

C012948 ABSTRACT: In this article, eight programs are described representing a variety of approaches to diversion in terms of point of criminal justice intervention (prebooking or postbooking), degree of criminal justice coercion, type of linkages provided to community-based treatment, and approaches to treatment retention. The authors also describe the characteristics of almost 1,000 study participants who were diverted into these programs over an 18-month period and examine the extent to which systematic differences are observed between prebooking and postbooking subjects, as well as among sites in each of the diversion types. Results suggest that prebooking and postbooking diversion subjects were similar on most mental health indicators, but differed substantially on measures of social functioning and substance use and criminality, with postbooking subjects scoring worse on social functioning and reporting more serious substance use and criminal histories. Variability among sites was also observed, indicating differences in local preferences for the types of individuals deemed appropriate for diversion (authors).

Title A Comparison of Prebooking and Postbooking Diversion Programs for Mentally Ill Substance-Using Individuals with Justice Involvement.

Authors Lattimore, P.K., Broner, N., Sherman, R., Frisman, L., Shafer, M.S.

Type Journal Article

Source Journal of Contemporary Criminal Justice 19(1): 30-64, 2003.

Year 2003 **Length** 35 pages

Medium Paper

Control No: 012948

12948

NOTICE

This material may be protected by copyright law (Title 17 U.S. Code)

A Comparison of Prebooking and Postbooking Diversion Programs for Mentally Ill Substance-Using Individuals With Justice Involvement

PAMELA K. LATTIMORE
NAHAMA BRONER
Research Triangle Institute
RICHARD SHERMAN
Lane County Jail
LINDA FRISMAN
Connecticut Department of Mental Health and Addiction Services
MICHAEL S. SHAFER
University of Arizona

Eight programs are described representing a variety of approaches to diversion in terms of point of criminal justice intervention (prebooking or postbooking), degree of criminal justice coercion, type of linkages provided to community-based treatment, and approaches to treatment retention. The authors also describe the characteristics of almost 1000 study participants who were diverted into these programs over an 18-month period and examine the extent to which systematic differences are observed between prebooking and postbooking subjects, as well as among sites in each of the diversion types. Results suggest that prebooking and postbooking diversion subjects were similar on most mental health indicators, but differed substantially on measures of social functioning and substance use and criminality, with postbooking subjects scoring worse on social functioning and reporting more serious substance use and criminal histories. Variability among sites was also observed, indicating differences in local preferences for the types of individuals deemed appropriate for diversion.

Keywords: diversion; criminal justice; mental illness; substance abuse; co-occurring; coercion

According to the Bureau of Justice Statistics, an estimated 6.6 million adult residents, 3% of the U.S. adult population, were under some form of supervision in 2001, and local jails are estimated to have been holding

Journal of Contemporary Criminal Justice, Vol. 19 No. 1, February 2003 30-64
DOI: 10.1177/1043986202239741
© 2003 Sage Publications

631,240 persons. Among these jail inmates are a disproportionate number of detainees with mental illness (Steadman & Veysey, 1997; Teplin, 1994). National surveys show that between 6% and 16% of all jail inmates have serious mental illness (SMI) (Ditton, 1999; Lamb & Weinberger, 1998), compared to a prevalence of 7.3% for SMI in the general adult population (Department of Health and Human Services, 2002).

Although more than a quarter of adults in the general U.S. population with SMI have co-occurring substance use (Department of Health and Human Services, 2002), almost three quarters of those detained in jail with SMI have co-occurring alcohol and/or drug use problems (Abram & Teplin, 1991; Teplin, 1994). In the general population, adults with co-occurring disorders have been found to be at greater risk for homelessness, poor treatment compliance, suicidal behavior, hospitalization, vulnerability to infectious diseases such as HIV and hepatitis, and violence (e.g., Drake, Mueser, McFadden, Mueser, McHugo, & Bond, 1998; Edens, Peters, & Hills, 1997; RachBeisel, Scott, & Dixon, 1999; Steadman et al., 1998). In fact, adults with co-occurring mental illness and substance use who are noncompliant with medication have a threefold increase in risk for arrest and are significantly more likely to be at risk for violent behavior (Borum, Swanson, Swartz, & Hiday, 1997; Swartz, Swanson, Hiday, Borum & Wagner, 1998; Swartz et al., 1999).

This article presents initial findings from a 4-year multisite evaluation of criminal justice diversion programs for offenders with co-occurring SMI and substance abuse or dependence. We describe the characteristics of the diversion programs and examine the differences between subjects diverted prior to police booking (prebooking) and those arrested and diverted after booking (postbooking).

OVERVIEW OF INTERVENTION STRATEGIES

A number of strategies have been proposed to address the needs of persons with SMI and co-occurring substance abuse or dependence in the criminal justice system. These strategies span the continuum of the criminal justice system, from prearrest intervention to intervention in courts, jails, and community supervision. The strategies include systematic screening, increasing

This study was funded by a grant from the U.S. Department of Health and Human Services, The Substance Abuse Mental Health Administration, Grant No. U1G SM52192 and UDI SM53273-01. Nahama Broner acknowledges the support that enabled the study's process data and paper preparation to be completed through Grant No. MH16242-20, an NIMH Mental Health Services Fellowship at the Institute for Health, Health Care Policy and Aging Research, Rutgers University. The opinions expressed in this article are strictly those of the authors, and no endorsement by the funding agencies is to be inferred.

jail treatment, providing in-jail and community case management, integrated mental health and substance-abuse treatment, and building a formalized mechanism of cross-systems linkage of services from jail to the community to ensure immediate access to essential services following release from custody (Broner, Borum, & Gawley, 2002; Lamon, Cohen, & Broner, 2002; Ventura, Cassel, Jacoby, & Huang, 1998). Other interventions include mental health consultation to police in the field; formal training of police officers in crisis intervention and recognition of mental health symptoms; assertive case management and various social control interventions, such as outpatient commitment, court-ordered treatment, psychiatric conservatorship, and 24-hour structured care; involvement of and support for families; and provision of appropriate mental health treatment (Lamb & Weinberger, 1998).

Criminal justice diversion programs have also been recognized for their potential to produce positive outcomes for persons with serious mental illness by increasing access to community-based treatment services, reducing police contact, reducing time spent in jail, and reducing rates of reincarceration (e.g., Borum, Dean, Steadman, & Morrissey, 1998; Hoff, Baranosky, Buchanan, Zonana, & Rosenheck, 1999; Lamb, Weinberger, & Reston-Parham, 1996; Steadman, Cocozza, & Veysey, 1999). Diversion programs are organized efforts to identify persons with serious mental illness, including those persons with co-occurring substance abuse disorders, and to divert them from traditional criminal justice pathways to mental health and substance-abuse treatment systems. The following two general diversion categories have been identified: prebooking and postbooking. In prebooking diversion, police officers who encounter an individual exhibiting symptoms of a mental disorder who is committing a low-level offense are allowed to use their discretion to determine the necessity of arrest. Although several models exist (Deane, Steadman, Borum, Vessey, & Morrissey, 1999), all incorporate mental health training of personnel (either the police officers themselves or trained staff who accompany police officers on duty) and utilize a centralized diversion location, such as an emergency room, where mentally ill offenders are taken for assessment. The potential arrestee is not charged with a crime but, rather, is directed into a system of care without further criminal justice involvement (Steadman et al., 2001).

In contrast, postbooking diversion occurs after an individual has been arrested and booked for a criminal offense, often for a misdemeanor offense. Postbooking diversion programs are characterized by the following three overarching components: screening, assessment, and negotiation between diversion staff and criminal justice personnel to create a mental health treatment disposition and to waive or reduce charges or time spent in jail or prison (Steadman, Barbera, & Dennis, 1994). Other critical systems elements of effective postdiversion programs include integrated treatment services, key

agency meetings, boundary spanners, strong leadership, early identification, and specialized case management (Steadman, Morris, & Dennis, 1995). Postbooking diversion programs may be administratively and physically housed in different configurations, as described by Broner and colleagues (2002), who identified the following three archetypes: jail-based diversion, court-based diversion, and specialized diversion courts. Jail-based programs identify, screen, assess, and divert the defendant from the jail. Diversion staff provide information, with client consent, to the defense or prosecution, who determine the diversion with the courts. These programs are typically operated by pretrial service personnel or by specialized jail personnel for those defendants who have not been identified earlier in the process, may have more serious charges, or whose mental status may result in diversion occurring later in the criminal justice process.

