
Contrasting Jail Diversion and In-Jail Services for Mental Illness and Substance Abuse: Do They Serve the Same Clients?

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Baseline data from a study of jail diversion services and in-jail behavioral health services were used to examine the differences in clients served by these two models of responding to people with co-occurring mental health and substance abuse problems in the criminal justice system. Clients of the diversion service had more acute psychiatric symptoms and were more likely to have a diagnosis of psychosis NOS. Clients of the in-jail service were more likely to have been on probation or parole in the past and to have received substance abuse treatment. Different service models may attract and serve different populations of clients. Diversion services may cast a wider net that includes clients who may not have otherwise been involved in forensic services. Copyright © 2005 John Wiley & Sons, Ltd.

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The criminalization hypothesis asserts that deinstitutionalization era policy changes resulted in a significant portion of individuals with mental illness being controlled by the criminal justice system, when previously they would have been treated through psychiatric hospitalization (Abramson, 1972; Hiday, 1992; Teplin, 1984, 1991). The fourfold rise in incarceration generally between 1975 and the late 1990s explains much of this criminalization phenomenon (Blumstein & Beck, 1999; Draine, 2003; Haney & Zimbardo, 1998). This increased level of involvement of people with mental illness in the criminal justice system has alerted many to the need for policy responses (Consensus Project, 2002; Ditton, 1999; Koyanagi, 2002; NAMI, 2002).

Criminal justice diversion is one such policy response (Desai, 2003; Draine & Solomon, 1999; Steadman, Barbera, & Dennis, 1994). To varying degrees, these programs move individuals with mental illness out of the criminal justice system, and into the mental health system for treatment (Steadman *et al.*, 1994; Draine & Solomon, 1999). Promotions of these interventions usually contain some variant of the argument that treatment in the mental health system is more appropriate for persons with mental illness than accountability in the criminal justice system. Therefore, treatment is an alternative to criminal justice processing, not an addition.

Jail diversion programs are broadly categorized as “pre-booking” and “post-booking” programs (Lattimore, Broner, Sherman, Frisman, & Shafer, 2003; Steadman *et al.*, 1994). Post-booking programs screen individuals with mental illness in jails and provide mechanisms for them to be directed into psychiatric treatment as an alternative to prosecution or continued criminal incarceration. Pre-booking programs provide mechanisms for police to refer individuals directly into treatment as an immediate alternative to arrest. Pre-booking programs include training for police in how to respond to mental and emotional disturbance. The police activities associated with pre-booking diversion are very closely linked with the conventional police task of responding to psychiatric crises. The overlap of the police functions of crisis response and arrest, in addition to complicating police work (Borum, Dean, Steadman, & Morrissey, 1998; Watson, Corrigan, & Ottati, 2004), can complicate the conceptualization and evaluation of pre-booking diversion programs (Draine & Solomon, 1999). Pre-booking diversion models may serve to expand control in unanticipated directions. As a result, a jail diversion program may ultimately serve a broader population than simply those who would have otherwise been in jail with mental illness.

There is evidence that those with mental illness who are incarcerated in jail share the same risk factors for arrest that are seen in the general population, such as substance use history (Bonta, Law, & Hanson, 1998). In a similar vein, Lattimore and colleagues demonstrate that post-booking diversion clients show more of these crime risk characteristics when compared with pre-booking clients (Lattimore *et al.*, 2003). In a comparison of samples from a pre-booking jail diversion program and an in-jail mental health service, we hypothesized that the mentally ill population served by the diversion program would be more symptomatic and less criminally involved than the mentally ill population served by the in-jail mental health program.

SETTING

The setting for this study was two large counties in Pennsylvania. One county operates a jail diversion program that has been independently recognized as a

national model of responding to mental illness in the criminal justice system (Torrey et al., 1992). The other county, which adjoins the first county, sharing a 27 mile straight-line border, has an in-jail psychiatric treatment service, which has been recognized by the same independent review as a model program for persons with mental illness in the criminal justice system (Torrey et al., 1992). These programs offered an opportunity to study the effectiveness of a diversion strategy and an in-jail service strategy in responding to those with mental illness in the criminal justice system. This study was part of a nine-site knowledge development and application (KDA) project by the Center for Substance Abuse Treatment and the Center for Mental Health Services to examine criminal justice diversion strategies for people with co-occurring substance abuse and mental illness disorders. Within the multi-site study, this was the only study site that contrasted one pro-active intervention approach with another (in-jail services versus diversion).

