

The Mental Health Jail Diversion Program

EXECUTIVE SUMMARY

Passed in 2013, SB 1185 established a mental health jail diversion pilot program to reduce recidivism, frequency of arrests, and incarcerations of people with mental illness. The legislature appropriated \$5 million per year with a Harris County \$5 million match to provide services to 500-600 individuals annually through the development of the Mental Health Jail Diversion Program (MHJDP). The MHJDP's first year involved a comprehensive planning process led by Harris County Judge Ed Emmett. In January 2014, the first comprehensive program development meeting was held with county staff and stakeholders to determine eligibility criteria, the program model, services delivery, data metrics, and evaluation components.

The MHJDP worked with the Texas Department of State Health Services (DSHS) to produce this evaluation report to Legislators and state leaders. This report summarizes the program's impact on reducing recidivism. It describes the service model; compares recidivism rates and other metrics before and after program involvement; and provides recommendations for program expansion in Harris County and across the state.

Following its legislative mandate, the MHJDP is a collaborative model for health and human services and criminal justice that incorporates integrated health and behavioral health, housing, and treatment of co-occurring disorders, and criminogenic risk. It applies the principles of Critical Time Intervention (CTI), an evidence-based practice of intensive case management. This time-limited approach supports continuity of care and community integration for individuals with co-occurring disorders, homelessness, and criminal justice involvement.

To assess program implementation and impact, statistical analyses were performed on a sample of 203 enrolled participants. The average participant was male (72%), never married (71%), English speaking (98%), African American (66%), and suffered from bipolar disorder (36%) with a secondary substance abuse diagnosis (43%). Of the sample population, 36.9% had no further encounters with the criminal justice system in the year following enrollment, which is lower than the national average of 56.7%.¹ There was a 38.2% reduction in the average number of bookings per person. In addition, participants served 3,836 fewer jail days. Estimated cost avoidance for bookings totaled \$1,857,166. Less the costs associated with one year of treatment there was a potential savings to the taxpayer of \$947,131 for this sample.

There were challenges associated with the engagement and retention of participants, although many proved resilient despite their long histories of criminal justice involvement. The strict adherence to the eligibility criteria proved to be one of the primary programmatic limitations. The pilot has enhanced existing relationships and promoted the development of a shared interagency mission. It also incorporated several evidence-based and best practices with a harm reduction approach that has shown to be cost and clinically effective. Policy and programmatic recommendations include the requirement of interagency strategic planning for jail diversion for state-funded mental health authorities, the development of funding mechanisms and policies that incentivize the creation of co-occurring treatment options, and the expansion of existing state and county jail diversion programs.

¹ Recidivism. (2017, June). National Institute of Justice. Retrieved October 4, 2016 from <http://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx>.