The Bill Blackwood
Law Enforcement Management Institute of Texas

Pre-Jail Diversion of Mental Patients

An Administrative Research Paper
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ABSTRACT

The pre-jail diversion of mental patients is necessary. This paper identifies the problems associated with the mentally ill in jail. The purpose is to find a possible solution to this problem that works for all parties concerned.

This country's law enforcement agencies are struggling with a major problem, the handling and housing of the mentally ill in jails. The jails are facing a rise in population and the greater numbers of the mentally ill that are being incarcerated are causing a number of special problems. The costs of caring for the mentally ill in our jails are drastically higher than normal inmates. The mentally ill also require greater observation and care, which stresses an already stretched budget to its limits.

The methods used included a review of department of justice studies, the statistics of a medium sized jail (Brazos County Jail), a review of solutions used by other agencies and a survey of patrol level officers to determine which programs they will support.

The findings included the special problems the mentally ill face and cause in jail environment. The costs related to the mentally ill in jail environments and in hospital settings. And the support that patrol officers would give to alternative programs to deal with the mentally ill.

The recommendations in this report detail the options that have been used by other agencies with good success. These options include:

- Diversion through the use of Crisis Intervention Teams
- A telephone hotline manned by mental health clinician to help street officers
- A dedicated emergency psychiatric unit

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INTRODUCTION

Is pre-jail diversion of the mentally ill a good idea? How can the mentally ill be redirected in an efficient manner? Is housing mentally ill patients in jails a problem? These problems not only affect those in detention facilities but also those law enforcement officers on the street. These patrol officers have to deal with these people often a daily basis. If we can connect with the mentally ill using the proper responses, perhaps the patrol officers and detention officers will not have to deal with these subjects as often, if at all.

In 1880 mentally ill individuals comprised only 0.7 percent of the populations in jails and in a survey in 1992 mentally ill comprised 7.2 percent of the populations in jails (Torry, 1992). In a review of records in Texas Department of Criminal Justice in September of 2004, it was found that 17 percent of adult offenders were current or former clients of the public mental health system (Texas Commission on Jail Standards, 2004). This shows an increasing rise in the numbers of mentally ill in jail. The numbers are growing exponentially and will overload our resources and capabilities in the very near future.

The recommendations that follow at the end of this report detail the options that have been used by other agencies with good success. These options include diversion through use of Crisis Intervention Teams, a telephone hotline manned by a mental health clinician to help street officers, and a dedicated emergency psychiatric unit.

This report will focus on the problem jails experience as they house mental patients, and the problems for mental patients housed in jails. This report will also look at possible solutions to the problem, which can benefit all law enforcement. Information for this report was gathered from studies already completed and published and review of statistics at a local medium sized (250-500 bed) jail (Brazos County Jail), as well as reviews of currently active diversion

programs. The information has been compiled and organized to show the scope of the problem and some options to correct the situation.

REVIEW OF LITERATURE

The problem of housing mentally ill patients (those people with diagnosable mental disorders) in jails has been with the law enforcement community since before our country was founded. In the late 1600's laws were enacted to authorize the jailing of mentally ill patients. This type of warehousing continued until mid 1700's when mental hospitals were opened but these were only available to those who could pay; others remained in jails until the mid to late 1800's when reform movements helped move mental patients into proper hospitals and out of jails.

Reformers like Reverend Louis Dwight and Dorthea Dix worked in the early-1800's to have the mentally ill moved out of jails and moved into psychiatric hospitals. They successfully ensured the practice of housing the mentally ill in jails became less common.

The mentally ill were placed in psychiatric hospitals where they could receive treatment or at least be housed in more humane circumstances. They needed to be housed in facilities that could treat or at least house these subjects in accordance with their illness. This became the standard practice for approximately 150 years. In the last 25 years the trend has reversed and more mentally ill are showing up in the jails again.

The mentally ill population has also increased from 7 percent to 17 percent from 1992 to 2002 (Torry, 1992; Texas Commission On Jail Standards, 2004). The mentally ill are a special problem in a jail setting because they are more likely to get into fights or break facility rules than regular inmates (Bureau of Justice Statistics Special Report: Mental Health, 1999); making the mentally ill inmate more likely to be disruptive and requiring greater attention from the jail staff.