Court-based diversion is decentralized, with diversion staff working in multiple courts with multiple judges (and prosecutors and public defenders) at any stage in the criminal justice process and in the community, providing a case management and monitoring liaison role between community service providers and the court (Broner et al., 2002). In contrast, specialized mental health courts are centralized with one primary judge, a specialized team (typically consisting of a designated prosecutor, public defender, and mental health liaison), separate court calendar, court supervision, and interaction with the mental health treatment system (e.g., Goldkamp & Irons-Guynn, 2000; Watson, Hanrahan, Luchins, & Lurigio, 2001). Specialized courts also vary in degree of court monitoring and type of sanctions imposed (Griffin, Steadman, & Pettila, 2002).

THE CRIMINAL JUSTICE DIVERSION PROGRAM

Beginning in 1997, the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) collaborated to fund a multisite longitudinal study to evaluate prebooking and postbooking diversion programs across the country (Steadman, Deane, et al., 1999). This multisite study included a total of eight sites located in the states of Arizona, Connecticut, Hawaii, New York, Oregon (two sites), Pennsylvania, and Tennessee, all of which were implementing either prebooking or postbooking diversion programs.¹ These sites used a common, cross-site data collection methodology that included three waves of interviews with study participants: baseline (within 2 weeks of diversion acceptance), 3-month and 12-month postdiversion, along with process measures and site-specific measures. Table 1 summarizes the key elements of the programs participating in the project. As the information in this table reflects, three of the study sites were classified as prebooking diversion programs, including suburban Philadelphia,

Pennsylvania; Memphis, Tennessee; and Portland, Oregon. Five of the study sites employed prebooking diversion programs, these sites included the counties of Maricopa and Pima, Arizona; various communities throughout Connecticut; Oahu, Hawaii; Lane County (Eugene), Oregon; and New York City, New York.

Prebooking Diversion Models

The Montgomery County, Pennsylvania, diversion program is located in a community treatment organization (Montgomery County Emergency Service) that provides centralized crisis services in a large, urban, suburban, and rural county (Steadman et al., 2001) and is funded through the local mental health authority. Diversion staff work with local law enforcement, hospital staff, and the local jail to identify individuals for both prebooking and postbooking diversion; only the prebooking program was studied for the multisite evaluation. Program staff identify clients in the mental health and criminal justice system, act as boundary spanners between the systems, negotiate with criminal justice systems on behalf of clients, and provide multiple levels of case management services geared toward engaging and linking clients to appropriate treatment services. Prebooking diversion frequently results in charges being dropped, continued, and reduced, based on participation in treatment. Often charges are not filed at all.

Portland, Oregon's Multnomah County's mental health crisis intervention system includes (a) a prebooking diversion program based on the Memphis, Tennessee, Crisis Intervention Team (CIT) model, (b) a 24-hour community-based mental health crisis center (the Crisis Triage Center), and (c) coordinated statewide and county efforts to integrate community-based treatment services (Steadman et al., 2001). Additional components include a case manager hired at the Crisis Triage Center to act as an additional linkage to services and provide short-term follow-through for clients, and a boundary spanner who acted as a liaison between criminal justice, mental health, and substance-abuse treatment systems.

The CIT prebooking diversion model evaluated in this study was started in Memphis, Tennessee, in 1988 (Steadman et al., 2001). It is a cooperative effort of law enforcement, health care, and advocates. The program is operated by the patrol division of the Memphis Police Department and the University of Tennessee (UT) Psychiatric Emergency Service at the Regional Medical Center. The CIT program provides intensive training for experienced patrol division officers who volunteer to be part of the team. The goal of the program is to provide diversion at the first interaction between the consumer with mental illness and addiction disorders and the police, prior to

(text continues on p. 38)

TABLE 1
Criminal Justice Diversion Programs From the Multisite Initiative

Program Element	Arizona	Connecticut	Hawaii	New York City	Lane County, Oregon	Portland, Oregon	Pennsylvania	Memphis, Tennessee
Point of diversion	Postbooking (preconviction)	Postbooking (preconviction)	Postbooking (preconviction)	Postbooking (preconviction)	Postbooking (preconviction) and postconviction)	Crisis Intervention officers, Police officers	Police officers	Crisis Intervention officers
Diversion staff	Mental health and criminal justice	Mental health and criminal justice	Mental health and criminal justice	Mental health and criminal justice	Health, and criminal justice officers, mental health, and corrections	Police officers	Police officers	Crisis Intervention officers
Identification procedure	Treatment history	Treatment history, nonclinical observation	Treatment history, nonclinical interview	Treatment history, nonclinical observation, referrals	Treatment history, observation	Information system screening	Information system screening	Information system screening
Those identified	Misdemeanants in mental health service programs	Repeat offenders	Anyone with mental health symptoms, or history of mental illness	Anyone with mental illness	Anyone with mental health history or symptoms	Those at risk for severe mental illness	Those at risk for severe mental illness	Those at risk for severe mental illness
Location	Jail booking	Court	Court, jail	Court, jail	Jail, community	On the street	Anywhere	On the street
Decision maker	Judge and prosecutor	Judge	Judge	Judge and prosecutor	Prosecutor or police officer	Police officer	Police officer	Police officer
Client consent	Yes	Yes	Yes	Yes	Yes	No	No	No

(continued)

TABLE 1 (continued)

Program Element	Arizona	Connecticut	Hawaii	New York City	Lane County, Oregon	Portland, Oregon	Pennsylvania	Tennessee	Memphis, Tennessee
Separate mental health assessment	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Mental health assessment	Case manager, diversion staff	Diversion staff	None	Jail diversion staff, health staff, psychiatrist, jail mental health staff, nurse	Crisis center	Crisis center	Crisis center	Crisis center	Emergency room psychiatrist
Who receives assessment	All candidates, diverted or not	All diverted clients	NA	All candidates, diverted or not	All diverted clients	All diverted clients	All candidates, diverted or not	All diverted clients	All diverted psychiatrist
Assessment site	Clinic, jail	Court	NA	Court, jail	Jail	Crisis center	Crisis center	Crisis center	Emergency room
Legal outcome	Dismissal of charges or probation	Deferred prosecution, dismissal, or probation with conditions	Charges follow their normal course	Dismissal, deferred prosecution and probation with conditions	Deferred prosecution, dismissal after 1 year (state) (municipal)	Never charged	No charges, reduced charges, dropped	Determined case by case	Never charged
Court monitoring	Yes	Yes	No	Yes, for court-based cases	Yes (municipal)	No	Determined case by case	No	No
Minimum requirement for linkage	None	Program referral	Program referral	Medication, shelter, and substance-abuse treatment	Mental health	None	None	None	None
Diversion follow-up	4-6 months	None	None	2 years' postdetention release	1 year (state), 3 months (municipal)	None	None	None	None

Postbooking Sites

Prebooking Sites

arrest, through an immediate response to a potential crisis event. Police officers have the option of referring individuals in crisis to the UT Psychiatric Service at the Regional Medical Center in lieu of filing criminal arrest charges.

Postbooking Models

Court models: Connecticut's diversion programs are operated by agencies administered or funded by the state's Department of Mental Health and Alcoholism Services (Frisman, Sturges, Baranoski & Levinson, 2001). Clinicians who are employees of the local mental health center regularly work at the court, where they screen the arraignment lists for known clients and receive additional referrals from court staff. The diversion clinicians conduct brief screenings and assessments as needed and, with the client's permission and cooperation, develop a treatment plan. The plan is negotiated with the bail commissioner (the court official who makes recommendations concerning bond amounts and conditions), the public defender, the state's attorney, and the judge. With an acceptable plan, the clinician makes the needed referrals to community services and/or hospitals and monitors progress so that the court may be informed at the time of future appearances, and ensures follow through for clinical reasons. For some cases, the charges are dropped at the time of diversion. More typically, the case is continued for a brief period and the decision not to prosecute is entered on the client's return. Other common outcomes are dismissal of charges or conviction with probation and special conditions to continue treatment.

Lane County, Oregon, operates the Co-Occurring Diversion (COD) Program as a postbooking diversion program (Sherman, 2002). All persons booked into the Lane County Jail are screened by trained corrections officers in an effort to identify those who may be suffering from a mental and/or a substance-abuse disorder. Identified subjects are further evaluated by jail-based mental health professionals to substantiate the presence of these disorders. On voluntary agreement to enter the program, and agreement from the prosecutor, appropriately diagnosed offenders are generally offered the opportunity to agree to a stipulated plea, attend treatment for a predetermined time, and, on successful completion of treatment, have their charges dismissed by the judge. A specialized drug court has been developed for this purpose, with offenders reporting at least monthly to the judge. After successfully completing 1 year of treatment, the criminal charges are dismissed. Another group of diverted clients are probationers and parolees who are in jeopardy of being sanctioned, violated, or revoked. In this latter situation, a probation or parole officer will call the jail diversion staff and ask if the offender is eligible for diversion to avoid a jail sentence. Jail-based diversion

staff provides case management to clients served by the COD program. A variety of community-based agencies and the community mental health clinic provide integrated treatment for the diversion clients.

