



A Solution to Overcrowding in Jails

Implementing an Outpatient
Resource Center

Executive Summary

To alleviate overcrowding due to expanding mental health and substance abuse populations, a Southwest Detention County Facility sought solutions to reduce jail census by at least 20-30 percent. In collaboration with the county, Falcon experts developed an innovative diversion and re-entry model that would serve as a one-stop Agency or Outpatient Center for all inmates meeting program inclusion.

This proposed comprehensive program would substantially reduce the standing population at the facility, provide an alternative to incarceration, and increase participation and support of community groups or relevant stakeholders. This long-term solution would reduce the number of offenders entering the facility, eliminating overcrowding on an ongoing basis.

The Falcon Approach To Solving Jail Overcrowding

This solution entailed offering a jail diversion, early release and re-entry program model that delivered a one-stop Outpatient Resource and Referral Center to be located in a stand-alone building at close proximity to the jail. The Center would serve as an “Umbrella Agency” coordinating all post arrest and/or early release activities with the jail, courts, law enforcement, the facility, and county providers. Designed to offer a continuation of medical and behavioral health services initiated at the jail, this Center would offer physical and behavioral health treatments, assessments, triage, stabilization, medications, community referrals, and tracking as well as counseling and re-entry groups. Treatment and support programming would be provided for all inmates including early release, post arrest, and those requiring re-entry services.

Project objectives included:

- Creating a seamless transition from the facility to the community with no interruption in services initiated while the inmate was incarcerated.
- Providing a complete continuum of intermediate sanctions and services in lieu of jail placement, either through resource referrals, in-house monitoring or programming at the Center.
- Safely and effectively delivering inmates back to the community upon their re- entry.
- Developing specific program services targeting the needs of special populations and severely mentally ill inmates.

- Increasing accessibility of community resources to reduce potential for recidivism, facilitating success of community-based or housing placement.

Program Process Illustration for Jail Diversion

To illustrate the applicability of the Outpatient Clinic to inmates being diverted from the facility, below is a summary of the proposed booking process from point of contact with the arresting officer to book-in, then to pre-trial services.

All post arrest inmates could be taken to either the facility intake unit or the outpatient center.

A) Post Arrest Inmates Routed to the Facility's Intake Unit

Step I: Physical and Mental Health Assessment. All post arrest inmates taken to the intake unit would be given initial medical assessments by a trained intake healthcare staff to assess for physical and mental health stability. Staff would refer each inmate to a prescriber (regular MD or Psychiatrist) if any need for medications were determined. An RN would be on standby to assist with more complicated cases or more serious conditions. If a more in depth mental health assessment was needed, the inmate would be referred to a Mental Health Professional (MHP). If determined physically (or mentally) unstable, the inmate would be transferred to a local hospital to be medically cleared. Once medically cleared, the inmate would be brought back to the jail to continue the intake process, or at this point the CO would have the option to transfer to the outpatient center (criteria developed).

Step II: COMPAS. A Classification Specialist would administer questions 1-30 of the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), a risk/needs assessment tool. If there were an indication that further risk assessment was needed, a MHP would administer and interpret questions 31-144. Depending on the classification and needs assessment, the determination would be made whether or not to refer the inmate to court for community release. If a positive determination is made the inmate would be brought to the Outpatient Center for a transition or a discharge plan.

The COMPAS tool would serve to assist and guide staff in the placement, supervision and case management of inmates in the community and applicable secure settings. Staff would use the COMPAS

tool to identify the core population, what needs would be targeted and addressed, and what interventions produced the best results. The COMPAS would be used specifically to:

- Place inmates in the appropriate programs to aid in their re-entry into the community.
- Give the highest programming priority to those that are high to medium risk and most likely to reoffend.
- Give the lowest risk offenders opportunities to focus on work, life skills, and personal growth rather than rehabilitation treatment programs.

B) Post Arrest Inmates Routed to the Outpatient Center Directly

Step I: Physical Assessment. All post arrest inmates taken to the Outpatient Center would be given an initial medical assessment by a Paramedic to assess for medical stability. They would be referred to a prescriber (regular MD or Psychiatrist) if any need for medications were determined. An RN would be on standby to assist with more complicated cases or more serious conditions. If determined medically unstable, they would be admitted to the local hospital for further treatment. Once medically cleared, they would be moved on to the next assessment phase.

Step II: Mental Health Assessment. All inmates then would receive a thorough mental health evaluation by a MHP to assess for any serious mental health conditions or instability that may pose as an urgent threat to self or others. If determined severely unstable, the inmate would be referred for inpatient hospitalization (at local Psychiatric Facility). If the inmate was determined stable, he would be moved on to the next assessment phase.

Step III: COMPAS. A Classification Specialist would administer questions 1-30 of the COMPAS and a MHP would administer and interpret questions 31-144. This would serve to assist and guide staff in the placement, supervision, and case management of inmates in the community and applicable secure settings. Staff would use this tool to identify the core population, what needs would be targeted and addressed, and what interventions would produce the best results. COMPAS would be used specifically to:

- Place inmates in the appropriate programs to aid in their re-entry into the community.
- Give the highest programming priority to those that are high to medium risk and most likely to reoffend.
- Give the lowest risk offenders opportunities to focus on work, life skills, and personal growth rather than rehabilitation treatment programs.

