Who Succeeds in Jail Diversion Programs for Persons with Mental Illness? A Multi-Site Study

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This study examined how the characteristics of people with mental illness who are participants in post-booking jail diversion programs affect recidivism and time spent incarcerated. The study employed data from a multi-site, federally funded jail diversion initiative. A pre–post comparison design was used to compare experiences of arrest and days spent in jail of diverted individuals for the 12 months following enrollment with the 12 months prior to enrollment. Also compared were differences in 12-month public safety outcomes. Data were collected between February 2003 and August 2007. The findings suggest that people with mental illness who are diverted from jail to community-based services experience fewer arrests and jail days. Approximately half of the sample were never arrested during the 12 months following enrollment. The strongest differences between people who experienced reduced contact with the criminal justice system and people with unchanged or increased contact were found in measures of criminal history. The results suggest that services targeted to diverted individuals with mental illness should address public safety goals, not just those of public health.

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Jail diversion for people with serious mental illness is a strategy by which jail time is reduced or avoided by using community-based treatment as an alternative. Jail diversion activities largely consist of screening and identification of potential divertees,

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boundary spanning, and linkage of divertees to appropriate and comprehensive services (Steadman, Morris, & Dennis, 1995). As a public health and public safety strategy, jail diversion has been recommended by the Subcommittee on Criminal Justice of the President’s New Freedom Commission on Mental Health (2004) for connecting justice-involved people with serious mental illness to comprehensive and effective community-based mental health treatment while achieving fewer days spent in jail, fewer arrests, and lower charge levels for subsequent arrests. From the initial national survey of operating jail diversion programs in 1992 (Steadman, Barbera, & Dennis, 1994), there have been dramatic increases. From 52 programs in 1992, there are now approximately 560 programs operating across 47 states (National GAINS Center, personal communication, December 2008).

The expansion of jail diversion programs has been supported in part by several federal and state initiatives. The first federal program started in 1997 under the authority of the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS). That agency funded nine sites to participate in the Jail Diversion Knowledge Development Application (KDA) initiative (Steadman, Deane, Morrissey, Westcott, & Shapiro, 1999). Subsequently, the Center for Mental Health Services supported jail diversion grants through the Targeted Capacity Expansion authorization in 2001, the Targeted Capacity Expansion for Jail Diversion Programs initiative from 2002 through 2007, and the Jail Diversion and Trauma Recovery—Priority to Veterans initiative supported six state mental health authorities in 2008. Federal funding to communities has also been available from the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance through the Mental Health Courts Program, initiated in 2002, and the Justice and Mental Health Collaboration Program, which first awarded grants in 2006 following the initial appropriation from the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (Public Law 108-414). Twenty-six grants were awarded in 2006, followed by 26 in 2007 and 23 in 2008. Under the Justice and Mental Health Collaboration Program, grantees were directed to plan or implement a mental health/criminal justice initiative, not necessarily a jail diversion program. At the state level, in California the Board of Corrections has supported the Mentally Ill Offender Crime Reduction program (first authorized in 1998) and in Florida grants have been awarded through the Criminal Justice, Mental Health and Substance Abuse Reinvestment program (authorized in 2007).