THE DIVERSION SITE INTERVENTION

The diversion program was located within a centralized, county behavioral health emergency service center. This center offered an array of services including outpatient and inpatient psychiatric services, a psychiatric ambulance, and a crisis center that offers the full range of emergency services. The center also offered forensic services, referred to as the "Criminal Justice Department". The services provided by the Criminal Justice Department included pre- and post-booking diversion services, community outreach, and short and long term forensic case management services. Staff of the Criminal Justice Department also provided training for police officers in how to respond to people with mental illness, support to police officers in the community via the community outreach services, and ambulance transportation, and expedited involvement for police who access services through the crisis center (Steadman et al., 2001).

THE IN-JAIL BEHAVIORAL HEALTH SERVICE

The in-jail behavioral health service provided two types of service to individuals with mental illness during their stay in the jail. This program employed three full time psychologists and several part time psychiatrists who provided treatment aimed at crisis management, symptom stabilization, and assistance to inmates with their adjustment to incarceration. This program also employed a case manager who provided discharge planning to inmates with serious mental illness. Although staff of this program were located within the jail, the services were provided through a community based mental health center. In many ways the structure of this discharge planning service was similar to activities associated with post-booking diversion programs, in that in many instances the discharge plan expedited the inmate's release. However, the case manager did not actively engage in negotiations with the criminal justice system to reduce the inmate's charges or sentence.

RECRUITMENT OF PARTICIPANTS

The sample was recruited simultaneously from both the diversion and in-jail service settings. The initial screening consisted of research assistants reviewing the daily intake logs of both facilities to identify potential participants. The research assistants in conjunction with the service providers approached all individuals who appeared eligible for the study. IRB approved informed consent procedures were used in all interview phases. The informed consent process included a reminder, at each interview, to the participants of their right to refuse participation in the study without affecting their legal or behavioral health treatment status.

With the collaboration of staff at the two sites, individuals were screened for study criteria using a brief screening interview and data derived from clinical files. There were five criteria for participation in the study. Individuals had to be 18 years of age or older; have the capacity to understand the informed consent process and voluntarily agree to participate; have a substance abuse problem, which was determined by receiving a critical score on the MAST or DAST index (Selzer, 1971; Skinner, 1982; Zung, 1980) and/or a diagnosis of abuse or dependence excluding nicotine and caffeine; and have a schizophrenia spectrum diagnosis, including delusional disorder, psychotic disorder NOS, and/or a major mood disorder. Individuals with a diagnosis of major depression single episode had the depressive episode within the month prior to the interview. Individuals with a diagnosis of major depression recurrent or mood disorder NOS had an episode within the previous 2 years. The last criterion was that participants had to have contact with law enforcement officers within the two week time period prior to informed consent, which if not for the diversion program could have resulted in or did result in a criminal arrest.

An extra layer in the eligibility assessment occurred only at the diversion site. A standardized questionnaire was created for the police officers who brought the potential study participants to the mental health facility. The questionnaire was developed and field-tested in close collaboration with police officers with the goal of approximating the process they followed in making a decision to arrest or divert. The police interview was designed to take the officer through his/her decision making process at the time the officer brought the client to the mental health facility. Most interviews were conducted by phone by research assistants, frequently when officers were going on or off shift during the week following the incident. The object of this interview was to ascertain whether or not the client had engaged in conduct for which he/she would have been arrested if the officer had not had access to a diversion program.

DATA COLLECTION

The data included in this analysis were collected during the eligibility screening and baseline client interview for the national study. Baseline interviews were completed within 21 days of the participant's contact with police in both counties. Baseline interviews were conducted either at the diversion psychiatric treatment facility or in

the county jail, depending on the site. Full time research assistants conducted the interviews. All interviewers had experience with mental health facilities or jail facilities, and were trained to conduct the interviews based on the protocols of the national study.