Jail-based programs. Arizona has a three-tier, jail-based postbooking diversion program in two metropolitan areas: Phoenix and Tucson (Franczak & Shafer, 2002). The three diversion tiers are (a) release on conditions, (b) deferred prosecution, and (c) summary probation. The diversion programs are operated and funded by the Regional Behavioral Health Authority (RBHA) for each geographic area. Jail liaisons are employees of the RBHA and are responsible for the identification and screening of incarcerated persons receiving mental health services from the RBHA networks. Based on consultations with mental health case managers, jail mental health staff, public defenders, prosecutors, and the court, the jail liaison makes a recommendation to the court for diversion. Persons released on conditions are expected to report to their mental health case manager and comply with the conditions of their treatment plan. Charges are processed in a normal fashion and may be dismissed or deferred if the client is making progress on the treatment plan. For clients referred to the deferred prosecution program, their charges are suspended pending successful completion of month 4 (Phoenix) or month 6 (Tucson) of diversion treatment program participation. Charges are dismissed for successful completion of the diversion program or are reinstated if they fail to complete the program. Persons given summary probation are convicted, sentenced to probation, and given special conditions to comply with all aspects of their mental health treatment plan in lieu of jail time.

The Hawaii Jail Diversion Program on Oahu is administered by a private, nonprofit agency, Helping Hands Hawaii (HHH), through a contract with Adult Mental Health Division of the Hawaii Department of Health (Steadman, Deane, et al., 1999). Although both prebooking and postbooking diversion is implemented in Hawaii, only postbooking site participants were included for this study. Employees of the Oahu Intake Services screen new detainees in jail and refer those with symptoms of mental illness to the Diversion Team. The team then negotiates with the judge, prosecutor, and public defender to arrange diversion into mental health services.

NYC-LINK, begun in 1993, overseen by the New York City Department of Health and Mental Hygiene, is a five-borough, citywide system of forensic jail reentry, court and jail diversion, case management, and treatment programs serving those with mental illness entering New York City's courts or any of its 16 jail facilities (Lamon et al., 2002). An in-jail contract agency is responsible for jail case identification, entitlement applications, initial treatment planning, and case transfer to four nonprofit community agencies for postdiversion follow-up. Mentally ill clients with violent and nonviolent

legal charges are eligible for diversion consideration. The borough-based community programs are, in general, responsible for in-court identification of potential diversion clients, records attainment, treatment planning, services linkage, medication continuity, and case management follow-up for 2 years postdetention (although NYC-LINK is now doing away with its follow-up requirements). NYC-LINK diversion programs include both court- and jail-based diversion models. Clients in the Brooklyn LINK court program are monitored in the community, reassessed, and relinked as needed, escorted to court and given random drug testing—noncompliance can result in court sanctions. Clients diverted through the in-jail agency and the other three community-based linkage agencies, are followed weekly for the first 2 months postrelease and then contacted by phone or in person on a quarterly basis thereafter—noncompliance usually does not result in legal sanctions or change in criminal justice status. Legal outcomes include deferred prosecution, deferred sentencing, conditional discharge, time served, or probation with treatment conditions.

Method

Subjects. The eight sites conducted baseline interviews with 1,966 subjects—971 and 995 diverted and nondiverted, respectively. Among the prebooking sites, the majority of these participants were recruited from the Memphis site, which accounted for 64% of all prebooking study participants. Among the postbooking study sites, a more balanced sampling was observed, with Arizona accounting for 32% of the postbooking study participants, and the other four sites accounting for between 21% and 9% of the postbooking study participants. Overall, Memphis contributed 31% of the subjects to the cross-site evaluation, whereas Hawaii, Pennsylvania, and Lane County, Oregon, each identified fewer than 10% of the subjects.

Procedure. The multisite evaluation design involved identifying and interviewing diverted and nondiverted subjects at each site who met cross-site inclusion criteria. Depending on the logistics and program model evaluated at each site, participants were approached in a variety of settings (e.g., in emergency rooms, court holding pens, jails). All of the study sites, following informed consent procedures, screened comparison and accepted diversion clients for common cross-site inclusion criteria, which included the following: 18 years or older; a chart diagnosis of schizophrenia, major depression, or bipolar disorder; co-occurring substance abuse or dependence per chart diagnosis and/or screening assessment using the Michigan Alcohol Screening Test and Drug Abuse Screening Test; and law enforcement involvement. Basic client demographic data were collected for those individ-

uals meeting the study exclusion criteria, which included mental retardation and florid psychosis, as well as those individuals refusing to provide consent. Procedural protocols were implemented across sites for field interviewer training, interrater reliability, data editing, and data reporting; all data were submitted electronically on a monthly basis to the evaluation-coordinating center (RTI) for further cleaning and analysis.

Measures. A cross-site questionnaire was developed and used at all sites. This questionnaire required approximately 2 hours to be administered at baseline and consisted of a variety of measures, including demographic, psychosocial, service utilization, housing, and criminal justice history. Imbedded in the cross-site instrument were a number of standardized instruments including the Colorado Symptom Index (CSI) (Sherm et al., 1994) the SF-12 (Ware, Kosinski, & Keller, 1996), the Michigan Alcohol Screening Test (MAST) (Storgaard, Nielsen, & Gluud, 1994), the Drug Abuse Screening Test (DAST) (Skinner, 1982), an adaptation of the Dartmouth Drug/Alcohol 6-month Follow-Back Calendar (the Dartmouth Psychiatric Research Center, 1997), and the Lehman Quality of Life Interview (QOLI) (Lehman, 1988).

Statistical analysis. Initial analyses of the data focused on characterizing the subjects selected for diversion and comparing these characteristics among sites and diversion type. Traditional statistical analyses, including analysis of variance, were used. Some of these results are summarized here. Subsequent analyses, to be reported in future articles, focus on examining the results of the intervention taking into account the multisite and quasi-experimental nature of the evaluation.

RESULTS AND DISCUSSION

The analyses reported in this article are restricted to those obtained from the baseline interviews for those study participants who were diverted. The purpose of our analyses was twofold. First, we were interested in determining whether there were differences between the baseline characteristics of those diverted prebooking when compared with those diverted postbooking. Because the selection for diversion takes place at different stages in the criminal justice processing, prebooking diverted subjects may differ in significant ways from postbooking subjects. Thus, we compared the characteristics of subjects diverted prebooking and postbooking on a variety of measures derived from the baseline interview. Second, we wished to examine whether there were differences among sites within each type of diversion. The purpose of this second set of analyses was to determine the range of subjects con-

sidered for diversion at the different intervention points to inform future analyses that will examine for whom diversion may be appropriate.

Comparisons between prebooking and postbooking diversion programs.

Overall, prebooking and postbooking subjects differed on a wide variety of measures accessed for the study. Tables 2 and 3 present these findings. As can be seen, the two groups differ on most measures of criminality, mental health, and substance use, as well as other measures of interest to the evaluation.

Subjects diverted into prebooking programs were less likely than those diverted postbooking to be White (32% vs. 47%) and Hispanic (2% vs. 18%). The prebooking subjects were older (37.0 vs. 35.7 years of age), more likely to have a high school diploma or GED (67% vs. 59%), and more likely to have worked during the 30 days prior to the police contact that led to inclusion in the study (32% vs. 25%). They also reported more satisfaction with their finances (3.7, $SD = 1.98$ vs. 3.2, $SD = 1.84$, $t = -3.84$, $p < .001$, respectively, on a 7-point Likert-type QOLI (quality of life) scale, on which 1 is lowest), perhaps consistent with their prepolice encounter employment status. Prebooking and postbooking subjects were equally likely to be male (65% vs. 68%) and to have reported having no regular place to live (41% vs. 43%). Consistent with the lack of significant differences between the groups on homelessness, subjects in both types of diversion reported similar feelings toward their living arrangements (QOLI prebooking group mean of 4.22, $SD = 1.97$ vs. postbooking group mean of 4.03, $SD = 1.91$, $t = -1.52$).