The first wave of empirical studies of jail diversion programs was descriptive studies (Deane, Steadman, Borum, Veysey, & Morrissey, 1999; Draine, Blank, Kottsieper, & Solomon, 2005; Hartford, Carey, & Mendonca, 2006; Lattimore, Broner, Sherman, Frisman, & Shafer, 2003; Morris & Steadman, 1994; Perez, Leifman, & Estrada, 2003; Steadman et al., 1994, 1995, 1999; Steadman, Deane, Borum, & Morrissey, 2000; Steadman et al., 2001). Subsequent avenues in jail diversion research have focused on decision-making (Luskin, 2001; Naples, Morris, & Steadman, 2007) and fiscal impact (Cowell, Broner, & Dupont, 2004; Ridgely et al., 2007). In general, the studies reviewing the effectiveness of jail diversion have found support for its role in reducing arrests and jail days, but there is little support for the role of jail diversion in achieving mental health or quality of life improvements, such as access to high quality services or a reduction in mental health symptomatology.
Broner, Lattimore, Cowell, and Schlenger (2004) employed a quasi-experimental, non-equivalent comparison group design to evaluate the effectiveness of jail diversion at three months and 12 months for the nine programs funded through the Center for Mental Health Services’ Jail Diversion KDA initiative. Across the eight sites included in the published analyses, diverted individuals experienced greater time at risk and fewer jail days, although diversion had no effect on arrests. While service utilization improved at three months following diversion, over the course of the study period service utilization was better characterized by a lack of treatment. Moreover, no changes were found in the diverted individuals’ use of alcohol and illegal drugs or mental health status, and overall quality of life measures varied by site. Using six sites from the same KDA data set, Steadman and Naples (2005) compared 12-month outcomes for diverted and non-diverted individuals. Compared with the non-diverted group, diverted individuals spent more days in the community and experienced equivalent arrests but also were more likely to visit the emergency room, take prescribed medications, be hospitalized, and receive counseling or residential services. However, no relationship was found between the service use measures and criminal justice outcomes.

In a study using the KDA data set to examine differences in outcomes between diverted individuals based on charge type, Naples and Steadman (2003) found no significant differences on 12-month outcomes between individuals diverted on violent charges as opposed to non-violent charges. The only significant differences were at baseline on measures of previous arrests \((0.77 \pm 1.57\) violent versus \(1.35 \pm 2.22\) non-violent) and receipt of Social Security disability benefits \((72.6\%\) violent versus \(57.5\%\) non-violent). This study suggests that individuals diverted on violent charges respond no differently to jail diversion than those diverted on non-violent charges.

A number of single-site studies have examined the effects of post-booking jail diversion on measures of public health and public safety. In a Los Angeles study, individuals under court supervision experienced lower rates of arrest and violence as well as homelessness and psychiatric hospitalizations when compared with those not under supervision (Lamb, Weinberger, & Reston-Parham, 1996). The retrospective study by Hoff, Baranosky, Buchanan, Zohana, and Rosenheck (1999) of a jail diversion program in a mid-size New England city found that diverted individuals spent fewer days in jail at 12 months than non-diverted individuals. The study by Lamberti and colleagues (2001) of a post-booking diversion program in Rochester, NY, documented a reduction in mean jail days, average arrests, and mean hospital days using a 12-month pre–post comparison. A study of New York City’s LINK diversion program, comparing mandated and non-mandated divertees with non-diverted individuals, found that individuals in the mandated diversion track had fewer jail days, more time in the community, reduced substance use, and spent more time in treatment than non-mandated diverted or non-diverted individuals (Broner, Maryl, & Landsberg, 2005). Broner and colleagues (2005) concluded that structured programming and supervision increased the likelihood that diverted individuals would achieve positive outcomes. A comparison group study of a post-booking, court-based diversion program found that diverted individuals experienced fewer days incarcerated and had a lower likelihood of incarceration than non-diverted individuals (Frisman et al., 2006). Shafer, Arthur, and Franczak (2004) found no significant differences in overall rates of rearrest for diverted and non-diverted individuals.
non-diverted groups in two Arizona urban communities, although the diverted group was more likely to use emergency mental health and substance abuse services.

In review, prior research suggests that non-specialty court, post-booking jail diversion programs reduce jail days both on the target arrest and subsequently after release to the community. Moreover, it does not appear that diversion creates additional public safety risk even when the proportion rearrested is considered, since divertees spend more time at risk than their treatment as usual comparisons. However, it is unclear what is producing these outcomes, since there is no established relationship of service use and symptoms with the recidivism and incarceration data. A possible explanation has been offered by Bonta, Law, and Hanson (1998) and Lamberti (2007). Bonta and colleagues’ meta-analysis of general and violent recidivism by people with mental illness found that criminal factors were more significant in predicting recidivism than clinical factors. Lamberti’s (2007) risk-based conceptual framework suggests three salient factors for an effective intervention: competent care, particularly evidence-based practices; access to such care; and the application of legal leverage to obtain treatment adherence.

