UNDERSTANDING THE POPULATION OF PEOPLE WITH FREQUENT JAIL CONTACT

Final Report (De-identified)

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EXECUTIVE SUMMARY

OVERVIEW

Efforts to reduce jail populations consequent to policies and practices like deinstitutionalization, the "war on drugs," and broken windows policing have largely been effective. Yet, jails still see over 10 million annual bookings (Zeng, 2021). Though most represent a person's lone criminal legal system contact, people with frequent bookings may constitute up to one-half of a jail's daily census (MacDonald et al., 2015). Further, People of Color and people with behavioral health conditions are not only overrepresented in jails generally but also among people with frequent jail contact (MacDonald et al., 2015; Chan et al., 2020). Indeed, nationally, nearly one-quarter of people arrested multiple times had a mental illness, 50% reported substance use, and 50% were People of Color (Jones & Sawyer, 2019).

In partnership with three sites, we fielded a mixed methods study to develop an understanding of the population of people with frequent jail contact. We had three overarching objectives:

1. Define, count, and note the flow of people with frequent jail contact.
2. Identify similarities and differences in strategies used by the sites to meet needs and reduce jail contact.
3. Assess outcomes overall, and for People of Color and people with behavioral health conditions.

Two principles of community-based participatory research guided our approach to community member engagement in planning, implementing, and reporting the research (Wallerstein & Duran, 2006). First, the scientific direction, including the identification of the strategies used by sites and the principal interventions and outcomes, was each site's responsibility. The role of our project team was to work with the sites to facilitate, rather than dictate, study foci. Second, administrators, practitioners, and people with lived experience are co-creators of knowledge. To that end, we created opportunities for site partners to contribute their perspectives and experiences throughout the project and used this knowledge to inform study design, analyses, and interpretation of findings.

Our conceptual framework for guiding construct measurement, analysis, and interpretation was based on an integration of the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM; Glasgow, Vogt, & Boles, 1999) and Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009). The Sequential Intercept Model (SIM) served as the organizing framework for identifying pathways in and out of the system, as well as for understanding barriers that may impede the success of local strategies (Abreu et al., 2017).

We reviewed documents, linked and analyzed administrative records, and conducted site visits (virtual and in-person), which included interviews with practitioners and people with lived experience. This report presents the findings of our quantitative and qualitative analytic methods, both separately and integrated.

QUANTITATIVE METHODS

Our quantitative methods pertained primarily to defining the population of people with frequent jail contact (Objective 1) and assessing outcomes (Objective 3). To define and explore population characteristics, we computed measures of central tendency that describe the average booking profile in three cases:

1. For someone booked in any site across the universe of bookings,
2. For people with multiple bookings (i.e., two or more bookings) within the study period, and
3. For people with frequent jail contact, operationalized locally as the median number of bookings among people who were booked more than one time within the study period.

We conducted interrupted time series analyses to assess site-level outcomes, with a focus on the number and characteristics of bookings following the implementation of the intervention. These analyses also examined site-level changes that occurred after the onset of the COVID-19 pandemic. To examine individual-level outcomes, we conducted pairwise comparisons using t-tests of the average length of stay and number of bookings before and after implementation of the intervention.

Quantitative findings show that people with frequent jail contact represent a minority of the population of people booked into county jails but a majority of all bookings. Findings also support the need for local evaluation. To demonstrate, what constitutes frequent jail contact, as defined by the median booking rate among people booked more than one time, differed across sites. The prevalence and role of mental health in frequent jail contact overall and across subgroups defined by race, ethnicity, and gender, also differed across sites. That said, findings highlight trends in population characteristics and outcomes that transcend site-specific considerations, including that People of Color were at heightened risk of frequent jail contact across sites. Though all sites focused on behavioral health diversion-related strategies, findings were mixed within and across sites in terms of impact of these interventions at site and individual levels.

QUALITATIVE METHODS

Our qualitative methods pertained to all three project objectives. We conducted semi-structured interviews with 27 practitioners across a range of service sectors and settings and 23 people with lived experience. We also completed site visits to each county, observations, and field notes in jail-based and community-based settings. To analyze the qualitative data, we conducted deductive and inductive thematic analysis with consensus coding. We generated initial codes, coded each interview and field note, generated analytic memos to summarize the patterns of the codes, and described themes throughout the data. Finally, we engaged in within-case and between-cases analysis to examine thematic patterns within and between each site.

Analyses revealed five themes across sites:

1. Broad Conceptualization of Frequent Jail Contact
2. Prevalence and Implication of Behavioral Health Needs
3. Housing and Other Unmet Needs
4. Strategies for Meeting Needs Across the SIM (Sequential Intercept Model)
5. Trust and Relationship Building

Overall, qualitative analyses revealed that practitioners did not have specific definitions or criteria they used to establish people with frequent jail contact. Yet, all practitioners were familiar with this population. Both practitioners and people with lived experience emphasized the importance of meeting basic needs, including housing and behavioral health needs, to break cycles of frequent jail contact. Interviewees also highlighted structural barriers that prevent these needs from being met and often foregrounded the importance of maintaining a continuum of care, particularly through relationship building, to prevent frequent jail contact.

INTEGRATED FINDINGS

Integrating findings of our quantitative and qualitative methods show that while the specific population may differ across sites, people with frequent jail contact are a relatively small group of people who represent a majority of jail bookings. Findings also emphasize complex interrelationships between race and ethnicity, gender, and behavioral health issues and point to potential disconnects between the perceived and actual characteristics of people with frequent jail contact. With respect to strategies, we see both similarities and differences. Indeed, site partners expressed that few strategies have been implemented to exclusively aid people with frequent jail contact. Rather, sites have implemented strategies intended to aid everyone, and some of these strategies were expected to be especially beneficial for people with frequent jail contact. At the same time, all sites selected diversion strategies for people with behavioral health conditions as their

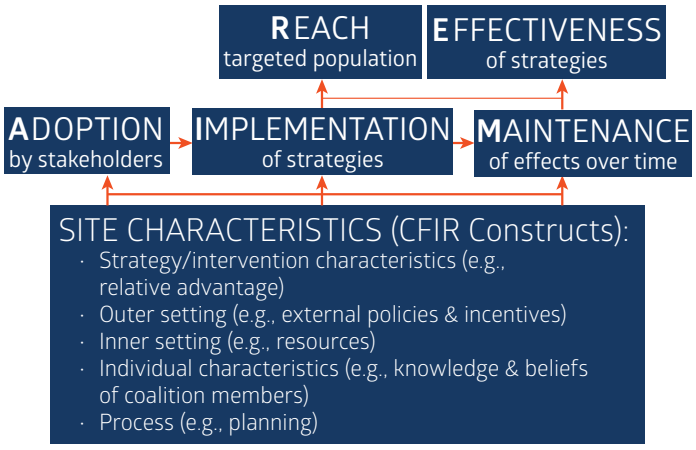
primary intervention of interest for this project, though the specific criteria and emphases differed across sites. Finally, in terms of outcomes, we found that behavioral health diversion strategies may improve outcomes for people with frequent jail contact and, more broadly, underscore the importance of comprehensive community-based resources to support the success of behavioral health diversion programs. Findings also support the need for strategies that cross multiple systems and levels of policy and practice.

STUDY FRAMEWORKS

CONCEPTUAL FRAMEWORK

We developed a conceptual framework to support conclusions about processes, strategies, and outcomes for people with frequent jail contact, as well as supporting the translation of these findings into actionable practice and policy recommendations for individual sites. Specifically, we integrated the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) and Consolidated Framework for Implementation Research (CFIR) frameworks to create our primary conceptual framework for guiding construct measurement, analysis, and interpretation. RE-AIM (Glasgow et al., 1999) enhances transferability, sustainability, and scale-up of effective interventions, while CFIR (Damschroder et al., 2009) drills down into contextual factors that affect implementation. Exhibit A shows our integrated RE-AIM+CFIR framework.

Exhibit A. Integrated RE-AIM + CFIR Framework



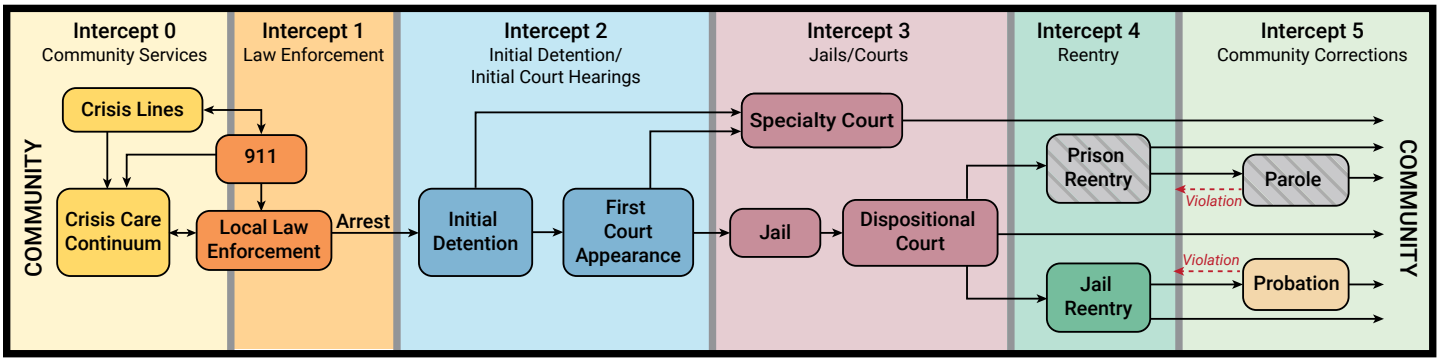
We used this framework to guide our selection and analysis of constructs for our quantitative work and to inform our understanding of themes from our qualitative work. It also provided a strategy for exploring findings within sites and integrating them across sites by operationalizing constructs in a unified manner. Finally, the RE-AIM+CFIR framework is aligned with the goal of rapid translation of study findings to practice.

