City of St. Louis
Jail Diversion Project
Final Evaluation Report

Prepared for the
The City of St. Louis
Department of Human Services

by
Michael M. Orihuela MSW
L. Anthony Loman, Ph.D.

Institute of Applied Research
St. Louis, Missouri

June 2010

103 W Lockwood, Suite 200
St. Louis, Missouri 63119
(314) 968-9625
email: **iar@iarstl.org**
website: **http://www.iarstl.org**

Table of Contents

Key Highlights

The St. Louis City Jail Diversion Project was developed through a collaborative planning process among criminal justice and community treatment agencies. Through the project, individuals with mental health problems were diverted from the criminal justice system into mental health treatment services. The project was funded through a Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant from May 2006 to April 2010. Community Alternatives and BJC Behavioral Health, St. Louis City behavioral healthcare providers, provided integrated treatment services combined with best practice approaches for clients involved in the criminal justice system. The Center for Trauma Recovery of the University of Missouri St. Louis provided trauma therapy.

Program participants were enrolled in services and asked to participate voluntarily in a longitudinal evaluation of services. The evaluation operated from August 2007 through April 2010. Key highlights of the evaluation report include the following:

- Screenings were conducted for 477 individuals. Of these, 167 were screened in and diverted from jail to community mental health treatment. Among those screened out were 129 that met initial screening criteria but for various reasons did not complete the planning process for presentation to the courts; 89 that did not meet legal criteria; and 92 that either did not meet psychiatric criteria, were referred elsewhere, or were released from custody.

- The majority (57 percent) of clients in jail diversion programs had severe and persistent mental illness.

- A large majority (78 percent) of participants were also identified as having alcohol or drug abuse issues at the time of enrollment.

- Of those successfully diverted, 69 percent completed a minimum of 24 weeks of supervision and community-based outpatient treatment services which utilized evidence-based integrated treatment services.

- Overall improvement was observed among participants on measures of mental health symptoms (frequency and severity) and daily functioning outcomes at six months and twelve months after entering the program.

- Substance use, as reported by participants, declined from 43 percent at baseline to seven percent at six months and 10 percent at twelve months, including similar patterns of improved outcomes for those reporting any alcohol use and alcohol use to intoxication.

- Based on initial measures of posttraumatic stress disorder (PTSD), 60 percent of participants were determined to have probable PTSD at the time of enrollment. A minority (13 percent) received treatment specifically directed at trauma recovery, yet a reduction in PTSD symptoms was observed among the entire population from 60 percent at entry to 39 percent at six months and 28 percent after one year.

- Clients in jail diversion program moved to more independent and desirable living situations. Among those interviewed at six months, stable housing had increased from 27 percent to 40 percent, while homelessness had decreased from 24 percent to 3 percent.

- Diversion program participants who successfully completed the jail diversion program were significantly less likely to return to the criminal justice system during the 12 months following diversion. In addition, program graduates had better outcomes in other areas including stable housing, enrollment in school and engagement in mental health treatment.

1. Introduction

This is the final report on the St. Louis Jail Diversion Project (SLJDP). The SLJDP is a program for arrested and locally incarcerated mentally ill individuals in St. Louis City to divert them from jail or prison to mental health, substance abuse and support services. This report describes findings in three general areas: characteristic of participants, treatment services, and outcome measures. In addition, select findings of earlier evaluation reports are summarized.

The SLJDP is a project of the City of St. Louis and is administered by the City Department of Human Services. From 2006 through April 2010 the SLJDP was funded through a Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant. The SAMHSA grant provided for a one-year planning period from May 2006 through April 2007, during which agency representatives (listed in Appendix A) met and worked together to design the program. This was to be followed by a two-year service program. After some delays, the first clients were accepted during August 2007. The program operated under the original grant through April 2009. At that time, the city was granted a one-year no-cost extension of the SAMHSA grant to continue serving clients through April 2010. As, noted below, the jail diversion program is now continuing under local funding.

The SLJDP is a consortium of criminal justice agencies and community treatment and service programs. The organizations and agencies are listed in Appendix A of this report. The project has as its primary goal diversion of individuals with mental health problems to needed therapeutic and social services rather than to jail or the prison system. Individuals entering the project must be 18 year old or older with a mental illness. The diagnostic focus described in the original SLJDP strategic plan was on individuals with Axis I disorders including psychotic, debilitating mood or severe anxiety disorders. Concerning the latter, there was to be a special emphasis on posttraumatic stress disorder (PTSD). Because nationally 70 percent or more of mentally ill defendants also have co-occurring substance abuse disorders, it was expected that the majority of individuals entering the SLJDP would have a substance abuse disorder. Based on a needs assessment completed during the planning period, it was also assumed that most participants would be indigent and some would be homeless. Participation in the SLJDP was and continues to be voluntary.

Jail diversion participation is limited to individuals charged with nonviolent violations of St. Louis City ordinances, nonviolent Missouri State misdemeanors or nonviolent federal felony offenses. City defendants enter through the St. Louis City Municipal Court while state defendants are received through the Division 26—Misdemeanors/Traffic of the 22nd Judicial Circuit Court. Potential participants from these two sources have been recently arrested and are awaiting arraignment. Federal defendants are received from the United States Pre-Trial Services Office as well as the U.S. Probation Office, Eastern District of Missouri. Individuals considered for participation from this source were previously diverted by the U.S. Attorney and are already participating in the Pre-Trial Services Program. Treatment services are available through Community Alternatives Inc., Barnes-Jewish-Christian (BJC) Hospital Behavioral Health Services and the Center of Trauma Recovery of University of Missouri-St. Louis. The Institute of Applied Research (IAR) was associated with the SLJDP from the time of the initial grant and

through the planning period. IAR participated in planning and conducted an initial needs assessment. After the planning period, IAR served as the project evaluator.

Goals of the Project

The goals of the project were defined under the original SAMHSA grant proposal. These included the following:

1. Divert people with mental illness.

2. Provide Evidence-based Practice.

3. Reduce recidivism to the criminal justice system via new arrests, court appearances and incarceration.

4. Improve mental health and substance abuse outcomes of participants.

5. Improve participant's social service outcomes (housing, employment).

6. Develop a better coordinated, a more highly responsive and a more effective system of care for people with mental illness who are involved in criminal justice system.

These goals are considered in detail in the following sections.

Project Sustainability

A requisite of the SAMHSA award was the responsibility of each grantee to secure funding to sustain the project at the end of the grant period.

In May 2010, the St. Louis Jail Diversion Project secured a three year grant form the St. Louis Mental Health Board to provide outreach community based treatment, medication, support services, case management and trauma recovery treatment for the period of July 2010 through June 2013.

2. Findings of Earlier Project Reports

In this section, select findings of the initial needs assessment and the first process evaluation report are considered. They are presented first to inform the reader about available information and opinions of experts concerning the need for jail diversion and the needs of potential SLJDP clients. Secondly, the early process study findings highlight some of the initial problems encountered in initiating a project that involved coordination of several diverse agencies. This information may also be useful to individuals interested in establishing jail diversion programs in other jurisdictions.

Select Findings of the St. Louis Jail Diversion Project Needs Assessment

The first year of the SLJDP was devoted to planning and coordination. To assist in the planning process, IAR conducted a needs assessment and completed a formal report in June 2007. Information on the number of St. Louis City offenders and their characteristics was obtained from the St. Louis City Justice Center (city jail and workhouse) and the U.S Pretrial Diversion Office. In addition, a key informant survey was conducted of individuals knowledgeable about the criminal justice system, mental health/substance treatment system, or both.

Criminal charges and demographic characteristics. The populations of the two potential sources of SLJDP clients (Justice Center and Federal Pretrial) were quite different.[1] Because SLJDP planners sought to limit the project to various non-violent offenses, only misdemeanors and city ordinance violations were examined for arrested individuals at the Justice Center. The most common charges in these categories were traffic- and vehicle-related, court-related (such as failure to appear) and public-behavior offenses. The latter included street demonstrations, peace disturbances, trespassing, public drinking, urinating in public and other similar charges. Slightly more than a quarter (26 percent) of charges included petty larceny and misdemeanor theft, such as possession of stolen property and shoplifting; third degree assault; resisting arrest and domestic assault; and alcohol- and drug-related charges. The most frequent categories of (non-violent felony) charges for U.S. Pretrial Services offenders were fraud, followed by financially-related or theft charges, such as counterfeiting, embezzlement, forgery, mail theft/fraud, and larceny. Small minorities of offenders were charged with drug offenses, federal statute violations and other charges. All charges of offenders in the Federal pretrial program were non-violent.

The average offender in the St. Louis City system was male (82 percent), 20 to 40 years old (79 percent) and African American (83 percent). Federal Pretrial offenders were more likely to be female (56 percent) and Caucasian (57 percent). National studies have shown mental illness to be highest among the middle-aged jail and prison populations (Ditton, 1999).

Daily population and mental illness. Based on past statistics, the average daily population (per month) in the City system was expected to range from 1,450 to 1,670 individuals. Daily population figures were not available for U.S. Pretrial but a recent count of offenders under active supervision at the time of the needs assessment was 144.

The latest information at the Justice Center indicated about 600 “encounters” per month for mental health reasons. Because some individual were encountered two or more times per month, the actual number of jail inmates with these conditions was lower, possibly 300 or fewer. Other statistics indicated that 20 to 40 individuals were assigned to close observation and 12 to 40 were assigned to suicide watch each month. The medical unit director felt that the majority of offenders seen for mental illness were charged with felonies. However, national statistics

[1] The St. Louis City Justice Center includes the city jail and city workhouse (Median Security Institution for prisoners convicted of misdemeanor crimes). Arrestees include individuals entering the court system of the City and the State of Missouri.

indicate that a large proportion of individuals who enter the justice system with mental illness (and substance abuse disorders) are charged with misdemeanor crimes (Ditton, 1999).

U.S. Pretrial offenders with reported mental health problems constituted about seven percent of the active population. Data available for this population showed that the large majority reported drug or alcohol abuse problems at the start of supervision. No comparable drug and alcohol data for the City population were available. However, based on national statistics, it was assumed that most of jailed individuals with serious mental illness would have co-occurring substance abuse disorders (Bureau of Justice Statistics, 2006). Furthermore, studies show that about half of mentally ill individuals that return to the justice system within one year do so because co-occurring disorder treatment was not pursued (Solomon, 1994).

There were 17 respondents to the key informant survey. Key informants indicated that (among St. Louis City arrestees) various kinds of public behavior crimes would be commonly encountered and were the most suitable offenses to be targeted by the SLJDP. These included trespassing, disorderly conduct, loitering/vagrancy, public intoxication, aggressive begging/panhandling, street demonstration, indecent exposure, urinating in public, and the like. The kinds of charges seen among Federal Pretrial offenders (mail fraud, forgery, embezzlement) were generally rated lower by key informants, although national statistics indicate that such offenses are also represented among mentally ill jail population inmates (Ditton, 1999). Several respondents implied or stated explicitly that type of offense should not be taken as an index of suitability or unsuitability for diversion. Rather the circumstances of the charge should be considered.