The data reported in the present study were collected from jail diversion programs awarded grants through the Targeted Capacity Expansion for Jail Diversion Programs (TCE) initiative, the largest multi-site study of jail diversion to date. The overall purpose of the national evaluation was both to study the process of jail diversion, starting at referral rather than enrollment, and to examine whether factors such as exposure to violence and histories of trauma had an effect on subsequent arrests and jail days. The TCE initiative of the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, as authorized under section 520(G) of the Public Health Service Act of 2002, awarded 34 grants from 2002 through 2007. Twenty grants were awarded between 2002 and 2004 under the initial request for applications SM 02-010 (Substance Abuse and Mental Health Services Administration, 2002). These grants provided three years of funding to operate a pre-booking or post-booking, non-specialty court jail diversion program and expand local services, establish linkages across multiple service systems to facilitate access to treatment services for diverted individuals, conduct community outreach, and evaluate the program. Although sites were required to divert individuals with a DSM-IV Axis I diagnosis, they were provided the discretion to define additional clinical and legal admission criteria for their particular program.

The purpose of the study presented here was to examine who succeeds in post-booking jail diversion programs, success in jail diversion largely being an issue of criminal justice outcomes. To assess the change in public safety outcomes, arrest records and jail days were compared for the 12 months prior to program enrollment and the 12 months from the time of enrollment. Baseline data and outcomes from the 12-month study period were also reported. The data were drawn from 14 of the sites awarded grants between 2002 and 2004 as part of the TCE initiative.

**METHODS**

The national evaluation included data collections on screening and referral decision-making through an events-tracking database (Naples et al., 2007), a person-tracking database, self-report interview protocols at baseline, six months, and 12 months,
service use record review, and official arrest history. Data were collected by local, independent evaluators at each site, who transferred the data to the national evaluator.

**Cross-Site Inclusion Requirements**

Sites with only pre-booking programs were excluded from the present study, given their radically different structure and goals. None of the post-booking programs employed a mental health court model, as they were proscribed by the terms of the grant (Substance Abuse and Mental Health Services Administration, 2002). For the current study, pre-booking sites and those with low follow-up rates on interviews were excluded from the analysis. Only post-booking program participants with an in-window baseline and at least an in-window six-month or 12-month interview were included in the data set.

**Participants**

The data reported in this paper were collected between February 2003 and August 2007. Of the 1,944 post-booking divertees, 923 consented to study participation. This analysis includes 546 study participants from 14 sites who met cross-site inclusion requirements. Of those who were approached for their consent to participate, the only significant difference ($p < .01$) between those who provided consent and those who refused is based on gender. Thirty percent (30.7% or $n = 253$) of the males approached refused to provide consent. For females, the refusal rate was 17.9% ($n = 108$).

**Logic Model**

The study was guided by a set of research questions that were developed from the logic model of jail diversion (Figure 1). The logic model is a schematic of the basic activities undertaken by jail diversion programs and the expected outcomes of jail diversion for which proponents are held accountable by their communities. In the

![Figure 1. Logic model for jail diversion](https://example.com/figure1.png)
logic model, individuals are identified and enrolled into the program (Stage 1). They are then linked to comprehensive and appropriate community-based services (Stage 2) with an expectation (Stage 3) of improved mental health and individual outcomes and improved public safety outcomes as a result of Stage 2.