ORGANIZING FRAMEWORK

Developed to understand system contact among people with behavioral health needs (Munetz & Griffin, 2006), the Sequential Intercept Model (SIM) served as the organizing framework for identifying intercepts in the pathways in and out of the system for people with frequent jail contact (see Exhibit B). SIM mapping facilitates identification of community members' intersecting needs, as well as system barriers and strategies to overcome them (Abreu et al., 2017).

The SIM was an optimal framework for working with our site partners to identify pathways in and out of jail for people with frequent jail contact. We also used these intercepts to parse out and organize the vast amounts of data that we gathered and analyzed in this project.

Exhibit B. The Sequential Intercept Model



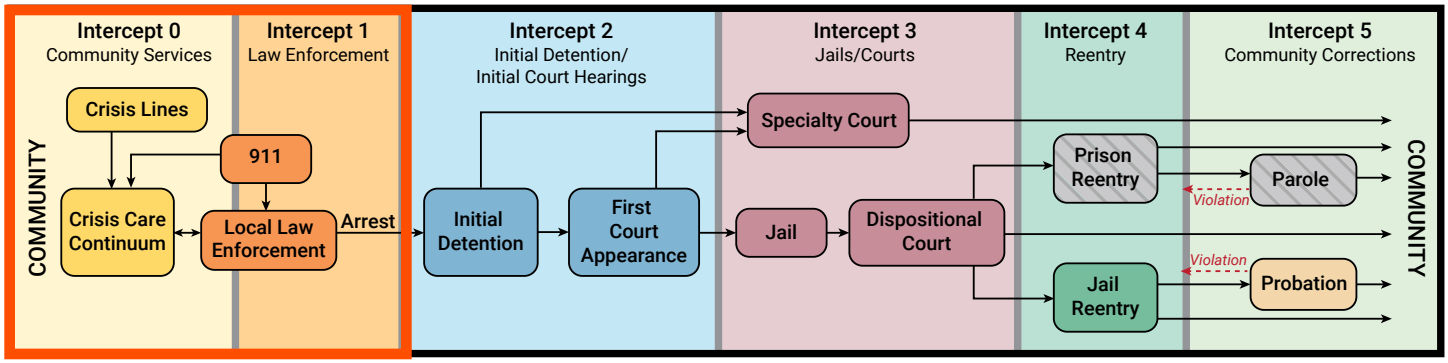
Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300

STUDY SITES

COUNTY A

County A is a small county in the Midwest. The county is majority White (80%), and just over 1% of the county's population identifies as Black, 1% as Asian, 10% as Indigenous; 5% identify as Hispanic/Latine. Our primary partner in County A is a system diversion program located in a facility housed near the jail. The program offers a range of services across Intercepts 0 and 1 of the Sequential Intercept Model (SIM) and provides an opportunity for diversion in lieu of arrest as law enforcement officers can bring people who are intoxicated to the diversion program rather than the jail. This program serves all people who encounter the criminal legal system, not just those who are people with frequent jail contact. Services offered through the program include detox care, crisis care, residential treatment, outpatient treatment, and a police unit. As indicated by the red outline around Intercepts 0 and 1 in Exhibit C, the services provided by the program in County A are heavily focused on reducing frequent jail contact by providing crisis care, treatment in a community setting, and opportunities for diversion from jail.

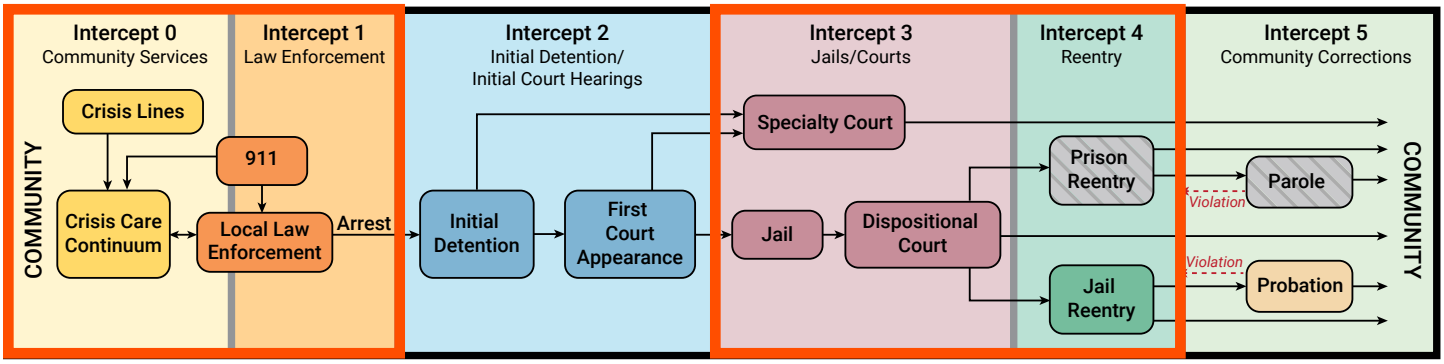
Exhibit C. The Sequential Intercept Model, With Intercepts 0 and 1 Highlighted



COUNTY B

County B is a large county in the Southeast. Thirty-three percent of the county's population identifies as Black, 56% as white (45% as white, not Hispanic/Latine), 7% as Asian, 1% as Indigenous; 14% identify as Hispanic or Latine. Our primary partner in County B is a unit that works with all levels of the county judicial system to provide evaluations, consultation, and services for people involved in the legal system. Like County A, County B has not developed programs that are focused exclusively on people with frequent jail contact. However, several of their programs meet the needs of those who experience frequent jail contact. Services are provided in County B through the Co-Responder Program where law enforcement and clinician teams work to prevent escalation during arrests and attend to mental health needs during police contact. Services are also provided through a Wellness Court, which serves people with serious and persistent mental illness and uses Assertive Community Treatment to help achieve stability and sobriety. Finally, services are provided through peer-led community programs that facilitate connection to services, offer peer-based resources, and operate a respite center and a crisis warm-line. Exhibit D shows that County B is focusing its efforts to reduce frequent jail contact across Intercepts 0, 1, 3, and 4.

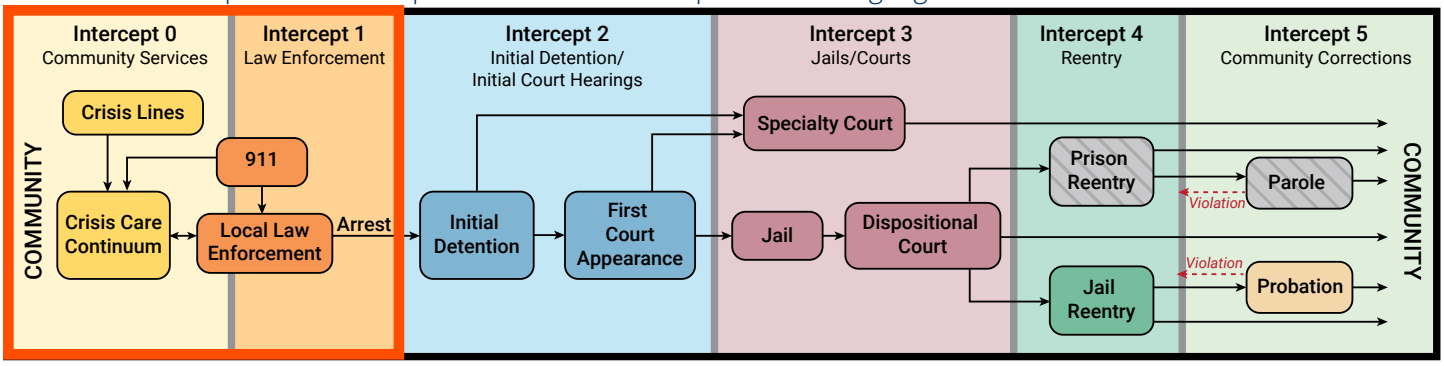
Exhibit D. The Sequential Intercept Model, With Intercepts 0, 1, 3, and 4 Highlighted



COUNTY C

County C is a large county in the Southwest. Twenty percent of the population identifies as Black, 69% as white (28% as white, not Hispanic/Latine), 7% as Asian, 1% as Indigenous; 44% identify as Hispanic/Latine. Our primary partner in County C is a service provider focused on diversion and provision of services to those with serious mental illness in the jail and in the community. This service provider offers a wide range of services such as treatment and mental health care, crisis services, a peer-run respite center, supportive housing, and a diversion program which offers a community-based alternative to incarceration for people with mental illness who have been charged with low-level, non-violent offenses. Exhibit E shows that County C is focusing efforts to reduce frequent jail contact across Intercepts 0 and 1.

Exhibit E. The Sequential Intercept Model, With Intercepts 0 and 1 Highlighted



QUANTITATIVE METHODS

OVERVIEW

We aimed to have at least six years of administrative data per site. To the extent possible, we used uniform construct measurement and conducted parallel analyses. Given data availability and record-keeping practices across sites, however, we also tailored construct measurement and conducted unique analyses for each site, as appropriate.

PROCEDURES

We used SAS and R for quantitative data management and analysis. De-identified data were shared with the project team by ISLG via Box file sharing. Jail booking data served as the primary source file for each site. Other data files, largely related to behavioral health indicators, were provided by the sites to ISLG, and ISLG in turn made those files available to the project team. The project team then processed and linked data files via unique identifiers at both the person- and booking-levels. Across sites, we constructed primary analytic files consisting of 63,108 bookings in County A, representing 19,678 people booked from March 2013 through April 2021; 91,343 bookings in County B, representing 44,853 people booked from January 2011 through April 2021; and 539,512 bookings in County C, representing 289,714 people booked from January 2011 through April 2021.

