumulative costs for the not diverted group would exceed the diverted group.

Over the 36 month period, the bulk of the diverted group's resource utilization would be in community mental health services (85%). The diverted group was projected to have some contact with the criminal justice system (14%), but its total resource utilization would represent only one quarter of the not diverted group. The not diverted group would continue to be users of community mental health services (37%) and projected to come in repeated contact with the criminal justice system (60%). Data on the costs of jail mental health services were not factored into the model due to the difficulty of calculating these costs. For this reason, the model underestimates the cost of a jail day for inmates with serious with mental illness.

Diversion Scenario 2: Non-Residential Treatment for Defendants with Housing Stability and Co-Occurring Disorders

Stage 1

The target population for this scenario was individuals with co-occurring severe mental illness and substance use disorders, a history of multiple arrests, and housing stability. Housing stability was defined as a score of moderate or lower on the TRAG housing instability scale. Major depression, bipolar disorder, schizophrenia, and schizoaffective disorders were the eligible diagnoses. Three offense categories were excluded: Misdemeanor C, Felony 2, and Felony 1.

Two tracks were projected to serve individuals whose highest current charge was an eligible misdemeanor or felony. In the misdemeanor track, individuals would be released on bond within five days of jail admission. Charges would be dismissed following six months of supervision by Pretrial Services. Individuals processed through the felony track would be diverted as a condition of probation within ten days of admission. Individuals would be supervised by probation for two to five years.

Of the total possible divertible individuals under this diversion scenario in the three month sample (n=592), approximately 141 per month were projected to meet this scenario's admission criteria.

Stage 2

Divertees would be placed on a Forensic Intensive Case Management caseload and receive supported housing, rehabilitation, and counseling services.

Projected Program Costs and Resource Distribution

Assuming 141 eligible individuals are enrolled in the diversion program in each of the 12 months following program implementation, 1,692 individuals would be diverted under this scenario. Costs for the not diverted group would exceed the costs of the diverted group between 12 and 24 months.

Community mental health services (73%) would constitute a majority of the diverted group's resource utilization. Compared with the non-diverted group, the diverted group's criminal justice system costs were projected to be one third of the non-diverted group (26% vs. 77%).

Diversion Scenario 3: Outpatient Restoration of Competency

Stage 1

This diversion scenario targeted individuals found incompetent to stand trial and clinically appropriate for community-based restoration. In addition to diagnostic criteria (bipolar disorder, depression, schizophrenia, or schizoaffective disorder) and charge criteria (Misdemeanor C, Felony 2, and Felony 1 charges excluded), diverted individuals would need to score within an acceptable range on risk assessment instruments (HCR-20 and/or LSI-R).

Individuals were projected to be diverted within five days of admission to the jail.

Of the total possible divertible individuals in the three month sample (n=592), approximately seven per month would meet this scenario's admission criteria. Due to lack of risk assessment data in the three month sample, the risk assessment score, a limiting factor in eligibility determinations, was not included in the calculation of divertible individuals.

Stage 2

Core services would include Forensic Intensive Case Management or Assertive Community Treatment, medication support, restoration training curriculum, housing support, rehabilitation, and counseling.

Projected Program Costs and Resource Distribution

Eighty four individuals would be eligible for diversion within 12 months of implementation based on a monthly average of seven. Costs for the not diverted group were projected to exceed the costs of the diverted group between 12 and 24 months.

The bulk of the diverted group's resource utilization were projected to be in community mental health services (82%), with criminal justice system costs accounting for 17% of total resource costs. Seventy five per cent of the not diverted group's resource utilization was projected to be in the criminal justice system, with 22% in community mental health services.

Summary

These three scenarios suggest cost shifting over the short term from the criminal justice system to the community mental health system, with a long term trend of cost avoidance as individual service needs lessen over time and future criminal justice system involvement is reduced. However, it is important to distinguish between real savings to a system and savings on paper. In this model, the fiscal impact is reflected at the individual level and, possibly, at the public level in the future. Further, achieving results predicted by the scenarios is dependent upon accurate screening and assessment for individuals who are clinically appropriate for diversion, and linking those diverted individuals to the right services at the right level. There is no substitute for intensive, appropriate services.