**Instruments**

The three interview protocols (baseline, six month, and 12 month) administered as part of the national evaluation were created and supplied to the sites by Policy Research Associates Center for Jail Diversions. The interview protocols consisted of the following sections: Government Performance and Results Act (GPRA) measures (all protocols), trauma and post-traumatic stress (all protocols), perceived coercion (baseline and 12 month), the Colorado Symptom Index (all protocols), the Mental Health Statistics Improvement Program (MHSIP) measures (six month and 12 month), and services used (six month and 12 month).

In the current study data were reported on some of the GPRA measures, the DC Trauma Collaboration Study Violence and Trauma screening, and the Colorado Symptom Index. The GPRA client outcome measures gather information relating to a participant’s demographics, education, employment, income, alcohol and drug use, family relationship, living arrangements, criminal justice involvement, and mental and physical health. These measures were required in all evaluations funded by the Center for Mental Health Services.

The DC Trauma Collaboration screen was originally developed by Community Connections in Washington, DC, to provide clinicians with information on lifetime and recent experiences of trauma. It was developed to be used only as a descriptive clinical tool and, as such, has no psychometric properties. The screen’s inclusion in the baseline interview protocol was only intended to provide basic descriptive information about individual trauma levels upon entry into the jail diversion program.


An arrest history data collection procedure was developed by the national evaluator for use by the local evaluators to uniformly gather official arrest data on participants who completed an in-window baseline and at least an in-window six-month or 12-month interview. Arrest history data were obtained for 12 months prior to and following program enrollment.

**Procedures**

Interview and person-tracking data were collected by each site’s local evaluator, who was responsible for approaching individuals enrolled into the jail diversion program. Human subject protection, interview, record review, and tracking program trainings were provided to the local evaluators by Policy Research Associates. If an individual
agreed to participate and written informed consent was obtained, a baseline interview protocol was administered within seven days of program enrollment. Two subsequent interview protocols were administered within 30-day windows on either side of the six-month and 12-month marks. In general, interviews were conducted in places convenient to both the interviewer and the participant. In some instances participants who had been rearrested were interviewed in a private room in the jail or court.

The analysis procedures were conducted to determine whether jail diversion participants who varied in post-enrollment contact with the criminal justice system were significantly different based on baseline clinical, demographic, and criminal history characteristics. Statistical Package for the Social Sciences (SPSS) version 12.0 was used to run descriptive statistics and means comparisons on gender, age, race, charge level, illegal drug use, Colorado Symptom Index scores, reports of lifetime sexual abuse, reports of lifetime physical abuse, pre-enrollment arrests, and pre-enrollment jail days. SPSS was also used to compute and recode post-enrollment arrest and jail day counts into the manner reported in the tables. Except for the arrest history data, all data are self-report.

Human Subjects

Institutional review board approval was obtained by the national evaluator and by each of the local evaluators.

RESULTS

Sample

Of the 1,944 post-booking divertees, 923 consented to study participation. This study included 546 study participants from 14 sites who met cross-site inclusion requirements. The sample comprised nearly equal numbers of men \((n = 267; 48.9\%)\) and women \((n = 279; 51.1\%)\), with a mean age of \(35.3 \pm 10.2\). The majority of the sample were white \((n = 302; 55.3\%)\), while approximately one-quarter of the sample were black \((n = 148; 27.1\%)\). Hispanic or Latino ethnicity was reported by 13.7\% \((n = 75)\).

The primary diagnoses were bipolar disorder \((n = 143; 26.2\%)\), schizophrenia \((n = 131; 24.0\%)\), and depression \((n = 135; 24.7\%)\). The mean score \((32.3 \pm 13.2)\) on the Colorado Symptom Index fell within the moderate range. Approximately 56% \((n = 307)\) reported a lifetime history of sexual abuse and 91.4% \((n = 499)\) reported a lifetime history of physical abuse. Illegal drug use in the 30 days prior to enrollment was reported by 312 (57.1\%) respondents.