DATA ANALYSIS

To define and explore population characteristics, we computed measures of central tendency that describe the average booking profile for someone booked in each site across the universe of bookings, those with multiple bookings (i.e., two or more bookings over the full study period), and people with frequent jail contact. We also report demographic characteristics and presence of behavioral health indicators. We operationalized people with frequent jail contact for each site using the median number of bookings, among people booked more than one time, within the available data. We considered the odds of multiple jail bookings and frequent jail contact as a function of these characteristics and indicators. Our interpretation of the magnitude of the odds followed established guidelines in the scientific field (Chen et al., 2010). We explored additional characteristics, as possible, based on data available for analysis within each site.

Our analyses of site-level outcomes emphasized the number of bookings following the implementation of the intervention, as well as the proportion of bookings for subgroups of interest, including people with frequent jail contact. For these analyses, we conducted interrupted time series analyses. We used the auto.arima command in R (Hyndman et al., 2023). This command runs several ARIMA models and selects the one that best fits the data.

To determine changes that occurred after the implementation of the intervention, we included three regressor variables: *Step*, *Ramp*, and *COVID*. *Step* indicates whether there is a level change that occurs after the implementation of the intervention. Analytically, all observations before implementation of the intervention would be a 0, and all values after the implementation of the intervention would be 1. *Ramp* indicates whether there is a change in slope following the intervention; that is, a change in the rate of bookings. All observations before and after the implementation of the intervention would be 0, and all observations after would increase by 1 each month. *COVID* indicates a level change after the onset of the COVID-19 pandemic in March 2020. The inclusion of the *COVID* variable allows us to better distinguish between COVID-related changes and changes related to the intervention in question. We included seasonal models for consideration, as the Ollech and Webel combined seasonality testing indicated several of the booking time series had seasonal components. After we selected a model, we determined goodness-of-fit using auto-correlation function (ACF) plot and the Ljung-Box test.

Our individual-level outcomes comprised the average length of stay and average number of bookings before and after the implementation of the intervention. For these analyses, we conducted pairwise comparisons using t-tests.[1] Given the typically very large Ns, we emphasize effect sizes (as measured by Cohen's d), rather than statistical significance in these comparisons. Our interpretation of the effect sizes followed established guidelines in the social and behavioral sciences (see Lakens, 2013, for a primer).

SUMMARY OF QUANTITATIVE FINDINGS

Consistent with our community-engaged approach, our site partners are the primary audience for our study findings. We have shared detailed reports of the quantitative findings with them to support ongoing efforts to equitably reduce system involvement among people with frequent jail contact. Herein we provide a high-level summary of the pattern of quantitative findings across sites.

Considered across study sites, quantitative findings show that people with frequent jail contact represent a minority of the population of people booked into county jails but a majority of all bookings. Quantitative findings also support the need for local evaluation. To demonstrate, what constitutes frequent jail contact, as defined by the median booking rate among people who were booked more than one time, differed across sites. The prevalence and role of mental health in frequent jail contact overall and across subgroups defined by race, ethnicity, and gender, also differed across sites.

That said, quantitative findings do highlight trends in population characteristics and outcomes that transcend site-specific issues. While the composition of the group may differ, People of Color were at heightened risk of frequent jail contact across sites, and strategies, generally, were less likely to be successful for them. Indeed, race was a salient characteristic of people with frequent jail contact in all counties. Findings also counter some assumptions regarding the defining characteristics of this population. For example, people with frequent jail contact were neither characterized by misdemeanor charges nor by positive behavioral health indicators, though the odds of frequent jail contact did increase as a function of mental health flags or indicators. Some other assumptions were supported, including that this population is typically comprised of men, even more so than the overall jail population.

. . . People of Color were at heightened risk of frequent jail contact across sites, and strategies, generally, were less likely to be successful for them.

All sites focused on behavioral health diversion-related strategies as their intervention of interest and findings were mixed in terms of success both within and across sites. To demonstrate, analyses of site-level outcomes following the implementation of a diversion program in County C revealed reductions in bookings related to trespassing charges; however, because bookings for trespassing represent a small number of bookings overall, the impact was not seen on a site level. Findings of individual-level outcomes were promising, showing shorter average lengths of stay, particularly among groups of interest, including people with a mental health flag at booking and people with frequent jail contact. In contrast, analyses of site-level outcomes following the opening of the primary intervention in County A supported its effectiveness as a system-level intervention in reducing bookings overall and among people with frequent jail contact, specifically, but the proportion of bookings with a positive serious and persistent mental illness indicator did not change. Further, the average lengths of stay in jail decreased for many

1 The post-implementation periods for all sites include only 12 months of data following the onset of the COVID-19 pandemic, which represents a relatively short period of time in relation to our full observation periods of 8–10 years. Further, 12 months is not a sufficient period of time to permit analysis of outcomes related to frequent jail contact. As such, we did not examine individual-level outcomes before versus after the onset of the COVID-19 pandemic.

but increased for some groups during the post-implementation period.[2]

When considered together, findings suggest that behavioral health diversion strategies may be successful in improving some outcomes, but not others, and for some people but not others. Indeed, and not surprisingly, strategies were most effective in improving outcomes consistent with the design of the program (e.g., reducing bookings related to specific charges or conditions). Further, such strategies, at least at our study sites, were not effective in eliminating, or appreciably reducing, disparities in outcomes associated with mental health or race. More comprehensive efforts across multiple systems and levels of policy and practice are needed. Indeed, no single strategy is going to be sufficient to address systemic issues (Desmarais et al., 2022).

QUALITATIVE METHODS

OVERVIEW

We conducted and analyzed 50 interviews with practitioners and people with lived experience from Counties A, B, & C. From this analysis, we found five overarching themes that describe the experiences, pathways, and strategies needed to help people who have frequent interactions with jails in each county. In theme 1 we outline the **Broad Conceptualization of Frequent Jail Contact** held by practitioners and people with lived experience in each county who described varying ways of identifying people experiencing frequent jail contact. In theme 2, we focus on the ways practitioners and people with lived experience discussed the **Prevalence and Implication of Behavioral Health Needs** of people with frequent jail contact. In theme 3, we describe the profound impact of **Housing and Other Unmet Needs** on frequent jail contact. In theme 4, we discuss **Strategies for Meeting Needs Across the SIM (Sequential Intercept Model)** at the nexus of mental health, substance use, and homelessness for people with frequent jail contact. Finally, in theme 5 we describe the importance of **Trust and Relationship Building** in meeting the complex needs of people with frequent jail contact and reducing future contact with the criminal legal system.

PROCEDURES

We interviewed practitioners and people with lived experience of the criminal legal and behavioral health systems at each study site (see Table 1). The selection of practitioners was made by site partners in each county. We spoke with site leads about the purpose of the interviews and our interest in speaking with practitioners across a range of services, including those in courts, jails, and community settings. The site leads compiled lists of possible practitioners to be interviewed based on the lead's knowledge of county services and the lead's views on which practitioners could provide relevant information about services that help meet the needs of people with frequent jail contact.

2 We were unable to conduct site-level effectiveness evaluations for County B as there were data quality issues with their behavioral health data that did not allow for correct merging across various datasets. We continue to work with County B on merging the jail administrative and behavioral health data.

Table 1. Number of People Interviewed and Service-Sectors Represented by Site

County	Practitioners Interviewed	Services Represented	People with Lived Experience Interviewed
County A	9	Public Defenders Office, Court Services/Probation, Health and Human Services, Police Department, State's Attorney's Office, Diversion Services	10
County B	9	Community-Based Non-Profit, Criminal Justice Services, Treatment and Recovery Facility, Behavioral Health Care Hospital Facility, Wellness Court	2
County C	9	Public Defenders Office, Treatment and Recovery Facility, Sheriff's Office, Hospital Emergency Room, Diversion Services	11

Three members of the PRA research team completed 26 practitioner interviews via Zoom and 1 practitioner interview in person. Some interviews included a single practitioner while others included two practitioners from the same agency interviewed together. Three practitioners (one in County C and two in County B) had lived experience of the criminal legal or behavioral health systems. In total, we completed 27 interviews with practitioners. During the interviews, which lasted about an hour, we followed a semi-structured interview protocol that included questions about operational definitions of people with frequent jail contact, characteristics and needs of people with frequent jail contact, data collection practices, characteristics of the services provided, communication practices, outcomes for people who receive services, barriers to service provision, examples of success in service provision, and possible service improvements. Additionally, we provided time to allow people interviewed to share with us any other information they believe is relevant and important. We offered practitioners the option of receiving a $25 gift card as compensation for their time. We recorded all practitioner interviews and developed transcripts of the interviews for analysis purposes.

All 23 interviews with people with lived experience occurred in person during site visits to Counties A, B, & C. Interviews occurred around the communities, including in public places (e.g., parks) and at community-based service facilities. People were approached by staff or site leads and asked if they wanted to participate in an interview. If a person said yes, one of four members of the PRA research team conducted the interview. During the interviews, which typically lasted 20-30 minutes, we followed a semi-structured interview protocol that included questions about a person's experiences with the jail and other community-based service providers. People with lived experience were offered a $25 gift card as compensation for their time. We recorded 10 interviews with people with lived experience (9 from County A and 1 from County B). We did not record the other 13 interviews for various reasons (e.g., lack of privacy). For these interviews, the interviewer took field notes during and after the interview.