Key informants indicated that criminal records should be assessed with an eye to the circumstances and level of risk associated with past offenses, and whether the offenses were related to the individual's mental illness or drug/alcohol dependence. History of violent offenses, sexual offenses and escape charges were mentioned as reasons for exclusion from the program. Respondents rated female offenders and developmentally disabled offenders as more suitable for jail diversion. Offenders in the 22 to 30 year age range were given priority over offenders 21 years and younger. Respondents also indicated that along with veterans, homeless persons and individuals not in treatment at the time of the offense should be targeted.

Among the needs of St. Louis City offenders who are mentally ill, respondents most frequently cited: Unemployment, underemployment and homelessness. Federal pretrial offenders were regarded as slightly better off in these areas. All respondents felt that a majority or more of City offenders were in poverty. Again, the expectation for Federal pretrial offenders was more mixed although most respondents believed that the majority were poor. Lack of access to substance abuse treatment and lack of access to psychiatric medications were seen as roughly equivalent between the two groups. Lack of health care was seen as about the same between the two groups but the absence of mental health treatment and Medicaid were regarded as more acute among the Federal offenders. Poor psychological functioning was considered high in both, although multiple psychological disorders were expected more often among the city and state offenders. Social isolation as indicated by the lack of family support was expected to be high in both groups of offenders. Respondents also spontaneously reported lack of education or skill training, lack of transportation and the absence of housing support.

Services Needed. Key informants ranked services needed in various ways but reported the following most frequently among the top three:

- Medication monitoring and medication to control symptoms
- Psychiatric evaluation
- Supported Living and transitional living services
- Service coordination and referral
- Assertive community treatment
- Employment services
- Housing access
- Outpatient and inpatient alcohol and drug treatment
- Individual counseling/therapy

Barriers to Jail Diversion. The most frequently mentioned barrier concerned how the parts of the system would work together, including problems in communication and coordination between the judicial system and community providers of treatment. A structure of regular and daily communication between all components of the diversion program was regarded as necessary. Some also cited lack of coordination within the judicial system and fragmentation of services within the community service system.

Various specific barriers and needs were also mentioned: 1) housing shortages, 2) problems accessing employment services, 3) lack of employment opportunities, 4) insufficient community-based mental health services, 5) lack of transportation to services, 6) problems accessing public education, and 7) low community support, both business and religious

There was agreement that trained screeners and case managers in both the criminal justice system and in treatment services would be needed. Some thought that various specialists would be useful, in such areas as housing, job placement and legal services.

The expected profiles for substance abuse also differed between the two groups. City/state offenders were expected to be mostly crack/cocaine and alcohol abusers with only a minority expecting heroin or methamphetamines abuse. The two latter categories were expected more frequently on the U.S. Pretrial side. Expectations of marijuana use were roughly equivalent.

These findings from the needs assessment survey were used by SLJDP planners as they designed the structure and procedures that were to be implemented during the 2007 to 2010 project period.

Select Findings of the First SLJDP Process Evaluation Reports

Clients were accepted into the St. Louis Jail Diversion Project during the final five months of the 2007. In early 2008 evaluators reported findings of the first process evaluation of the project. The evaluation pointed to several areas of concern that are summarized in this section. The problems were addressed by SLJDP staff and largely resolved in the months following the process evaluation report. They and the solutions are presented here because they represent common problems experienced in initiating new programs that might be avoided by incorporating the solutions into initial structure and procedures.

Inappropriate Referrals from the City and State Courts. Most early referrals were state and local arrestees (78 percent) who had been assessed by St. Louis City Justice Center (SLCJC) health professionals and judged likely to suffer mental health problems. A major problem with this process was that early in the program referring agencies were largely unfamiliar with program criteria and a number of inappropriate referrals were submitted for screening. For example, 56.7 percent of non-eligible referrals were screened out because legal criteria barred their participation in the program. Some were charged with state or local felonies. Others were multiple offenders with outstanding arrest warrants in surrounding jurisdictions. In the latter cases, individuals may well have been appropriate on the basis of mental health criteria for entry into the program but enrolling individuals with outstanding warrants in other jurisdictions would have been problematic unless consent from courts in other jurisdictions was obtained prior to enrollment. Other reasons for bad referrals included individuals that were already receiving services, were not interested in the program, or who had a violent history. During this early period, some of the probation officers responsible for screening had not been trained to look up criminal records of individuals referred. This resulted in delays in obtaining information on the legal standing of referrals and ultimately delaying a key stage of eligibility. *Solution.* The key probation officer responsible for screening was trained to conduct criminal record checks. Following this training this officer conducted record checks directly rather than relying on other individuals for information. Legal record checks via a wireless network were also available for use at the time of interviews of potential participants. Through these procedures, many of the referral errors based on legal criteria were avoided.

Delays in Court Proceedings. A frequent early problem involved court continuances of City and State defendants who had been screened as appropriate but had not yet appeared before a judge for approval of diversion. Hearings were not conducted and cases were delayed for at least a week because certain attorneys were assigned who were not familiar with their case or the Jail Diversion program, had had insufficient time to talk with the client, or could not locate the case file. Another problem involved transmission of documents to the Circuit Attorney for approval to drop or delay current charges. This was an essential step in the diversion process and unsigned documents slowed the entry process by as much as four weeks during which some potential participants were lost. *Solution.* The problem of continuances and court files was

corrected by having all potential St. Louis Jail Diversion Project participants' files placed in red-colored folders and having one attorney assigned responsibility for locating files and for communicating information to the particular attorneys assigned to represent defendants. In addition, responsibility for assigning case files was given to one individual. Also, attorneys representing clients were briefed on the nature of Jail Diversion. Several attended monthly Jail Diversion meetings to improve their understanding.

Evening and Weekend Hours. During this early period, the probation and parole officer responsible for SLJDP was available nine to five during weekdays only. Potential participants were often arrested at night and on weekends. There was insufficient time in the morning (starting at 8:00 a.m.) to interview and conduct record checks for such individuals before court at 10:00 a.m. *Solution.* Staff was added to permit expanded work hours.

Outreach. Many eligible homeless persons cycled through the court system on a regular basis. *Solution.* Outreach to certain local shelters and organizations that served the homeless was instituted to find these potential clients before they were arrested.

Interagency Communication. The St. Louis Jail Diversion Project experienced various breakdowns in communications among the cooperating agencies. Several of the organizations within the SLJDP coalition had staffing changes in late 2007, shortly after the project began accepting clients. Newly hired individuals needed time to learn planned project procedures within their own organizations and to become familiar with other participating organizations and the legal requirements of the program. This resulted in various delays in responding to inquiries, communicating SLJDP participant status and meeting evaluation timelines, including completing event and person tracking information and transmitting them in a timely fashion to the evaluator, referral of clients to service providers and ensuring that they arrived at appointments. Delays also resulted in problems of data collection and entry for project evaluators. *Solution.* Monthly Jail Diversion Program meetings were initiated to discuss ongoing problems. At monthly meetings, problems are discussed among all agency representatives. Weekly interagency staffing meetings were also scheduled where each participant, both new and existing, was discussed. Meetings and staffing made it possible to inform everyone of the identity of new participants, to provide evaluators with information on individuals screened out of the project, to provide feedback to court representatives about service plans, service contacts and participation in active cases, and other associated issues.

These are some of the startup problems that the St. Louis Jail Diversion Project experienced during it early months that were discovered through the process evaluation and were addressed by the participating agencies.

3. Study Design and Data Collection

The study design consisted of a process and an outcome evaluation. The process study considered problems and successes in implementing St. Louis Jail Diversion Project. The focus included progress in referring clients to the program, interagency communication, and many other issues. Select findings of two process evaluation reports in 2007 and 2008 are summarized in the previous section. Regarding outcomes, the evaluation was primarily designed to collect information on clients as they entered and progressed through the program.

The data collection for the outcome evaluation was the responsibility of the Institute of Applied Research personnel and occurred between August 2007 to May 2010. The data was gathered from several sources and included information on: basic offender demographics, criminal history, mental health function, drug and alcohol use, treatment services, and discharge status of jail diversion participants. Information was collected through interviews and from various administrative databases.

Screening. A screening instrument was utilized by intake personnel to make an initial determination of the appropriateness of potential clients for jail diversion and to indicate the reasons why individuals were ultimately screened in or out or declined to participate in the program.

Potential clients that were determined to be appropriate on mental health and criminal justice grounds and who indicated a willingness to participate were provided with an intensive mental health assessment before being enrolled in the program.

Evaluation Data Collection Procedures. Clients were scheduled to be interviewed at three points during their participation in the program: at program entry (baseline interview), six months after program entry, and twelve months after program entry. During each of these interviews a battery of data collection instruments was utilized. These are described more fully in Appendix B but included: 1) the Government Performance and Results Act (GPRA) instrument, 2) the D.C. Trauma Collaboration Study Violence and Trauma Screening tool, 3) the Posttraumatic Stress Disorder Checklist (PCL-C), 4) the Colorado Symptom Index 1991 (CSI), 5) a checklist of mental health and substance abuse services utilized, and 6) the CMHS-National Outcome Measures (NOMS). The evaluators also added 7) a series of supplemental questions to interviews that provided information in several areas not covered completely by the standardized data collection tools. Instruments 2 through 5 were required as part of the national cross-site evaluation conducted by the TAPA Center, and are referred to below as the 'TAPA' sources. Instrument 7 is referred to as 'IAR' in the list below.

In addition, 8) record reviews were conducted of mental health and substance abuse service information for participants that continued participation in the program through the first six months (also referred to as 'IAR' below). This included records of a variety of crisis services and ongoing services (see Appendix B for a complete listing).

Finally, 9) the history of arrests were collected from official sources for the twelve-month periods before and after program entry. The sources and methods are described in Appendix B.

The following table shows the list of information collected from various data sources (see above for explanations of the source abbreviations).

Type of Data	Source	Comment
Demographics	NOMS/TAPA	
Mental Health, Substance Abuse, Well-Being & Needs		
Mental Health Diagnosis Mental health history of parents	 IAR IAR	 Provided in collaboration with treatment provider
Trauma Screening of all JDP clients	TAPA	
Trauma Treatment services	TAPA	Provided in collaboration with UMSL-CTR
Substance Use Previous 30 days Previous 6 months Use at enrollment, frequency of use Parental History of Substance Use	 TAPA IAR IAR IAR	
Treatment Services Provided Service Modality Inpatient, Outpatient, and ER Treatment Drug Treatment Services Psychiatric Medication Case management	 IAR TAPA IAR TAPA TAPA	
Outcome Perception of Care Trauma Treatment Overall Health rating in past 30 days MH improvement/functioning scale Colorado symptom index Social Connectedness Scale Criminal Arrest and Jail Graduation/Termination	 NOMS/IAR UMSL-CTR TAPA TAPA TAPA NOMS IAR IAR	 Obtained in coordination with City Probation Department
Criminal Justice History	TAPA	
Jail Days Served	TAPA	
Outcome/completion/discharge		
Treatment Data	TAPA	

Clients were individually interviewed by the evaluators and were provided with stipend payments for their participation. Data were entered by evaluators in appropriate national and cross-site databases. In addition, IAR maintained its own comprehensive database of all the information from various data sources.