This increased workload makes it more difficult to explain and justify the increased needs at budget time for the jail.

The mentally ill make up 16 percent of the inmate population in jails yet only make up 5 percent of the general population (Shield, 2003). Looking at the offenses of mentally ill, over 70 percent are non-violent offenses (Bureau of Justice Statistics "Special Report: Mental Health," 1999). These numbers show a great number of mentally ill inmates that could have been diverted to a more suited environment such as a psychiatric hospital.

Mentally ill inmates face special problems. Due to their mental status they are less likely to get along with others and suffer and cause many special problems such as:

- Must be watched more closely due to possibility of suicide
- Disrupt normal jail activities and increase number of fights
- Medication concerns
- Abused by other inmates

The mentally ill require a greater amount of observation due to suicide concerns. Inmate suicide is one of the greatest concerns in jail management. This is highlighted by the inclusion of suicide prevention course being included in basic jail school and as an intermediate core course for license requirements (TCLEOSE "Current Rules" 2005).

The mentally ill disrupt jail activities at a higher rate than other inmates. They tend to act in unexpected ways such as screaming out or saying the wrong things at the wrong time. Their social skills are sometimes lacking leading to problems. They are also more likely to be involved in fights at a 50 percent higher rate than other inmates in local jails (Bureau of Justice Statistics "Special Report: Mental Health," 1999).

Medication concerns for the mentally ill are two-fold. The first problem is whether the inmates are taking their prescribed medication(s) or not. The second problem is if they are not, are they passing their medication to other inmates or hoarding their medication. This is attempted to be prevented through observation and checks but these are not always effective. The inmates that do not take their medications become more likely to need crisis intervention (separation into violent cells and or hospitalization) due to the increase in their symptoms. The passing of medication or hoarding of medication can cause serious medical problems (e.g. overdose, medication interactions, or even allergic reactions) for the inmates.

The mentally ill are reportedly abused in 40 percent of the jails that were surveyed (Torry, 1992). This may be due to the perceived weakness of the mentally ill and be a contributing factor to the higher rate of fighting that occurs with mentally ill inmates.

Relevant literature found all agreed that the mentally ill in jails is a problem. Most mentally ill people do not belong in jail; they are arrested for nuisance crimes or did not have the mental capabilities to be responsible for their actions. Sometimes the mental illness can cause lacks in social skills and lead to poor judgment. The literature also agreed that psychiatric services were becoming less available in hospital settings due to budget cuts and other funding issues.

Relevant literature differs on what should be done. Some authors believe that more psychiatric care in the jails would be appropriate while others propose improvement of community psychiatric care. Articles written from the jail's point of view (e.g. Jail Association articles and Depart of Justice Magazines) just do not want them in the jails.

One trend is that the mentally ill are an increasing problem and is not going away. As the numbers of mentally ill are increasing, costs relating to mentally ill are increasing and yet the

general problems associated with their care are being better recognized. Another trend is the reduction in available care in the community due to financial cutbacks. All in all, this is a problem that needs to be dealt with in fair and proper way.

METHODOLOGY

Is pre-jail diversion of the mentally ill a good idea? How can we redirect mentally ill in an efficient manner? Is housing mentally ill patients in jails a problem? It is this author's belief that a program can be created that will efficiently and effectively redirect the mentally ill from local jails to getting them the proper help and treatment that they need.

The method of inquiry in this study is a review of statistics from the United States Justice Department to examine the current level of mentally ill in jails and identify any trends within the past ten years. The Texas Commission on Jail Standards Mental Health Study completed in December of 2004 will be examined to compare national and state levels of offenders in jail by offenses and specific types of problems faced in housing these inmates versus the non-mentally ill inmate.