DATA ANALYSIS

For data analysis, we implemented a combination of deductive and inductive thematic coding procedures (Braun & Clarke, 2012). First, we familiarized ourselves with the data by reading through the interview transcripts and taking informal notes about possible codes or themes. Next, we generated initial codes and then discussed and combined our initial codes to form our codebook. After generating our codebook, we independently coded one interview to achieve consistency in coding. We compared our codes, examined discrepancies, and refined the codebook. Once we achieved consensus, we each independently coded the remaining interviews. After coding all the interviews, we generated analytic memos about each code and searched for themes within the data. Finally, we came together to review the

themes and determine coherent patterns within the data. We conducted within-case and between-case analyses, with consideration for themes with high frequency within and between each county, as well as meaningful and distinct themes within only one county (Miles & Huberman, 1994).

SUMMARY OF QUALITATIVE FINDINGS

Across each site, five prominent themes describe the characteristics, pathways, and experiences of people with frequent contact with jail and service systems. There was convergence among people with lived experience and practitioners on practices that help people meet basic needs, manage their health, and reduce frequent jail contact. People with lived experience and practitioners at each site also described structural conditions, such as local policies and common practices, that serve as barriers to breaking cycles that often contribute to frequent jail contact. We summarize these findings below.

> . . . [W]e found that there was no strict or shared definition or criteria to define or identify a person with frequent jail contact.

In theme 1, **Broad Conceptualization of Frequent Jail Contact**, practitioners and people with lived experience in each county described varying ways that they identify people experiencing frequent jail contact. In this theme, we found that there was no strict or shared definition or criteria to define or identify a person with frequent jail contact. Further, practitioners used two primary methods to identify people with frequent contact: face and name recognition and organization-generated lists. Practitioners described recognizing the names and faces of people who they regularly interacted with and using that recognition to help determine the course of service provision or treatment. Practitioners also described generating lists of the people with the most frequent contact with their organizations. In some cases, these lists were used to advocate for changes in services or practices. These lists were also occasionally shared across organizations to facilitate cross-system collaboration. Finally, many practitioners spoke broadly about the full population of people they serve and only occasionally referenced the people they recognize as having frequent contact. As a result, we attempt to reflect practice in this report by considering the people who experience frequent jail contact more holistically in the context of all people who experience jail contact and all people who also contact other, adjacent systems when we had the available data.

> Across each site, there was consensus that mental health diagnosis, symptoms of mental illness, substance use, and their co-occurrence, were common among people with frequent jail and crisis service contact.

In theme 2 we describe the **Prevalence and Implication of Behavioral Health Needs** for people with frequent jail contact. Across each site, there was consensus that mental health diagnosis, symptoms of mental illness, substance use, and their co-occurrence, were common among people with frequent jail and crisis service contact. Further, it was not uncommon for people with frequent jail and crisis service contact to describe childhood and adult experiences of trauma. Practitioners also expressed that these behavioral health conditions may be underdiagnosed, misdiagnosed, and mistreated within jails. Misdiagnosis and "missed" diagnosis may be especially likely for People of Color, and people who come into contact with the criminal legal system while under the influence of alcohol or other substances. In this theme, we also found that screening and assessment in jails are inconsistent. Practitioners described the difficulty of providing accurate behavioral health assessments

in short periods. There was consensus across sites that unmet behavioral health needs exacerbate cycling in and out of jails. They describe that people with behavioral health conditions are arrested for behaviors directly related to their untreated condition, including things like disorderly conduct and trespassing. This highlights the importance of community-based services and treatment to tackle the root causes of arrests for misdemeanor offenses. Related, conditions of release must consider the behavioral health needs of this population. People with lived experience and practitioners both described how release conditions, such as drug and alcohol testing and preexisting access to prescription medication, can undermine people's ability to establish a treatment plan.

> The consensus across all three counties was that there are not enough safe and affordable places for people to live . . .

In theme 3, **Housing and Other Unmet Needs**, we found that people with lived experience and practitioners from each county described how mental health needs, substance use, experiences of homelessness, and interactions with the criminal legal system are interconnected and highly prevalent among people with frequent system contact. Some practitioners also described how structural racism and oppression exacerbate the conditions that create these needs for People of Color, especially Black and Indigenous people. Along with prominent needs, practitioners, and people with lived experience described how meeting seemingly small needs, like obtaining identification or transportation, can help to catalyze and sustain care for more complex needs.

Every person we spoke with described the high rates of homelessness among people with frequent jail contact. Further, the people with lived experience and practitioners described how homelessness and a lack of affordable housing is a direct cause for frequent cycling in and out of jail and other services (including emergency rooms, and community-based treatment). The consensus across all three counties was that there are not enough safe and affordable places for people to live and there are not enough places to live for people who return from jail while they access services and regain employment, benefits, and capacity to sustain their own safe and affordable housing. When people do not have housing to return to upon release from jail, they are likely to be re-arrested for low-level offenses directly related to a lack of safe and affordable housing. Also, compliance with medication is difficult to achieve without safe and affordable housing. There is evidence from County C that when people are provided with long-term safe and affordable housing, they have time to meet basic needs and develop a sustainable plan for independent health and wellness outside of the criminal legal system. Further, practitioners from each county described the structural barriers to helping people access safe and affordable housing including strict requirements, precarious grant funding, and lengthy and difficult benefits applications.

> Peers—people with lived experience of the criminal legal system, behavioral health system, or homelessness—were vital to the success of people currently experiencing frequent jail contact.

In theme 4, we describe **Strategies for Meeting Needs Across the SIM**. At Intercept 0 (Community Services), community-based service providers included street outreach teams that help reach people who are unhoused and facilitate housing, medical units that engage in community outreach, partnerships with local emergency rooms, and planning for hospital discharge. At Intercept 1 (Law Enforcement), sites engaged in Crisis Intervention Teams, co-responder models, and diversion in lieu of arrest strategies to decrease arrest and increase

connections to behavioral health services. In the courts (Intercept 2), strategies included court-based case management, particularly during the pretrial phase, social workers who work with Public Defenders, and pretrial programs that provide resources to help people return for their court dates and avoid further penalties. In jails (Intercept 3), strategies included the use of mental health and other needs assessments, jail-based mental health treatment, and jail liaisons who help people maintain housing, access to medication, and other needs during transitions between jail and the community. At Reentry (Intercept 4), the focus was on providing continuity of care between jail and release back into the community. This includes comprehensive clinical assessment, facilitating continuity of SSI/SSDI benefits, warm handoffs to community based clinical services, and help with continuity of prescription medications. Some strategies spanned several intercepts to meet basic needs, including help accessing identification documents, transportation to court and to treatment, and assistance with short-term and long-term housing.

Finally, in theme 5, we describe the importance of **Trust and Relationship Building** in helping people with frequent jail contact access the services they need and reduce future contact with jails and other aspects of the criminal legal system. In this theme, practitioners and people with lived experience in each county described the significance of peers and relationships between people with frequent jail contact and practitioners. Peers—people with lived experience of the criminal legal system, behavioral health system, or homelessness—were vital to the success of people currently experiencing frequent jail contact. Given their own familiarity with the criminal legal system and behavioral health systems, peers can serve as an accessible point of contact during more difficult times for people with frequent jail contact. Peers worked in various settings in each county, including reentry programs in jail, substance use recovery facilities, and peer-run respite centers. Along with the importance of peers, relationships and authentic support were important factors in success among people with frequent jail experience. People with lived experience often described how practitioners who took a genuine interest in the wholeness of their humanity and their needs beyond criminal legal system involvement help them in recovery and transition back into the community. Building this level of trust takes time, but from the perspective of people with lived experience, it was a vital component of success navigating homelessness, mental illness and substance use, and reducing jail contact.

CONCLUSIONS

In this section, we integrate the quantitative and qualitative findings in response to the 10 research questions posed in the RFWP.

RESEARCH QUESTION 1: HOW IS FREQUENT JAIL CONTACT DEFINED ACROSS SITES AND PARTNER GROUPS?

There was no one shared definition or set of criteria used to identify a person experiencing frequent jail contact across sites or data sources, which is seen in the field of research and practice more broadly (Zottola et al., in press). Relying on the median number of jail contacts among people who were booked more than one time showed cut-offs of three or four bookings as indicating frequent jail contact for Counties B and C, and County A, respectively. These cut-offs are consistent with prior research (Fishman et al., 2017; Gilbreath et al., 2020; Jones & Sawyer, 2019). However, such specific thresholds were not used in practice. To demonstrate, practitioners did not have systematic methods or criteria for identifying a person with frequent jail contact. Instead, most practitioners described that the primary way they knew whether someone was frequently cycling through jail or

services was through face and name recognition. People with lived experience described their own instances of frequently engaging with criminal legal and behavioral health systems but never referenced being designated as frequent users of services or receiving access to services because of their frequent jail or behavioral health system contact.

> Really, now that we've been doing this for a while staff are pre-trained to eyeball [clients] so when they come in [staff] are like, 'Johnny's back. This is the second time this month.'"

RESEARCH QUESTION 2: WHAT PROPORTION OF THE JAIL POPULATION ARE PEOPLE WITH FREQUENT JAIL CONTACT?

Quantitative findings show that people with frequent jail contact represent a minority of the population of people booked into county jails but a majority of all bookings. In County A, people with frequent jail contact (i.e., four or more bookings) represented more than two-thirds of the bookings but only about one-quarter of people booked in the jail during the 8-year study period. In Counties B and C, people with frequent jail contact (i.e., three or more bookings) represented about half of the bookings but only about one-fifth of people booked into the jail during the 10-year period. Again, these findings are generally consistent with those of prior investigations that demonstrate the overrepresentation of people with frequent jail contact in the population of bookings into local county jails (see, for some examples: Chan et al., 2020; Desmarais et al., 2016; Desmarais et al., 2017; MacDonald et al., 2015).

