Jail Diversion Programs Prevent Incarceration of Individuals with Mental Health Conditions

About two million people with mental health conditions go to jail each year, many for nonviolent crimes. In jail, they are often victimized and have limited access to treatment. Individuals with mental health conditions often stay in jail longer than their counterparts, and once released, they carry the burden of a criminal record, poor access to services, and limited housing opportunities.

Jail diversion programs—a collaborative approach between the criminal justice system, providers, communities, and individuals with mental health conditions and their families—are effective at keeping people out of jail and getting them into services without putting public safety at increased risk.

There are many national and regional initiatives aimed at jail diversion. This issue of Practicing Recovery will focus on two well-tested approaches: crisis intervention team (CIT) programs and mental health courts.

The following are additional sources for information on diversion programs and other initiatives related to the intersection between criminal justice and behavioral health.

- **SAMHSA’s GAINS Center** expands access to services for people with mental and substance use disorders who come into contact with the justice system through information and skills training to help individuals and organizations implement effective, integrated programming to transform the criminal justice and behavioral health systems. The GAINS Center maintains a [directory of adult and juvenile mental health courts](https://catalog.samhsa.gov/GAINS).

- **The National Drug Court Resource Center** has myriad resources on national drug court programs, including training and technical assistance through the [National Drug Court Institute](https://drugcourts.samhsa.gov).

- **The U.S. Department of Justice Bureau of Justice Assistance** supports programs and activities to improve the criminal justice system’s response to people with mental health conditions.

- **The National Alliance on Mental Illness (NAMI) Criminal Justice Diversion Program** includes resources, education and support, and links and information on national models for jail diversion programs for individuals with mental health conditions and substance use disorders.
In 1987, in Memphis, Tennessee, an incident between a police officer and an armed individual experiencing a mental health crisis resulted in the death of the individual. The police department, the community, and the local NAMI chapter thought there had to be a better way to respond to mental health crises. And there was. Randolph Dupont, PhD, helped develop the original Memphis Model of Crisis Intervention Teams (CITs), which took the best of existing practices and combined them into an innovative program that dramatically changed the way law enforcement responds to some calls.

The CIT model is straightforward and effective at decreasing the use of force and the arrest of individuals experiencing a mental health crisis.

- **A team of trainers** made up of clinicians, advocates, and family members, as well as peers who speak about mental health, crisis intervention, and de-escalation issues, educate officers from a local police department. The training includes cultural competency and information from individuals with first-person experience.

- These officers, while performing their usual duties, are also on call as preferred responders to calls thought to involve a mental health crisis. CIT officers take the lead on the response, appropriately evaluate the situation, and intervene to de-escalate the situation. Many of the police department’s mental health agency partners are available for consultation if the officer needs assistance.

- Whenever possible, instead of arrest, the officer works with the person in crisis to provide the appropriate level of support, ranging from no intervention, to a community mental health or veterans’ center, to higher levels of care if warranted. (Most CIT programs have designated emergency services drop-off sites with a “no refusal” policy.) Individuals are often connected with the lowest acuity settings possible. For example, rather than going to an emergency room, an individual may be connected with a community mental health provider or peer organization.

Cooperation, networking, and supportive relationships between law enforcement and social services organizations are critical to the success of CITs. In addition, partnerships between the behavioral health community and local law enforcement can strengthen relations through the entire community by fostering goodwill for the police and keeping vulnerable residents safe.

- **CIT International** is a nonprofit membership organization that enables the understanding, development, and implementation of CIT programs around the world.

- The [national CIT training curriculum](#) offers information on topics such as mental health didactics, community support, de-escalation training, law enforcement, and administrative tasks.

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**Randolph Dupont, PhD**, is a clinical psychologist and professor for the Department of Criminology and Criminal Justice at the University of Memphis School of Urban Affairs and Public Policy. He is a nationally recognized expert in the intersection between mental illness and law enforcement, and he is a leader in crisis de-escalation systems, trauma recovery programs, the use of force, jail diversion, victimology, and addictive disorders.

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**CIT is a model for interaction between law enforcement and individuals with mental health conditions or those experiencing mental health crises.**

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*Interviewed by Amy Harding, editor*
Mental health courts link individuals who have been diagnosed with a mental health condition and who are charged with crimes with community-based treatment in lieu of a jail sentence. The Kalamazoo County Mental Health Recovery Court (MHRC) approaches these individuals with a focus on treatment and rehabilitation and a commitment to recovery principles.

The program operates on two basic principles:

1) Individuals with mental health conditions who commit crimes need treatment and support, not incarceration.

2) People need to take responsibility for their actions, but they also need hope for a better future.