4. The Evaluation Sample

Enrollment under the SAMHSA grant began in August 2007 and extended through October 2009. During this period, 477 defendants were screened for the St. Louis Jail Diversion Project. Of these, 61.2 percent (292 individuals) were adjudicated in the St. Louis City municipal court system, 25.2 percent (120 individuals) were Missouri state court defendants, 11.5 percent (55 individuals) were referred from Federal Pretrial, and 2.1 percent (10 individuals) were referred from US Probation.

Of those screened, 169 (35.4 percent) were determined eligible, that is approximately, one in every three screened applicants. Of the 169 eligible individuals 164 agreed to the evaluation.[2] This eligibility rate was lower than generally expected during the planning phase when most in planning group assumed that the majority of individuals who met the criteria for type of offense and criminal history could be screened into the diversion program. Some of the barriers that resulted in this eligibility rate were discussed earlier in the summary of process evaluation report.

Of the 164 SLJDP participants who agreed to the evaluation, all were interviewed at baseline, 130 (79.3 percent) were located at six-month follow-up, and 103 (62.8 percent) were found at the 12-month follow-up. As of April 2010, only 132 of the 164 participants had reached their 12-month reassessment date, and on this basis, 78.0 percent received a 12-month follow-up interview. Of the original 164 participants, 23 were active in jail diversion as of April 2010, 95 successfully completed the program, 41 were terminated or did not graduate, 3 were deceased, and 2 had received an administrative discharge.

5. Client Demographics

Table 1 summarizes information on the race, gender, age, education, employment and housing status of all St. Louis Jail Diversion Project individuals who participated in the evaluation at baseline. Jail diversion participants were almost equally male and female. The majority (65.2 percent) of participants were between the ages of 35 and 54 with an average age of 41.9 years. Moreover, the large majority of the clients were black (68.9 percent), unemployed (82.9 percent), and not enrolled in school (98.8 percent); 45.1 percent of participants had less than 12 years of formal education, 32.9 percent graduated high school, 18.3 percent had some college, and 3.7 percent graduated from college. Regarding housing, 25.6 percent of participants were homeless at the time they were enrolled, 8.0 percent of participants were in jail for most of the previous 30 days, 22.6 percent had their own home and 38.4 percent were living with someone else at the time of enrollment.

[2] One individual refused to participate in the evaluation; another was not located inside the required 7-day window; and three entered the program after the October 2009 cutoff date

Table 1. Characteristics of SLJDP Participants at Intake

	Percent
Gender	
Male	49.4
Female	50.6
Race	*Percent*
Black	68.9
White	26.2
Multiracial	3.1
American Indian	1.8
Hispanic	1.8
Age	
18-24	5.5
25-34	18.3
35-44	30.5
45-54	34.7
55+	11.0
Currently Employed	Percent
Yes, full-time	7.3
Yes, part-time	9.8
No	82.9
Education	
Less than 12th grade	45.1
H.S. diploma/GED	32.9
Some college	18.3
Graduated college	3.7
Enrolled in School	
Yes	1.2
No	98.8
Marital Status	
Married	6.7
Single or widow	58.6
Divorced or separated	20.7
Living with significant other	14.0
Housing in past 30 days	
Institution	7.9
Own house/home	22.6
Someone else's home	38.4
Homeless	25.6
Other (residential, group, nursing, transitional)	5.5

Mean incomes reported in the baseline interview from various sources for 159 of the 164 participants who participated in the evaluation are shown in Table 2. The means were calculated only for the individuals actually reporting each type of income as shown. Mean total income was calculated from all 159 respondents.

Table 2. Income from Various Sources during the Previous 30 Days of SLJDP Participants at Intake

	Number	Percent	Mean
Wages or money from paid employment	28	17.6	$1,050
SSI,SSDI or disability	62	39.0	$586
Social Security Income (SSA)	6	3.8	$505
Food Stamps	82	51.6	$160
Public assistance	5	3.1	$219
Veteran's benefits	2	1.2	$306
Unemployment or worker's compensation	3	1.9	$725
Child support or alimony	1	0.6	$75
Income from a spouse or partner's wages or other money	5	3.1	$488
Retirement	1	0.6	$1,200
Income from any illegal sources	16	10.1	$1,216
Money from family members or friends	29	18.2	$142
Income from other sources	20	12.6	$765
Total Income of Respondents	159		$806

Mental Health Screening and Assessment

Participants were classified into diagnostic categories based assessments of clinical staff. A majority (56.7 percent) of participants had severe and persistent mental illness. The primary diagnoses were Bipolar Disorder (26.2 percent) and Schizophrenia (30.5 percent). Additionally, 9.8 percent and 28.7 percent had a primary diagnosis of Post Traumatic Stress Disorder (PTSD) and Major Depression Disorder respectively. Figure 1 shows the primary diagnosis at time of diversion. Two individuals had a dual diagnosis of PTSD and Schizophrenia and were included under the Schizophrenia category. Three individuals had a dual diagnosis of PTSD and depression and were included under PTSD.

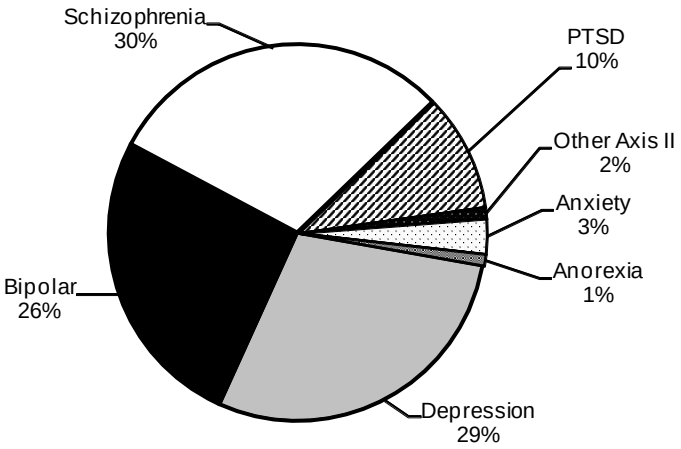

Figure 1. Primary Diagnosis

Family History of Mental Illness and Substance Use

Clients were also asked to report on substance use and mental illness in their family of origin. The majority (90.9 percent) of participants answered these questions, which were asked at intake and at six months.[3] Table 3 shows responses of participants. Only responses in which the participant specifically stated a mental illness or substance were counted as valid. If participants referred to their parent as "crazy" or "has dementia" or "psychotic" these were not included as a valid mental health response. More than half (53 percent) of respondents identified at least one family member with a drug or mental health problem.

Table 3. Family Mental Health and Substance Abuse History

	Percent
None	47.0
Mental Health	18.8
Drug or Alcohol Abuse	18.8
Both Mental illness & Substance Abuse	15.4

Substance Abuse History

In the St. Louis Jail Diversion Project, 78 percent of individuals were identified as having an alcohol or drug abuse issue during the 12 months prior to enrollment. These individuals were also designated by the service provider to receive integrated treatment for a co-occurring disorder. Nearly a third (32.3 percent) had primarily drugs issues, 14.0 percent had mainly alcohol issues, and 31.7 percent had both alcohol and drug issues at enrollment.

At intake, participants were asked several questions regarding their substance use during the 30 days before enrollment. As indicated in Table 4, 42.7% of the 164 individuals interviewed at baseline reported illegal drug use in the previous 30 days. With regard to drug choice, cocaine/crack and marijuana were the most commonly cited illegal drugs at 36.8%, and 29.4% of the study participants, respectively. One-half (50.0 percent) of participants using illegal drugs at baseline reported using on a daily basis. Likewise, more than one-third (35.0 percent) of alcohol users were using on a daily basis.

Table 4. Top Six Drugs that Clients Reported Using at Time of Enrollment*

[3] The questions were asked twice as a consistency check. In eight instances there was a discrepancy between the intake and six-month response usually related to alcohol use of parents.

Rank		Percent
1	Any alcohol	57.3
2	Any drug	42.7
3	Cocaine/crack	36.8
4	Marijuana	29.4
5	Heroin	7.9
6	Hallucinogens	3.7

* Individuals duplicated in categories

Spirituality

Clients were also asked questions about their spiritual practices. Although not pursued beyond asking clients about their attitudes and practices, this is considered by many to be an important dimension of healing and change, particularly for individuals with drug and alcohol addictions. Religious communities may also be a source of moral and physical support for their individual members. In general about eight of every ten clients indicated that either they attended church or that they considered spirituality important (baseline: 81.1 percent; six months: 86.2 percent; twelve months: 78.8 percent).

6. Criminal History and Screening

Criminal history data were collected from official sources (Regional Justice Information Services Inquiry and Missouri Uniform Law Enforcement System) and included the index (target) offenses and all arrests that occurred 12 months prior to and 12 months following enrollment into the jail diversion program

Jurisdiction of Charge. Among the 164 jail diversion participants included in the evaluation, 37 (22.6 percent) were Federal referrals with non-violent felony offenses, 22 (13.4 percent) were State referrals with misdemeanor charges and 105 (64.0 percent) were City offenders with city ordinance violations. Of the 37 federal referrals that were eligible and participated in Diversion, 29 (78.4%) originated from the U.S. Federal Pretrial office and 8 (21.6%) came from U.S. Probation.

Types of Charges. The primary offenses of eligible and ineligible applicants are shown in Table 5. The categories reflect the checklist available to screeners. Both groups had similar types and distributions of charges with the exception that diverted participants had fewer potentially violent offenses. Typical minor charges of JDP clients include disorderly conduct, public intoxication, public urination, prostitution, traffic infraction, indecent exposure, and loitering. Typical property offenses included trespassing, fraud, insufficient funds check writing, shoplifting, and petty larceny.

Table 5. Major Charge of Eligible and Ineligible SLJDP Applicants

Charge	% Eligible	% Ineligible
Minor Offense	53.8	51.1
Property Offense	31.4	28.2
Drug Offense	6.5	6.0
Potentially Violent Offense	3.6	7.1
Unspecified	1.7	5.6
Other Crime	3.0	2.0

Reasons for Ineligibility.

Reasons that 308 individuals were found ineligible are shown in Table 6. The large majority of cases, more than two-thirds, were screened out for legal reasons or individuals dropped out before enrolling in the program. Legal reasons primarily included charges for violent offenses and outstanding warrants or holds in other jurisdictions. Individuals who *dropped out* most often did so because they failed to appear in court, failed to follow-up with scheduled mental health assessments or failed to meet with their probation officer within 90 days from initial screening date. Less than a dozen ineligibles were later enrolled and eligible for a baseline interview.