The highest charge level for the arrest that resulted in referral to and enrollment in a jail diversion program was a misdemeanor for 68.7\% \((n = 375)\) and a felony for 24.7\% \((n = 135)\). The most serious charge was a minor offense for 45.8\% \((n = 250)\), a property offense for 21.4\% \((n = 117)\), and a drug offense for 16.3\% \((n = 89)\). In the 12 months prior to enrollment in the diversion program, the mean number of arrests for the sample was \(2.3 \pm 1.8\) with a mean of \(51.6 \pm 74.6\) jail days.
Overall

Two primary public safety outcome measures were used, arrests and jail days. Approximately 75% \((n = 408)\) experienced fewer arrests in the 12 months post-enrollment than in the 12 months pre-enrollment. Nearly 12% \((n = 65)\) experienced more arrests following enrollment and 13.4% \((n = 73)\) experienced equivalent arrests in the two periods. Table 1 shows that 258 \((47.3\%)\) of the participants in the sample had no post-enrollment arrests. Since all were arrested to be eligible for the diversion program, 100% had a pre-enrollment arrest. In the 12 months post-enrollment the mean number of arrests was \(1.1 \pm 1.5\) and mean jail days was \(34.5 \pm 71.4\). This represents a 52.2% decrease in arrests and a 33.1% decrease in jail days for the entire sample between pre- and post-enrollment.

Arrests

The participants were divided into groups based on whether or not they experienced an arrest during the post-enrollment period. Of the 546 participants in the sample, 258 \((47.3\%)\) did not experience a post-enrollment arrest while 288 \((52.7\%)\) were arrested at least once. As reported in Table 2, the significant differences between those who were rearrested and those who were not were indicators of criminal

<table>
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<tr>
<th>Table 1. Arrests and jail days for 12 months pre- and post-enrollment</th>
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<tr>
<td>Any arrest</td>
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<tr>
<td>Arrests (mean ± SD)</td>
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<td>Jail days (mean ± SD)</td>
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<th>Table 2. Baseline and criminal history indicators for any arrests following program enrollment</th>
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<td>No post-enrollment arrest ((n = 258))</td>
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<td>Age (mean ± SD)</td>
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<td>Race (White)</td>
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<tr>
<td>Charge level (misdemeanor)</td>
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<tr>
<td>Illegal drugs used (last 30 days)</td>
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<td>Colorado Symptom Index (mean ± SD)</td>
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<tr>
<td>Lifetime sexual abuse (yes)</td>
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<tr>
<td>Lifetime physical abuse (yes)</td>
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<tr>
<td>Prior arrests (mean ± SD)**</td>
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<tr>
<td>Prior jail days (mean ± SD)*</td>
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</table>

\*p < .05; \**p < .01.
behavior: prior arrests ($p < 0.01$) and prior jail days ($p < 0.05$). Those without a post-enrollment arrest experienced a mean of $1.8 \pm 1.3$ arrests and $44.4 \pm 67.4$ jail days in the 12 months pre-enrollment while those with any post-enrollment arrests experienced a mean of $2.8 \pm 2.0$ prior arrests and $58.1 \pm 80.0$ jail days.

Further analysis found that housing status had a significant ($p < 0.01$) impact on post-enrollment arrests. Comparing changes in housing status among participants who completed both a baseline and the 12-month interview, approximately 75% ($n = 121$) of those participants who experienced a comparative decrease in arrests maintained a consistent housing status throughout the 12 months subsequent to enrollment. Ninety-six percent ($n = 116$) reported being housed in an apartment, room, house, halfway house, or residential treatment in both the baseline and 12-month interviews.

### Jail Days

The post-booking divertees were split between those who did not experience any post-enrollment jail days (50.2% or $n = 274$) and those who experienced at least one jail day (49.8% or $n = 272$) (Table 3). Approximately three-quarters (74.7% or $n = 408$) of the sample experienced a decrease from pre- to post-enrollment jail days.