The interviews took approximately one and a half hours to complete. The interview was comprised of items specifically developed for the purpose of this study as well as standardized measures. The interviews included demographic characteristics, information about drug and alcohol and mental health treatment history, as well as information on involvement with the criminal justice system. The Colorado Symptom Index (CSI) was used to measure mental health symptomatology (Shern et al., 1994). This instrument measured symptoms for the 30 days prior to the interview.

Data for the criminal charges (potential or filed) that resulted from the participant's contact with the police officers were documented in the screening process outlined above.

ANALYSIS

Variables for the present analysis were selected based on conceptual groupings of characteristics as follows.

- Socio-demographic characteristics—age, male gender, African American (largest non-majority group).
- Mental health status characteristics—bipolar diagnosis, depression diagnosis, schizophrenia diagnosis, psychosis NOS diagnosis, ever received mental health treatment in lifetime, ever received mental health treatment in 3 months prior to police contact, acute psychiatric symptoms greater than median score on the CSI.
- Substance abuse status characteristics—acute drug abuse symptoms (greater than median on DAST), acute alcohol abuse symptoms (greater than median on MAST), drug and alcohol treatment in lifetime, drug and alcohol treatment in 3 months prior to police contact.
- Criminal involvement characteristics—on probation and/or parole prior to police encounter, public disorder, violent conduct violations.

Among the charges, procedural violations were not included in the model. They were conceptually confounded with the grouping variable. Procedural violations are largely violations of probation and parole, and often result from being in jail after a new police contact. Among the variables indicating level of criminal involvement characteristics, we used “previously on probation and/or parole” as an indicator of prior involvement in the criminal justice system, because it was independent of the instant offense.

The analysis was conducted in two stages. First, a simple logistic regression was performed to acquire the relative odds ratios describing differences between diversion clients and in-jail service clients, controlling for other variables in the model. Second, a stepwise regression analysis was performed to construct the most parsimonious model maximizing the explanatory differences between diversion and in-jail service clients.

RESULTS

Between August 1998 and February 2000, 187 clients were identified who met study criteria. One eligible client was incapacitated to a point that he/she was unable to participate in the informed consent process. 35 eligible clients refused consent to the study. An additional eight clients were found to be ineligible to participate in the study after completion of the informed consent process. The final sample size was 143. Table 1 provides a description of socio-demographic, clinical, and criminal involvement characteristics broken down by site.

Table 2 shows the conditional odds ratios for the variables used in the comparison of the participants from the diversion and jail services sites. When controlling for all variables in the model, three variables were statistically significant. Individuals from the in-jail services were five times more likely to have depression and three times more likely to have been on probation and/or parole before the instant police contact than those in the diversion program. Those in the diversion program were 2.8 times more likely to have been brought in by police for violent conduct than those in the in-jail service.

All variables were then entered into a stepwise logistic regression analysis to empirically determine the strongest explanatory model for discerning the differences between the service sites (Hosmer & Lemeshow, 1989). The results of this analysis are presented in Table 3.

The logistic regression was statistically significant, $\chi^2(3) = 41.06$, $p < 0.001$. Having a previous history of probation/parole supervision and recent (within 3 months prior to police contact) history of drug and alcohol treatment were associated with participants from the in-jail services as compared with the diversion program. A diagnosis of psychosis NOS was associated with participants from the

Table 1. Comparison of the demographic, clinical, and criminal characteristics of the two sample sites

	Jail services site $N = 70$	Diversion site $N = 68$
Age	Mean = 34.73 S.D. = 9.77	Mean = 35.92 S.D. = 11.08
Race	87.1% White 12.9% African American	67.6% White 23.5% African American
Sex	71.4% male 28.6% female	66.2% male 33.8% female
Education	74.3% have a high school diploma or its equivalent	71.6% have a high school diploma or its equivalent
Diagnosis	7% schizophrenia 1.4% psychosis NOS 43.7% bipolar 29.3% depression 4.2% mood NOS 12.7% schizoaffective	15.3% schizophrenia 25% psychosis NOS 26.4% bipolar 11.1% depression 11.1% mood NOS 11.1% schizoaffective
Mental Health Symptom Index	Mean = 2.70	Mean = 3.28
Previous mental health treatment	68.6% in 3 months prior to arrest 64.3% in lifetime	52.9% in 3 months prior to arrest 54.4% in lifetime
Previous drug and alcohol treatment	51.4% in 3 months prior to arrest 60% in lifetime	20.6% in 3 months prior to arrest 29.4% in lifetime
Criminal charges	16.9% public disorder 35.2% procedural violations 22.5% violent charges	40.3% public disorder 5.6% procedural violations 44.4% violent charges