Table 6. Reasons for Ineligibility of Potential Participants

	Percent
Dropped out during screening	41.9
Legal criteria	28.9
Psychological criteria	13.8
Duplication of services	9.1
Released from jail	5.0
Other Reason	1.3
Total	100.0

The remaining third were spread across several criteria. *Psychological criteria* refers to individuals who were not considered appropriate for mental health services (no mental illness) after psychological screening or assessment. *Duplication of services* indicates that individuals were already receiving mental health services through another program. A few individuals were released from jail and four were under the minimum enrollment age of 18.

7. Treatment Services

The primary service providers for jail diversion participants were Community Alternatives Inc. (80.5 percent) and BJC Behavioral Health (14.6 percent). A small number of individuals (4.9 percent) received services from both providers for a significant period of time prior to having a final assignment. In addition, the Center for Trauma Recovery (CTR) of

University of Missouri-St. Louis (UMSL) served 12.8 percent of the St. Louis Jail Diversion Project population.

Intensive case management services included: 1) development of a comprehensive plan for treatment services; 2) appointment for psychiatric services and medication management; 3) assistance with other needs, such as shelter, employment, transportation, life skills, benefits information, etc.; 4) assistance in acquiring documents such as birth certificate and social security cards; 5) contact with case manager 3-5 times per week for approximately 90 days.; 6) group therapy; and 7) upon stabilization, transfer to other ongoing support services in the community.

Treatment Modalities. Assertive Community Treatment (ACT) services were received by 20.1 percent of participants while 14.6 percent received Intensive Case Management and 60.0 percent received brief case management. In Table 7 the top ten services that treatment providers reported providing to clients are shown. Table 8 ranks the general categories of services that clients reported receiving after six-months in the program.

Table 7. Top Ten Services Provided

Rank		Percent
1	Mental Health Screening & Assessment	98.5
2	Mental Health Services	93.8
3	Case Management	90.8
4	Transportation	73.8
5	Psychiatric services and medication management	68.5
6	Substance Abuse treatment/counseling	64.0
7	Co-Occurring Disorder Services	59.2
8	Housing Support	46.9
9	Employment Services	23.1
10	Trauma Specific	16.9

Table 8. Top 6 Self-Reported Service Use in 6 months following JDP Enrollment

Rank	Service Received	Percent
1	Case Management	86.2
2	Saw doctor/nurse about psychiatric medications	83.1
3	Outpatient Treatment (Individual/group therapy, day or other treatment_	47.7
4	Vocational/rehabilitation Services (supported employment, psychosocial rehabilitation, vocational counseling, etc)	42.3
5	Community Support Services (outreach while homeless, legal or consumer advocacy, payee services, etc)	41.5
6	Received Detoxification services for an alcohol or drug problem	20.0

Inpatient, Outpatient and Emergency Room Treatment

Table 9 presents the source and location of services provided to participants at the beginning of participation and at six and twelve months. Outpatient treatment for drug and alcohol abuse approximately doubled after six months but by the twelfth month declined to

levels seen at intake. Mental health outpatient treatment at six months was more than triple levels at intake and remained near that level after twelve months. On the other hand, mental health inpatient and emergency room treatment generally declined from levels at intake. The latter shows that expensive inpatient psychiatric hospitalization and trips to emergency room can be reduced by enrolling clients in jail diversion and establishing routine mental health and substance abuse treatment.

Table 9. Types of Treatment Provided during the Previous 30 Days at Intake to the Program and at Six Months and Twelve Months in the Program

	Intake	Six months	Twelve months
Drug & Alcohol Abuse			
Inpatient	3.7%	2.3%	1.9%
Outpatient	9.1%	17.7%	9.7%
Treatment for Mental & Emotional Difficulties			
Inpatient	12.4%	1.5%	6.8%
Outpatient	20.7%	65.4%	56.3%
Emergency Room Treatment			
Mental/emotional difficulties	11.2%	2.3%	7.8%
Alcohol or Drug abuse	5.6%	1.5%	0%

Referral of Clients to UMSL-Center for Trauma Recovery

The PTSD Checklist-Civilians Version (PCL-C[4],[5]), a 17-item self-report measure, was used to assess participants for Post Traumatic Stress Disorder (PTSD). The PCL is one of only three well-established self-report instruments to correspond closely with each of the 17 DSM defined PTSD symptoms (Ruggiero, Rheingold, Resnick, & Kilpatrick, 2006). Based on a traditional and recommended cutoff score of 50, the observed PTSD prevalence rate of all Jail Diversion participants was 60.1 percent at the time of enrollment. Three participants refused to answer questions related to past trauma.

The referral of jail diversion clients to the UMSL-CTR proceeded slowly and various problems were identified during the first (service) year of the project. These included difficulty agreeing which jail diversion clients were appropriate for PTSD treatment, whether clients should be given group or individual therapy, and whether a formal diagnosis was necessary before acceptance by the service provider. Other difficulties identified were assisting participants in making appointments, integrating treatment for substance use and PTSD, and finding where services were located. As a result, services were sometimes delayed. These problems were resolved during the second service year. The CTR agreed to provide treatment to all clients referred (within the client number limits set for the CTR), to provide services at Community Alternatives, and to schedule seven clinical hours per week for individual PTSD therapy by an CTR therapist. A formal referral process was established with a treatment plan and follow-up for

[4] Weathers FW, Litz BT, Herman DS, Huska JA, Keane TM. The PTSD checklist: reliability, validity, and diagnostic utility. Presented at the *Annual Meeting of the International Society for Traumatic Stress Studies*. San Antonio, TX; October 1993.

[5] Blanchard EB, Jones-Alexander J, Buckley TC, Forneris CA. Psychometric properties of the PTSD Checklist (PCL). *Behav Res Ther* 1996; **34:** 669–673.

all clients referred for PTSD treatment. PSTD Treatment at the CTR involves 12 sessions, not including an initial intake session and a follow-up session.

The UMSL-CTR provided services appropriate to a primary diagnosis of PTSD to 12.8 percent of clients. These referrals were based on a short list of questions used by initial mental health screeners and not on the PCL-C utilized by evaluators. As noted above, PCL-C screening indicated that 60.1 percent of all study participants met criteria for active PTSD symptomatology at intake. This considerable difference might be resolved by having CTR staff evaluate all SLJDP clients accepted for services, since CTR staff also utilize more comprehensive measures of PTSD. Another option would be for mental health staff to include the PCL-C as part of their initial mental health assessment. Overall, qualitative feedback from those clients who did receive services through UMSL-CTR was very positive and drop-out rates were low.

Client's Perception of Problem

At the time of enrollment, participants were asked the following question: *If the diversion program could help you in one area in you life, what would that problem area be?* Participants were encouraged to identify more than one area. Figure 2 shows the responses for participants who indicated a problem area. Evaluators began asking participants this question at enrollment near the end of the first grant year. Therefore, the question was answered by 98 participants (60% of total enrolled JDP population).

The largest category concerned stable housing. This reflects the situation of many of the city and state defendants that were referred to jail diversion, who were homeless or on the verge of homelessness. The next largest category (mental stability/coping with daily life) might be expected for individuals diagnosed with psychiatric conditions of the types shown in Figure 1. In general, the responses show a positive level of self-awareness and awareness of needs.

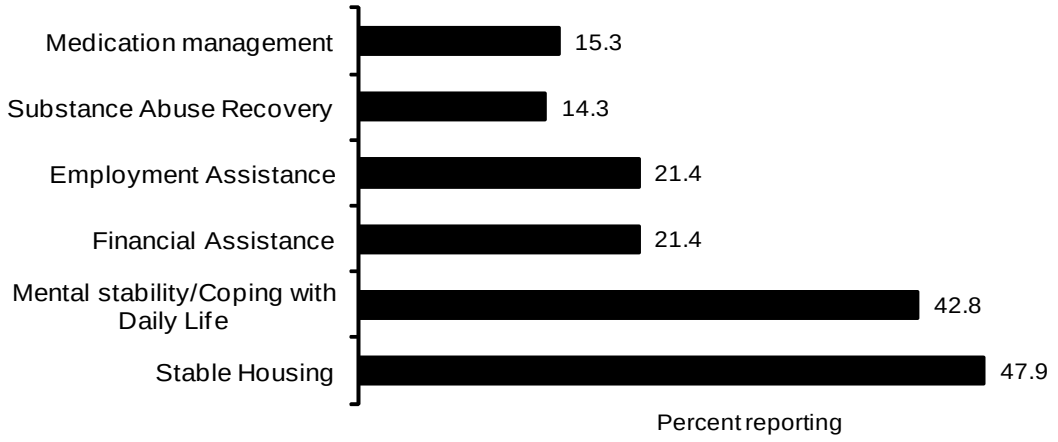

Figure 2. Client Identified Needs at Time of Enrollment (n=98)

8. Outcomes

The outcome evaluation was designed to address the following study questions:

1. Does participation in jail diversion reduce the number of re-arrests?
2. Does participation in jail diversion reduce levels of substance use?
3. How successful is the program in bringing program participants to completion and graduation?
4. What participant characteristics are associated with lowered re-arrests, reduced substance abuse and program success?

Other issues were also considered. Outcomes related to mental health, substance use, housing status, employment, re-arrests and days spent in jail, engagement in treatment and discharge from jail diversion are described in this section. As noted previously, baseline, six-month and twelve-month interviews were conducted to collect data from clients. In addition, service data and arrest data were collected. The following sections are based on information collected from clients including 164 at baseline, 130 at six months and 103 at twelve months after entry to the program.

PTSD Symptomatology, Mental Health and Physical Health

PTSD symtomatology during the previous 30 days was measured using the PTSD Checklist-Civilians Version (PCL-C). PCL-C scores range from 17 to 85 with higher scores indicating increased PTSD symptomatology. Despite only 12.8 percent of clients being treated by the Center for Trauma Recovery, there was a reduction in PTSD symptoms —from 60.1 percent to 38.6 percent to 28.0 percent over a one year period, as measured by the PCL-C. This is an indication of the value of other treatment services provided generally to SLJDP clients.

Mental health functioning was determined by scores on the Colorado Symptom Inventory (CSI) (Shern, et al., 1994). Possible scores range from 0 to 70, with higher scores indicating more severe psychiatric symptoms. Diversion was associated with improvements in psychiatric symptoms as measured by a reduction in CSI mean scores: baseline mean score of 30.5, at six months the mean was 23.8 and at twelve months the mean was 21.4.

Jail Diversion Clients were asked to rate their overall health at the time they were interviewed. Table 10 shows the self-reported health ratings of clients. Generally there was a modest increase in the combined *good, very good* and *excellent* categories over the year. The largest differences were in the *fair* and *poor* categories. At intake 37.2 percent of individuals reported poor overall health with a decline to less than 13.8 percent in each of the later interviews. In this case the difference *is not* attributable to individuals that could not be interviewed but reflects the health status of those interviewed at both points in time. For example, of the 130 clients interviewed at both baseline and six months, 41.5 percent reported that their health was poor at baseline compared to 13.8 percent at six months.