Significant differences were found between diversion program participants who experienced any versus no post-enrollment jail days. Those who did not experience post-enrollment jail days had a mean of $1.9 \pm 1.5$ prior arrests, compared with those with any post-enrollment jail days, who had a mean of $2.8 \pm 2.0$ ($p < .01$). The same held for prior jail days, where participants without post-enrollment jail days had a significantly lower mean ($42.6 \pm 66.0$) compared with those who experienced any jail days ($60.8 \pm 81.4$) ($p < .01$).

For those with decreased jail days from pre- to post-enrollment the mean number of prior arrests was $2.5 \pm 2.0$, while the mean number of arrests for those with equal or increased jail days was $1.7 \pm 1.0$ ($p < .01$) (Table 4). The prior jail days measure was also significantly different for the two groups ($p < .05$). Those participants with

<p>| Table 3. Baseline and criminal history indicators for jail days following program enrollment |
|---------------------------------|---------------------------------|
| <strong>No post-enrollment jail days ($n = 274$)</strong> | <strong>Any post-enrollment jail days ($n = 272$)</strong> |</p>
<table>
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<th>$n$</th>
<th>%</th>
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</thead>
<tbody>
<tr>
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<td>55.8</td>
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</tr>
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<tr>
<td>Race (White)</td>
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<td>143</td>
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<tr>
<td>Charge level (misdemeanor)</td>
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<td>68.2</td>
<td>188</td>
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<tr>
<td>Illegal drugs used (last 30 days)</td>
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<td>54.0</td>
<td>164</td>
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<tr>
<td>Colorado Symptom Index ($\text{mean} \pm \text{SD}$)</td>
<td>$32.3 \pm 13.2$</td>
<td>$32.2 \pm 13.3$</td>
<td></td>
</tr>
<tr>
<td>Lifetime sexual abuse (yes)</td>
<td>155</td>
<td>56.6</td>
<td>152</td>
</tr>
<tr>
<td>Lifetime physical abuse (yes)</td>
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<td>91.2</td>
<td>249</td>
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<tr>
<td>Prior arrests ($\text{mean} \pm \text{SD}$)**</td>
<td>$1.9 \pm 1.5$</td>
<td>$2.8 \pm 2.0$</td>
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<tr>
<td>Prior jail days ($\text{mean} \pm \text{SD}$)**</td>
<td>$42.6 \pm 66.0$</td>
<td>$60.8 \pm 81.4$</td>
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*$p < .05$; **$p < .01$. 

decreased jail days had mean number of prior jail days of 55.6 ± 76.3 compared with 39.8 ± 68.1 for those with equal or increased number of jail days.

**DISCUSSION**

The data reported here suggests that, in general, participants in jail diversion programs experience fewer arrests and less time in jail in the 12 months following enrollment than in the preceding 12 months. Furthermore, the strongest measures of differences in subsequent involvement with the criminal justice system by participants in jail diversion programs for people with serious mental illness are measures of prior involvement. As with non-mentally ill populations, the best predictor of subsequent criminal involvement is the amount of prior criminal involvement (Bonta, Law, & Hanson, 1998).

These results have strong implications for jail diversion programs for people with serious mental illness that are evident in the logic model for jail diversion presented in Figure 1. The logic model consists of three stages. In the first stage, participants are identified and enrolled in the program. Following enrollment, the program links participants to community-based services. The third stage consists of the expectations for participants as a result of diversion: improved mental health and individual outcomes and improved public safety outcomes. First, the actual treatment interventions of jail diversion programs are not the Stage 1 activities concerned with identification, referral, enrollment, and linkage of individuals to community-based services. It is the services that ultimately are expected to achieve public health and public safety goals. Second, the lack of significance of clinical variables compared with criminal history variables suggests that programs must target changeable risk factors, not just improved symptomatology and service connectedness (Bonta et al., 1998; Lamberti, 2007). Third, of those with a baseline
and 12-month interview who experienced a reduction in pre- to post-enrollment arrests, three-quarters maintained a stable housing status during the observation period. This finding points to the importance of housing within the service array that providers must offer to divertees at Stage 2 of the logic model.

