The Jericho Project:

An Implementation Guide

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Project Overview

Shelby County's Jericho Project began in 1998 as a non-specialty court approach to jail diversion for detainees with serious mental illness. The project implements best practice transition planning to bridge the gap between justice systems and long-term, mainstream community services and supports. With a history of innovative and successful diversion efforts, including the Memphis Police Department's nationally recognized Crisis Intervention Team (CIT) that established our community as a leader in pre-booking jail diversion, the Jericho Project developed a complementary post-booking model.

The Shelby County Jericho Project identifies and engages jail diversion candidates who are not diverted through CIT or other earlier pre-booking mechanisms and offers resources to provide the time and planning necessary to address numerous and complicated treatment needs. By focusing on the needs of people in jail who suffer with serious and persistent mental illness and substance use disorders, Shelby County is able to meet the needs of people at both ends of the community treatment spectrum. The Jericho Project utilizes a unique diversion process, largely driven by the Public Defender's Office, which works within the existing structure of the criminal court system. Key diversion activities are conducted by representatives from the Public Defender's Office, Pretrial Services Administration, Jail Administration, and the jail medical provider. Primary mental health care is delivered by the contracted community behavioral health care provider.

This guide is intended to document the steps taken by the county as a means of showing how other jurisdictions could replicate and improve upon the model.

Key Planning & Implementation Steps

1. Conduct a problem analysis

Our planning started with a thorough problem analysis. Using information compiled by the Bureau of Justice Statistics and the National GAINS Center that measured the prevalence of co-occurring mental illness and substance use disorders in jails, we found that of the 14 million people booked into U.S. jails annually, an estimated 1.1 million experience symptoms of serious mental illness at the time of arrest. Approximately 75% of these have co-occurring disorders [I,II,III,IV]. This is not surprising given that a significant number of people with co-occurring conditions first enter treatment through the criminal justice system [V,VI,VII]. After entering the criminal justice system, there is a significantly greater chance of continued criminal justice involvement for those with co-occurring disorders. They experience similar outcomes when discharged from inpatient hospitalizations; these outcomes include high incarceration rates, higher recidivism rates, and use of highly supervised service settings [VIII]. As deinstitutionalization has strained the limited resources of community-based service providers, our jails and prisons often house individuals with serious mental illness and co-occurring substance use disorders. Individuals whose needs span multiple treatment delivery systems typically end up in the criminal justice system as the de facto service setting [IX].

Despite the growing popularity of jail diversion strategies in recent years, many fall short of the system-wide reform that is necessary to reverse the criminalization of mental illness. Post-booking jail diversion programming offers an appropriate alternative to prosecution and incarceration with no greater risk of further arrests and criminal behavior [X,XI]. However, existing post-booking strategies, including the growing popularity of mental health courts, are often implemented for individuals facing less serious charges [XII]. Unintended consequences of these strategies include longer stays in jail and more restrictive

court supervision when pre-booking jail diversion strategies would have been more appropriate (e.g., for less serious charges).

2. Identify and convene key partners

The appropriate constellation of partners will depend on the model. Many diversion programs include partners from correctional facilities, including jail medical, probation, courts, and law enforcement. [xiii] These agencies are important Jericho Project collaborators, however in our experience, key diversion planning falls to representatives from the public defender's office, pretrial services, jail staff, and mental health providers. Additionally, post-release services are delivered by outside personnel from the contracted community behavioral health provider.

One of the first steps in cultivating these partners was convening a cross-agency task force, which included key stakeholders from all significant criminal justice and community behavioral health agencies. The group was originally called together to address conditions in jail, and its work produced a number of interventions and reforms across multiple systems. This "Jail Mental Health Committee" came into being after U.S. Department of Justice filed suit against Shelby County over jail conditions and overcrowding. During the aftermath and settlement of the lawsuit, people suffering from mental illness received lots of attention. The award-winning Crisis Intervention Team had already formed, and the Jail Mental Health Unit formed soon thereafter to fast-track certain people with mental illness to get them through the jail and connected to community in a reasonable amount of time. As one last piece of this puzzle, Jericho was developed to support those people with the most complex and difficult cases. Jericho continues to enjoy broad support from those same agencies that collaborated to develop it more than a decade ago. The community behavioral health provider for the Jericho Project has always been a partner from the private sector, and the contract for the work is put out for bid periodically.