RESEARCH QUESTION 3: WHAT CHARACTERISTICS DESCRIBE PEOPLE WITH FREQUENT JAIL CONTACT?

Practitioners and people with lived experience described very high rates of both mental health conditions and substance use among people with frequent jail contact. Many practitioners described 'all' or 'most' of the people they worked with as having mental health and substance use conditions. Often, practitioners identified that these needs were co-occurring and that this co-occurrence could make it harder to treat either because it was difficult to disentangle what behaviors and needs were directly tied to the mental health conditions and which were tied to the substance use. This was all true across all three counties.

In contrast, quantitative findings showed lower rates of identified mental health needs among people booked into jail, both generally and for people with frequent jail contact, specifically. This lack of coherence between the qualitative and quantitative data could be the result of many factors. For instance, there may be deficiencies in jail record keeping, like not carrying forward prior diagnoses or other relevant behavioral health information to subsequent bookings. Misdiagnosis and misidentification of behavioral health needs also may reflect the inconsistent application of screening tools, the inaccurate administration of these tools, or the use of ineffective tools altogether. Consistent with correctional health care standards (National Commission on Correctional Health Care, 2018), these findings underscore the need for universal screening, referral, and evaluation for behavioral health needs using validated approaches (SAMHSA, 2019).

People with lived experience also shared direct experiences of profound trauma that may not have been captured in jail mental health screening processes. Indeed, other research similarly finds experiences of trauma are common among people involved in the criminal legal system (Policy Research Associates, Inc. [PRA], 2011) and that people who have experienced trauma are at increased risk of system

contact (Givens & Cuddeback, 2021; Graf et al., 2021). These findings support the implementation of a trauma-specific screening tool or addition of trauma-specific items to the existing screening protocol. Further, these findings support the implementation of trauma-informed practices; that is, approaches that recognize the role of trauma in a person's life and avoid re-traumatization. Such training programs may help increase safety for all involved, connect people to services and treatment that facilitate recovery, and, critically, reduce jail contact (Baetz et al., 2021; McKinsey & Desmarais, 2023; Zordan et al., 2022).

> "... [People with frequent jail contact] are caught in alcohol or drug problems, houselessness, and mental health problems. So, our frequent utilizers are going to have a combination of all of those things."

People of Color were overrepresented among people with frequent jail contact across sites. Specifically, in County A, Indigenous people represented over half of bookings and almost two-thirds of people with frequent jail contact, but only 10% of the County population. In County B, People of Color represented approximately three-quarters of bookings and about 80% of people with frequent jail contact, but less than half of the County population. In County C, People of Color represented just over one-third of jail bookings and almost half of the people with frequent jail contact, but only 20% of the County population. During our qualitative interviews, some practitioners identified that People of Color are overrepresented among people booked into the jail overall and among people with frequent jail contact. In line with our quantitative findings, these discussions centered on Indigenous people in County A, Black people in County B, and Black and Latine people in County C. These findings are consistent with studies of people with frequent jail contact in other communities and jurisdictions that similarly have found People of Color overrepresented among people with frequent jail contact (e.g., MacDonald et al., 2015). There are many possible explanations for this overrepresentation. For example, increased jail contact may arise from increased rates of law enforcement contact. Evidence suggests that People of Color are more often the focus of law enforcement attention relative to white people (Pierson et al., 2020). This increased attention may arise from bias on the part of officers (Jones-Brown, 2007) or from the fact that People of Color and Black people specifically, disproportionately live in areas that are more heavily surveilled by law enforcement (e.g., urban or lower-income neighborhoods; Brayne, 2020) and are disproportionately represented among populations that are more heavily surveilled (e.g., people experiencing homelessness; Jones, 2016). Additional evidence has also demonstrated that People of Color may be less likely than white people to be included in some diversion efforts, particularly those driven by prosecutors (e.g., Kutateladze et al., 2021), and that they experience reduced contact with the behavioral health system (VanderWielen et al., 2015), both of which could help to reduce jail contact. Strategies to reduce frequent jail contact must address the fact that jail contact can be increased by bias in the policies and practices that might bring people to jail or divert them away.

Practitioners and people with lived experience all described very high rates of homelessness related to frequent jail contact across all three counties. Lack of housing was consistently listed as a top need. People with frequent jail contact were described as chronically homeless and often lack of housing was discussed as feeding into exacerbating behavioral health conditions and jail contact. Across the sites, there were no quantitative data available that allowed us to evaluate the impact of housing status on the frequency of jail contact.

RESEARCH QUESTION 4: WHAT ARE PATHWAYS TO JAIL FOR PEOPLE WITH FREQUENT JAIL CONTACT?

Practitioners and people with lived experience focused on two pathways into jail that were

common among people with frequent jail contact. First, people with frequent jail contact who are also often experiencing homelessness reportedly cycle through the jail on low-level offenses that are directly tied to a person's lack of housing (e.g., trespassing, panhandling). Second, people with frequent jail contact and behavioral health conditions may also cycle through the jail on low-level offenses tied to unmet behavioral health needs (e.g., disorderly conduct, and public intoxication). The high rates of low-level "nuisance" charges found in other studies of people experiencing frequent jail contact support these common pathways to jail (Chan et al., 2020; Fishman et al., 2017; Jones & Sawyer, 2019; MacDonald et al., 2015). People who are experiencing both homelessness and unmet behavioral health needs were described as particularly susceptible to being arrested and charged for low-level offenses. Some practitioners shared the belief that these types of charges were especially likely to happen when the business communities in cities wanted people removed from busy, downtown areas. There is a lack of affordable housing options and treatment resources in all three counties according to practitioners. Treatment facilities focused specifically on people with co-occurring mental health and substance use diagnoses are especially lacking. Both practitioners and people with lived experience expressed that as long as housing and behavioral health needs remain unmet, it will be difficult to end people's frequent contact with the jail.

> "... a rap sheet that's 100 pages long ... and it's literally just, you know, disorderly conduct, disorderly conduct, disorderly conduct."

RESEARCH QUESTION 5: WHAT STRATEGIES HAVE SITES IMPLEMENTED?

Two sites, Counties A and B, described implementing one strategy that was specifically focused on addressing the needs of people with frequent jail contact. This strategy involves holding regular meetings for a range of interested partners from across multiple organizations that represent the criminal legal, community behavioral health, and other public services (e.g., fire department) systems. The focus of these meetings was a list of people with the most frequent contacts across each of the organizations represented and discussion about how to meet the needs of these specific people. Similarly, law enforcement practitioners in Counties A and C maintain internal lists of people who experience the most frequent law enforcement contact and use these lists to guide service provision. For example, when officers encounter someone on the list, they reportedly make additional efforts to take the person to services. Maintaining lists of people who most frequently contact services or systems and using these lists to guide service provision was the only strategy shared by sites that is focused exclusively on people with frequent jail and other crisis-service contacts. Practitioners across sites did share that they sometimes had people with frequent contact in mind when developing new services or facilities such as the Wellness Court in County B.

Instead of implementing strategies that are exclusively focused on people with frequent jail contact, sites have generally implemented strategies intended to aid everyone, and some of these strategies were expected to be especially beneficial for people with frequent jail contact. For example, County B has services such as a psychiatric emergency room, a treatment and recovery facility that provides short- and long-term care, peer-run services, including crisis services, jail and prison reentry services, and longer-term care services, a law enforcement Crisis Intervention Response Team, Wellness Court, behavioral health diversion programs, SOAR workers embedded in the Criminal Justice Agency. County A has services including

> "When you go to categorize high utilizers, there's some that are inherently going to be jail facility high utilizers due to the nature of their background or current charge or they have a warrant... so there's the jail facility high utilizers, and then there's the high utilizers of the Care Campus which sections into about three different programs - which would be crisis care, safe solutions, and detox. So really, when I think about high utilizers ... in our area [the Care Campus] it's kind of hard to say that they only use one area."

a Native-led non-profit organization focused on providing help and encouragement for people who have experienced trauma or crisis, the diversion facility, a quality-of-life police unit, a street outreach team, a mobile medic, a social worker embedded in the public defender's office, and a community-based organization that providers reentry services. County C has a community-based recovery center, a peer-run respite center, a law enforcement Crisis Intervention Response Team, holistic public defense services, and the diversion facility, which provides a wide range of treatment and recovery services both in the community and in the county jail. These lists of services provided for each county are not exhaustive. Rather, they include the services from which we interviewed representatives or the services we saw during site visits to the counties.

Site partners selected diversion strategies for people with behavioral health conditions as their primary intervention of interest for this project, though the specific eligibility criteria and emphases differed. To demonstrate, in County A, the diversion facility provides services to identify people's behavioral health needs, both mental health and substance use and refer them to treatment, with a focus on short-term, crisis care, while in County C, the diversion program focuses on adults charged with low-level misdemeanors for whom mental illness appeared to play a role in the commission of the crime.

All sites also had implemented strategies to identify people with behavioral health needs, such as mental health screening, though results of quantitative analyses suggest they were not necessarily applied consistently within or across sites.

RESEARCH QUESTION 6: WHO ARE STRATEGIES REACHING?

All sites were using some strategy to identify people with mental health needs, such as the serious and persistent mental illness indicator in County A or the mental health flag in County C. Quantitative findings suggest there are inconsistencies or even biases in how these are being applied. To demonstrate, in County C, we found a considerable number of bookings without mental health flags—26,088—that were of people previously flagged for mental health problems. Moreover, this appears to be more common for People of Color than white people. There are several reasons this could happen. For instance, if people do not feel their responses to questions are used to inform treatment in the jail at one booking, they may not report symptoms or

> "Many [people with frequent jail contact] don't see mental health service, I know myself at one time, it was pushed under the rug, you know? So, I'm able to talk to them about that . . ."

respond to questions at subsequent bookings. As another possibility, if people are brought into the jail under duress or intoxicated, they may be unable to respond to screening questions at those bookings. Or, jail staff completing the screenings may vary in their ability to build rapport with people, which could impact how people answer screening questions (see Zottola et al., 2019, for further discussion). With the current data we are unable to clarify the reason(s) for these inconsistencies in mental health flags across bookings, but the implications are significant in terms of ensuring that people with mental health needs are being appropriately identified and referred for services, including diversion.