Twelve-month self-reported victimization rates, prior to the index criminal justice contact, were exceedingly high for both groups, with postbooking subjects more likely than prebooking subjects (52% vs. 45%) to report victimization ($t = 1.98$, $p < .05$). Although these high rates of adult victimization indicate the overall vulnerability of this serious mentally ill population, that postbooking participants were more likely to be victimized may be related to their being more likely to have experienced incarceration and more likely to have more serious substance use—both factors that may increase the opportunity for situational victimization. Finally, consistent with findings reported below that suggest prebooking subjects were less criminally involved, prebooking subjects reported spending more time free in the community during the 3 months prior to the interview than did the postbooking subjects (82 vs. 78 days)—although the difference is not large.

Subjects self-reported previous criminal involvement along with the index offense that led to the police contact that resulted in their diversion. Overall, those diverted early in the process by police (i.e., prebooking) reported fewer arrests and were less likely to have been arrested for more serious offenses. Specifically, as can be seen in Table 2, prebooking subjects reported fewer arrests than postbooking subjects in the previous 12 months (2.0 vs. 2.6) and

TABLE 2
Demographic Characteristics and Criminal Justice Involvement, Prebooking Versus Postbooking Diversion

Variable	Prebooking			Postbooking			t Statistic ^a
	N	M	SD	N	M	SD	
Age (years)	438	37.05	10.20	533	35.68	9.21	-2.20*
Male ^b	438	.68	.47	533	.65	.48	-.81
Hispanic ^b	438	.02	.13	533	.18	.38	8.92***
Black ^b	438	.57	.50	533	.30	.46	-8.89***
White ^b	438	.37	.48	533	.47	.50	3.12**
Other race ^b	438	.04	.20	533	.06	.25	1.42
High school diploma or GED ^b	438	.67	.47	532	.59	.49	-2.46**
Employed prior	437	.32	.47	533	.25	.44	-2.22*
30 days ^{b,c}	427	.22	.41	530	.25	.43	1.07
Homeless ^b							
Age first arrested (years)	398	21.71	9.40	512	20.59	8.82	-1.851
Ever locked up in juvenile facility ^b	437	.29	.45	528	.34	.47	1.71
Days at risk 90 days prior to interview ^d	438	82.20	18.37	533	78.44	20.13	3.04**
Number arrests in prior 12 months ^c	408	2.01	3.22	525	2.59	3.97	2.39*
Number arrests in prior 30 days ^c	412	0.86	0.74	532	1.12	0.54	5.96***
Person crime arrest prior 12 months ^{b,c}	438	.15	.36	533	.30	.46	5.66***
Drug crime arrest prior 12 months ^{b,c}	438	.05	.23	533	.29	.45	9.89***
Property crime arrest prior 12 months ^{b,c}	438	.05	.21	533	.14	.34	4.84***
Other crime arrest prior 12 months ^{b,c}	438	.37	.48	533	.71	.45	11.16***
Current (potential) arrest charge ^e	438	7.66	3.68	532	6.01	3.17	-7.41***
Current (potential) arrest for violent offense ^b	438	.29	.45	533	.25	.43	-1.32
Current (potential) arrest for felony ^b	438	.31	.46	533	.52	.50	7.04***

a. p values for two-tailed tests: * $p < .05$. ** $p < .01$. *** $p < .001$.

b. Coded as 0 = no, 1 = yes.

c. Prior refers to up to the time of criminal justice contact that led to the participant's inclusion in the current diversion intervention.

d. Days at risk are days spent in the community but not in residential treatment, a hospital, or a jail or prison facility.

e. See note b for coding information: In general, a higher number implies less serious offense.

TABLE 3
Mental Health, Substance Use and Service Utilization, Prebooking Versus Postbooking Diversion

Variable	Prebooking			Postbooking			t Statistic ^a
	N	M	SD	N	M	SD	
Mental health and mental health service utilization							
Diagnoses with psychotic features ^b	438	.41	.49	533	.38	.49	-1.01
SF-12 mental health	413	38.91	12.62	505	36.20	12.39	-3.27***
CSI	438	47.45	14.69	533	46.80	12.45	-.73
Mental health counseling prior 3 months ^{c,d}	438	0.67	0.83	533	0.79	0.91	2.15*
Mental health medications ^e	438	1.12	0.89	533	1.33	0.84	3.76***
Emergency room for substance abuse or mental health prior 3 months ^{c,d}	438	.29	.45	533	.34	.48	1.94*
Mental health hospitalization prior 3 months ^{c,d}	438	.26	.44	533	.24	.43	-.72
No mental health treatment prior 3 months ^{c,d}	438	.27	.45	533	.19	.39	-3.02**
MAST	436	20.92	22.13	528	31.69	95.68	2.51**
Number days drinking prior 2 full months ^d	436	13.78	19.93	528	15.14	20.40	1.04
Alcohol use in one sitting (4 drinks for females, 5 drinks for males) ^b	438	.38	.49	533	.49	.50	3.486***
DAST	438	8.31	5.01	533	10.71	4.98	7.46***
Any illegal drug use prior 2 full months ^{c,d}	438	.49	.50	533	.69	.46	6.40**
Number days using drugs prior 2 full months ^d	438	11.75	19.35	530	22.71	25.05	7.68***
Emergency room for substance abuse or mental health prior 3 months ^{c,d}	438	.29	.45	533	.34	.48	1.94*
Substance counseling sessions prior 3 months ^d	438	0.26	0.62	533	0.49	0.82	4.93***
Medications prescribed for substance abuse prior 3 months ^{c,d}	436	.12	.46	529	.20	.58	2.61**
Substance abuse hospitalization prior 3 months ^{c,d}	438	.11	.31	533	.14	.34	1.53

TABLE 3 (continued)

Variable	Prebooking			Postbooking			t Statistic ^a
	N	M	SD	N	M	SD	
No substance abuse treatment prior 3 months ^{c,d}	438	.77	.42	533	.64	.48	4.51***
SF-12 physical health	413	47.76	11.56	505	47.30	11.22	

NOTE: CSI = Colorado Symptom Index. MAST = Michigan Alcohol Screening Test. DAST = Drug Abuse Screening Test.

a. *p* values for two-tailed tests: **p* < .05. ***p* < .01. ****p* < .001.

b. Coded as 0 = no, 1 = yes.

c. Mental and substance abuse counseling is coded as 0 = none, 1 = one or two sessions, 2 = three or more sessions.

d. Prior refers to up to the time of criminal justice contact that led to the participant's inclusion in the current diversion intervention.

e. Mental health medication is coded as 0 = no mental health medications prescribed, 1 = prescribed/not taken as prescribed, 2 = prescribed/taken.

in the previous 30 days (1.10 vs. .86). Prebooking subjects were less likely as a group to report multiple arrests over the past year (54% vs. 75%). It follows therefore, that prebooking subjects were less likely to report an arrest for any specific type of offense (person crime, drug crime, property crime, and other) than were postbooking subjects. Although age at first arrest and juvenile incarceration are two factors that have been consistently linked with criminal recidivism (e.g., Visher, Lattimore, & Linster, 1991), the prebooking and postbooking subjects were similar on these two measures, although the trend for both factors was in the right direction (*p* < .1). Results for the instant offense (whether it resulted in an arrest or not) were mixed—for prebooking subjects, the potential charge was less serious (current potential charge value of 7.7 vs. 6.0, and likelihood that the charge was or could have been a felony for 31% vs. 52%).² The nature of the offense for about a quarter of both groups was a violent offense but because of the smaller percentage of the prebooking subjects for whom the charge would have been a felony, it is likely that the violent offense was less serious for the prebooking subjects than the postbooking subjects. These results taken together suggest, perhaps, although there were no differences in age of onset or seriousness of early involvement with the criminal justice system, that there are differences in the nature and frequency of adult offending for these two populations.

Data were collected on a variety of measures of mental and physical health, social functioning, and quality of life. There was no difference in the likelihood of being diagnosed with a disorder that entailed psychotic processes (schizophrenia, schizoaffective, or a mood disorder with psychotic features)

between the two groups (about 40% of both groups) and scores on the CSI were similar (group mean scores of 47) (see Table 3). Prebooking subjects scored somewhat better, however, on the SF-12 mental health scale (group mean scores of 39 vs. 36). Prebooking subjects self-reported feeling better than postbooking subjects on three of the four quality of life (QOL) measures: self-reported satisfaction with life in general (prebooking group mean of 3.81, $SD = 1.71$, vs. postbooking group mean of 3.55, $SD = 1.46$, $t = -2.52$, $p < .01$); health in general (prebooking group mean of 4.36, $SD = 1.92$, vs. postbooking mean of 4.05, $SD = 1.78$, $t = -2.59$, $p < .01$); and finances as reported above.