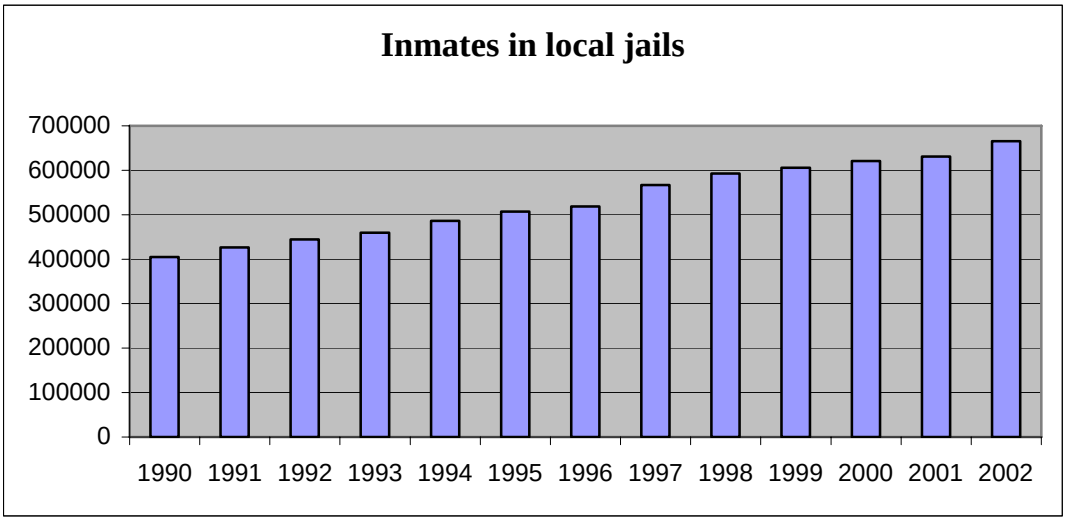
Costs will be reviewed at a local medium sized jail (Brazos County Jail) as well as daily costs at a state run MHMR state hospital. This will lead to a real cost/benefit analysis, which will hopefully dispel any beliefs based on cost.

A survey of patrol level officers in the Brazos County will also be conducted to evaluate their beliefs and support for different programs. This will be evaluated by department (3 Police Departments and 1 Sheriff's Office) and evaluated as whole. This will in turn help lead one to a good idea of which programs are likely to be supported by the practitioner who must to deal with the mentally ill on a regular basis.

FINDINGS

Jail population has risen 50 percent from 1990 to 1999 according to Bureau of Justice Statistics. This rise of inmates has caused our jails to be extremely crowded as seen in Chart 1.