In order to identify candidates for Jericho and develop plans and supports for them, we established a schedule for twice weekly roundtable meetings with representatives from multiple agencies within Shelby County Government and community treatment providers. Roundtable members consist of representatives from the Special Litigation Unit of the Public Defender's Office, a criminal justice mental health liaison assigned to the Public Defender's Office, representatives from Pretrial Services, recovery support specialists and therapists from contract behavioral health providers. The Public Defender's Office channels referrals from multiple streams to identify potential candidates who are in pretrial detention and have a history of mental illness and substance abuse disorder. Those who express willingness to participate in community-based treatment and services upon release are referred to the roundtable as potential candidates to the program.

Roundtable meetings have established a regular forum to track upcoming court dates, review status, process questions, consider new referrals and coordinate cross-system problem solving. A simple, multi-page spreadsheet is used to track clients from referral through various stages of the program, including non acceptance into the program, active participation in the program, program completion, or program non-completion.

3. Define the referral process

In order to be considered for jail diversion, appropriate candidates must be identified, screened and approved. This process is complicated by the sheer number of people in pretrial custody. The Shelby County Jail has an average population of around 2,000 men and 200 women.

The Jericho Project facilitates jail diversion and access to treatment services through partnerships with local community providers. Identification and referral was largely provided through close collaboration between the Public Defender's Office and other key partners, particularly Pretrial Services, to facilitate earlier identification of potential candidates. During the initial federally funded post-booking diversion project, efforts to identify potential candidates were increasingly facilitated by a new information system. In response to the need for better communication among the stakeholders and for tracking clients with significant mental health needs, the Public Defender's Office developed a specialty case management system called Gideon. The team needed an efficient and responsive tool to identify appropriate candidates earlier in the process and to facilitate linkage with necessary treatment services based on individual needs. Gideon is a crucial component of Jericho's ongoing success as the database has grown to include the vast majority of people with mental illness who repeatedly contact the criminal justice system. It includes information about client diagnoses and details about criminal court involvement that is not available in other court information systems.

The Jericho Project also incorporates best practice jail diversion strategies, including the APIC model for transition planning from jail to the community for people with co-occurring disorders along with guidelines from *"Finding the Key*" (Bazelon Center) and SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative for seeking income and insurance supports, including the application for or restoration of entitlements.

4. Identify community linkage partners

Recovery support specialists are assigned to potential candidates during the initial roundtable review of referrals. The assigned recovery support specialist works with diversion participants throughout the process, beginning with an initial interview, which is the first point of contact for developing coordinated care. This also provides an early opportunity to begin developing rapport. Immediately following initial roundtable review of a referral, the interview with a recovery support specialist allows the team to determine an appropriate level of care based on standardized American Society of Addictive Medicine (ASAM) criteria.

Recovery support specialists further use the initial interview to develop the Community Linkage Plan (CLP), a comprehensive outline of the candidate's needs in the transition from jail to the community that is developed through a planning process modeled after the APIC (Assess, Plan, Identify, Coordinate) model [xiv]. The plan provides documentation of the individual needs of the person referred and details the arrangements made to address each item. The CLP typically includes case management, medication management, access to bridge medication, benefits eligibility/restoration, proper identification, transportation from jail, transitional housing, family contact, continuing supervision, and next court date. The court's diversion decision is based on the CLP, which is presented to the court as part of the negotiated plea agreement. CLPs presented through the Public Defender's office are used to support conditional release strategies that are negotiated or litigated within the dynamics of the traditional adversarial system.

5. Build the project team

In the Jericho Project, a multidisciplinary team provides direct treatment and linkage services, which typically last at least 120 days. Along with community-based outpatient services, this model also provides access to intensive outpatient treatment and residential treatment services when appropriate based on ASAM patient placement criteria.

Recovery support specialists work with Jericho Project participants from referral through release and treatment in the community. These case managers facilitate access to evidence-based treatment by providing direct services and also serving as boundary spanners between criminal justice and community behavioral health systems. For participants with co-occurring mental and substance use disorders, integrated treatment is provided by a community-based provider with experience serving individuals with co-occurring disorders. Evidence-based services are utilized throughout the various interventions offered directly and indirectly by the Jericho Project.

Necessary Resources

Funding for the Jericho Project has evolved significantly during its 17 years and has included several different funding streams. Created as a pilot in 1998, early Jericho Project infrastructure was expanded with federal grants through the Center for Mental Health Services (CMHS) from 2003 – 2006, and the Center for Substance Abuse Treatment (CSAT) from 2004 - 2007. Grant funding was used to expand project capacity and increase linkages to evidence-based services, particularly integrated treatment services for persons with co-occurring disorders. In 2008 Shelby County Government sustained the initiative at the expiration of federal funding, and provided expansion funding to increase diversion capacity by 50% for FY 2009-10.