Table 2. Conditional odds ratios for site comparison

Variable	Odds ratio
Age	0.98
Male gender	0.61
African American	2.33
Bipolar diagnosis	0.29
Depression diagnosis	0.19*
Schizophrenia diagnosis	0.99
Psychosis NOS diagnosis	5.62
Previous probation/parole	0.31*
Arrest for public disorder	2.00
Arrest for violent conduct	2.84*
Acute drug abuse symptoms	2.20
Acute alcohol abuse symptoms	0.71
Lifetime drug and alcohol treatment	0.61
Drug and alcohol treatment in 3 months prior to arrest	0.48
Lifetime mental health treatment	1.19
Mental health treatment in 3 months prior to arrest	0.76
Acute mental health symptoms	0.98

* $p < 0.05$.

Table 3. Stepwise logistic regression site comparison: final model

Variable entered	Odds ratio
Psychosis NOS diagnosis	13.29*
Symptoms of mental illness	1.55*
Previous history of probation/parole supervision	0.28**
Previous drug and alcohol treatment	0.37 [†]

* $p < 0.05$.

** $p < 0.01$.

[†] $p = 0.05$.

diversion site. Those participants recruited from the in-jail service were 3.57 times more likely to have been previously supervised on probation/parole and 2.7 times more likely to have recently received drug and alcohol treatment. Participants from the diversion site were 13.29 times more likely to have a diagnosis of psychosis NOS, and were 1.55 times more likely to have Colorado Symptom Index scores greater than the sample median, indicating greater acute psychiatric symptomatology.

DISCUSSION

The study from which the data for this analysis were drawn was designed to test the idea that among people with mental illness and co-occurring substance use disorder, diversion away from the criminal justice system and into behavioral health treatment would result in more positive outcomes. In this multi-site study (Lattimore et al., 2003; Steadman et al., 1999), the site included in this analysis was the only one among nine that sought to test diversion against a viable treatment alternative, specialized treatment within the jail system, thus seeking by design to isolate diversion as the active mechanism for any differences in outcomes between the

diversion and comparison groups (Draine & Solomon, 1999). There are differences between the client groups depending on their point of contact with the criminal justice system. While this complicates the outcome evaluation, it also provides an opportunity to learn how different intercept points in the criminal justice system may provide different opportunities to intervene in the criminal justice involvement of people with psychiatric disorders.

The data presented in this paper indicate that these two service models serve different sub-populations of individuals with serious mental illness. Advocates and policy makers may be tempted to posit them as alternative services for the same population. However, the present analysis supports the notion that these services are complimentary in that they serve individuals at different levels of engagement with the criminal justice system. Therefore, these models could potentially operate in tandem, meeting varied needs at different points of engagement in both criminal justice and behavioral health systems.

Some individuals with co-occurring disorders need a service that is responsive to their psychiatric symptoms when their behavior is clearly tied to those symptoms. Police benefit from such a service as well, because it gives them easy access to support from mental health professionals and/or expedited procedures for psychiatric commitment (Steadman *et al.*, 2001). In police encounters, officers are more likely to see psychotic behaviors as indicative of a need for psychiatric treatment rather than arrest (Watson *et al.*, 2004). The attraction of supportive diversion services, combined with the police perception of need for treatment, may contribute to the more widespread use of diversion by police officers when compared to the use of arrest or conventional civil commitment where there is no diversion program.