Targeting changeable risk factors for criminal behavior does not mean that service providers should not focus on mental health outcomes. The framework offered by Lamberti (2007)—cognitively-based interventions targeting behavioral and situational factors linked to criminal behavior, access to care, and legal leverage—does not suggest that achieving positive mental health outcomes is an inappropriate goal of services for participants of jail diversion programs. Reducing symptoms and improving quality of life and satisfaction are desirable public health goals that may ultimately be related to labor force participation which improved independence, which benefit both the individual and the public. Nonetheless, as long as communities and public officials support jail diversion programs because of their public safety benefits and reduced criminal justice costs, it is important to recognize these as a discrete set of goals from improved mental health outcomes which require interventions that have empirical connections to them. These conclusions are often ignored when services are designed for justice-involved individuals that simply impart established evidence-based practices for people with serious mental illness (cf. Morrissey, Meyer, & Cuddeback, 2007, for Assertive Community Treatment as an example). It is critical that program and research designs acknowledge the difference between public health, i.e. mental health, outcomes and public safety outcomes when selecting and testing interventions. Both are legitimate goals, but they are not necessarily related to one another.

Several drawbacks to this study merit discussion. First, the study reported findings based on a pre–post comparison design and on 12-month outcomes. Participants were measured against their prior behavior or against the behavior of other divertees rather than against a non-diverted, treatment as usual group. A non-equivalent, comparison group design was employed in the preceding CMHS funded multi-site study of jail diversion (Steadman et al., 1999). Unlike the KDA initiative, where sites were selected based on their proposals for evaluating an established jail diversion program (Steadman et al., 1999), and thus a more rigorous design could be implemented, the TCE for Jail Diversion Programs initiative was aimed at expanding participating communities’ capacities for referral, linkage, and treatment (Substance Abuse and Mental Health Services Administration, 2002). Therefore, the evaluation design had to be fit to the programs, with only a limited proportion of their total funds dedicated to participation in the national evaluation.

Second, national estimates report that approximately half of currently operating post-bookings jail diversion programs employ a mental health court model (National GAINS [Gathering information, Assessing what works, Integrating the facts, Networking, Stimulating change] Center, personal communication, December 2008). However, none of the participants in the study were diverted through a mental health court. It is possible that mental health courts apply legal leverage in a manner different than non-specialty court jail diversion programs, even court-based programs. How does the use of jail as a sanction for non-compliance, periodic status reports to a dedicated judge, and a post-plea adjudication model—all of which are more common in newer mental health courts (Redlich, Steadman, Monahan, Petrila, & Griffin, 2005)—affect public safety outcomes? Do participants respond
differently when the diversion mechanism is a mental health court rather than a regular post-booking model? The current study can not offer responses to these considerations. In the three rounds of TCE for Jail Diversion Programs grants awarded between 2005 and 2007, four of the 14 jail diversion programs divert participants through a mental health court. Although these data will not be ready for analysis for some time, it may be possible to examine differences in public safety outcomes between participants in regular post-booking programs and mental health courts.

CONCLUSION

A major finding of this study is that people with serious mental illness who are diverted from jail to community-based services experience fewer arrests and days in jail in the 12 months following their diversion than in the prior 12 months. Half of the sample were never arrested in the 12 months following their diversion, with a commensurate finding regarding jail days.

From a public safety perspective, the results suggest that the strongest differences between diversion program participants who had reduced contact with the criminal justice system and those with unchanged or greater contact were found in indicators of prior involvement with the criminal justice system. Such findings have implications for service providers and jail diversion programs throughout the United States. Notably, services must target both mental health outcomes and changeable risk factors for criminal behavior.

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