Step IV: Diversion and Discharge Planning. Once movement through Steps I to III is accomplished, a MHP would develop a comprehensive diversion/ transition plan unique to each inmate. This plan would address housing placement, re-entry preparation, follow up services for the inmate's physical or mental health condition, career counseling, job placement, work readiness, support services, family reunification programs, and cognitive behavioral intervention (Moral Reconciliation Therapy – MRT). Clients would be closely followed and monitored for up to 90 days. An additional goal would be to establish active partnerships immediately with new community groups and to utilize existing partnerships. The Outpatient Center also would have the capability of providing behavioral health programming and medication monitoring services in a “Day Reporting” capacity (please see Early Release Inmates and Re-entry Services section of this document for a more detailed description).

C) Outpatient Resource and Referral Clinic: Program Process Illustration for Early Release Inmates and Re-entry Services

The facility was targeting a portion of its population for early release using criteria from the COMPAS tool (among others). The county collaborated with pretrial services to develop a comprehensive list of inmates with high, low, and major violations to help guide them in applying their sanction strategies. These strategies included: more restrictive conditions, structured supervision activities, substance abuse testing and monitoring; housing and other community referrals; upgrades in supervision levels; increased reporting; informal and written reprimands; pre-trial service monitoring; and halfway house and/or non-residential program placement.

The proposed program included the process of identifying a target population for early release as well as providing more tailored treatment and interventions to all identified risk levels. The Outpatient Center solution would be a critical component for the inmate's successful re-entry into the community. The process for early release inmates would be:

Step I: Staff would identify accurate numbers from COMPAS and the Pretrial Department for those inmates considered for early release.

Step II: A MHP would administer COMPAS questions 31-144 to inmates who require further assessment. Depending on the outcome, a determination and recommendation would be made to pre-trial services and the courts for the inmate's early release.

Step III: A court order for early release would be obtained. Upon receipt of the court order, the inmate then would be taken to the Outpatient Center for further processing.

Step IV: At the Outpatient Center, the inmate would go through Steps I (Physical Assessment), II (Mental Health Assessment), and IV (Discharge Planning) of the intake process (described above in the section titled: “Post Arrest Inmates Routed to the Outpatient Center”).

Step V: Placement Preparation. A Discharge Planner would work closely with the inmate to identify his/her needs for housing placement with either monitoring or day drop-in to the Outpatient Center. Clients would be closely monitored for up to 90 days.

D) Treatment and Support Services in the Outpatient Resource and Referral Clinic

The Outpatient Resource and Referral Clinic would combine intensive medical and mental health support services with the most advanced offender behavior health programs used with the corrections population today.

Medical Services:

- Physical examinations and consultations
- Prescription assistance
- Medication monitoring
- General/open sick call
- Referrals to community providers and specialists
- Referrals to inpatient hospitalization
- Case management

Type of staff available for medical services would include RNs, mid-level practitioners, MDs, and Discharge Planners/Case Managers.

Mental Health Services:

- Medication evaluation and prescription
- Medication monitoring and renewals
- General/open mental health clinic or sick call

- Referrals to community providers and specialists
- Referrals to inpatient hospitalization
- Discharge planning and case management
- Referrals to social service agencies
- Group and individual therapy
- MRT behavioral programming
- Domestic violence services
- Parenting skills training
- Job readiness and referral program
- On-site education and training lab

Type of staff available for mental health services would include on-site MHPs (Counselors and Clinicians), Discharge Planners/Case Managers, Psychiatrists or Psychiatric NPs (on-site and on-call).

MRT would be a specific focus and a primary behavioral health intervention for the Center. MRT targets risk factors that drive the offender's criminal behaviors. It is an action-oriented intervention so offenders learn and practice new skills that motivate them to change. Most importantly, MRT teaches offenders new, pro-social skills to replace antisocial behaviors, through modeling, practice, encouragement, and peer leadership.

Administrative and Supervision Services:

- Communication/coordination/referral with relevant stakeholders and community providers
- Coordination between jail and community entities
- Data coordination and gathering
- Developing reporting criteria for all stakeholders every month
- Offender tracking
- Ensuring continuity with electronic medical records
- Immediate violation reports
- Coordination of services within the outpatient center
- Employee management and accountability
- Staff scheduling
- Facilitation of monthly multidisciplinary staff briefings or updates (web-based or face to face)
- Electronic/GPS/alcohol monitoring
- Random drug testing
- Alcohol testing

Staff available for administrative services would include on-site administration and support staff.



ABOUT FALCON EXPERTS

Falcon brings together some of the most distinguished, credentialed leaders in the field with a singular clarity of vision. We aim to elevate behavioral health services within the correctional industry to ensure real, sustainable results for families, communities and society as a whole. Our decades of experience deliver an approach that's disciplined, focused and innovative. With every challenge, we seek partners who share our dedication to transforming mental health services for the inmates in their care.

Falcon reimagines the jails and prisons of the future, built on foundational learning environments that promote change and opportunity. Through proven, safe, and progressive programs, we are passionately committed to helping inmates succeed upon release. And this optimism is at the core of how we tackle every problem - believing that no matter how challenged the system or inmate, transformation is possible when care is innovative, restorative and implemented with both passion and unparalleled expertise.