Though we were not able to examine substance use screening data systematically across sites, our analysis of the portable breath test (PBT) data from County A similarly suggests some inconsistencies—or bias—in its application as it relates to race. Specifically, the rate of PBT administration increased over bookings for Black people but decreased over bookings for white people. Given the comparable rates of positive PBT results, and thus of alcohol use between Black and white people overall and across bookings, the increased administration of PBTs for Black people appears to have been unwarranted. Rates in other racial and ethnic subgroups, notably among Indigenous people, did not change appreciably. Despite stereotypes of Black people engaging in more substance use, empirical research finds that Black people who were previously detained as youth are less likely to have substance use disorders in adulthood (Welty et al., 2016). Further, white people are less likely to be criminally penalized for alcohol-impaired driving behavior than People of Color (Kagawa et al., 2021). At the same time, we found lower rates of PBT administration among people with serious and persistent mental illness indicators on their record, except for Black people with mental illness indicators who had the highest rates of PBT results (and thus the lowest rates of bookings without PBT results). As noted elsewhere, and except for Black people, these findings suggest that symptoms of serious and persistent mental illness may be obfuscating symptoms of substance use (Sacks, 2008) and, as a result of non-detection, people with co-occurring mental health and substance use needs may not be receiving appropriate treatment and services, especially in the context of the criminal legal system (Peters et al., 2015).

In terms of the reach of the diversion strategies, we can consider the findings of our individual-level quantitative analyses of average length of stay and booking numbers as a potential indicator of 'reach'. In County A, we found the average length of stay and the average number of bookings among people with serious and persistent mental illness indicators decreased following the opening of the diversion facility, suggesting that they were benefiting from—and, therefore, being reached by—this strategy. In our site-level analyses, we did not see any change in the racial composition of monthly bookings into the County A Jail before or after the diversion facility opened, suggesting that this diversion strategy is being used for White people, Indigenous people, and other People of Color.

> "[Lack of] housing causes disruptions, whether that be, because they lose their medication, they can't find their medication, or something else. A lot of times it's not just simply [that people] stop taking their medications. [It] is usually a whole lot of other factors, [like the person was at] the homeless shelter and kept [their medication] in [their] shoes. [They] would lose it [or it] got crushed. So, on paper, it looks like a lot of bad noncompliance, but when you really get to it it's more like housing instability."

Findings of analyses following the implementation of the diversion program in County C similarly suggest that this strategy was reaching people with mental health needs: the average length of stay among people with mental health flags decreased from almost five months to less than four months following the implementation of the diversion program. The average length of stay among people with frequent jail contact also decreased significantly following the implementation of the diversion program: from almost four months to just less than three months. These individual-level outcomes did not differ meaningfully as a function of demographic characteristics, suggesting that mental health diversion is being used for both men and women, as well as white people and People of Color in County C.

RESEARCH QUESTION 7: HOW DO SITES DEFINE SUCCESS?

We operationalized success for our quantitative analyses following standards in the field, such as reductions in monthly jail bookings (site-level outcome) or decreases in lengths of stay (individual-level outcome). In practice, however, definitions of success appear much more elusive. In our interviews with practitioners, success was discussed infrequently. When success was discussed, it was primarily in the context of practitioners sharing services that they believe have been successful in helping people based on their impression of how well a service has been received or how widespread a service has become. The general lack of discussion of success may reflect practitioners' interest in sharing the challenges they face with the goal of finding solutions through this work. Or the lack of discussion about success may reflect their preference to share instances of times they have directly met the needs of a person with whom they were working. It also may reflect, however, that many practitioners do not have a specific definition for a person who has been successful in services. Service providers are likely to be more focused on the people directly in front of them than the people with whom they no longer work. Further, as many practitioners did not have a definition or method of tracking people experiencing frequent jail contact, they may not have a way of noticing when a person they have worked with is no longer returning to them for services. Perhaps more robust tracking of this population would foster a clearer sense of when people are successful in ending their repeated contact with jail and of what proceeded their success.

The limited focus on success is a telling and important finding. The challenge of working with or experiencing frequent jail contact appeared to be most salient to our participants. Other work has similarly demonstrated the challenges, and limitations, of measuring and evaluating success among people released from prison (NASEM, 2022). Indeed, traditional measures of recidivism—or the lack thereof—fail to adequately capture the complex experiences that might reflect success following criminal legal system contact.

However, a few participants did share some examples of what they defined as success. A practitioner in County C who helps people during reentry from jail said they were successful in providing services because few of the people they have worked with return to jail. A few practitioners in County A described a person with whom they had worked who was in long-term recovery and housed. This person occasionally returned to the treatment center to talk with people who were currently going through services to provide encouragement. One practitioner in County B who had lived experience with the behavioral health system described success as "being able to transform your experience, even if it is a negative traumatic experience, into something that is productive…" Another person with lived experience in County C focused on safe and stable housing as an indicator of success, sharing that even though he had graduated from the program, he had recently returned, in part, due to unsafe and unaffordable housing.

One other notable point about defining success was shared by a few practitioners. These practitioners pointed out that there can be differences in how success is defined based on who is doing the defining. Courts, treatment providers, peers, and people with frequent jail contact themselves may all have different ideas about what constitutes success. Different ideas of success can create tension and may be something

that all involved parties need to discuss when entering into working relationships. One court-based practitioner in County B described the differences in ideas about success this way:

> "... so the goal of the Court, and the [diversion] program, and probation is that you are on your medication, that you are substance-free, that you aren't picking up new crimes. But then, when you start having a person work with peer support ... they put [client goals first] ... if the client says [their goals are] managing my substance abuse or [they] don't want treatment for that, then [peer support doesn't] push that or force that, it is truly just client driven whereas, with the court, there are different expectations ... we're getting better understandings with that ... now... but that was a huge barrier between the court and the providers, that our goals are different."

RESEARCH QUESTION 8: WHAT ARE SITE-LEVEL OUTCOMES?

At each site, there was evidence of positive outcomes related to reductions in jail bookings and some points for future growth to reduce jail bookings among specific populations. We expand on these findings below.

In County A, the opening of the diversion facility represented the point of intervention. After the diversion facility opened, there were about 150 fewer bookings, per month, on average (compared to the number of monthly bookings before the diversion facility opened). This trend held for people with frequent jail contact: Compared to before the diversion opened, there were about 100 fewer bookings, on average per month, for people with frequent jail contact. Qualitatively, there was evidence to support the quantitative findings. A court-based practitioner who worked in probation in County A reported that "our caseload numbers are way down" after the diversion facility opened. Further, a law enforcement practitioner in County A said that a civilian crisis response team that takes on thousands of calls every year has reduced calls to law enforcement for low-level charges, such as trespassing and panhandling. The civilian response team launched in July 2020 to support grassroots case management and culturally responsive programming. It is possible that the combination of the diversion facility and the community-initiated public safety model contributes to reductions in jail bookings.

In the quantitative data, we did not see any site-level change in the rate of bookings of people with indicators of serious and persistent mental illness after the diversion facility opened. From our interviews in County A, the lack of change may be related to the network of community resources that extend beyond the diversion facility. Several practitioners in County A expressed that there are limited mental health services available in the county. Practitioners also expressed that there are not enough services for people with co-occurring mental health and substance use disorders. In practice, even if someone is diverted from jail, there are limited services available to support long-term care and recovery in the community. Our qualitative findings also highlight the importance of sustained, consistent, and comprehensive treatment plans to reduce rearrest and break cycles of frequent jail contact for people with mental health and substance use disorders. The diversion facility was designed as a system diversion tool, without a focus on people with

frequent jail contact or people with behavioral health conditions. Without a network of culturally relevant service providers that can provide long-term support, the benefits of the diversion facility for reducing jail contact may be limited for people with serious and persistent mental illness.

In County C, the implementation of the diversion program, which operates in the diversion facility, represented the point of intervention. The diversion program focuses on people with mental illness who have been charged with low-level, non-violent offenses, with a primary emphasis on trespassing charges. Accordingly, there were about 200 fewer bookings, on average, per month for trespassing charges following the implementation of the diversion program. Because bookings for trespassing charges represent a small number of bookings overall, the impact was not seen on a site level. Indeed, there was no change in the number or rate of bookings for misdemeanor charges. From a practitioner's perspective, law enforcement officers report using the diversion program. For bookings for felony charges, there was no change in the number of bookings after implementation; however, the rate of bookings for felony charges increased after the implementation of the diversion program. Further, the percentage of bookings for felony charges increased significantly for people who were flagged with mental health problems. One possible explanation is that people who may otherwise be eligible for diversion are being booked with felony charges, making them ineligible for the diversion program. It is important to understand whether these charges are appropriate for people with a mental health flag and how to provide services for this population.

Given its relatively narrow focus, the diversion program is not resulting in a tangible change in jail bookings at the site level. Such site-level impacts would only be possible with diversion efforts targeting a broader range and/or more prevalent charging offenses. To that end, the diversion criteria were expanded in 2019 to include charges for a wider range of low-level, misdemeanor offenses; however, site partners shared that the emphasis on trespassing charges remains. It may be that policing practices have not yet changed, and officers are still opting for arrest in instances that could be diverted to the diversion facility. Education around the scope of the diversion program to encourage use may be helpful as law enforcement in County C does seem open to diversion programs. Indeed, one law enforcement officer reported using a different diversion facility, which, as they describe, allows them to divert hundreds of people who are publicly intoxicated from jail to treatment.