Table 10. Overall Health Reported by Clients at the time Baseline and Follow-up Interviews (All Clients Interviewed)

Health Rating	Baseline	Six months*	12 months
Excellent	6.1%	3.8%	4.9%
Very Good	3.0%	12.3%	10.7%
Good	23.8%	18.5%	24.3%
Fair	29.9%	51.5%	47.6%
Poor	37.2%	13.8%	12.6%

*p < .05

Substance Use

Substance use was measured by participant's self-report collected from structured interviews conducted at three points in time. Figure 3 summarizes the proportions of clients reporting illegal drug use in the 30-day period preceding each interview. Of the 164 individuals interviewed at baseline, 42.7 percent reported illegal drug use in the previous 30 days. One-half (50.0 percent) of participants using illegal drugs at baseline were using on a daily basis. After 6 months of jail diversion participation, the percentage of clients reporting illegal drug uses had declined to 6.9 percent ($p < .001$). This suggests that clients that remain in jail diversion for at least six-month are substantially less likely to use illegal drugs. A slight increase of use (to 9.6 percent) was reported at the 12-month data collection period.

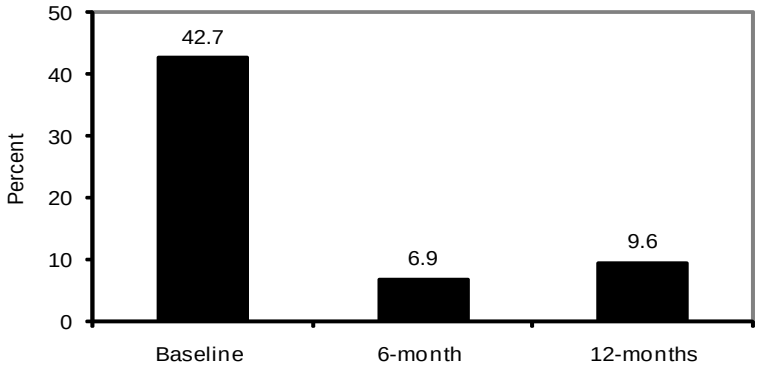

Figure 3. Percent of Illegal Drug Use in the Previous 30 Days

Figure 3 includes all individuals interviewed at baseline, some of whom were not interviewed at six months (164-130=34) or twelve months (164-103=61). The analysis begs the question, therefore: what did the individuals *that were interviewed after the baseline interview* report? To answer this question, Table 11 focuses on the group of 130 individuals interviewed at baseline and six months. Alcohol to intoxication and illegal drug use declined significantly during six-month period. Any alcohol use also declined although not as dramatically. Similar results were found for individual that participated in all three interviews.

Table 11. Alcohol and Drug Use during the Previous 30 days of Individuals Interviewed at Baseline and Six Months (n = 130)

Type of Shelter	*Baseline*	*Six months*
Any Alcohol (beer, wine, liquor)	55.2%	26.2%*
Alcohol to intoxication (5+ drinks in one setting)	48.5%	7.8%**
Illegal drugs	40.8%	6.9%**

* p < .05; ** p < .01

Trauma Treatment

The Center for Trauma Recovery received 22 total referrals from the Jail Diversion project. Of these 22 referrals, 10 completed treatment and 12 dropped out. Clients who completed treatment attended an average of 14.9 sessions, while clients who ultimately dropped out of treatment attended an average of 3.6 sessions. Those that completed trauma therapy achieved significant therapeutic change in posttraumatic stress disorder symptoms as measured by the PTSD Checklist – Specific stressor version, F (1,8) = 21.431, $p < .01$. Further, Jail Diversion participants who completed trauma therapy also achieved a significant reduction in depressive symptoms as measured by the Beck Depression Inventory, F (1,8)= 14.364, $p < .01$.

Although clients who completed a full course of Cognitive Processing Therapy (CPT) showed significant reductions in both their symptoms of PTSD and depression, it was noted by the therapist that many clients would likely have benefited from further generalized therapy following the conclusion of trauma-focused therapy. A number of clients reported a heightened level of stress as a result of various difficulties in their lives (such as homelessness, disrupted relationships with family and friends, monetary and occupational problems). In addition, clients often did not have access to reliable social support outside of the therapist and caseworkers. While clients were regularly provided with psychoactive medications through their involvement with the Jail Diversion program, clients may also have benefited from the provision of therapeutic interventions focusing on issues such as assertiveness training, self-esteem difficulties, and supportive psychotherapy. The provision of these services would allow clients to receive ongoing support while also bolstering their ability to make lasting changes in their lives. This would be particularly valuable once the clients' symptoms of major mental illnesses had been addressed by more focused therapy (i.e. CPT).

Engagement in Mental health Treatment

Diverted subjects were more than three times likely to be receiving mental health outpatient treatment at the six-month interval than baseline. Engagement in mental health treatment peaked at six-months, and decreased slightly after 12-months (Figure 4).

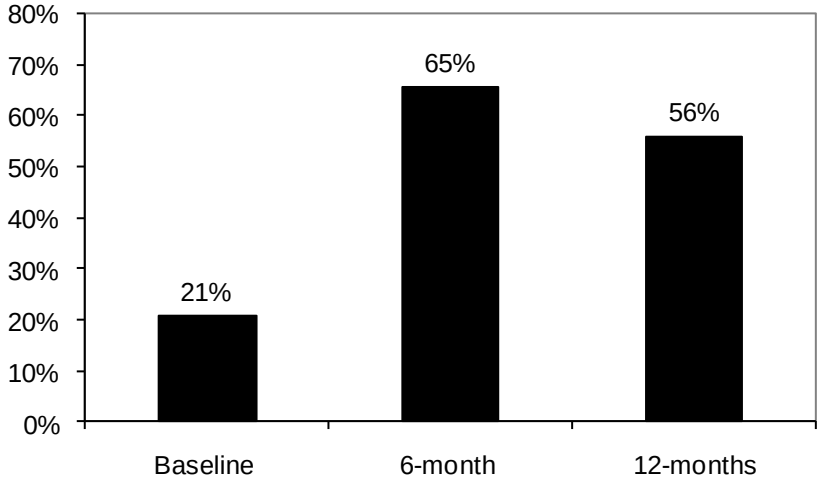

Figure 4. Engagement in Outpatient Mental Health Treatment

Housing Status

Many clients interviewed six months after Saint Louis Jail Diversion Project enrollment had moved from homelessness to stable housing. The homelessness described here includes only those individuals who reported living on the streets for most of the past 30 days prior to enrollment. Of the 164 clients interviewed at intake, 26 percent were homeless. Among the 130 interviewed at six months, only 3 percent were homeless and 6 percent of 103 clients at 12 months were homeless. A more accurate measure of reduction in homelessness can be seen by looking at the changes in the housing status of the 130 individuals at the six-month interview, leaving aside the 34 individuals who were not interviewed at six months. This is shown in Table 12. Those that reported stable housing increased from 26.9 to 40.0 percent. Homelessness (street/outdoors) decreased from 23.9 percent to 3.1 percent. A similar analysis for the 103 individuals the participated in all three interviews yielded comparable results.

Table 12. Housing Status during the Previous 30 days of Individuals Interviewed at Baseline and Six Months (n = 130)

Type of Shelter	*Baseline*	*Six months**
Non-Permanent Housing (living with someone else, safe havens, TLC, low-demand facilities, receptions centers, other temporary day or evening facility)	40%%	50.0%
Street/Outdoors (sidewalk, doorway, park, public or abandoned building)	23.9%	3.1%
Institution (hospital or jail/prison)	9.2 %	6.9%
Stable Housing (own apartment, room, house, group home or nursing home)	26.9 %	40.0%

* $p < .01$

Employment status

The employment status of clients interviewed at baseline and six and twelve months appeared to improve as well in that the percent unemployed declined from 39 percent at baseline to 33 percent at six months and 23 percent at twelve months. However, in this case, the improvement was only apparent and was a function of the employment status of individuals who could not be interviewed six months after the baseline interview. Table 13 shows the employment status of individuals that participated in both the baseline and six-month interviews. For these individuals there was essentially no change in employment during their first six months of participation.

Table 13. Employment during the Previous 30 days of Individuals Interviewed at Baseline and Six Months (n = 130)

Type of Shelter	*Baseline*	*Six months**
Employed full-time	7.7%	6.2%
Employed part-time	10.8%	13.1%
Unemployed	35.3%	33.0%
Disabled	46.2%	47.7%
	100%	100%

* Not statistically significant

Analysis of income (see Table 2) showed a decline in wages for this group of participants, possibly connected to the slight increase in part-time work and increased participation in education. The baseline wages of the 24 working individuals from this group of the 130 was $1,105. At six months, there were 29 individuals working with a mean income of $623.[6] Overall average income of the entire group of 130 individuals declined less sharply from $823 to $665. This may indicate a need for increased emphasis on work and possible utilization of the services of the local agencies that provide supported employment opportunities for the mentally ill.

Federal Entitlements, Insurance, and Homelessness

Of those who entered the Jail Diversion program without access to federal entitlements most clients were assisted by case managers in the application and documentation process required to receive benefits. 37.8% of participants entered the JDP with social security or disability benefits. By the 12-month follow-up the number of participants with social security and/or disability benefits had risen to 51 percent. Similarly, access to Food Stamps rose from 50.0% to 64.1%. With regards to health insurance, at intake less than half (44.4 percent) of new clients indicated that they had any health insurance. By six months the proportion had increased to seven of every ten clients (69.8 percent) and this was maintained through the twelve-month interview (67.6 percent).

Table 14. Receipt of Federal Entitlements at Baseline and 12-months (All Clients Interviewed)

	Baseline	12 months	Gain
SSI, SSDI or Disability	37.8%	51.0%	13.2
Health Insurance	44.4%	67.6%	23.2
Food Stamps	50.0%	64.1%	14.1

Recidivism

Many SLJDP clients had long histories of legal problems and were at high risk of re-arrest. Self-reported criminal justice information is presented first followed by information collected from criminal justice databases.

Self-reported criminal justice data was limited to the 30-day period immediately preceding the interview. Table 15 shows, at intake more than 90 percent of individuals had been arrested in previous 30 days and more than half had spent at least a night in jail in the previous 30 days. After six months in diversion and continuing at 12-months less than 10 percent of the SLJDP population had been arrested in the previous 30 days and close to 10 percent reported spending any night in jail in previous 30 days.

[6] Income averages shown in Table 2 were for baseline only and represented the entire baseline interview group of 164 individuals.

Table 15. Self-Reported Criminal Justice Information

	Intake	Six Months	Twelve Months
Any arrests in past 30 days			
No	9.1%	90.0%	95.1%
Yes	90.9%	10.0%	4.9%
Any jail days in past 30 days			
No	47.6%	88.5%	91.3%
Yes	52.4%	11.5%	8.7%

Formal criminal justice data on arrests and number of days in jail were collected for each jail diversion client for the 12-months before and the 12-months after enrollment (excluding the index arrest). Figure 5 shows the total number of jail days for the two periods for 121 clients for whom data were available and who were appropriate to include in the analysis.[7] Total days in jail declined by nearly three-fourths—from 1,352 to 386 days. The corresponding average (mean) days declined from 11.2 days in jail during the 12-month period prior to SLJDP enrollment to 3.2 days in jail during the 12-month period following SLJDP enrollment ($p < .05$).