Because psychiatric treatment through diversion can be more easily accessed than arrest or conventional psychiatric commitment, the potentially expansive nature of the diversion interventions needs further investigation. This potential “net widening” effect is made more problematic when diversion programs are nested within behavioral health crisis programs. This nesting makes sense, as it may reduce the stigma of being a “forensic” client while also accommodating the multi-faceted interaction of law-enforcement with psychiatric crisis services. As part of this multi-faceted interaction, police in nearly every jurisdiction handle psychiatric crises regardless of whether they are likely to result in arrest or not. This confluence of crises and diversion clients raises the question of whether individuals become identified as “forensic” clients when in diversion programs who would never have been so identified without a diversion program. It also raises the question of whether individuals who would never have been brought to any facility by police are now brought to the emergency service because of the availability of the resource. Furthermore, police may be tempted to use a threat of arrest to coerce voluntary admissions as being a less onerous alternative. All these potential dynamics of diversion interventions deserve further scientific investigation.

Arguably, the provisional diagnosis and the lower likelihood of drug and alcohol treatment among those in the diversion service indicate a population of clients who were newer to the intersection of the mental health and criminal justice systems than those in jail. One of the conditions of being in the study was that a provisional diagnosis was converted into an eligible inclusion diagnosis, so these individuals, while having serious mental illness disorders, were not known to the mental health system so as to have an established diagnosis at entry into the crisis services. Note in

Table 2 that those in the diversion program had numerically higher odds of having acute drug abuse symptoms. Even though this difference is not statistically significant, the size and direction of the odds would cast doubt on one alternative explanation for the reduced likelihood of substance abuse treatment in the diversion condition: that there was less need for it. The pre-booking diversion program provided a conduit to treatment for some individuals with acute behavioral health problems whose needs were not adequately addressed previously. Many advocates see behavioral health interventions as more appropriate for this population than arrest (Koyanagi, 2002; NAMI, 2000). Diversion for these acutely ill individuals who may have been only marginally engaged in treatment provides an opportunity for the behavioral health system to intervene, and perhaps effect a long-term diversion from even deeper involvement in the criminal justice system.

Another difference to note is that those in the diversion condition were more likely to be facing charges for violent behavior. Some materials promoting diversion indicate that such programs are focused on non-violent offenders. However, given the tie that diversion may have to crisis services, where police are working with commitment criteria oriented around violent behavior, it should be a given that diversion clients may be more likely to exhibit violent behavior than those in in-jail services, where detention in jail is for both violent and non-violent behaviors. The advocacy focus on non-violent offenders is likely an argument intended to make diversion more politically palatable. In fact, promoting diversion as a conduit into behavioral health services holds greater promise for ameliorating criminal behavior through treatment, rehabilitation, and monitoring than incarceration (Cullen, Wright, & Chamlin, 1999). Therefore, diversion can be seen as a reasonable response to violent as well as non-violent criminal behavior.

Regarding criminal justice involvement, there was a greater likelihood that individuals in the in-jail service were on probation and parole prior to the instant police contact than those who were in the diversion service. This seems to indicate a more extensive involvement with the criminal justice system. This may also explain the greater likelihood of participation in substance abuse treatment for those receiving in-jail services, as this treatment may well be mandated by courts as a condition of probation and parole. The deeper involvement of these individuals in the criminal justice system means that their arrests cannot be as easily attributed to acute behavioral health problems, but are likely tied to these disorders as they interact with other, more general correlates of criminal justice involvement such as unemployment, social affiliations, and neighborhood characteristics (Draine, Salzer, Culhane, & Hadley, 2002; Silver, 2000).

The complexity of dual system involvement needs to be addressed not only by re-entry (nee aftercare) planning, or diversion, but by access to effective behavioral health care in the community (Steadman, Deane, Borum, & Morrissey, 2000). These services include integrated treatment to address co-occurring mental illness and substance use disorders (Drake, Mueser, Brunette, & McHugo, 2004), as well as assertive engagement techniques, particularly motivational interviewing, which has recognition in mental health services, substance use services, and criminal justice systems (Burke, Arkowitz, & Menchola, 2003).

Finally, these findings have implications for effectiveness research on diversion programs. Given the different populations served by the programs, direct comparisons of clients from these services are not valid. In quasi-experimental design,

sample selection and the interaction of selection with program are common confounds. These designs assume that the samples for each condition are drawn from the same population. However, in comparing jail diversion with in-jail services, the selection bias is highly confounded with the services studied. The more appropriate research question for comparing and contrasting the outcomes of these program models is who benefits from which program and in what ways, rather than simply asking which intervention model works best for those with “criminalized” mental illness.

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