Shelby County currently maintains the Jericho Project at a cost of approximately $500,000 annually. In addition, the Public Defender's Office provides two attorneys and two non-attorney staff members to manage the project. The attorneys are a part of the Special Litigation Team and maintain a non-Jericho caseload as well.

Mid-Course Corrections

The most important lesson learned during implementation was to capitalize upon – not struggle against – the distinct roles of each stakeholder within the traditional adversarial process. This means giving appropriate deference to each of the parties called on to implement the model. Despite the introduction of a progressive post-disposition jail diversion model, project planners should not ask stakeholders to abdicate their role in the process. The resulting tension creates the conditions for a successful implementation. It would have been organizationally simpler to approach the problem from the perspective of only one or two of the stakeholders. The temptation to take that approach has resulted in a proliferation of court-based programs that often sacrifice many of the benefits of the adversarial process. We learned to respect the role of the prosecutor without watering down the commitment to protect Due Process rights of the accused. The presiding magistrate has final approval over all Jericho Community Linkage Plans. The defense attorneys present the plans in support of their case theory. Those referred are treated with dignity, and the Jericho Project has achieved an almost restorative outcome for many of its successful participants. Treating people like this has taken away the stigma of mental illness and criminal court involvement.

Another implementation lesson was the importance of targeting the right participant population. In surveying the universe of diversion strategies for people struggling with mental illness locally and beyond, it was apparent that many approaches self-select the least demanding cases. And there were other strategies in place in Shelby County that further limited the participant pool. Consequently, we have learned the value of reserving the most intensive services offered for the Jericho Project, which tends to divert those who are out of reach of typical mental health court services. By serving a population with needs greater than that of the typical mental health court client, we improved the value of the investment. It has made our system more efficient by reducing the demand on resources for

lower-needs defendants because Jericho has helped remove so many resource-intensive consumers from the system.

Program Evaluation

Gathering data on the project has been essential to program improvement, demonstrating results to stakeholders, and generating broader support within the community. As part of a Center for Mental Health Services (CMHS) grant from June 1, 2003 to May 31, 2007, jail diversion program participants were enrolled in grant-funded services and offered the opportunity to participate in a longitudinal evaluation of post-booking diversion program services from February 2004 through May 2007. The evaluation was conducted by Dual Diagnosis Management (DDM). Findings and outcomes from the evaluation are detailed in this section. Some of the more significant findings of the Jericho Project and its clients are as follows:

- 68% of those diverted by Jericho were facing felony charges.
- 65% had a mental health diagnosis of schizophrenia spectrum disorder.
- Jericho clients were 80% male and 80% African-American with an average age of 37 years old.
- Participants averaged 203 days in jail prior to diversion compared to 95 days in jail following diversion.
- Substance use declined from 78% at baseline to 32% at 6 months and 25% at 12 months.

As with any program evaluation, data collection and analysis were critical to the sustainability and long-term success of the Jericho Project. Robust and current data support continued funding and meaningful adjustments to the program, as well as allow for appropriate comparisons to other diversion options along the spectrum. As with Jericho, it is recommended that data collection and analysis assume a primary position alongside the actual programming in any mental health diversion strategy. Grants exist for just these purposes and research assistance is available from large universities and medical centers.

Process Outcomes

Community Linkage Plan Acceptance Rates

The Jericho Project has proven highly successful with the development of Community Linkage Plans (CLP's). Of the 99 CLP's that were presented to a judge for review in the year surveyed, 97% (96 of 99) were approved by the judge. This remarkably high approval rate speaks to the reputation of the program, but it also illustrates the importance of quickly engaging the multi-disciplinary team for each referral. By the time a CLP is presented to the prosecution and court, it has been fully vetted by both clinical professionals on the Jericho team and legal professionals in the Public Defender's Office. The resulting plan is entirely unique to the person being referred and is almost certainly better than any other alternative to incarceration available to the court.

The screening process primarily occurs during roundtable meetings, including through the review of diversion referrals to determine basic eligibility requirements and assign recovery support specialists to initial assessment, review of initial assessment and CLP development and review. As a result, 36 referrals were screened out based on failure to meet basic eligibility requirements, which include having a serious mental illness, being stable on medications, and agreeing to participate in treatment services.

The Public Defender's Office provides an additional screening layer to identify potential candidates facing more serious charges or otherwise unable to be diverted earlier in the booking process (e.g., required hospitalization before stable enough to face charges). These individuals were not diverted

earlier at the time of arrest (e.g., CIT) or immediately following booking (Pretrial Services). As a result, this post-booking jail diversion program began later in the criminal justice process. Although these represent relatively complicated cases, candidates from the Public Defender's Office averaged 41 days to complete the linkage process from referral to diversion.