Postbooking subjects were more seriously drug and alcohol involved (see Table 3). MAST and DAST scores were higher for postbooking subjects, who were more likely to report using illegal drugs and drinking heavily in the 2 calendar months preceding the month in which the police contact occurred, which resulted in inclusion in the study.

Postbooking subjects were also more likely than prebooking to report having received mental health or substance-abuse treatment in the 3 months prior to the police contact. The variables mental health—no treatment and substance abuse—no treatment summarize self-reported counseling, medication, and hospitalization for mental health and substance abuse problems, respectively, in the previous 3 months. Of subjects in prebooking sites, 27% reported having received no mental health services compared with just 18% in postbooking sites, whereas 77% and 64% of prebooking and postbooking subjects, respectively, reported receiving no substance-abuse treatment. The likelihood of having received any particular service was also lower for prebooking versus postbooking sites.

These results suggest substantial differences between the characteristics of subjects diverted prebooking versus those diverted postbooking. This finding is not surprising given that the discretion allowed of officers of the criminal justice system at various points in the process should vary with respect to seriousness of potential charge and other factors. Similarly, given that postbooking programs generally maintain more oversight of participants, the justice system may be more willing to divert individuals with more serious current and past offense histories. A second question to be explored here, however, is the extent to which the sites differed with respect to the characteristics of those selected for diversion. We explore this issue in the following section.

Variation among sites within intervention type. As noted earlier, the multisite evaluation specified the mental health, substance use, and criminal justice criteria that were to be used to determine eligibility for participation in the study. Within these criteria, however, local sites had considerable latitude

in the selection of program participants. In addition, because the specific content of the programs varied, local sites could target populations each deemed most appropriate for the available services. To the extent that there was variability among sites within diversion type, the multisite evaluation provides an opportunity to examine whether there is variation in the outcomes associated with different participant characteristics—albeit complicating the analyses of outcomes. Tables 4 through 7 provide by site and prebooking versus postbooking type means and standard deviations for the measures included in Tables 2 and 3. Also shown are analysis-of-variance results testing the extent to which sites varied on these measures within the two intervention categories, prebooking and postbooking. Although there are some significant differences among sites, there were fewer differences than between diversion types, suggesting some agreement between program administrators on the characteristics of individuals who were deemed suitable for diversion at different points in the justice system.

Demographic characteristics are presented in Table 4. Although there were no significant age or gender differences, there was variation across the sites in the racial and ethnic composition. These differences likely reflect the racial and ethnic makeup of the general populations in these diverse communities. The postbooking sites (but not the prebooking sites) differed significantly in the percentage of subjects reporting being recently employed—ranging from only 13% in Hawaii to 38% in Connecticut—and in the percentage reporting having a high school diploma/GED—ranging from 42% in New York City to 75% in Hawaii. Prebooking sites (but not postbooking) differed in the likelihood that subjects were homeless (15% in Pennsylvania to 36% in Portland) and to report having been victimized in the previous 12 months (32% in Portland to 53% in Pennsylvania, $F = 1.18$, $p < .05$). There were significant differences in both the prebooking and postbooking sites on days free in the community. Among prebooking sites, days free ranged from 78 in Portland to 85 in Pennsylvania; among postbooking sites, the range was from 73 in New York City to 82 in Arizona and Lane County.

Criminal involvement of those potentially eligible for diversion is a serious policy issue that must be considered by a community that must balance concerns for public safety with the needs of those with co-occurring disorders. The multisite evaluation offered considerable variation across sites in the arrest histories of subjects. As can be seen in Table 5, the sites varied within intervention type on many of our measures of criminal history. In particular, the mean number of arrests in the previous 12 months was about 2 in the prebooking sites; in contrast, the mean number of arrests in the postbooking sites ranged from 2 in Arizona up to 4.4 in Lane County. Similar results were obtained for mean number of arrests in the previous 30 days. There were also significant variations among sites within intervention type with respect to

Demographic Characteristics Within Prebooking and Postbooking Sites^a

Variable	Tennessee	Pennsylvania	Portland Prebook	Arizona	Connecticut	Lane County	Hawaii	New York	Postbook
Age (years)	N 301	N 64	N 73	N 168	N 113	N 93	N 48	N 111	N 533
M	37.84	35.21	35.38	37.05	35.91	34.00	37.79	34.53	35.68
SD	10.14	10.81	9.58	10.19	8.57	10.73	9.39	7.66	9.20
F statistic ^b	10.14	10.81	9.58	10.19	8.57	10.73	9.39	7.66	9.20
Hispanic	N 301	N 64	N 73	N 168	N 113	N 93	N 48	N 111	N 533
M	.01	.03	.04	.18	.25	.01	.13	.26	.18
SD	.10	.18	.20	.38	.43	.10	.33	.44	.38
F statistic ^b	.10	.18	.20	.38	.43	.10	.33	.44	.38
Black ^b	N 301	N 64	N 73	N 168	N 113	N 93	N 48	N 111	N 533
M	.75	.42	.15	.16	.54	.03	.02	.60	.30
SD	.44	.42	.36	.36	.50	.18	.14	.49	.46
F statistic ^b	.44	.42	.36	.36	.50	.18	.14	.49	.46
White ^b	N 301	N 64	N 73	N 168	N 113	N 93	N 48	N 111	N 533
M	.24	.64	.67	.62	.20	.96	.48	.12	.47
SD	.43	.64	.67	.62	.20	.96	.48	.12	.47
F statistic ^b	.43	.64	.67	.62	.20	.96	.48	.12	.47
Other race ^b	N 301	N 64	N 73	N 168	N 113	N 93	N 48	N 111	N 533
M	.00	.11	.15	.06	.13	.02	.38	.02	.06
SD	.06	.11	.15	.06	.13	.02	.38	.02	.06
F statistic ^b	.06	.11	.15	.06	.13	.02	.38	.02	.06
High school diploma or GED ^b	N 301	N 64	N 73	N 168	N 113	N 92	N 48	N 111	N 532
M	.635	.703	.767	.655	.513	.685	.750	.423	.590
SD	.48	.46	.43	.48	.50	.47	.44	.50	.49
F statistic ^b	.48	.46	.43	.48	.50	.47	.44	.50	.49
Employment, prior 30 days to criminal justice contact ^b	N 301	N 63	N 73	N 168	N 113	N 93	N 48	N 111	N 533
M	.302	.413	.301	.226	.381	.247	.125	.225	.253
SD	.460	.496	.462	.420	.488	.434	.334	.420	.435
F statistic ^b	.460	.496	.462	.420	.488	.434	.334	.420	.435
Homeless ^b	N 294	N 61	N 72	N 168	N 112	N 93	N 48	N 109	N 530
M	.20	.15	.36	.20	.21	.28	.27	.33	.25
SD	.40	.36	.48	.40	.41	.45	.45	.47	.43
F statistic ^b	.40	.36	.48	.40	.41	.45	.45	.47	.43

a. p values for F tests: *p < .05, **p < .01, ***p < .001.

b. Coded as 0 = no, 1 = yes.

TABLE 5 (continued)

Variable	Tennessee	Pennsylvania	Portland	Prebook	Arizona	Connecticut	Lane County	Hawaii	New York	Postbook
Number of arrests in 30 days prior to arrest	283	60	69	412	167	113	93	48	111	532
M	0.87	0.58	1.07	0.86	1.16	1.04	1.22	1.23	1.03	1.12
SD	0.56	1.11	0.90	0.74	0.44	0.52	0.62	0.69	0.53	0.54
F statistic				7.31***						3.01*
N	301	64	73	438	168	113	93	48	111	533
M	.12	.25	.19	.15	.48	.19	.26	.23	.22	.30
SD	.32	.44	.40	.36	.50	.39	.44	.43	.41	.46
F statistic				4.45**						9.98***
N	301	64	73	438	168	113	93	48	111	533
M	.03	.11	.11	.06	.14	.20	.47	.04	.57	.29
SD	.17	.32	.32	.23	.35	.40	.50	.20	.50	.46
F statistic				5.87**						28.31***
N	301	64	73	438	168	113	93	48	111	533
M	.04	.06	.08	.05	.11	.16	.22	.08	.11	.14
SD	.19	.24	.28	.21	.31	.37	.41	.28	.31	.34
F statistic				1.52						2.16
N	301	64	73	438	168	113	93	48	111	533
M	.31	.47	.55	.37	.72	.79	.44	.88	.53	.71
SD	.46	.50	.50	.49	.45	.41	.44	.33	.50	.45
F statistic				8.66***						7.185***
N	301	64	73	438	168	113	93	48	111	533
M	8.44	6.17	5.77	7.66	5.43	6.71	6.32	8.02	5.04	6.01
SD	3.43	3.76	3.58	3.68	3.70	3.06	2.63	2.53	2.43	3.17
F statistic				23.92***						11.24***
N	301	64	73	438	168	113	93	48	110	532
M	.21	.44	.47	.29	.43	.22	.15	.15	.13	.25
SD	.41	.50	.50	.45	.50	.42	.36	.36	.33	.43
F statistic				14.54***						12.50***
N	301	64	73	438	168	113	93	48	111	533

a. *p* values for *F* tests: **p* < .05. ***p* < .01. ****p* < .001.
 b. Coded as 0 = no, 1 = yes.
 c. Days at risk are days spent in the community but not in residential treatment, a hospital, or jail or prison facility.
 d. Prior refers to up to the time of criminal justice contact that led to the participant's inclusion in the current diversion intervention.
 e. See Note b for coding information; in general, higher number implies less serious offense.

