

**CRISIS INTERVENTION TEAM TRAINING
BEXAR COUNTY SHERIFF'S OFFICE**

Diversion Initiatives/ Jail Diversion

INSTRUCTORS:

Elements of TX Jail Diversion

- **Educate law enforcement personnel and the courts**
- **Develop and utilize Crisis Intervention Team (CIT)**
- **Develop a centralized location for mental health assessments, without arrest for individuals with non-violent criminal conduct**
- **Development of holding facilities providing structured treatment in lieu of arrest**
- **Development of linking and referral services**
- **Development of timely and effective screening process**
- **Development of required community support**
- **Development of an identified method for addressing housing and needed support services**
- **H.B. 2292**
- **Pre-booking diversion occurs at first contact with law enforcement,**
- **Prior to any formal charges**
- **CIT and Crisis Center**
- **Post booking divert consumers after they have been booked. A plan is then created for implementation upon consumers release from jail.**

Jail Diversion Concepts Facts:

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Nationally, nearly half of the inmates in prison with a mental illness were incarcerated for committing a non-violent offense

150,000 former patients of DSHS now find themselves caught up in the criminal justice system, mainly because there was no other place for them to go

Calls for police services in which mental illness is a factor make up between 7% and 10% of all police contacts and continue to pose significant operational problems for the police

National analyses has demonstrated that diverted clients have significantly lower criminal justice costs than non-diverted clients.

Jail Diversion Benefits:

Decriminalization of persons with mental illness

The problem of over representation of people with mental illness in the criminal justice system is addressed

Reduced hospitalization

Increased public safety

Reduction of inappropriate incarceration of persons with mental illness

Length of stay in jails shortened in lieu of increased access to treatment

Violence and victimization is reduced

Costs incurred by taxpayers when a person with a mental illness is arrested, incarcerated, and/or hospitalized are addressed.

CIVIL AND CRIMINAL DIVERSION INITIATIVES

**System County City-wide
Entry Points**

**Judicial/Courts
Magistrate**

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Law Enforcement

**Works With: Perpetrators, Defendants
and Offenders**

Mental Health

Patients, Clients or Consumers

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Institutions:	Jails and Prisons: Pressure to reduce utilization and rely on community resources.	Hospitals: pressure to reduce utilization and rely on community resources
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Emphasis:	Public Safety	Least Restrictive Alternative
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Deals with....	Behavior	Illness
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Uses...	Authoritarian and Adversarial Charge	Team Approach, not sure who is
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Deals with...	Recidivism where common and not expected	Chronic illnesses where relapse is common
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Views....	Mental Health Individuals as odd	Law Enforcement individuals as autocratic
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Views...	Mental Health as fuzzy thinkers, too process oriented and takes too long to reach a conclusion. Everything gray.	Law Enforcement as world of rigid thinkers, make decisions too quickly, see everything in Black and white, fail to appreciate debilitating nature of MI.
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Law Enforcement

Mental Health

Both look at	Chaotic and impossible to	Chaotic and impossible to
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Others worlds	understand indecipherable	understand and indecipherable
As.....	Jargon used to confuse other.	jargon used to confuse the other.
Feels.....	Not appreciated for the pressure they are under to deal with the endless stream of perpetrators, defendants and victims.	Unappreciated for pressure it is under to care for endless stream of patients it is asked To serve.

Biases

- **These biases make it almost impossible to work together. But do they have more in common than they think? Both care about the people they serve, want to live more productive and happier lives, to protect the world, fear the newspaper headlines involving on of their “customers”.**

First step to successful collaboration:

- **Desire to work together on solutions.**
- **“...the fundamental and realistic commonalities shared by the mental health and criminal justice systems could potentially span the boundaries artificially erected between the two systems.”**

Collaboration:

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For maximum success, people who become increasingly comfortable working with the other systems must emerge. Perhaps the most difficult challenge is a willingness to give up some degree of control to allow for real collaboration.

- time
- Commitment
- Risk
- Without such efforts we will continue to inappropriately incarcerate people who suffer from serious mental illness and need effective treatment, not punishment.

When to divert? *

- Ideally people with mental disorders would come to the attention of the criminal justice system with the same frequency as the general population with the same demographic characteristics.
- People with mental illness who commit crimes with criminal intent and unrelated to symptomatic mental illness should be held accountable for their actions as would anyone else.
- While mental illness does not preclude criminal behavior, there is no reason to believe people with MI are more prone to commit criminal acts.
- People with MI should not be arrested simply because of their mental disorder. Nor should such people be detained in jails or prisons longer than others because of their illness.
- There is a direct link between inadequate mental health services and the growing number of mentally ill who are incarcerated...CJ/MH consensus project
- It has been long recognized that Law Enforcement collaborative agreements with Mental Health agencies is the key approach in dealing with the national Mental Health service crisis.

Jail Diversion

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- http://www.liveleak.com/view?i=eaf_1258270221



Understanding program evaluation in demonstrating measuring success

- It is critical to do at least a basic program evaluation. Measuring program effectiveness can assist in determining how successful your program responses are to your area. It will also evaluate any changes or adaptations/modifications that might be appropriate. Look at trends for the total agency. In order to obtain an effective measurement, effective documentation is necessary

Performance Measures

- Start by identifying performance measures based on your program goals. These measures should consider quantitative data on key aspects of program operation, as well as qualitative data on the officers and community member's perceptions of the program.
- It will be helpful to gather documented baseline data prior to program implementation for later comparisons with new program information, as well as to compare the performance of CIT trained officers to non-CIT trained officers.
- Sharing statistics with other agencies for comparison evaluation may also be helpful.