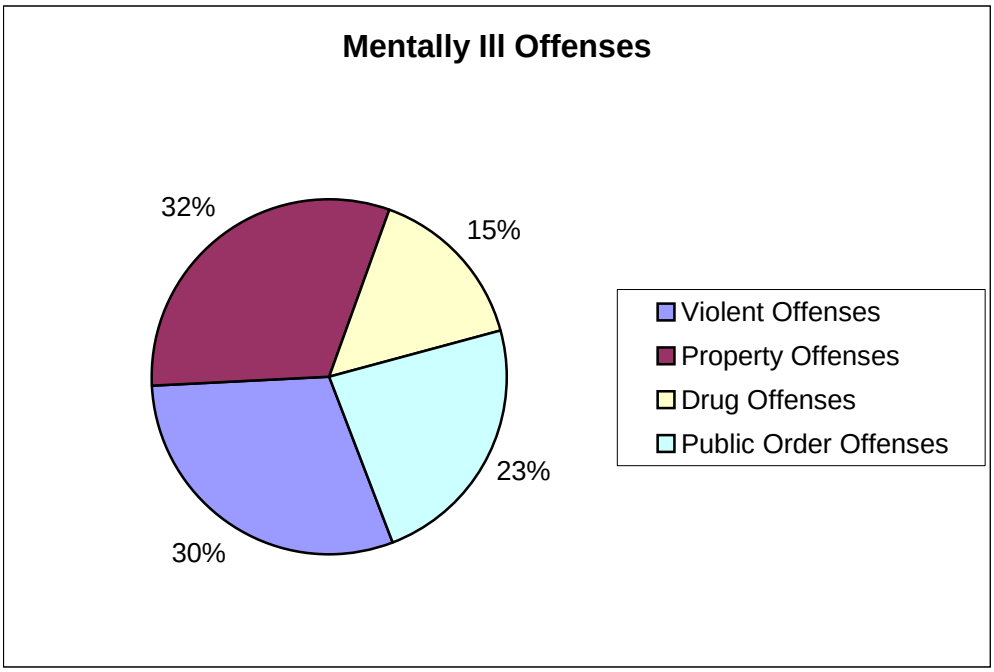
Chart 1



The mentally ill population has also increased from 7 percent to 17 percent from 1992 to 2002 (Torry, 1992; Texas Commission On Jail Standards, 2004). The mentally ill are a special problem in a jail setting because they are more likely to get into fights or break facility rules than regular inmates (Bureau of Justice Statistics "Special Report: Mental Health," 1999). The mentally ill inmate is more disruptive and requires greater attention from the jail staff. This increased workload makes it more difficult to explain and justify the increased needs at budget time for the jail.

The mentally ill make up 16 percent of the inmate population in jails yet only make up 5 percent of the general population (Shield, 2003). Looking at the offenses of mentally ill, over 70 percent are non-violent offenses (Bureau of Justice Statistics "Special Report: Mental Health," 1999) as seen Chart 2. These numbers show a great number of mentally ill inmates that could have been diverted to a more suited environment such as a psychiatric hospital.

Chart 2

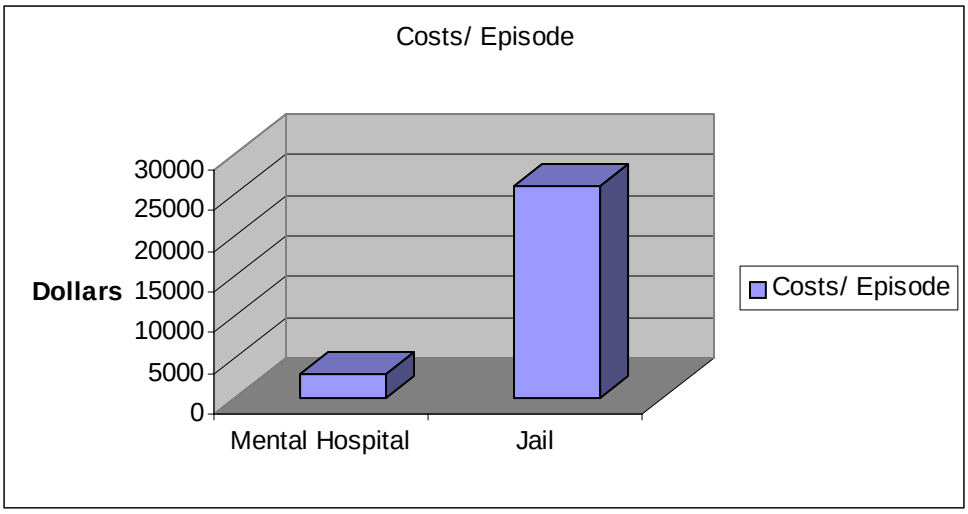


The cost of housing a mentally ill subject in a psychiatric hospital is $404.00 a day for total facility costs (Wells 2005). This is an average of Texas State Hospital costs. The average stay in a psychiatric facility is 7.1 days according to the National Center for Health Statistics. This would give a total cost of $2868.40. The cost of housing a mentally ill subject, as an inmate in jail is $35.00 a day plus costs of medicine: $7.34 per day or $42.34 per day (White; Drosche 2005). The average sentence for a mentally ill inmate is 20 months according to the Bureau of Justice Statistics (Special Report 1999). This would give a total cost of $25,827.40. That means it costs almost 10 times the amount to house a mentally ill subject in jail as shown in Chart 3.

The mentally ill person made require hospitalization more often in the same period but would he or she require 10 hospitalizations in the same time period? On the basis of daily cost it is cheaper to house these patients in a jail instead of a hospital but in the long term the numbers began to look different. The housing of mentally ill has caused a cost of $267,320.54 in extra

expenses for the housing of mentally ill inmates to the Brazos County Sheriff's Office over the course of one-year (Lyday, 2005; Drosche, 2005).

Chart 3



Mentally ill inmates face special problems. Due to their mental status they are less able to get along and suffer and cause many special problems such as:

- Must be watched more closely due to possibility of suicide
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Medication concerns are two-fold. The first problem is whether the inmates are taking their medication or not. The second problem is if they are not, are they passing their medication to other inmates or hoarding their medication. The inmates that do not take their medications become more likely to need crisis intervention due to the increase in their systems. The passing of medication or hoarding of medication can cause serious medical problems (e.g. overdose, medication interactions, or even allergic reactions) for the inmates.