To improve site-level outcomes, we recommend that counties work across systems to reduce the overall rates and numbers of people with frequent jail contact. In each site, frequent jail contact was accompanied by additional needs, including mental health, substance use, and affordable housing needs. According to our observations and interviews, sites are engaged in some efforts to work across systems and through multiple organizations to specifically target people with frequent jail and crisis service contacts. In County B, there are cross-system meetings that focus on homeless outreach and homelessness prevention. In County A, there are meetings coordinated by the diversion facility. The practitioners we spoke with felt very strongly that these meetings are effective at reaching people with frequent contact with services. However, there are no coordinated efforts to document the experiences of people served across organizations and settings. To measure system-level outcomes, it might be important to track the numbers and rates of people who use systems and programs outside of jails. Success could mean that, in addition to reductions in the overall jail population and people with frequent jail contact, there are increases in the use of diversion programs and community-based treatment and services.

RESEARCH QUESTION 9: WHAT ARE INDIVIDUAL-LEVEL OUTCOMES?

The primary individual-level outcomes from the quantitative data were two measures of jail contact: length of stay and jail bookings. In County A, our findings were limited by different periods of observation before and after the diversion facility opened. With the available data, there was simply

more time for someone to stay in jail and more time for people to be booked repeatedly before the facility opened. That said, we would expect truncation—lower rates and lengths of stay due to the shorter follow-up period after the diversion facility opened. This was not always the case. Instead, we found that there were longer average lengths of stay for women after the diversion facility opened. Before the diversion facility opened, women stayed in jail for shorter average periods than men. After the diversion facility opened, the average length of stay was about the same for men and women, reflecting an increase in time for women.

A promising individual-level finding from County A is that after the diversion facility opened, the average length of stay and number of bookings was lower for people with serious and persistent mental illness indicators (compared to before the diversion facility opened). During this same period, length of stay increased for people without serious and persistent mental illness indicators). As the diversion facility is open for a longer period, it will be important to confirm the consistency of these results. We also find that the use of the diversion facility is not necessarily related to less jail contact; for example, the length of stay across the entire jail population is the same before and after the diversion facility opened. So, when people are in contact with jails, they are still detained for the same period. Future analyses should investigate charge level as an explanation for these findings. Perhaps there are fewer bookings for misdemeanor charges, but not for felony charges. If there are proportionately fewer bookings misdemeanor charges, and thus, more bookings for felony charges, this would result in longer lengths of stay overall.

In County C, there was also some evidence to suggest that outcomes are improving, especially for people with frequent jail contact. In particular, people were detained for shorter periods on average, than before the start of the diversion program. Though, at the system level, we found similar rates of jail bookings. As with County A, we had a longer period of observation before the implementation of the diversion program than after, so there was less opportunity for longer lengths of stay and more possible jail bookings. Further, our study period includes the time before a county-level lawsuit, during the civil process related to the lawsuit, and during the implementation of remedial measures. As such, these findings, while promising, may not be attributable to the implementation of the diversion program, but instead to the changes in pretrial practices resulting from the lawsuit.

Findings from our qualitative data illustrated notable individual-level outcomes beyond jail contact. People with frequent jail contact face complex, interconnected needs. People with lived experience and practitioners alike described how meeting those interconnected needs was a fundamental component of reducing frequent jail contact. Further, they detailed how it is hard to successfully address one need in isolation from other needs. Practitioners talked about times when one need might get addressed, like getting a person access to medication, but if other needs were not addressed, like housing, then the first need will not stay met for long because without a house a person is likely to lose access to their medication. This was a point of frustration and almost everyone we spoke with discussed the need for safe and affordable housing. While finding and maintaining housing can be seen as an individual-level outcome, the availability and accessibility of affordable and safe housing is a system-level issue.

Practitioners in County A also talked about how the diversion facility is an important step because it allowed them to divert people away from jail. While diversion is a meaningful step in the right direction, it is not necessarily the end goal for individual outcomes. Indeed, after diversion, the work becomes focused on stabilization and reintegration. Practitioners we spoke with noted that some of their most memorable wins for people happened when they were able to help a person successfully secure housing, acquire identification, or access consistent medication and treatment. Diversion is the first step, but community building and follow-up service provision are critical measures of individual outcomes. As a person with lived experience in County C put it, "The staff is great. If it wasn't for the staff, I don't think it would be as successful (…) also the nurses are very awesome, they play a big role. I think because

people here seem like they really do care, and they want you to be successful."

RESEARCH QUESTION 10: ARE OUTCOMES DISTRIBUTED EQUITABLY?

To put it plainly, no. Outcomes were not distributed equitably overall. To demonstrate, in County A, we saw racial disparities in several types of jail contact. Specifically, even though Indigenous people make up only 10% of the population in County A, they were overrepresented in both jail booking (about half) and frequent jail contact (nearly two-thirds). Black people in County A made up 13% of people with both frequent jail contact and with serious and persistent mental illness indicators, despite being just over 1% of the county population. Further, only 3% of Indigenous people had serious and persistent mental illness indicators overall and among people with frequent jail contact.

We also found racial disparities in relation to the portable breath test (PBT) administration and results. PBT is optional and administered in less than one-third of bookings. Black people had the highest rates of bookings with PBT results and PBT for blood alcohol was conducted most frequently for Black people with a serious and persistent mental illness indicator. This is concerning as Black people with mental health concerns are more likely to be tested by PBT, but less likely to have a blood alcohol greater than zero, indicating bias and missed opportunity for potential diversion and treatment. As described in Research Question 6, the implications of inequitable administration of substance use tests are that people who need treatment for substance use or co-occurring mental health and substance use concerns are missed. Further, people who may have mental health concerns that present similarly to substance use may be missed and, consequently, not receive access to substance-use specific services.

These findings speak to the need for a standardized protocol to inform the administration of PBTs and for substance use screening, more broadly. There are many short tools to support universal screening of behavioral health needs among jail inmates at intake that have been validated across different groups (SAMHSA, 2019). Best practice guidelines state that criminal legal agencies should: 1) conduct routine screening at entry points; and 2) use standardized instruments that include cut-off points to identify whether a person should be referred for further evaluation. For further information, visit the SAMHSA website.

With regard to the intervention of interest, overall, we found similar outcomes following the opening of the diversion facility for People of Color and white people. This does not necessarily reflect equity. We found no change in the racial-ethnic composition of the jail population, suggesting that the opening of the diversion facility did not exacerbate, but also did not reduce, racial disparity. In other words, the overrepresentation of Indigenous people persisted and there are early signs of a trend for their representation to be increasing. Additional data over time will determine whether this overrepresentation—and potential exacerbation of racial disparity—persists.

We saw similar trends of racial and ethnic inequity in County C. Mental health flags were less consistent among People of Color as compared to white people. Research consistently finds that People of Color are less like to be diagnosed and treated for mental health concerns, which is exacerbated for people in contact with the criminal legal system (Hedden et al., 2021; Misra et al., 2022). Further, as discussed earlier, research demonstrates that commonly used jail screening tools may under identify People of Color with mental health needs as a result of lower rates of mental health service utilization, unreported symptoms due to mistrust of the system, misinterpretation of symptoms by jail staff, among other reasons (McGuire & Miranda, 2008; Prins et al., 2012). Local communities should work with researchers to establish the validity of mental health jail screening tools across racial and ethnic groups. These findings also speak to the need for staff training on the administration of mental health screening tools and strategies, such as rapport building, that may support symptom disclosure.

In County C, People of Color also were more likely to have frequent jail contact even with lower rates of mental health flags. This finding may reflect an over-policing of communities of color and a need for broader system reform that addresses both unmet mental health needs and the disproportionate rate of arrests and bookings for People of Color. As mentioned before, prior research demonstrates that People of Color are more often a focus of law enforcement attention (Brayne, 2020; Jones-Brown, 2007; Pierson et al., 2020) and they experience reduced contact with the behavioral health system (VanderWielen et al., 2015). Finally, in County C, bond amounts are much higher for people with mental health flags, for both misdemeanor and felony bookings. This finding suggests that mental health concerns may be interpreted as contributing to risk for pretrial failure, whether that is a risk of a new pretrial crime or the risk for failure to appear in court. Yet research suggests that bond amounts are not associated with whether a person fails to appear or is rearrested (Zottola et al., 2022). Rather than attempting to use bond to offset concerns about pretrial failure, judges could be encouraged to lean on the resources provided by the diversion facility, such as the general order bond program, to ensure that people are provided with the resources and connection to mental health resources that they need to support pretrial success.

BIBLIOGRAPHY

Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300

Baetz, C. L., Surko, M., Moaveni, M., McNair, F., Bart, A., Workman, S., Tedeschi, F., Havens, J., Guo, F., Quinlan, C., & Horwitz, S. M. (2021). Impact of a trauma-informed intervention for youth and staff on rates of violence in juvenile detention settings. *Journal of Interpersonal Violence, 36*(17-18), 9463-9482. https://doi.org/10.1177/0886260519857163

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), APA handbook of research methods in psychology, Vol. 2. *Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004

Brayne, S. (2020). *Predict and surveil: Data, discretion, and the future of policing.* Oxford University Press. https://doi.org/10.1093/oso/9780190684099.001.0001

Chan, P. Y., Kaba, F., Lim, S., Katyal, M., & MacDonald, R. (2020). Identifying demographic and health profiles of young adults with frequent jail incarceration in New York City during 2011–2017. *Annals of Epidemiology, 46*, 41-48. https://doi.org/10.1016/j.annepidem.2020.04.006

Chen, H., Cohen, P., & Chen, S. (2010). How big is a big odds ratio? Interpreting the magnitudes of odds ratios in epidemiological studies. *Communications in Statistics—Simulation and Computation, 39*, 860–864. https://doi.org/10.1080/03610911003650383

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*(1), 1-5. https://doi.org/10.1186/1748-5908-4-50

Desmarais, S. L., Lowder, E. M., & Van Dorn, R. A. (2016). *Mental health disparities in the United States: Miami Dade County.* Miami, FL: 11th Judicial District Criminal Mental Health Project.