Treatment Services Delivery

The average length of stay was 59 days with 67% of all participants completing 6-8 weeks of community-based Intensive Outpatient Program (IOP) treatment services. Participants who did not complete the program were compared to those who did complete based on general demographic characteristics and all baseline measures. When controlling for other potentially significant predictors of program completion, participants who did not complete were more likely to report illegal drug use (85% compared to 62%) and diversion arrest was for a misdemeanor charge (28% compared to 4%).

Treatment Outcomes

Procedures

The project evaluation used baseline and follow-up interviews to better understand treatment procedures. The baseline interview was completed within 7 days of the program start date, which was defined as the date of release or diversion. Participants were interviewed again 6 and 12 months after the baseline interview date. Of the 80 participants who were eligible for follow-up prior to the date of this report, 72 completed at least one follow-up interview (90% follow-up rate). Successfully completed follow-up interviews included 63 6-month interviews and 53 12-month interviews. In order to determine the potential impact of participant attrition on study findings, those who failed to complete any follow-up interviews were compared with those who completed at least one follow-up on general demographic characteristics, and baseline measures of study outcomes and potential predictor variables. The results of the attrition analysis did not reveal significant differences between those with complete versus incomplete follow-up data.

Recidivism

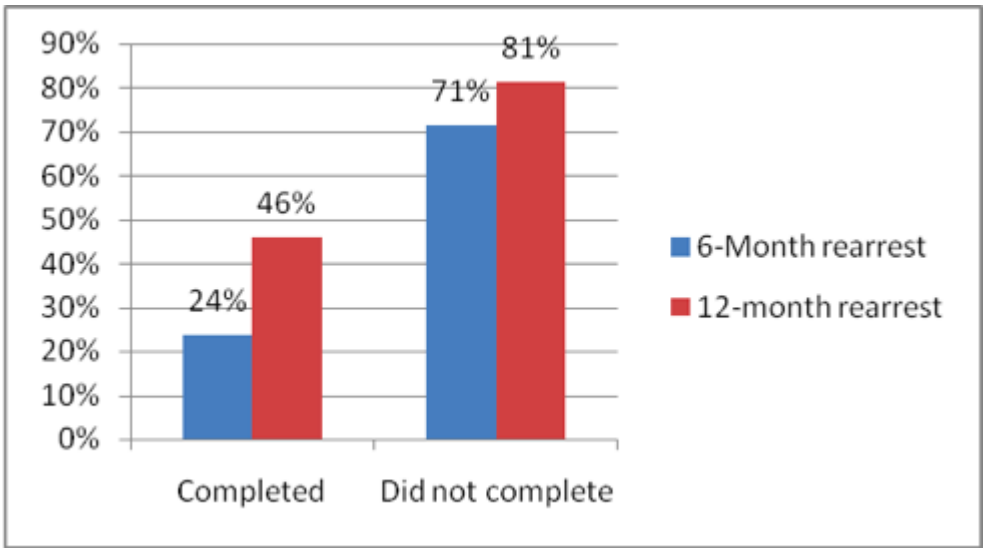
In an analysis of county administrative jail data, arrests and jail days for the 12 months prior to diversion were compared to the 12 months following diversion. For this analysis, outcomes were limited to participants with at least 12 months of post diversion arrest data available (e.g., who were diverted at least 12 months prior to the date that the data was extracted).

The average number of arrests declined 37% in the comparison of 12 months prior versus 12 months post diversion. Similarly, participants spent fewer days in jail following diversion. **Participants averaged 203 days in jail prior to diversion compared to 95 days in jail following diversion**. This represents 108 fewer jail days or a 53% decline. Based on a conservative estimated cost of $91/day in jail, diversion reduced costs by $9,816 per person or by $981,575 per 100 detainees enrolled in the Jericho Project.