The mentally ill are reportedly abused in 40 percent of the jails that were surveyed (Torry, 1992). This may be due to the perceived weakness of the mentally ill and be a contributing factor to the higher rate of fighting that occurs with mentally ill inmates.

This problem is not a new in law enforcement and jail management. Since before this country was a country, there has been had a problem with the mentally ill in jail. The increase in numbers in jail population and the percentage of those inmates having mental illnesses has made this a critical issue for all levels of government. The federal government has been looking into this issue as shown by reports from the Bureau of Justice statistics reports from the Department of Justice. The State of Texas has also instructed the Texas Commission on Jail Standards to do a mental health study. The Texas Legislature has also set forth jail diversion policies in HB 2292 (Texas Commission On Jail Standards, 2005). Local agencies are involved in work groups and studies with Texas MHMR currently looking for the answers to this problem.

The only way a proper and workable solution can be reached is to stop trying to make the mentally ill into someone else's problem. As with all real problems faced by more than one agency, the only way to find a solution is to work together.

The survey conducted was used to determine officer willingness to participate in different programs to assist in diverting the mentally ill patient from the jail. The survey was given to patrol level officers only and 75 responses were received this is about a ¼ to a 1/3 of all patrol level officers in the county. The Survey consisted of 5 questions aimed at determining the patrol officers support and beliefs toward the mentally ill.

The first question asked "Do you feel you are dealing with the mentally ill more now?" Almost 90% of the officers stated yes, revealing a belief on their part that they are dealing more with the mentally ill now. The numbers in the jails also upholds this.

The second and third questions dealt with two programs (a 24-hour MHMR hotline and a Mental Health Unit). The survey asked first if the officers thought these would be a good idea. 80% of the officers felt the hotline would be a good idea and 92% felt that the mental health unit would be a useful idea.

The fourth question dealt with which program the officers would be most helpful. The officers were able to choose an individual program or both. No officers chose the hotline alone, but 23% stated that the mental health unit would be best. The best response was the combination of both programs, 75% of officers felt this was the better choice. Only 2% thought neither program would help.

The fifth question dealt with a screening facility that would allow the officers to drop subjects for evaluation. This was the most exciting result of the survey. All of the officers, 100% of them, asked believed that this would be a helpful program.

Overall it was found that most officers would welcome any program that might work. They strongly supported a Mental Health unit (special trained officers that deal specifically with the mentally ill). They all approved of a temporary holding facility where subjects can be evaluated and housed for up to 24 hours pending transport to a mental facility. These results speak highly that the patrol officers from all agencies will support the programs, which is required for success of any program.

SUGGESTION

The plans that were looked at used one of three different plans. The first type of plan was a dedicated psychiatric unit that officers could call for information and if needed transport the mentally ill subject to the unit for evaluation and if detention was needed the mentally ill subject would be housed at the psychiatric unit. The evaluation would be done in an hour or less offering the street officers a viable option to jail that did not remove them from patrol any longer than necessary (Torry, 1992).

Another option was the Crisis Intervention Team (Torry, 1992). This plan uses specially trained officers that respond to any situation where a suspected mentally ill subject is involved. They will evaluate the subject and if called for begin the commitment proceedings and follow through until commitment or release of the subject. This allows the patrol officers to remain on patrol dealing with other situations but it requires a dedicated team that can reduce overall manpower.

The third option that was used was simply a mental health hotline (Torry, 1992). This hotline would be staffed by a mental health professional that any officer could call. The mental health professional would help evaluate the situation and advise the officer. If the commitment

were deemed necessary the mental health professional would call ahead and set up the evaluation. This problem requires no extra staffing from law enforcement but can require mental health extra staffing. This program does nothing to help with time the officer will be occupied during evaluation.