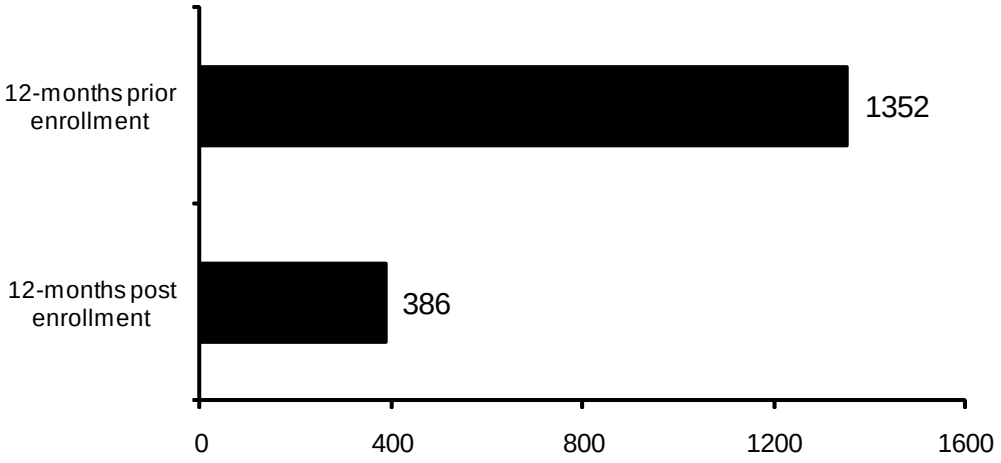

Figure 5. Total Day in Jail of Participants (n = 121)

Figure 6 shows the total arrests for jails diversion clients 12 months prior to enrollment and 12 months following enrollment. The recidivism rate at which all jail diversion clients were re-arrested for all crimes in the 12 months post enrollment was 38.7 percent compared to 55.8 percent of the same population arrested 12 months prior to diversion enrollment ($p < .05$).

[7] Seven clients re-offended and were jailed within 60 days of their enrollment date. Each subsequently spent 98 days or more in jail. Some had substantial jail days during the preceding 12 months as well. These individuals were excluded from the present analysis, since they had minimal exposure to treatment. Another individual was excluded as a before-after outlier. The following shows the jail days 12-month prior and 12-month post for these individuals: (8, 103; 92, 119; 264, 347; 51, 98; 10, 178; 29, 190; 168, 197; 32, 142).

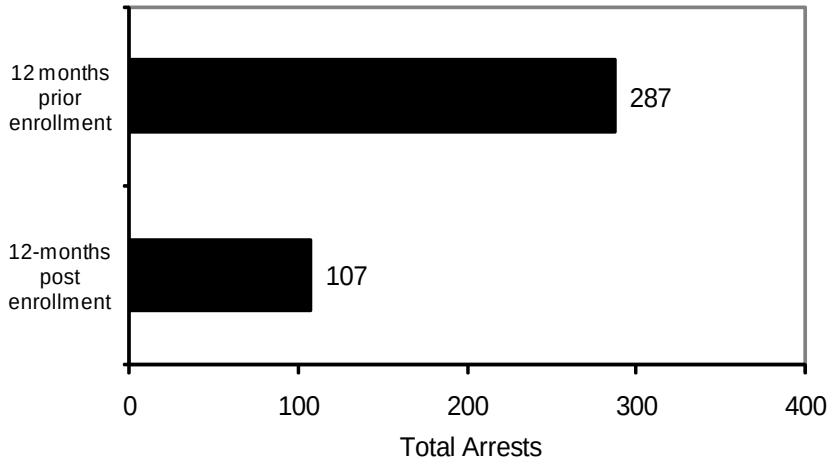

Figure 6. Total Arrests of Participants (n = 121)

Summary of Outcomes for 130 Participants at Baseline and Six Months

As noted 130 of the 164 clients enrolled at baseline were also interviewed after six months in the jail diversion program. Although most federal and state offenders were under supervision for a period of one year, the court supervision period for most city offenders was six months or less. The following table summarizes the rate of improvement after six months for the 130 JDP participants who completed both the baseline assessment interview and the six month reassessment period.

NOMS outcome measures are shown in Table 16 for clients in the program for at least six months. In most of the outcome care dramatic improvement were observed. The largest changes occurred in areas targeted in the project such as mental health, recidivism, substance abuse, and stable housing. While employment showed minimal change, there was a modest increase in school enrollment after six months in diversion.

Table 16. Changes in National Outcome Measures n=130

NOMS Measures	*Positive at Baseline*	*Positive after Six month*	*Rate of improvement*
Abstinence: Did not use illegal drugs	59.2 %	93.1 %*	57.3 %
Abstinence: Did not use alcohol	44.8 %	73.8 %*	64.7 %
Functioning: Client Perception of function	22.8 %	51.2 %**	125.0 %
Employment: currently employed (FT or PT)	18.5 %	19.3 %#	4.3 %
Education: were attending school	1.5%	10.8%*	620 %
Crime & Criminal Justice: No arrests in previous 30 days	9.1 %	90.0 %**	889.0 %
Stable Housing: Had permanent place to live in community	26.9 %	40.0 %*	48.7 %
Engagement in Outpatient MH Treatment	23.1 %	65.4 %**	183.1%
Socially Connectedness: Were socially connected	34.7 %	56.5 %*	62.8 %
Perception of Care: Client perception of care	N/A	88.1 %	-----

* $p < .01$, $p < .001$, # = n.s.

Discharges from Jail Diversion: Graduates and Non-Graduates

At the time of the present analysis, the large majority (84.1 percent) of the jail diversion clients enrolled during the SAMHSA grant period had been discharged. Of these, most (68.8 percent) were discharged because they successfully completed treatment. Others (30.1 percent) were terminated for noncompliance or violation of program rules. Two individuals were discharged or discontinued very early in the program because of a lack of engagement by the service provider. Three individuals were deceased before completing the program. Figure 7 illustrates the reason for the 138 discharges prior to May 30, 2010. Fourteen (14.0) percent of enrolled individuals continued to be actively enrolled in jail diversion at the time of this report.

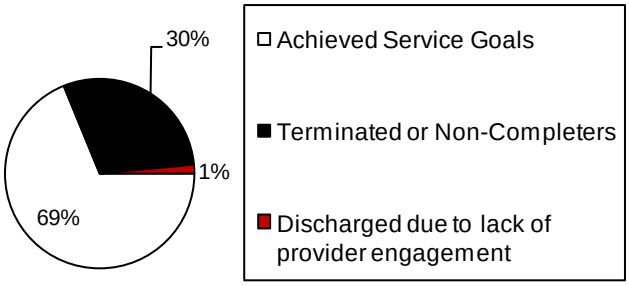

Figure 7. Reasons for Discharge from Jail Diversion

Table 17 summarizes outcomes for graduate and non-graduates. Graduates were defined as those jail diversion participants who achieved program goals and successfully completed the jail diversion program. Non-graduates were those individuals who were terminated, non-compliant, or missing from the program for more than 90 days.

The table shows that outcomes for graduates were more positive in several important areas. In the areas of stable housing, employment, enrollment in school and engagement in mental health treatment, graduates by substantial margins had better outcomes than non-graduates. Arrests and nights in jail during the previous 30 days were significantly and substantially less for graduates at twelve months. Cumulative time in jail of graduates declined from 967 days during the year before enrollment to 93 days during the year after enrollment. For non-graduates, these statistics showed an increase from 665 days to 1,477 days. Translating this into averages (not shown in table), graduates had 1.1 mean days in jail for the 12-months after enrollment compared to 42.2 days for non-graduates.

Table 17. Graduate and Non-Graduate Outcome at 12-months

	Did not graduate	Graduated	Total number	Total percent
Number	24	76	100	100%
Sources of Participants				
Federal	25.0	25.0	25	
State	20.8	17.1	18	
City	54.2	57.9	57	
				Significance
Stable Housing	33.3	65.8		p=.005
Employed	12.5	28.9		ns
Enrolled	4.2	9.2		ns
Any Alcohol in previous 30 days	25.0	30.3		ns
Any Illegal drug use in previous 30 days	16.7	6.6		ns
Any arrests in previous 30 days	20.8	0		p<.001
Spent any nights in jail in previous 30 days	33.3	1.3		p<.001
Outpatient treatment for Mental/emotional difficulties	37.5	61.8		p=.036
Recidivism	n=35	n=86		
Total Jail Days 12-months before enrollment	665	967		ns
Total Jail Days 12-months after enrollment	1,477	93		p<.001
Total Arrest 12-months before enrollment	92	103		p=.027
Total Arrest 12-months after enrollment	74	51		p<.001

9. Feedback from Consumers

Feedback and comments collected from St. Louis Jail Diversion Project participants during the six-month and twelve-month reassessment are reproduced Appendix C. Participants were asked if they had any comment with regards to their SLJDP participation or feedback related the program. Appendix D includes a summary of the Consumer Luncheon meetings held in the summer of 2008 and 2009

10. Conclusions and Recommendations

The St. Louis City Jail Diversion Project required coordination between the criminal justice system and mental health/substance abuse treatment providers in St. Louis. Certain procedural and coordination problems, as described in the Section 2 of this report, were encountered early in the project and were resolved. Others are ongoing and should be addressed, as described below. Overall, however, the project progressed toward effective relationships among agencies and community organizations with very different cultures and goals. This is an achievement that should not be underestimated in a community where such coordination has proven difficult to achieve in the past, as reflected by the comments of key informants during the initial needs assessment (Section 2 above). Another indicator of success was obtaining local

funding to sustain the project—now a city program—beyond the conclusion of Federal funding under the SAMHSA grant.

A number of positive outcomes were observed among the individuals that participated. These included improvements in measures of mental health symptoms and daily functioning of participants, most of whom were initially diagnosed with moderate to severe mental health conditions. A substantial minority of participants reported substance abuse during their initial interview and substance use was reduced during their program participation. Progress was observed in measures of posttraumatic stress disorder (PTSD) symptoms among participants initially screened with this condition. Progress was observed in the housing situation of many participants, especially a dramatic reduction in homelessness. Arrests and days in jail were reduced substantially after entrance into treatment. About seven of every ten clients that had been discharged by the end of the SAMHSA funding were considered to have achieved their service goals. These are each indicators of an effective service program.

These results point toward the value of continuing the project and maintaining services at similar or increased levels. The funding recently obtained from the St. Louis City Mental Health Board and continuation of funding under United Way is a first step in this process. However, the current level of participation in jail diversion (164 clients over three years) is low in comparison to the needs that were suggested by the initial needs assessment during the project planning phase. Individuals who were screened out of the project because of outstanding warrants in surrounding jurisdictions is one clear indication that needs for mental health and substance abuse services exist that are not being met by current programs. The first and simplest means of increasing enrollment in the program might be through coordination with courts in surrounding counties (such as St. Louis, Jefferson, St. Charles and Franklin Counties) to develop a means of multi-jurisdictional approval of diversion into the ongoing city program.