Criminal Justice Involvement 6- and 12-months Post Diversion

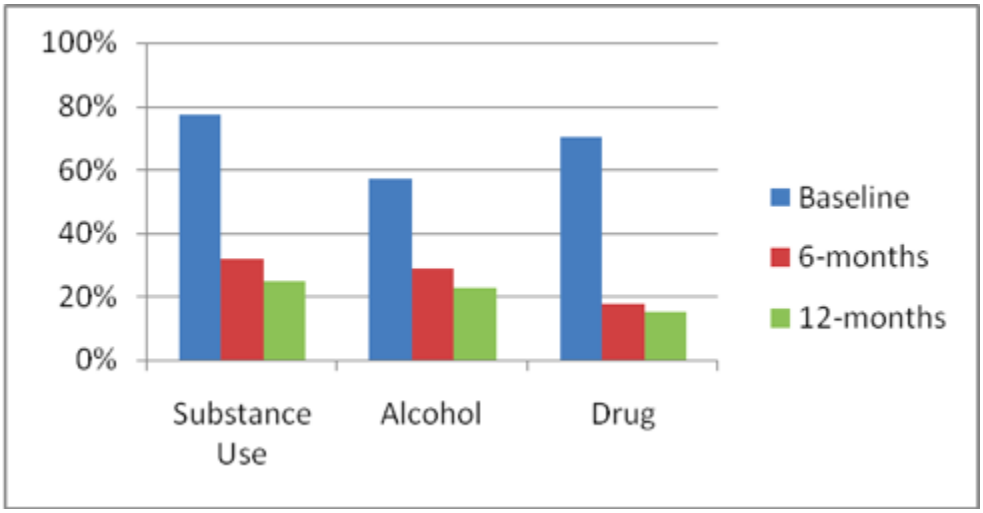
Recidivism indicators were also analyzed with data collected as part of the interviewer-administered assessment conducted at 6 and 12 months following diversion. Based on self-report data, 40% were arrested or incarcerated in the last 30 days prior to the 6-month follow-up assessment and 57% prior to the 12-month follow-up assessment. When controlling for baseline drug use and diversion for misdemeanor charge, participants who completed the program were significantly less likely to report

rearrest or incarceration at 6 and 12 months following diversion. Recidivism was 67% lower at 6 months and 44% lower at 12 months for those who completed the program compared to participants who did not.



Substance Use

At each interview, participants reported the number of days they drank alcohol, frequency of drinking to intoxication, and reported days of illegal drug use out of the last 30 days. These three measures were combined to create a substance use variable indicating any alcohol or illegal drug use in the last 30 days. Overall, **substance use declined from 78% at baseline to 32% at 6 months and 25% at 12 months**. This pattern of improvement was similar for illegal drug and alcohol use.



Next Steps with the Model

The Jericho Project model is incredibly affordable. It utilizes public defenders, prosecutors and courts that are already in place. In fact, Shelby County sustains the program with less than $500,000 per year,

which pays for the contract with a community-based mental health service provider. The contract is put out for bid periodically, and the winning organization manages the project's clinical services, including staff and client services. This limited investment allows every court to consider this safe and dignified process that really can lead to recovery even as it is cost-shifting the care from County-financed jails and transition services to the publicly-financed and community-based services that were intended to provide this care.

We can't build a court for every problem that is colliding with the criminal justice system. We need solutions that are available to all participants in the criminal justice system. To that end, the criminal justice system must become a full partner in the public health system in order to identify and connect people with needs to the appropriate services. We believe this requires new vision and bold leadership. We also believe that communities should look beyond specialty courts. In fact, our hope is to leverage the strength and tradition of the adversarial system to expand the Jericho Project model to other vulnerable populations and beyond the limited scope of specialty courts. Support systems exist in most communities for those struggling with homelessness, chronic health problems, HIV/AIDS, and substance abuse among many others. Those struggling with these things also represent a disproportionate percentage of our jail populations. We believe that the results we have achieved with the adversarial process and the Jericho Project represent just the tip of the iceberg when it comes to the achievable outcomes for the special needs populations in our jails.

Conclusion and Lessons Learned

The Jericho Project has successfully developed and implemented an effective collaborative process for diverting individuals with co-occurring mental health and substance use problems. This post-booking diversion program leveraged effective identification and planning strategies to develop diversion plans for appropriate candidates to present to the courts and, thereby, facilitating a diversion process that requires no substantive changes to the existing court systems and processes.

The Jericho Project provides an effective strategy for obtaining court approval for diversion plans. Roundtable planning processes facilitate a collaborative planning strategy that results in comprehensive and appropriate community linkage plans. Federally-funded evaluation of Jericho Project strategies have found that 97% of community linkage plans received court approval to allow the candidate to be released to treatment under supervision by the courts. A careful screening process confirms serious mental illness without limiting diversion candidates to those facing only minor charges or having certain demographic characteristics. Although many diversion programs are available across the United States, researchers have found that these programs typically divert individuals who are younger, white, and female [xvi]. The Jericho Project identified and diverted appropriate candidates who were similar to candidates who were not diverted with respect to age, gender, race, and other general characteristics.

As part of Shelby County Government's continuing efforts to decriminalize mental illness and support effective jail population management, the Jericho Project is the cornerstone of a new system's transformation effort to utilize the framework of the sequential intercept model to implement best practice transition planning and linkage services at key points of engagement throughout Shelby County systems.

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