This problem is not a new in law enforcement and jail management. Since before this country was founded, there has been had a problem with the mentally ill in jail. The increase in numbers in jail population and the percentage of those inmates having mental illnesses has made this a critical issue for all levels of government. The federal government has been looking into this issue as shown by reports from the Bureau of Justice statistics reports from the Department of Justice. The State of Texas has also instructed the Texas Commission on Jail Standards to do a mental health study. The Texas Legislature has also set forth jail diversion policies in HB 2292 (Texas Commission On Jail Standards 2005). Local agencies are involved in work groups and studies with Texas MHMR currently looking for the answers to this problem.

The only way a proper and workable solution can be reached is to cease trying to make the mentally ill into someone else's problem. As with all real problems faced by more than one agency, the only way to find a solution is to work together. This problem must look at many factors. They are:

- How to reduce the numbers of the mentally ill in jail
- How to get the proper treatment for the mentally ill
- How to achieve these goals within current budget constraints
- How to keep law enforcement keeping the peace and upholding the law rather than dealing with the mentally ill

The solution that has long-term feasibility and can deal with all of the goals above is one that involves cooperation from the mental health organizations, the medical community and the law enforcement community. This cooperation will be necessary to achieve any kind of lasting solution.

The solution recommended by this report is a three-part plan. It involves creation of a Crisis Intervention Team made up of Mental Health Peace Officers. These are peace officers that have attended specialized training in the laws dealing with the mentally ill as well as with mental illness itself. These specially trained officers are better trained and equipped to deal with situations involving mentally ill offenders and can help with keeping them from entering the criminal justice system to begin with.

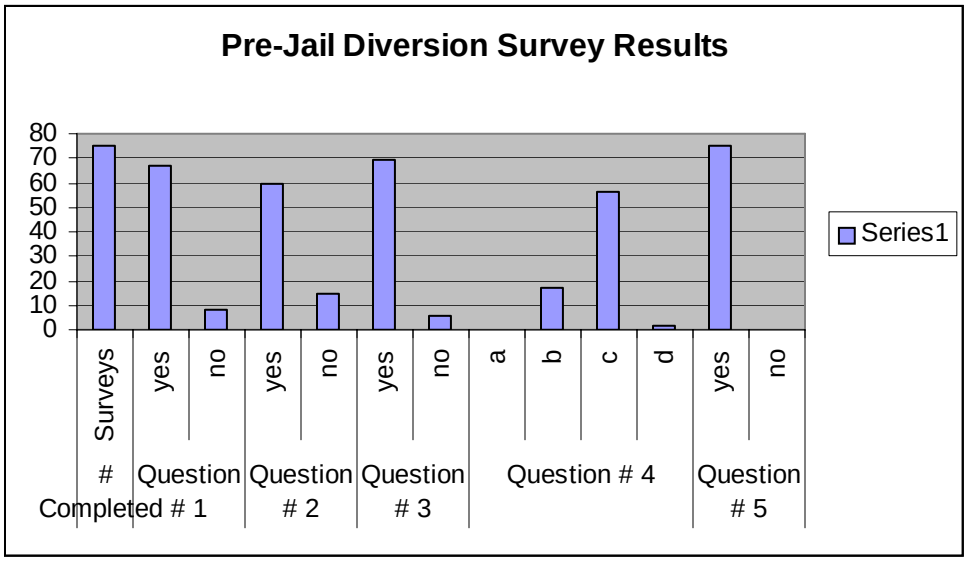
The second component would be a telephone hotline. This hotline would allow street officers to contact a mental health professional and receive advice on how to proceed. The mental health professional would be able to advise if the subject should be brought in for evaluation or if community based services would be an option. If evaluation is needed the mental health professional could call ahead and set up evaluation proceedings for the officer to reduce wait time. If community based services are an option they can give the officer the information to pass on to the subject.

The final component of this plan involves creation of a dedicated temporary psychiatric/detoxification center. For the Brazos County a 24-bed facility would meet current needs and allow for some growth. This center could be staffed with MHMR and Sheriff's department personnel and medical personnel. The best location would be within a medical hospital but run by all three groups in cooperation (e.g. medical & psychiatric communities as well as local law enforcement). This facility would allow officers to drop off suspected mentally

ill patients to be evaluated and screened and if emergency detention was deemed necessary they could be held until transportation arrangements could be made. This reduces loss of officers on the street where they are needed and allows for proper evaluation in a timely manner. This facility could also connect those not deemed in need of emergency detention with community resources that may prevent later crisis. This facility could also be used to hold those who are so intoxicated from drugs or alcohol that no determination into their mental status could be conducted. This would benefit all groups because the presence of all three groups would allow for any and all options to be explored quickly and efficiently.