TABLE 6
Mental Health, Health and Mental Health Service Use Within Prebooking and Postbooking Sites^a

Variable	Tennessee	Pennsylvania	Portland Prebook	Arizona	Connecticut	Lane County	Hawaii	New York	Postbook
Diagnoses with psychotic features ^b									
N	301	64	73	438	168	113	93	111	533
M	.50	.23	.19	.41	.45	.32	.28	.32	.38
SD	.50	.43	.40	.49	.50	.47	.49	.47	.49
F statistic				17.70***					5.32***
CS1									
N	301	64	73	438	168	113	93	111	533
M	46.94	12.71	13.29	14.69	12.52	12.57	12.92	13.13	12.45
SD	15.38	47.39	49.57	47.45	45.92	49.25	44.86	49.66	46.04
F statistic				0.94					2.64*
SF-12 mental health									
N	281	60	72	413	158	109	90	101	505
M	39.01	39.26	38.23	38.91	35.62	38.71	34.29	34.66	34.66
SD	12.25	12.94	13.87	12.62	12.11	12.13	12.53	12.69	12.69
F statistic				0.14					2.90*
SF-12 physical health									
N	281	60	72	413	158	109	90	101	505
M	46.02	49.39	53.17	47.76	46.74	47.15	44.67	47.81	47.30
SD	11.55	11.60	9.67	11.56	11.05	10.50	12.76	10.33	11.22
F statistic				12.29***					3.45**
No mental health treatment prior ^{b,c}									
N	301	64	73	438	168	113	93	111	533
M	.28	.22	.27	.27	.07	.34	.23	.23	.19
SD	.45	.42	.45	.45	.25	.48	.42	.43	.39
F statistic				.54					9.90***
Mental health medication prior ^{c,d}									
N	301	64	73	438	168	113	93	111	533
M	1.13	1.14	1.04	1.12	1.60	1.12	1.25	1.12	1.33
SD	0.89	0.85	0.90	0.89	0.65	0.94	0.84	0.89	0.84
F statistic				0.34					9.46***
Mental health hospitalizations ^{b,c}									
N	301	64	73	438	168	113	93	111	533
M	.30	.16	.18	.26	.30	.22	.14	.27	.24
SD	.46	.37	.39	.44	.46	.42	.35	.45	.43
F statistic				4.52**					2.61*
Emergency room for substance abuse or mental health prior ^{b,c}									
N	301	64	73	438	168	113	93	111	533
M	.33	.22	.18	.29	.31	.33	.37	.40	.34
SD	.47	.42	.39	.45	.46	.47	.48	.49	.48
F statistic				4.00*					.65

NOTE: CS1 = Colorado Symptom Index.
a. p values for F tests: *p < .05. **p < .01. ***p < .001.
b. Coded as 0 = no, 1 = yes.
c. Prior refers up to the time of criminal justice contact that led to the participant's inclusion in the current diversion intervention.
d. Medication was coded on a 3-point scale: 0 = not prescribed, 1 = prescribed/not taken, 2 = prescribed/taken.

NOTE: MAST = Michigan Alcohol Screening Test, DAST = Drug Abuse Screening Test.
 a. *p* values for *F* tests: **p* < .05, ***p* < .01, ****p* < .001.
 b. Prior refers to up to the time of criminal justice contact that led to the participant's inclusion in the current diversion intervention.
 c. Alcohol use in one sitting was calculated for severity using a cutoff of 4 drinks or more for females and 5 drinks or more for males coded as 0 = no, 1 = yes.
 d. Coded as 0 = no, 1 = yes.

Variable	Tennessee	Pennsylvania	Portland	Prebook	Arizona	Connecticut	Lane County	Hawaii	New York	Postbook
MAST										
N	300	64	72	436	166	111	92	48	111	528
M	19.71	29.48	18.36	20.92	45.79	24.05	38.05	24.25	16.16	31.69
SD	20.28	33.16	14.60	22.13	157.22	20.85	80.09	17.31	15.90	95.68
<i>F</i> statistic				5.86**						
Number of days drinking prior 2 full months ^b										
N	300	63	73	436	166	112	91	48	111	528
M	13.48	18.24	11.18	13.78	11.79	13.82	15.97	11.40	22.44	15.14
SD	20.56	20.52	16.08	19.93	16.97	19.21	20.21	19.13	24.89	20.40
<i>F</i> statistic				2.24						5.41***
Alcohol use in one sitting ^c										
N	301	64	73	438	168	113	93	48	111	533
M	.37	.45	.37	.38	.52	.47	.50	.35	.54	.49
SD	.48	.50	.49	.49	.50	.50	.48	.48	.50	.50
<i>F</i> statistic				0.88						
DAST										
N	301	64	73	438	168	113	93	48	111	533
M	7.95	9.44	8.81	8.31	9.97	10.71	11.68	8.60	11.95	10.71
SD	4.92	4.79	5.44	5.01	5.09	4.86	4.91	5.04	4.55	4.98
<i>F</i> statistic				2.78						5.86***
Any illegal drug use prior 2 full months ^d										
N	301	64	73	438	168	113	93	48	111	533
M	.45	.63	.55	.49	.65	.66	.79	.46	.80	.69
SD	.50	.49	.50	.50	.48	.48	.41	.50	.40	.46
<i>F</i> statistic				3.90*						6.27***
Number of days using drugs prior 2 full months ^b										
N	301	64	73	438	166	112	93	48	111	530
M	10.74	15.50	12.62	11.75	16.42	21.41	26.48	6.02	37.51	22.71
SD	19.18	19.88	19.40	19.35	21.55	24.10	25.83	11.97	26.44	25.05
<i>F</i> statistic				1.69						20.99***
No substance abuse treatment prior 3 months ^{b,d}										
N	301	64	73	438	168	113	93	48	111	533
M	.79	.67	.75	.77	.71	.58	.65	.52	.61	.64
SD	.41	.47	.43	.42	.45	.50	.48	.51	.49	.48
<i>F</i> statistic				2.14						2.22
Substance-abuse hospitalization prior 3 months ^{b,d}										
N	301	64	73	438	168	113	93	48	111	533
M	.11	.11	.07	.11	.11	.16	.11	.19	.16	.14
SD	.32	.31	.25	.31	.31	.37	.31	.39	.37	.34
<i>F</i> statistic				0.623						1.01

TABLE 7
 Substance Use and Service Use Within Prebooking and Postbooking Sites^a

SUMMARY AND CONCLUSIONS

Diversion encompasses a range of program types that vary: on the stage at which and location from which the diversion occurs; on whether, and the extent to which, criminal justice and services monitoring occurs postdiversion; in terms of the degree of involvement in the community service delivery system; and on the target population. These differences in part may reflect the varying mental health, substance use, demographic, and potential monitoring needs that were evidenced both by the comparison between prebooking and postbooking subjects and by the variability in service availability among the individual sites. Such differences will need to be considered and accommodated in future studies of this data set that pool data across programs as well as compare them.

Yet even with substantial between-site variation, the categorization of diversion by prebooking and postbooking may not only serve to describe the point at which diversion occurs (e.g., Steadman, Deane, et al., 1999) but a difference in the populations targeted. The differences found between the prebooking and postbooking sites seem to indicate that these different models of diversion tend to target different populations. Subjects who were diverted at the prebooking sites were more educated, more involved with employment, and generally more satisfied with their lives, health, and finances. At the same time, they were less often arrested, less involved with treatment and other services, less likely to use emergency rooms for mental health problems, less likely to be prescribed psychotropic medication, and less seriously involved with drugs and alcohol in comparison to the subjects who were diverted at the postbooking sites. The effect of heavy alcohol and illegal drug use, combined with serious mental illness, on functioning including employment, arrest, and physical health, as well as medication compliance and a tendency toward higher levels of emergency and treatment service use, is well documented (e.g., Borum et al., 1997; Broner, Lamon, Mayri, & Karopkin, in press; Peters, Kearns, Murrin, & Dolente, 1992). In general, it appears that postbooking subjects, as a group, are more functionally impaired than those who are diverted at the prebooking stage.