Here’s how it works:

- An individual can enter the program at any time between arrest and sentencing. The defense attorney, judge, jail clinician, or behavioral health provider can refer an individual to the mental health recovery court. It is also possible for an individual or their family to self-refer.

- This court takes a recovery-oriented approach to individuals who enter the program. This includes promoting the development of individual Wellness Recovery Action Plans (WRAPs) and training judges, attorneys, and key staff in motivational interviewing approaches.

- Peer/recovery coaches who have experienced the criminal justice system provide support and promote respectful, welcoming, and person-centered language as the norm.

- Individuals go before a judge and admit to their crimes in exchange for reduced or dropped charges if they carry the judge’s recommendations out successfully.

- Individuals engage with Kalamazoo County Community Mental Health and Substance Abuse Services (KCMHSAS) to plan the appropriate treatment, including work with a recovery coach or peer specialist. Treatment is focused on the statement “Where are you in life, and where do you want to go?” It may include attending trauma recovery groups or getting appropriate housing support, for example. Case managers and individuals are required to periodically report to the judge on progress.

Some mental health courts have the individual report to a probation officer throughout the process. In Kalamazoo County, the program is run through the mental health and substance use services office and there is no probation officer. Rather, a case manager ensures the individual is following the judge’s ruling. According to a 2011 evaluation of the Kalamazoo County MHRC program (the most recent data available), the program leads to reductions:

- from 6.1 average annual emergency department visits to 3.4
- from 6 average annual psych hospital days to 2.1
- from 3.8 average annual crisis residential days to 1.8
- from 13 days per year in jail to only 1.8 days (for graduates of the program)

Special thanks to Robert Butkiewicz, MA, LPC, Criminal Justice Services Supervisor, KCMHSAS, for contributing information to this article.

LEARN MORE: Resources to Help You Dive Deeper

- Principles of Recidivism Reduction
- Coming Home: A Guide to Re-entry Planning for Prisoners Living with Mental Illnesses (NAMI)
- People with Serious Mental Illness in the Criminal Justice System: Causes, Consequences, and Correctives
- Integrating Correctional and Community Health Care for Formerly Incarcerated People Who Are Eligible for Medicaid
- The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System: A Scan of Practice and Background Analysis
WHAT YOU CAN DO

To get involved with diversion programs in your community, try any of these tips.

VOLUNTEER
The behavioral health and advocacy members who serve on CITs are largely (about 95 percent) volunteers, so if you know your community has a CIT, you can approach them to see how you can help. Specific expertise on a recovery-oriented approach to the people they serve would be a great resource to any local CIT.

NETWORK
Help identify or create alternatives to high-level responses to individuals in crisis. Providers can reach out to existing CIT programs to implement a referral system that is responsive and safe, allowing the officer to have options with which to work. Or you can network with clients and families to let them know that there are mental health courts available and that they should request one if arrested.

ESTABLISH A MENTAL HEALTH COURT
The Council of State Governments Justice Center offers a curriculum on starting and maintaining a mental health court. Finding a champion within the judicial system, such as a prosecutor or judge, is invaluable in this regard.

ORGANIZE A CIT
If your community does not have a CIT, you can bring the idea to local leadership—through an email or visit to your state behavioral health authority, civic leaders, police chief, local NAMI chapter, or other advocacy organizations. The University of Memphis CIT Center has a full set of tools for community engagement, from laying the foundation for a program to sustainability planning for established programs.

ADVOCATE FOR RECOVERY-ORIENTED PRACTICES
If your area already has a CIT or mental health court, work with other advocates to review policies and practices. Are people with first-person experience a part of the team? Do people have access to the resources needed to comply with the judge’s orders? What might be some ways to integrate more recovery-oriented practices into the current program?

RTP PRESENTATIONS

American Occupational Therapy Association
Philadelphia, Pennsylvania
MAR 30–APR 2
Visit the site to learn more or register to attend.

Winter Webinar Series
Jan 10, Jan 24, Jan 31, 1 p.m. ET
This series offers an in-depth look at the intersection of criminal justice and behavioral health and how service providers can assist in curtailing this impact of criminal justice involvement on the people we serve. Check the RTP website for registration and more information.

CONFERENCES & EVENTS

SAMHSA’s 12th Prevention Day
“Power of Prevention: Strengthening Community Voices.”
FEB 6
Visit the site to learn more or register to attend.

Community Anti-Drug Coalitions of America 27th National Leadership Forum
FORUM 2017: Engineering Healthy Communities
National Harbor, Maryland
FEB 6–9
Visit the site to learn more or register to attend.

30th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health
Tampa, Florida
MAR 5–8
Visit the site to learn more or register to attend.