Desmarais, S. L., Lowder, E. M., Dong, L., & Laber, E. B. (2017). *Mental health characteristics among Wake County detainees.* Raleigh, NC: Wake County Manager and Board of Commissioners.

Desmarais, S. L., Monahan, J., & Austin, J. (2022). The empirical case for pretrial risk assessment instruments. *Criminal Justice and Behavior, 49*(6), 807–816. https://doi.org/10.1177/00938548211041651

Fishman, N., Silber, R., Reid, K., Roberts, S., & Chaitoo, N. (2017). *Report to Tulsa County stakeholders on jail reduction strategies.* The Vera Institute of Justice. https://www2.tulsacounty.org/media/yeyndjbx/report-to-tulsa-county-stakeholders-on-jail-reduction-strategies.pdf

Gilbreath, J., Mitchell, S., & Waters, N. L. (2020). ***State courts' responsibility to convene, collaborate, and identify individuals across systems.*** National Center of State Courts. https://www.ncsc.org/__data/assets/pdf_file/0013/42340/2020-Trends_Article_pp58-65.pdf

Givens, A., & Cuddeback, G. S. (2021). Traumatic experiences among individuals with severe mental illnesses on probation. ***Criminal Behaviour and Mental Health, 35***(5), 310–320. https://doi.org/10.1002/cbm.2212

Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. ***American Journal of Public Health, 89***(9),1322–27. https://doi.org/10.2105/ajph.89.9.1322

Graf, G. H., Chihuri, S., Blow, M., & Li, G. (2021). Adverse childhood experiences and justice system contact: A systematic review. ***Pediatrics, 147***(1). https://doi.org/10.1542/peds.2020-021030

Hedden, B. J., Comartin, E., Hambrick, N., & Kubiak, S. (2021). Racial disparities in access to and utilization of jail- and community-based mental health treatment in 8 US Midwestern jails in 2017. ***American Journal of Public Health, 111***(2), 277286. https://doi.org/10.2105/AJPH.2020.305992

Hyndman, R., Athanasopoulos, G., Bergmeir, C., Caceres, G., Chhay, L., O'Hara-Wild, M., Petropoulos, F., Razbash, S., Wang, E., & Yasmeen, F. (2023). Forecast: Forecasting functions for time series and linear models. R package version 8.21, https://pkg.robjhyndman.com/forecast/.

Jones, M. M. (2016). Does race matter in addressing homelessness? A review of the literature. World Medical & Health Policy, 8(2), 139–156. https://doi.org/10.1002/wmh3.189

Jones A, & Sawyer W. (2019). ***Arrest, release, repeat: How police and jails are misused to respond to social problems.*** Prison Policy Initiative. https://www.prisonpolicy.org/reports/repeatarrests.html

Jones-Brown, D. (2007). Forever the symbolic assailant: The more things change, the more they remain the same. ***Criminology and Public Policy. 6***(1), 103-122. https://doi.org/10.1111/j.1745-9133.2007.00424.x

Kagawa, R. M. C., McCort, C. D., Schleimer, J., Pear, V. A., Charbonneau, A., Buggs, S. A. I., Wintemute, G. J., & Laqueur, H. S. (2021). Racial bias and DUI enforcement: Comparing conviction rates with frequency of behavior. ***Criminology & Public Policy, 20***, 645-663. https://doi.org/10.1111/1745-9133.12558

Kutateladze, B. L., Dunlea, R. R., Pearson, M., Liu, L., Meldrum, R., & Stemen, D. (2021). ***Race and prosecutorial diversion: What we know and what can be done.*** Florida International University. https://safetyandjusticechallenge.org/resources/race-and-prosecutorial-diversion-what-we-know-and-what-can-be-done/

Lakens, D. (2013). Calculating and reporting effect sizes to facilitate cumulative science: A practical primer for t-tests and ANOVAs. ***Frontiers in Psychology, 4***, 863. https://doi.org/10.3389/fpsyg.2013.00863

MacDonald, R., Kaba, F., Rosner, Z., Vise, A., Weiss, D., Brittner, M., Skerker, M., Dickey, N., & Venters, H. (2015). The Rikers Island hot spotters: Defining the needs of the most frequently incarcerated. ***American Journal of Public Health, 105***(11), 2262-2268. https://doi.org/10.2105/AJPH.2015.302785

McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Affairs, 27*(2), 393–403. https://doi.org/10.1377/hlthaff.27.2.393

McKinsey, E., & Desmarais, S. L. (2023). Impact of growth mindset-enhanced trauma education on criminal legal professionals' attitudes and perceptions. *Criminal Justice and Behavior, 50*(4), 578–599. https://doi.org/10.1177/00938548221143529

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage Publications, Inc.

Misra, S., Etkins, O. S., Yang, L. H., & Williams, D. R. (2022). Structural racism and inequities in incidence, course of illness, and treatment of psychotic disorders among Black Americans. *Perspectives from the Social Sciences, 112*(4),

Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57*(4), 544-9. https://doi.org/10.1176/ps.2006.57.4.5

National Academies of Sciences, Engineering, and Medicine (NASEM). 2022. *The limits of recidivism: Measuring success after prison.* Washington, DC: Author. https://doi.org/10.17226/26459.

National Commission on Correctional Health Care. (2018). *Standards for Health Services in Jails: 2018*. Author.

Peters, R. H., Wexler, H. K., & Lurigio, A. J. (2015). Co-occurring substance use and mental disorders in the criminal justice system: A new frontier of clinical practice and research. *Psychiatric Rehabilitation Journal, 38*(1), 1–6. https://doi.org/10.1037/prj0000135

Pierson, E., Simoiu, C., Overgoor, J., Corbett-Davies, S., Jenson, D., Shoemaker, A., Ramachandran, V., Barghouty, P., Phillips, C., Shroff, R., & Goel, S. (2020). A large-scale analysis of racial disparities in police stops across the United States. *Nature Human Behaviour, 4*, 736–745. https://doi.org/10.1038/s41562-020-0858-1

Policy Research Associates, Inc. (2011). *Evaluation of the CMHS Targeted Capacity Expansion for Jail Diversion Programs: Final report*. Delmar, NY: Author.

Prins, S. J., Osher, F. C., Steadman, H. J., Robbins, P. C., & Case, B. (2012). Exploring racial disparities in the Brief Jail Mental Health Screen. *Criminal Justice and Behavior, 39*(5), 635-645. http://doi.org/10.1177/0093854811435776

Sacks, S. (2008). Brief overview of screening and assessment for co-occurring disorders. *International Journal of Mental Health and Addiction 6*, 7–19. https://doi.org/10.1007/s11469-007-9098-0

Substance Abuse and Mental Health Services Administration. (2019). *Screening and assessment of co-occurring disorders in the justice system.* HHS Publication No. PEP19-SCREEN-CODJS. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf

VanderWielen, L. M., Gilchrist, E. C., Nowels, M. A., Petterson, S. M., Rust, G., & Miller, B. F. (2015). Not near enough: Racial and ethnic disparities in access to nearby behavioral health care and primary care. *Journal of Healthcare for the Poor and Underserved, 26*(3), 1032-1047. https://doi.org/10.1353/hpu.2015.0083

Wallerstein, N.B., Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*(3), 312-323. https://doi.org/10.1177/1524839906289376

Welty, L. J., Hershfield, J. A., Abram, K. M., Han, H., Byck, G. R., & Teplin, L. A. Trajectories of substance use disorder in youth after detention: A 12-year longitudinal study. *Journal of American Academy of Child & Adolescent Psychiatry, 56*(2), 140-148. https://doi.org/10.1016/j.jaac.2016.10.018

Zeng Z. (2021). *Jail inmates in 2019*. Bureau of Justice Statistics. https://bjs.ojp.gov/library/publications/jail-inmates-2019

Zordan, R., Lethborg, C., Forster, J., Mason, T., Walker, V., McBrearty, K., & Torcasio, C. (2022). Development, implementation, and evaluation of a trauma-informed simulation-based training program for graduate nurses: A single arm feasibility and pilot study. *Nurse Education Today*, 117. https://doi.org/10.1016/j.nedt.2022.105460

Zottola, S. A., Desmarais, S. L., Neupert, S. D., Dong, L., Laber, E., Lowder, E. M., & Van Dorn, R. A. (2019). Results of the Brief Jail Mental Health Screen across repeated jail bookings. *Psychiatric Services, 70*(11), 1006-1012. http://doi.org/10.1176/appi.ps.201800377

Zottola, S. A., Morrissey, B., Desmarais, S. L., Hope, E. C., Callahan, L., Massey, I. A., Fortuna, A. J., & Van Dorn, R. A., (In press). Understanding and preventing frequent jail contact. In *Handbook on Prisons and Jails*. Routledge.

Zottola, S. A., Desmarais, S. L., Lowder, E. M., & Duhart Clarke, S. E. (2022). Evaluating fairness of algorithmic risk assessment instruments: The problem with forcing dichotomies. *Criminal Justice and Behavior, 49*(3), 389–410. https://doi.org/10.1177/00938548211040544