Postbooking programs are generally characterized by greater supervision by courts and other diversion or case management personnel providing more oversight in the community of offenders at greater risk for offending and for engaging in other negative behaviors. This oversight has been described as coercion, part of a continuum of social control (Monahan et al., 2001)—its purpose being to encourage participation in treatment as the avenue to reducing negative behaviors that, when managed, reduce the risk to public safety. Postbooking diversion models tend to be more coercive in nature given that there are criminal charges pending and, when the court is involved, court

oversight of participation in treatment. Because there are no criminal charges filed in prebooking models, once the subject is discharged from the triage or emergency psychiatric center, there is no ability to ensure that he or she follows appropriate treatment recommendations. In light of the differences identified above in the symptom constellations and histories between the prebooking and postbooking diversion populations, the increased oversight and more directive approach of the postbooking model might be an important variable to the success of the diversion for mentally ill clients with heavy substance use, prior criminal justice involvement, and less robust functioning. Studies have initially demonstrated that those receiving judicial monitoring as part of diversion may attain better mental health, substance abuse, and criminal justice outcomes compared to those without the added component of judicial oversight (Lamb et al., 1996; Peters & Murrin, 2000). However, as the degree of oversight provided in the postbooking models presented here varied, differences along this dimension will also need to be considered in future analyses.

Comparison of prebooking and postbooking diversion should take into account the increased impairment associated with the postbooking population and the potentially increasing coercive pressure of the criminal justice system as the point of diversion occurs further along in the process (Figure 1). Although there have been several small studies focused on prebooking or postbooking diversion, as described above, comparative studies of prebooking versus postbooking programs have not previously been reported. Whether prebooking models, as designed by the programs included in this study, may be more effective for this less functionally impaired, less seriously substance using, and a less criminally involved population, and conversely, postbooking models more effective for a more impaired population, is not yet known. Analysis of the outcome data from the Criminal Justice Diversion Program will help to shed light on this hypothesis.

NOTES

1. Sponsoring institutions include, accordingly, The Arizona Department of Health Services, Division of Behavioral Health Services; The Connecticut Department of Mental Health and Addiction Services; The Hawaii State Department of Health; The Institute Against Violence, School of Social Work, New York University; The Lane County Sheriff's Office, Adult Corrections Division; The Multnomah County Department of Community and Family Services Behavioral Health Division; The Center for Mental Health Policy and Services Research, Department of Psychiatry, University of Pennsylvania; and The University of Tennessee (Memphis). The Maryland Mental Hygiene Administration, Specific Populations Unit, was also funded to provide services to a small group of female offenders; this program and sub-

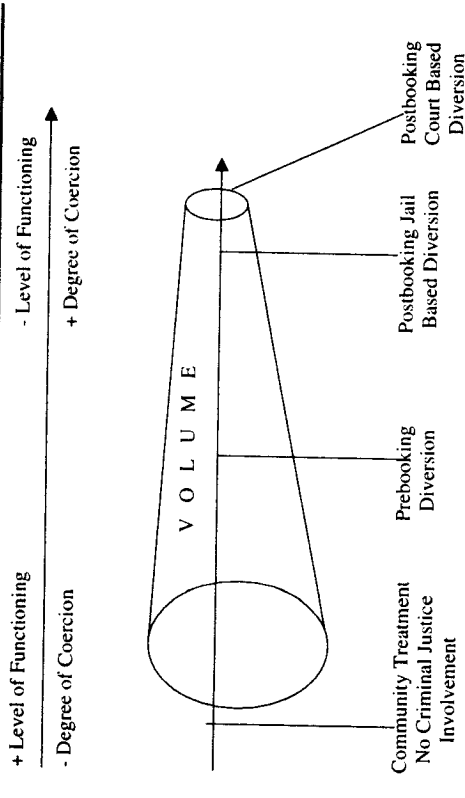


Figure 1: Relationship Between Point of Diversion, Level of Functioning, and Degree of Coercion

NOTE: As the point of diversion moves deeper into the criminal justice system, the diverted population shows a lower level of functioning and the degree of potential criminal justice coercion increases.

ject characteristics are not described herein. Technical assistance for program cross-training and project dissemination was provided by The National GAINS Center for Persons with Co-Occurring Disorders in the Criminal Justice System. Research Triangle Institute International was responsible for coordinating the efforts of the nine sites and for cross-site data analysis and dissemination.

2. Charge was coded as follows: 1 = violent, nonsex offense; 2 = violent sex offense; 3 = other crimes against persons; 4 = drug crimes/sale or manufacture; 5 = drug crime/possession; 6 = property/direct theft; 7 = property/fraud; 8 = procedural violations; 9 = minor violations; 10 = public disorder offenses; 11 = DUJ/DWI; 12 = other. In general, this ordering ranges from most to least serious. Thus, higher mean values imply less serious offending.

REFERENCES

- Abram, K. M., & Teplin, L. A. (1991). Co-occurring disorders among mentally ill jail detainees: Implications for public policy. *American Psychologist, 46*(10), 1036-1045.
- Borum, R., Dean, M. W., Steadman, H., & Morrissey, J. (1998). Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness. *Behavioral Sciences and the Law, 16*, 393-405.
- Borum, R., Swanson, J., Swartz, M., & Hiday, V. (1997). Substance abuse, violent behavior and police encounters among persons with severe mental disorder. *Journal of Contemporary Criminal Justice, 13*, 236-250.

Broner, N., Borum, R., & Gawley, K. (2002). Criminal justice diversion of individuals with co-occurring mental illness and substance use disorders: An overview. In G. Landsberg, M. Rock, L. Berg, & A. Smiley (Eds.), *Serving mentally ill offenders and their victims: Challenges and opportunities for mental health professionals* (pp. 83-106). New York: Springer.

Broner, N., Lamom, S. L., Mayrl, D. W., & Karopkin, M. G. (in press). Arrested adults awaiting arraignment: Mental health, substance abuse, and criminal justice characteristics and needs. *Fordham Urban Law Journal*. Dartmouth Psychiatric Research Center. (1997). *Drug/Alcohol 6-Month Follow-Back Calendar*. Hanover, NH: Author.

Deane, M., Steadman, H., Borum, R., Veysey, B., & Morrissey, J. (1999). Police-mental health system interactions: Program types and needed research. *Psychiatric Services, 50*, 99-101.

Department of Health and Human Services. (2002). *Results from the 2001 National Household Survey on drug abuse: Volume I, summary of national findings* (NHSDA Series H-17, No. SMA 01-3758). Rockville, MD: Author.

Ditton, P. M. (July, 1999). *Mental health and treatment of inmates and probationers* (Bureau of Justice Statistics Special Report, NCJ 174463). Washington, DC: Department of Justice.

Drake, R. E., Mercer-McFadden, C., Mueser, K. T., McHugo, G. J., & Bond, G. R. (1998). Review of integrated mental health and substance abuse treatment for patients with dual disorders. *Schizophrenia Bulletin, 24*(4), 589-608.

Edens, J. F., Peters, R. H., & Hills, H. A. (1997). Treating prison inmates with co-occurring disorders: An integrative review of existing programs. *Behavioral Sciences and the Law, 15*, 439-457.

Franczak, M., & Shafer, M. F. (2002). Jail diversion in a managed care environment: The Arizona experience. In G. Landsberg, M. Rock, L. Berg, & A. Smiley (Eds.), *Serving mentally ill offenders and their victims: Challenges and opportunities for mental health professionals* (pp. 107-119). New York: Springer.

Frisman, L., Sturges, G. E., Baranoski, M. V., & Levinson, M. (2001). Connecticut's criminal justice diversion program: A comprehensive community forensic mental health model. In G. Landsberg & A. Smiley (Eds.), *Forensic mental health: Working with offenders with mental illness* (pp. 5-1-5-8). Kingston, NJ: Civic Research Institute.

Goldkamp, J., & Irons-Guynn, C. (2000). *Emerging judicial strategies for the mentally ill in the criminal caseload: Mental health courts in Fort Lauderdale, Seattle, San Bernardino, and Anchorage*. Philadelphia: Crime and Justice Research Institute.