Beyond increasing the number of individuals served, several other issues might be considered to enhance and improve services the clients. The first involves caseload size. While case management was a large portion of service delivery, consumers reported inconsistencies. For example, one consumer said, “at times (caseworker) seemed overworked [and] at times did not return my calls.” Another said, “they could be more considerate [for failing to return calls]; they must be tied down with so many more needy clients.” Another participant reported that caseworkers “were so busy I just gave up trying to reach them since I felt others (consumers) took priority over me”. An adjustment to the size of caseworker caseloads should be considered so that caseworkers are able to maintain regular contact with participants, closely monitor participant progress and provide appropriate feedback and support.

The large number of individuals that scored at high levels on PTSD screening tools suggests the need for increased services that directly address trauma, since only a small minority of clients was able to be served at the UMSL Trauma Center. This should be a goal of any program expansion. As a first step, intake staff should ensure that all participants are screened at the time of enrollment for their history of trauma and the ongoing effects of exposure to trauma, violence, and victimization. The PCL instrument utilized by the evaluators and trauma therapists is an appropriate tool for this purpose.

Positive outcomes associated with clients enrolled in the Assertive Community Treatment (ACT) program suggest the value of this approach and the possible need for expansion of enrollment in ACT. This may be especially important in the area of employment, where no change was observed among clients who continued in the program. Early in the program, referrals to an employment specialist were only available to ACT clients during the early part of the grant. ACT in general involves more intensive work with clients in the community setting. This may be a way of insuring that employment assistance is available to all participants seeking employment and capable of working. Also, as noted earlier, linkages might be sought with local supported work programs for the mentally ill.

A number of clients dropped out and became inactive in the program. This high risk population tends to be overlooked. There is a possibility that such participants might reengage with program staff or that they might be seen in the community. As a move toward reengagement, all participants not officially discharged should be included in the weekly staffing list. Those inactive or noncompliant individuals might be added to the bottom of the weekly staffing list and quickly reviewed for any change in status. Creative methods of finding, contacting and reengaging such individuals are needed.

Another concern is aftercare of individuals who graduate from the program. No discharge protocol to ensure participants' smooth transition from the program into the community was developed and no formal aftercare program exists. There was no provision for graduates in the event of a relapse, mental health crisis, or stressful life event. For example consumers reported, "I wish I had not graduated" and "the program finished too quickly, [they] didn't say what backup plan was after graduation or what number [I should] call if I had a problem". Another consumer reported feeling upset they were discharged because "I felt I lost support". Providing clients who graduate with a written list of contacts and community resources might be a step towards enhancing an aftercare plan for this vulnerable population. Provisions for readmissions to the program should be considered as well.

Finally, the evaluation did not include a cost evaluation component. However, arrest and jail avoidance was achieved within a relatively short time frame. If these are maintained for even a portion of the served population the community would experience substantial savings in costs associated with police, courts, jails and prisons. Improvements in mental health and particularly reduction in substance use has traditionally led to savings in costs of health care, another source of expenses to the community. Future evaluation efforts might focus on highlighting changes that lead to savings for the city and state.

None of these suggestions are meant to detract from the positive findings of the evaluation. The St. Louis City Jail Diversion Program was shown to be a valuable and humane alternative to jail and prison for individuals suffering from mental illness in the City of St. Louis.

References

Blanchard, E. B., Jones Alexander, J., Buckley, T. C., & Forneris, C. A. (1996). Psychometric properties of the PTSD Checklist (PCL). *Behaviour Research and Therapy, 34*, 669-673.

Ditton, P. M. (1999, July). Mental health and treatment of inmates and probationers (NCJ 174463). Washington, DC: U.S. Dept. of Justice, Bureau of Justice Statistics.

Fazel, S & Danesh, J. (2002). Serious mental disorder in 23,000 prisons: A systematic review of 62 surveys. *The Lancet, 359 (February)*, 545-550.

James, D., & Glaze, L. (2006), September. Mental health problems of prison and jail inmates (NCJ 174463). Washington, DC: U.S. Dept. of Justice, Bureau of Justice Statistics.

Ruggiero, K., Rheingold, A., Resnick, H., Kilpatrick, D., & Galea, S. (2006). Comparison of two widely used PTSD-screening instruments: implications for public mental health planning. *Journal of Traumatic Stress, 19*, 699–707.

Shern, D., Wilson, N., Coen, A., Patrick, D., Foster, M., Bartsch, D. & Demmler, J. (1994). Client outcomes II: Longitudinal client data from the Colorado Treatment Outcome Study. *Milbank Quarterly 72*(1), 123-143.

Solomon, P., Draine, J. & Meyerson, A. (1994). Jail recidivism and receipt of community mental health services. *Hospital and Community Psychiatry, 45*, 793-797.

Stone, S. (2005). GOALS jail diversion initiative. Retrieved Jan. 23, 2007 from http://www.atcmhmr.com/get_involved/JailDiversion.pdf

TAPA Center for Jail Diversion (2004). What can we say about the effectiveness of jail diversion programs for persons with co-occurring disorders? SAMHSA.

Teplin, L. (1990) The prevalence of severe mental disorder among male urban jail detainees: Comparison with the Epidemiological Catchment Area Program. *American Journal of Public Health, 80(6),* 663-669.

Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993). *The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility.* Paper presented at the 9th Annual Conference of the ISTSS, San Antonio, TX.

Appendix A: City of St. Louis Jail Diversion Participating Agencies and Advisory Committee.

- City of St. Louis, Department of Human Services
  1520 Market St, Room 4065
  St. Louis, MO 63103-2613
  Project Director: Valerie Russell
  (314) 657-1651

- St. Louis City Municipal Court
  1520 Market St, 1st Floor
  St. Louis, MO 63103-2613

- United States PreTrial Services Office - Eastern District of Missouri
  Thomas Eagleton Federal Court
  111 South 10th St., Suite 6.345
  St. Louis, MO 63102

- State of Missouri – 22nd Judicial Circuit Division No#26
  1st Floor-Carnahan Courthouse
  1114 Market St.
  St. Louis, Mo 63101

- St. Louis City Probation and Alternative Sentencing Office
  1520 Market St, 1st Floor
  St. Louis, MO 63103-2613

- St. Louis City Department of Public Safety – Division of Corrections
  1200 Market St. Room 401
  St. Louis, MO 63101

- St. Louis Circuit Attorney's Office
  1114 Market St. Room, Room 401
  St. Louis, MO 63101

- State of Missouri, Public Defender's Office
  6th Floor-Carnahan Courthouse
  1114 Market, St. Louis, Mo 63101

- U.S. Probation Officer
  United States District Court- Eastern District of Missouri
  111 South 10th St., Suite 2.325
  St. Louis, MO 63102

- State of Missouri Department of Corrections
  St. Louis Community Release Program

1621 North 1st Street
St. Louis, MO 63102

- Community Alternatives, Inc.
  3738 Chouteau Ave., Suite 200
  St. Louis, MO 63110

- BJC Behavioral Health
  1430 Olive St. – Suite 500
  St. Louis, MO 63103

- Curators of the University of Missouri - St. Louis Campus
  Center for Trauma Recovery
  8001 Natural Bridge
  St. Louis, MO 63121

- Institute of Applied Research
  103 W. Lockwood, Suite 200
  St. Louis, MO 63119

- National Alliance on Mental illness
  1750 S. Brentwood Blvd., Suite 511
  St. Louis, MO 63144

- St. Louis Metropolitan Police Department

- St. Louis City Justice Center
  Prisoner Ombudsman

- United Way of Greater St. Louis

Appendix B: Data Sources

CMHS (TAPA)

This paper-based interview schedule was developed by the TAPA Center. The main TAPA interviews (Baseline, six-month and twelve-Month) consisted of the following components:

- **Government Performance and Results Act (GPRA) Measures.** These measures collected information on drug and alcohol use, crime and criminal justice status and mental and physical health problems and treatment and are mandated in federally funded programs.

- **D.C. Trauma Collaboration Study Violence and Trauma Screening**. This tool was included to provide basic descriptive information about individual trauma levels (in the past year and lifetime) upon entry into the jail diversion program and during their follow-up period and was administered as part of the baseline, six-month and twelve-month interviews.

- **Posttraumatic Stress Disorder Checklist (PCL-C)**. Under the PCL-C, respondents rate the extent to which they were bothered by 17 different symptoms in response to stressful life events during the past month—corresponding to the *DSM-IV* criteria for PTSD (Weathers et al., 1993). Each item is rated on a 5-point Likert scale, where 1 represents not at all bothered and 5 represents extremely bothered. Possible scores range from 17 to 85, with higher scores indicating a greater likelihood of PTSD. A cutoff score of 50 for a PTSD has demonstrated good sensitivity (.78 to .82) and specificity (.83 to .86) (Blanchard et al., 1996). The instrument was administered during the baseline, six-month and twelve-month interviews.

- **Colorado Symptom Index 1991 (CSI).** The CSI was developed as a measure of psychiatric symptom status and was originally used in a major study of treatment outcomes in Colorado (Shern, Wilson, and Coen, 1994). Results from this study found the scale to have strong internal consistency. Since then this scale has become a commonly used evaluation tool for measuring individual mental health status. The instrument was administered at baseline, six-months and twelve-months.

- **Services Utilized.** The six-month and twelve-month interviews included a series of questions about eleven specific types of mental health and substance abuse treatment services that the respondent may have received since the previous interview. The purpose of these questions was to obtain very basic service use information to be used as a starting point by the data collection staff in completing the Service Use record review.

CMHS-National Outcome Measures (NOMS)

The development and application of NOMs is a key component of the SAMHSA initiative to set performance targets for federally funded initiatives and programs. The NOMs

domains and their associated outcome measures are as follows: employment/education, crime and criminal justice, stability in housing, social connectedness (including family communication about drug use and changes in social supports), perception of care or services, and services.

- **Service Use Data.** Record reviews of mental health and substance abuse service use data were performed for all participants who received a baseline interview and at least one follow-up interview. Service Use information was collected from agency management information systems and included all services received in the six months following enrollment in the program. Emergency room and psychiatric hospitalization episodes were collected for twelve months post-enrollment. Information collected included type of service received, dates of service, number of units of service (either days or visits/times) and number of hours, if available. Services measured included:

  - Emergency room services
  - Other crisis services (e.g. mobile crisis services)
  - Psychiatric inpatient and hospital services
  - Outpatient services
  - Case management services
  - Medication management and monitoring
  - Residential treatment and community living arrangements
  - Detoxification services
  - Vocational and rehabilitation services
  - Community support services (e.g. homeless outreach services, representative payee services)
  - Jail services.