The Support for all aspects of this program is evident in their overwhelming positive response to the survey given to all major law enforcement agencies in our county. All officers were in support of the dedicated temporary psychiatric/detoxification center. Most officers were of the belief that the other two parts of the program would also be beneficial. Overall, patrol level officers want a workable solution that will allow them to do the job of serving and protecting the public.

Chart 4



This three-part plan reduces officer involvement but still allows the mentally ill to receive proper care. It makes a partnership between the three most involved communities and allows for proactive treatment of this problem. The problem of the mentally ill will never go away. We must look to the future and be active in finding and implementing the right solution.

REFERENCES

Shield, S., *Addressing gaps in post-release services for mentally ill offenders: one community's response, Center on Juvenile and Criminal Justice.* 2003. 2005, March from http://www.cjcj.org/pdf/mentally_ill.pdf

Torry, E. from *Criminalizing the seriously mentally ill: the abuse of jails as mental hospitals, a joint report of the National Alliance for the Mentally Ill and Public Citizen's Health Research Group.* Washington D.C.: Public Citizen's Health Research Group; Arlington, VA. : National Alliance for the Mentally Ill

United States, Dept. Health and Human services, *Fast stats A to Z: Mental Health Disorders 2002.* Accessed 2005, April, from http://www.cdc.gov/nchs/fastats/mental.htm

United States, Department of Justice, *Bureau of Justice Statistics Bulletin: Prison and Jail Inmates at Midyear 199*9. Apr 2000, NCJ 181643.

United States, Department of Justice, *Bureau of Justice Statistics Bulletin: Prison and Jail Inmates at Midyear 2002*. Apr 2003, NCJ 198877.

United States, Department of Justice, *Bureau of Justice Statistics Special Report: Mental Health and Treatment of Inmates and Probationers*. July 1999, NCJ 174463.

United States, Texas Commission on Jail Standards, *Texas Commission on Jail Standards Mental Health Study.* 31 Dec 2004, Accessed on April 2005, from http://www.tcjs.state.tx.us/docs/mh%20study.pdf

United States, Texas Commission on Law Enforcement Officer Standards and Education, Current Rules January 2005, Accessed on March 2005 from http://www.tcleose.state.tx.us

INTERVIEWS

Drosche, David, Personal interview, 17 March 2005

Lyday, Jayson, Personal interview, 18 March 2005

Mills, Wendy, Personal interview, 17 March 2005

White, Carey, Personal interview, 18 March 2005

Pre-Jail diversion of Mentally Ill

A Survey of Patrol Officers

Please circle your responses.

1. Do you feel you are dealing with the mentally ill more now?
    a. Yes
    b. No
2. Do you feel that a 24- hour hotline from MHMR would be useful in helping you deal with the mentally ill?
    a. Yes
    b. No
3. Do you think a mental health unit (officers specially trained in dealing with the mentally) would be something that could help?
    a. Yes
    b. No
4. Which service(s) do you believe you would use as a street officer?
    a. Hotline
    b. Mental health unit
    c. Both
    d. Neither
5. If there was a special mental health ward at the hospital where you drop off a person with suspected mental illness to be evaluated, where you would not have to wait on evaluation, would you be willing to use this facility?
    a. Yes
    b. No

Survey Results

Department	# Completed Surveys	Question # 1		Question # 2		Question # 3		Question # 4				Question # 5	
		yes	no	yes	no	yes	no	a	b	c	d	yes	no
Brazos CO SO	8	8	0	7	1	8	0	0	2	6	0	8	0
Bryan PD	33	30	3	25	8	27	6	0	9	22	2	33	0
College Station PD	15	14	1	10	5	15	0	0	5	10	0	15	0
University PD	19	15	4	18	1	19	0	0	1	18	0	19	0
Total	**75**	**67**	**8**	**60**	**15**	**69**	**6**	**0**	**17**	**56**	**2**	**75**	**0**