Quantitative Data

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- The quantitative data collected should focus on questions most critical to the programs success in achieving its goals. Such information would include:
- The number of injuries and deaths to officers and citizens
- Officer response time
- Number of incidents to which specially trained officers responded
- The number of repeat calls for service
- Officers disposition decisions (linking services)
- Time required and method used for custodial transfer

Review and Follow Up

- Data should also be used to refine program operations as needed, as well as review individual case outcomes and determine if follow-up by MH professional is warranted.
- Methods for compiling qualitative data could be from officer surveys, both from specialized officers and others. In this manner chief administrative officers can better assess the programs usefulness to the entire department and be informed in order to address any concerns.

Three other types of useful data could include:

Quantity Data:

- The number of training events, officers trained and CIT officers on duty.

Process Data:

- The number of:
- Identified CIT calls
- CIT calls handled by CIT officers
- Post intervention follow-up

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- **Response time**
- **Time delays in admission**

Outcome data:

- **Service links**
- **Civil protective custody**
- **Use of force incidents**
- **Injuries**
- **Jail diversion**
- **Criminal bookings**

Collecting Data

- **Ensure mechanisms are in place to capture data consistent with the process and outcome measures identified.**
 - **Agree upon common definitions of MI and the characteristics of the general population.**
 - **Capitalize on existing management information systems to facilitate data collection and analysis.**
 - **Solicit comments and opinions from staff, crime victims, family members, and program participants.**
 - **Establish procedures early in the process to share information that will facilitate the data collection of people served by both the criminal justice system and mental health systems.**

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Sustaining the Program

- **Departments also should focus on sustaining internal support for the program, such as offering refresher training to help officers refine their skills and expand their knowledge base, incentives and other organizational support for serving in the program should also be considered.**

What is your desirable outcome?

- **Jail diversion-decreased cost**
- **Decreased use of force and injuries-improved risk management**
- **Increased links-improved treatment and decreased crisis events**
- **Improved general public and consumer/officer relations**
- **Arrest and use of force has decreased**
- **Underserved consumers are identified by officers and provided with care**
- **Patient violence and use of restraints in the ER has decreased**
- **Officers are better trained and educated in verbal de-escalation techniques**
- **Officers' injuries during crisis events have declined**
- **Officer recognition and appreciation by the community has increased**
- **Less victimless crime arrests**
- **Decrease in liability for health care issues in the jail**
- **Overall cost savings**
- **Reduced victimization of people with mental illness**
- **Reduced repeat victimization of people with mental illness**
- **Reduced total calls for service involving people with a mental illness**

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- Reduced calls for service at “hot spots” (do not include group homes etc.)
- Reduced amount of police time consumed by calls involving people with mental illness
- Reduced total calls for each type of situation involving people with a mental illness
- Reduced arrests of people with a mental illness (assuming alternatives to incarceration are available)
- Increased referrals of people with mental illness to community-based services
- Reduced injuries to police officers caused by people with mental illness
- Increased “customer” satisfaction-post incident satisfaction of complaints, victims, and offenders
- Increased “expert” satisfaction-high ratings of police effectiveness by mental health and legal professionals.

STATS

- NUMBER OF CALLS
- USE OF FORCE
- INTERNAL/EXTERNAL REFERRALS
- OFFICERS RETURN TO SERVICE
- MEDICAL CLEARANCE
- TIME ON CALL
- NUMBER OF EMERGENCY DETENTIONS
- HOSPITAL
- RELEASED AT SCENE
- NO CONTACT

**CRISIS INTERVENTION TEAM TRAINING
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Adult Services

Intake Unit 1200 Brooklyn

FACT Unit 9502 Computer Drive

Harvard Place 1920 Burnet Street

Elizondo Unit 806 So. Zarzamora

Northwest Unit 9502 Computer Drive

Hope Transitional Unit 601 N. Frio

Doctor

Medication

Case Manager

Substance Abuse Initiatives

- **Adult TCOOMMII Unit 2711 Palo Alto Rd**
- **MIOF, Probation & CHCS**
- **Step Down Facility**
- **SA Treatment Facilities1&2**
- **Outpatient Sub Abuse Tx for Probationers**
- **Mental Health Community Reintegration**
- **Involuntary Outpt Commitment**
- **Outpatient Competency Restoration**
- **NGRI Court**
- **Forensic Assertive Community Txt**

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- **Felony Drug Court**
- **Misdemeanor Drug Court**
- **DWI Court**
- **Substance Abuse Court**
- **Mental Health Court**
- **Veteran's Court**

Children's Services

- **Child Crisis 711 E. Josephine**
- **(210) 299-8139 or 223-7233**
- **Mobile Outreach Team**
- **Children's TCOOMMI**
- **Therapeutic Foster Care**
- **Youth Empowerment Services Waiver**
- **Texas Youth Suicide Prevention**
- **Head Start Mental Health Services**

CRISIS CARE CENTER

Crisis Line

225-5481

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Crisis Assessment

Receives consumers from law enforcement 24/7

Mobile Crisis Outreach Team

Minor medical clearance M-F 8:00A-8:00P

Crisis Transitional Unit

Please call ahead

7137 W. Military 645-1651

Can not take violent or medically compromised individuals

Public Safety Unit

- **All non-combative PI arrests**
- **24/7 Availability**
- **20 Bed capacity**
- **Property dropped off at the PSU**
- **No booking slips required**
- **Minor medical treatment for PI arrests**
- **Available treatment for substance abuse**
- **Actual jail time for repeat inebriates**
- **NO CHEMICAL ED's**

Sobering Unit – Medical Clearance

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Children's Crisis Services

711 E. Josephine

(210) 299-8139

Non-violent youth

8:30 AM – 8:00 PM

Trouble Shoot Disagreements

http://www.liveleak.com/view?i=4b7_1287439975

We know there will be problems. Please inform us as they occur rather than let the situation go unaddressed or get worse.