### OVERVIEW: JAIL DIVERSION

#### SUMMARY:
There are more Americans in jail today than ever before. Even more alarming is that two to three times as many detainees suffer from a severe mental disorder as do the general population. The best estimates suggest that there are approximately 685,000 inmates with severe mental disorders admitted annually to U.S. jails. Studies suggest that those with serious mental disorders are more likely to be arrested and detained, once detained spend more time in jail and once incarcerated more likely to recidivate than the general population. Of those in jail approximately 82% have a co-occurring substance abuse disorder. The majority are arrested on petty misdemeanors. The cost of housing these individuals in our jails and processing them repeatedly thorough the judicial system is enormous.

One answer to this costly problem is to divert these individuals from the jail into community-based behavioral health programs. People who receive appropriate behavioral health treatment in the community have a better long-term prognosis and less chance of returning to jail. It should also be noted that mental health advocates (i.e. NAMI, etc.) were a strong influence in bringing this issue to the forefront nationally and in New Mexico.

BHSD has supported jail diversion programming in New Mexico for approximately 15 years through pilot programs (5 currently). The mission of these services is to divert individuals with mental illness who may have co-occurring substance abuse disorder from unnecessary involvement in the criminal justice system. These 5 pilots employ several strategies to accomplish this mission, including crisis intervention training (CIT) for peace officers, case management in the jails, and post-booking court services.

### GOVERNOR’S PERFORMANCE MEASURE:

Task 4.2 Improve access, quality, and value of mental health and substance abuse services Measure: Percent of adults and youth who have contact with juvenile justice or adult corrections.

Task 4.3 Provide enhanced services for high-risk and high-need individuals. Measure: Number of high-risk individuals served.

### HSD STRATEGIC PLAN:

Task 4.2 Reduce adverse impacts of substance abuse and mental illness on individuals, families and communities. Measure: Percent of adults and youth served who have contact with juvenile justice or adult corrections.

### COMPREHENSIVE STRATEGIC PLAN:

**Goal I:** Assist Consumers to Participate Fully in the Life of Their Communities.

**Goal II:** Reduce the Adverse Effects of Substance Abuse and Mental Illness. 3. Persons in custody or at risk of incarceration and those leaving jails, prisons, juvenile justice facilities and their families receive adequate and appropriate services, which are recovery-focused, culturally competent and responsive to their needs. (f) Develop model for behavioral health crisis response and jail diversion; implement and evaluate pilot sites as foundation for a statewide crisis response/jail diversion system. 4. High risk individuals and populations have access to specialized services, which are recovery-focused, culturally competent, and responsive to their needs.

**Goal III:** Promote Behavioral Health

**Goal V:** Manage Available Funds Effectively and Efficiently

### OTHER PERFORMANCE MEASURE:

(VO: Information from the Jail Diversion Services Plan –Phase Two, FY08 Update) BHSD and VO will develop a 5-year strategic plan by the end of FY 08. Included in the plan will be Data and Evaluation (DOH42), Population, Informed Expansion, Mapping of current initiatives, Pre-Trail and Mobile Crisis Services, Support of existing programs, and Case Managers and/or resource staff in each jail and/or county.
### CURRENT FUNDING:
In VO’s FY-08 contract, $250,000 has been targeted to Jail Diversion services in New Mexico.

### CURRENT PROGRAM STATUS:
The five existing pilot programs in New Mexico are 1. Forensic Intervention Consortium of Dona Ana County (FIC-DAC), 2. Behavioral Health Commission, Counseling Associates, Roswell, 3. Counseling Center of Alamogordo, 4. Forensic Intervention of Bernalillo County (FIC), and 5. PMS, Farmington. These programs are run primarily with case management as the lead in both training for CIT officers and post-booking case-management. The PMS, Farmington program has unfortunately ceased with the loss of some support and treatment staff in FY07 but are currently providing limited services and is working to expand into a full jail diversion project. It operates an assessment center for both mental health and substance abuse disorders.

### FACTS/OPPORTUNITIES:
GAINS (SAMHSA) defines jail diversion along a continuum, from services that keep individuals from getting charged and arrested to services that aim to keep individuals from re-offending. Gains uses evidenced based practices as a model of true jail diversion. A fuller continuum of care in New Mexico has not been fostered in it’s first step and as such, pilot jail diversion programs in New Mexico focus on services after booking. Pre-booking Jail Diversion services traditionally cost substantially more. The need for 24-hour beds a in no-reject, secure facility for consumers with a behavioral health crisis would allow more pre-booking diversion.

CIT training- we’re using BHS dollars to do this, partnering with Public Safety (who has the responsibility to train peace officers) would allow BHSD to reprogram these funds.

Interagency Forensic Network (IFN) is the statewide jail diversion community project development initiative operated by Jim Johnson who also serves as the fiscal agent for the project. The purpose of the IFN is to promote the creation of jail diversion activities throughout the New Mexico. Requests for training come from community agencies but the training is not necessarily targeted to the needs of the individual projects or with communities desiring to start a new jail diversion initiatives.

Additional funds have been requested for a Behavioral Health Crisis System under the new budget request for FY09. This would include a jail diversion link under this request.