Griffin, P. A., Steadman, H. J., & Pettila, J. (2002). The use of criminal charges and sanctions in mental health courts. *Psychiatric Services, 53*(10), 1285-1289.

Hoff, R. A., Baranoski, M. V., Buchanan, J., Zonana, H., & Rosenheck, R. A. (1999). The effects of a jail diversion program on incarceration: A retrospective study. *Journal of the American Academy of Psychiatry Law, 27*(3), 377-386.

Lamb, H. R., & Weinberger, L. E. (1998). Persons with severe mental illness in jails and prisons: A review. *Psychiatric Services, 49*(4), 483-492.

- Lamb, H. R., Weinberger, L. E., & Reston-Parham, C. (1996). Court interventions to address the mental health needs of mentally ill offenders. *Psychiatric Services, 47*(3), 275-281.
- Lamon, S. S., Cohen, N. L., & Broner, N. (2002). New York City's system of criminal justice mental health services. In G. Landsberg, M. Rock, L. Berg, & A. Smiley (Eds.), *Serving mentally ill offenders and their victims: Challenges and opportunities for mental health professionals* (pp. 144-156). New York: Springer.
- Lehman, A. F. (1988). A quality of life interview for the chronically mentally ill. *Evaluation and Program Planning, 11*, 51-62.
- Monahan, J., Bonnie, R. J., Applebaum, P. S., Hyde, P. S., Steadman, H. J., & Swartz, M. S. (2001). Mandated community treatment: Beyond outpatient commitment. *Psychiatric Services, 52*(9), 1198-1205.
- Peters, R. H., & Murrin, M. R. (2000). Effectiveness of treatment-based drug courts in reducing criminal recidivism. *Criminal Justice and Behavior, 27*(1), 72-96.
- Peters, R. H., Kearns, W. D., Murrin, M. R., & Dolente, A. S. (1992). Psychopathology and mental health needs among drug-involved inmates. *Journal of Prison and Jail Health, 11*, 3-25.
- RachBeisel, J., Scott, J., & Dixon, L. (1999). Co-occurring severe mental illness and substance use disorders: A review of recent research. *Psychiatric Services, 50*(11), 1427-1434.
- Sherman, R. K. (2002). Lane County adult corrections mental health services, Lane County, Oregon. In G. Landsberg, M. Rock, L. Berg, & A. Smiley (Eds.), *Serving mentally ill offenders and their victims: Challenges and opportunities for mental health professionals* (pp. 25-34). New York: Springer.
- Sherm, D. L., Wilson, N. Z., Cohen, A. S., Patrick, D. C., Foster, M., Bartsch, D. A., & Demmler, J. (1994). Client outcomes II: Longitudinal client data from the Colorado Treatment Outcome Study. *Milbank Quarterly, 72*(1), 123-143.
- Skinner, H. A. (1982). Drug abuse screening test. *Addictive Behavior, 7*, 263-371.
- Steadman, H. J., Barbera, S. S., & Dennis, D. L. (1994). A national survey of jail diversion programs for mentally ill detainees. *Hospital and Community Psychiatry, 45*(11), 1109-1113.
- Steadman, H. J., Cocozza, J. J., & Veysey, B. M. (1999). Comparing outcomes for diverted and nondiverted jail detainees with mental illness. *Law and Human Behavior, 23*(6), 615-627.
- Steadman, H. J., Deane, M. W., Morrissey, J. P., Westcott, M. I., Salasin, S., & Shapiro, S. (1999). A SAMHSA research initiative assessing the effectiveness of jail diversion programs for mentally ill persons. *Psychiatric Services, 50*(12), 1620-1623.
- Steadman, H. J., Morris, S. M., & Dennis, D. L. (1995). The diversion of mentally ill persons from jails to community-based programs: A profile of programs. *American Journal of Public Health, 85*(12), 1630-1635.
- Steadman, H. J., Mulvey, E. P., Monahan, J., Robbins, P. C., Appelbaum, P. S., Grisso, T., Roth, L. H., & Silver, E. (1998). Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Archives of General Psychiatry, 55*, 339-401.
- Steadman, H. J., Stainbrook, K. A., Griffin, P., Drain, J., Dupont, R., & Horey, C. (2001). A specialized crisis response site as a core element of police-based diversion programs. *Psychiatric Services, 52*(2), 219-222.
- Steadman, H. J., & Veysey, B. M. (1997). *Providing services for jail inmates with mental disorders*. Washington, DC: National Institute of Justice.
- Storgaard, H., Nielsen, S. D., & Gluud, C. (1994). The validity of the Michigan Alcoholism Screening Test (MAST). *Alcohol & Alcoholism, 29*(5), 493-502.
- Swartz, M. S., Swanson, J. W., Hiday, V. A., Borum, R., Wagner, H. R., & Burns, B. J. (1998). Violence and severe mental illness: The effects of substance abuse and nonadherence to medication. *American Journal of Psychiatry, 155*(2), 226-231.
- Swartz, M. S., Swanson, J. W., Wagner, H. R., Burns, B. J., Hiday, V. A., & Borum, R. (1999). Can voluntary outpatient commitment reduce hospital recidivism? Findings from a randomized controlled trial in severely mentally ill individuals. *American Journal of Psychiatry, 156*(12), 1968-1975.
- Teplin, L. A. (1994). Psychiatric and substance abuse disorders among male urban jail detainees. *American Journal of Public Health, 84*, 292-293.
- Ventura, L. A., Cassel, C. A., Jacoby, J. E., & Huang, B. (1998). Case management and recidivism of mentally ill persons released from jail. *Psychiatric Services, 49*, 1330-1337.
- Visher, C. A., Latimore, P. K., & Linster, R. L. (1991). Predicting the recidivism of serious youthful offenders using survival models. *Criminology, 29*(3), 329-366.
- Ware, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-item short-form health survey: SF-12 construction and preliminary tests of reliability and validity. *Medical Care, 34*, 220-233.
- Watson, A., Hanrahan, P., Luchins, D., & Lurigio, A. (2001). Mental health courts and the complex issue of mentally ill offenders. *Psychiatric Services, 52*(4), 477-481.
- Pamela K. Latimore, Ph.D., is director of the Crime, Justice Policy, and Behavior Program at Research Triangle Institute (RTI). Prior to joining RTI, she was director of the Criminal Justice and Criminal Behavior Division, National Institute of Justice. She has conducted research for nearly two decades on criminal recidivism and the effect of interventions on offending behavior. Other research has focused on the development of approaches to improve the cost-effectiveness of criminal justice operations. She has authored numerous peer-reviewed journal articles and book chapters and is currently chair, Division of Corrections and Sentencing, American Society of Criminology.
- Nahama Broner, Ph.D., is a senior research psychologist at Research Triangle Institute and adjunct associate professor at New York University. Her research and evaluation interests have focused on service use and characteristics of criminal justice populations with serious mental illness, co-occurring substance use and trauma disorders, as well as diversion and reentry intervention and technology transfer of evidence-based practices. She was a predoctoral clinical research fellow at the State University of New York Health Sciences Center and a National Institute of Mental Health postdoctoral mental health services research fellow at the Institute for Health, Health Care Policy and Aging Research, Rutgers University.
- Richard Sherman, M.S., has worked since 1985 as the lead mental health provider and supervisor in the Lane County Jail in Eugene, Oregon. Educated at Lewis & Clark College and the Uni-

versity of Oregon, he is certified as a National Certified Counselor, a Master Addictions Counselor, and is licensed as a Professional Counselor and Mental Health Examiner in the State of Oregon. Richard is one of the primary investigators on a multisite national Substance Abuse and Mental Health Services Administration research grant to study the relative effectiveness of jail diversion for persons with co-occurring mental illness and substance-abuse disorders.

Linda Frisman, Ph.D., is the director of research for the Connecticut Department of Mental Health and Addiction Services, and research professor of psychology at the University of Connecticut. She specializes in applying cost-effectiveness analysis to evaluations of programs targeting criminal justice-involved persons, co-occurring substance use and mental health disorders, and homelessness. She holds a Ph.D. in social policy from the Heller School at Brandeis University, where she was a National Institute of Mental Health trainee in the economics of mental health care. She was also an NIMH postdoctoral fellow in mental health services research at Yale University.

Michael S. Shafer, Ph.D., is director of the Applied Behavioral Health Policy Division of the University of Arizona, School of Public Administration and Policy. He has served as principal investigator for numerous state and federally funded projects regarding mental health and substance-abuse treatment services. Primary research interests include issues of homelessness, criminalization, and strategies affecting the transfer of research to practice.