Many lessons to be learned from jail diversion

By Rita Sagalyn and Pam Andrews/Special to the Citizen-Herald

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Belmont, Mass. - When Craig Davis, Deputy Chief of the Framingham Police, commanded a Hostage Negotiation Unit under a SWAT team in 2001, he received expert advice from a Worcester Medical Center psychiatrist to help him decide, “Was the person behind closed doors having a medical problem, or was he bluffing?” A year later, it occurred to him that his men needed the same coaching when dealing with a person in distress. From this simple idea, the Framingham Jail Diversion Program was born, combining the expertise of mental health clinicians from Advocates, Inc. with police on the beat.

“Having a clinician on hand to see what the police actually see cuts assessment time to a fraction of what it takes in an emergency room, when the person is cleaned up and in a johnny. There's nothing like seeing a distressed person in his own home, where one can tell quickly how well he's taking care of himself and what supports are in place,” remarked Sarah Abbott, a five year veteran of this police/mental health alliance and clinical director of the Framingham Jail Diversion Program. “Hours of police waiting time in the Emergency Room are saved, and a more accurate and earlier diagnosis is obtained.”

“Without Jail Diversion, police have two choices when they encounter a person with mental illness causing a disturbance,” commented a Reading police officer. “The mentally ill person can either be arrested or taken to an Emergency Room.”

“If they refuse the ER, as many do, they are arrested. This is how mentally ill people begin their contact with the criminal justice system. The more arrests one has, the longer the jail time incurred,” said Robert Kinscherff, Department of Mental Health Assistant Commissioner for Forensic Mental Health.

These were some of the points we learned in November at a crowded Jail Diversion Program held at Lexington High School. The program presented panelists from two Massachusetts Jail Diversion programs, the Department of Mental Health, and the National Alliance on Mental Illness. Jail diversion refers to an effort in community policing to direct people with non-violent mental illness into appropriate treatment.

Kinscherff reminded the audience that police began interacting more with persons suffering from mental illness in the early 1980s after a decision was made to close most mental hospitals and return the former residents to their communities — an idea that faltered because of inadequate community supports. Today many non-violent people

suffering from mental illness reside in our jails; nationwide the statistic often cited is 16 to 25 percent.

The Mass. Department of Corrections reports that 26 percent of the male and 87 percent of the female inmates have a mental illness. The majority have committed minor crimes related to the need for food, shelter, substance abuse, or disorderly conduct. Law enforcement officials receive just four hours of relevant training in the police academy. Sid Gelb of NAMI noted that in a few places that number has increased to 12 hours.

Police in many cities across the country have begun to seek the help of mental health professionals when responding to crisis calls — in Massachusetts, the Framingham police were the first to initiate a program explained Lt. Paul Shastany. Abbott pointed out that before her office was housed in the Police Department, the police would involve her company only if things were really bad, about twice a month. Since clinicians from Advocates, Inc. became part of the crisis team, the police call about 60 times a month, arrests have plummeted, and emergency room visits have decreased by one third. About one half of the persons in crisis have been found to be psychotic.

Sgt. Dave Sampson reported that the Watertown Police and Edinburg Center Crisis Team collaboration began as a part-time pilot program about 2.5 years ago. Joe Mageary, the Center 's Emergency Services Program Assistant Director, from Lexington, pointed out one benefit of determining a person's health needs outside an emergency room; when a policeman activates a Section 12 document and brings a person to an emergency room, the minimum cost is $6,000. In addition, he thought the program has the potential of preventing mental health problems. For instance, as he watched a clinician attend a traumatized car crash victim while the police directed traffic, it occurred to him that this early intervention may have prevented more serious problems.

The Mass. Legislature provided $500,000 to establish the viability of Jail Diversion programs.

“When a police chief wants something like this in his town, it will happen,” remarked Claire Boudreau of NAMI Central Middlesex.

Currently there are diversion programs in 150 cities and towns in the United States — at least five in Massachusetts, including Watertown, Waltham and Framingham.

After the panel presentations, questions from the audience included ways success was measured and resources required over time. Mageary encouraged towns within the Metro West Suburban Area to contact him for advice and assistance in their pursuit of funds for additional clinicians to serve the region. Asst. Commissioner Kinscherff of the Department of Mental Health summarized benefits in a larger context: 1. The pre-arrest phase which reduced overall costs to the criminal justice system; 2. The significant decrease in arrests with resulting savings to law and order operations, and 3. the optimized outcomes for the mental health community, criminal justice departments, city and town operations and public safety and welfare.

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