- **Arrest History Data.** Arrest History data were collected from official sources, such as a statewide criminal justice database (Regional Justice Information Services Inquiry and Missouri Uniform Law Enforcement System) and included all arrests that occurred 12 months prior and 12 months following the arrest that led to the jail diversion or enrollment into the jail diversion program. Criminal charges that did not result in an arrest were included and time spent in jail included days spent in lockup and/or holding cells. Information collected on each arrest (charge) included arrest/incident occurrence and release dates, charge description, category and level, number of jail days and reason for incarceration. The evaluation team worked with the Federal Pretrial Services officers and the St. Louis City Probation and Parole officers to gather data on arrests, charges and jail dates stemming from the arrest. These data were used to determine the recidivism history for the Jail Diversion population.

- **Institute of Applied Research Supplemental Survey (IAR).** The Institute of Applied Research added questions to interviews in the following areas: substance abuse history, any reported drug use in previous 6 months, type of substance used, marital status, spirituality, social support network, health insurance information, client's perception of need and program feedback.

Appendix C: Consumer Feedback

TREATMENT/MEDICATION

"To get off drugs helped me to get in treatment and to find housing."
"Program kept me from drinking"
"Kept me out of jail, help me with my medications and to make sure I take it"
"like services. glad to get medications and to see psychiatrist"

SUPPORT

"It makes feel better knowing that they are reaching out to me"
"helped me on many occasions, housing, mentally feel bad at times, I'd speak to them (Leon/Martin), help develop plan"
"Very satisfied, glad they helped me, helped me tremendously, there 24/7, helped me with things unexpected like household furniture"
"They take their time with you, don't rush you. Ask how you are, really care about you, worker was great"
"Good guy, Martin without him, things not done, would be in jail, always there"
"Helped structure me to live better, get a job, Martin/Spring very insightful and helpful
"Excellent program, they are really friendly & really do care about you. Would recommend to anyone. Niya was wonderful."
"Spring helped me a lot, gave moral support, she was very nice"
"Helped me a lot, Spring was in my corner, was like my sister"
"They were patient w/ me. They went to bat for me, Spring helped me get on ACT & get apartment"
"Kept me from getting high. Spring/Niya were good people & helped me out a lot."
"Tony was very helpful making sure I was making my appointments"
"I like Tony & Martin, they did everything they said they were going to do, gave me help"
"Helped me w/ transportation and expanding comm. resource applications. "They're great. Martin has been blessing. I love Leon."
" therapy very useful, when looking for someone on my own, before just want to put me on meds, I just needed someone to talk to"
"I like it, I like coming here, they want to help, they talk to me"

EMPOWERING CLIENTS

"Definitely helped me improve social life, employment, and working on achieving my goals"
"The program helped me to understand my mental illness, medications, my life, gave me information/services I needed to put together my life. Gave me real help that I don't have to get high to cope with my illness/life"
"Bought me a long way, not using drugs or alcohol, getting on disability, working again"
"Mentally, physically, & spiritually helped me a lot. I was not able to work, help me with everything, structure, school, even condoms"
"It's all good. JDP helped me to recognize substance abuse & emotional problems, which caused social & legal problems. Helped me to form network (connection to community resources). Helped me refocus, reprioritize important decisions, how actions effect me & others, address warning signs & symptoms"
"I wouldn't have made it without the program, helped me realize other people like me, help with self esteem issues, kept me out of trouble, help refer me to individual trauma therapy"
"Keep me from having violent outburst, have someone to talk to, kept from being in trouble"
"Help me to be more stable, make wise decisions, help me out a lot"
"I hated when sessions with therapist ended. She opened my eyes to a lot of things. Don't blame myself for everything anymore. Better self-control, gave me tools to study, take home, and use"
"Saved my life. They helped me w/ everything I needed help with. Strongly suggest to others. Would want JDP program in the nation wide!"
"Helped me find a new place and job"
"I liked Martin very professional, made me feel better. Program helped me understand criminal process. Trusting treatment providers helped treat mental & physical health & to develop social skills I had lost. I always had lots of questions but no answers"
"they gave me tools to take care of myself"
"Accomplished a lot, feels great not stealing ……., feel better …….Niya was always there for me."

“Keep me from having violent outburst, have someone to talk to, kept from being in trouble”
“made me think right about myself, helped with meds, insurance, keep legal things straight, not get into trouble”
“Help me realize I had something mental and I didn't need alcohol or drugs to cope”

NEGATIVE
"Disappointed. Services they said they would provide didn't happened. They didn't help me, I receive nothing but meds. Shouldn't make promises & do nothing. If can't provide services you said you would, they should inform. Need better follow ups"
“Long wait times to see doctor, not comfortable talking to different doctor at CA”
“Scheduling appointment with doctor could have been better”
“I would have liked to have a consistent doctor”
“transportation could be better, less waiting for others, help if gave bus tickets” (theme echoed by several participants)
“Since graduated no help”
“I don’t know, upset when got off probation because I felt I lost support.”
“Getting into detox was slow, tell me to go to hospital...strange, be more specific about what required, no outline, structure to keep me from winding up in here (MSI)”
“Has helped me the most by leaving me alone” (Client terminated)
“caught me at wrong time, didn't follow program”
“I didn't follow program, they were good”
“Would like to have regular check ups from Tx provider rather than end of month to meet program requirements
“Didn't get services, no help as promised, no housing, employment said would give me $193/wk, nothing, can I volunteer to get out”

Appendix D: Summary of Consumer Luncheon Meetings

Summary of feedback and turnout for the Jail Diversion Program's first consumer feedback luncheon (August 15, 2008)

Four clients, plus one woman who hadn't yet entered the program, attended the consumer luncheon. The four clients included a Caucasian woman who has been in the program four months, two African American men who have participated for two months; and an African American man who has been in the program one month. Due to the limited number of attendees and their short duration of time in the program, the meeting did not provide a very representative sample as far as its original purposes go. For future luncheons to be productive, we recommend Community Alternatives and BJC Behavioral Health make greater efforts to recruit and transport clients.

IAR also recommends the Consumer Advocate receive additional coaching on her moderation of the meeting prior to its next occurrence. While she did an exceptional job at relating with clients, putting them at ease, and making them feel this was their forum rather than professionals',, other aspects of the Consumer Advocate's moderation style may have slightly biased the results; She was defensive about feedback given toward Community Alternatives even while simultaneously encouraging it; these contradictory messages may have confused clients and inhibited responses. In addition, the Consumer Advocate rushed through discussion questions and directed clients to write out responses, whereas many had minimal literacy and could write only a few nonsensical words. Finally, the Consumer Advocate at points led the meeting as if it were a support group; while clients seemed appreciative of this, it went beyond the purposes of the gathering and should be developed as a separate service for JDP clients should this need be officially identified.

Client comments on the program focused on the positive. In general, the male, African American participants seemed simply grateful to be out of jail or the "workhouse." One man said the program had given him "time to stop and think of all the crazy in my life"; he was also grateful for the psychiatrist referral and help with consistently taking his meds. "It's a good deal," he said, adding in written comments, "I love all you guys." The female client was also grateful for how staff obtained medication she had long gone without due to a lack of insurance coverage. Another man said he was "very satisfied" with the program but that he had not been in it long enough to suggest improvements.

Clients identified three areas of improvement: transportation assistance (to appointments), therapy, and improved administration/professionalism. One man said it would be helpful to receive bus tickets as opposed to having to rely on Community Alternatives for transportation. Two clients mentioned a need for more therapy. In particular, the female participant said her need for PTSD counseling has gone unrecognized and untreated that she has had to pursue this service herself, from other providers. The woman also expressed, in her written comments, frustration with staff's failure to be on time for appointments and receptionists' bewilderment, upon her arrival, about where or who to send her to. The lack of professionalism is an obstacle for the woman, who is high-functioning and has a busy daily schedule. And finally, one man mentioned needing help with overcoming or managing significant financial hardship.

One final thing of note was participants' seeming interest in opportunities for future gatherings and a place or forum to express themselves. They seemed eager to give back, share their story, and participate in the program in more proactive, meaningful ways. The Consumer Advocate's suggestion of starting a client-produced newsletter or newspaper was met with great enthusiasm.

Summary of Feedback from the Jail Diversion Program's second consumer luncheon (June 17, 2009)

Five clients attended the second consumer luncheon. This was similar to the turnout, four individuals, that attended the first consumer luncheon held over a year ago. The five clients at the luncheon included three women and two men, one of who was a graduate of the diversion program. Jail Diversion agencies could therefore continue to improve on client recruitment for any future luncheons. That said, the clients who did attend had been in the program longer than those who attended the first luncheon, and this helped improve the quality of constructive feedback. In addition, the Consumer Advocate's moderation of the meeting was much-improved over the first meeting. This time, she acted more in the role of a neutral moderator and this helped facilitate a more productive conversation about the strengths and weaknesses of the Jail Diversion Program.

Clients praised many benefits of the program, particularly the transportation assistance, which one woman said was essential to her ability to work and stay off drugs. Another woman, whose license had been suspended, said "I'm not driving anymore, no more trouble, I can get around better now than I ever did when I had my arm on the wheel."

Assistance with mental health and medical issues was another big asset noted. One woman said the program helped her become aware of significant medical problems, which required attention and that they have now been brought under control. Another said the program has helped her stay on her anti-depressants.

Case managers and probation officers were praised for their support, helpfulness and warm demeanor. In particular, clients appreciated case managers' help in a broad spectrum of issues, including for example utility assistance, help moving and help getting to doctors appointments. One woman stated, "Spring and Niya were my support, wonderful, like my family."

Clients shared success stories attributable to the program and were grateful for how it's allowed them to start regaining their independence. "This program allows me to be functional," one woman said. The graduated client, previously homeless, told how under the program he found a place to live and a job managing a 10-unit apartment building, which he has overseen for a year now. He also discussed skills he's learned to manage his depression. Said the woman whose license was suspended, "It's a - excuse my French - it's a damn good program. It has helped me out a whole lot. At one point I didn't know which way was up and which way was down… With them behind me it's like my inspiration."

As for program weaknesses, clients identified a lack of housing assistance as the biggest problem. Many clients said there needs to be more resources for homeless participants, including emergency housing options and assistance with first month's rent and deposits. There was also confusion about whether the program offered linkage with a housing voucher program.

Another woman expressed a need for additional counseling above the 20 minutes she receives from her psychiatrist once a month. The client stated "How can they help me, if they don't understand me?" This desire for someone to talk to and have someone listen to them (therapy) was also voiced by clients at the first consumer luncheon, and appears to be an outstanding need common in most Jail Diversion programs.

Transportation assistance by way of bus tickets or help with applying for disability metrolink passes was also mentioned. One woman seemed surprised other participants were eligible or able to apply for a discount disability bus pass. Another woman stated "I appreciate doing things on my own and would prefer bus tickets rather then waiting on others to take me around."

Clients' final suggestion was for the program to create a peer-to-peer mentoring program, whereby graduates aid current clients as they navigate through the Jail Diversion program. Clients were also enthusiastic about returning for additional consumer luncheons held more often.