

In Jail and Out of Options

An Examination of the Systemic Issues affecting the Housing and Treatment of Iowans with Mental Illness in County Jails



*"We have gotten to the point we are not just reacting to the problem, but we have put some planning into how to ease overcrowding in the jails, treat mentally ill individuals appropriately, and increase awareness of the issue throughout the community."*²

-Sara Carter, Community Treatment Coordinator, commenting on the Mental Health Assessment and Jail Diversion Program in Black Hawk County

Part III: Systemic Solutions

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Disability Rights IOWA
Law Center for Protection and Advocacy™

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Disability Rights Iowa (DRI) is the Congressionally-mandated protection and advocacy system for lowans with disabilities, including individuals with mental illness. DRI’s mission is to protect the human and legal rights of lowans with disabilities and/or mental illness. DRI, as well as the other 56 protection and advocacy systems throughout the country, have the authority under federal law to investigate incidents of abuse and neglect of individuals with disabilities and to pursue legal, administrative, and other approaches to ensure the protection of individuals with disabilities. Protection and advocacy agencies are authorized to engage in a wide variety of activities to protect individuals with disabilities and/or mental illness, including monitoring facilities, conducting investigations, issuing public reports, engaging in litigation, administrative hearings and other dispute resolution activities, and educating policymakers. DRI’s work to prepare, write, and distribute this report is funded under the Protection and Advocacy for Individuals with Mental Illness (PAIMI) grant, the Protection and Advocacy for Individuals with Developmental Disabilities (PADD) grant, and the Protection and Advocacy for Individual Rights (PAIR) grant.

I. Introduction

Perhaps the largest single factor that affects the likelihood of a person with mental illness becoming involved in the criminal justice system, or re-entering the criminal justice system, is the availability of mental health treatment and resources on a local level. In some counties the only people receiving mental health treatment services within the county are inmates residing in the county jail. Iowa is facing a significant shortage of trained mental health professionals, and those that do live and work in the state

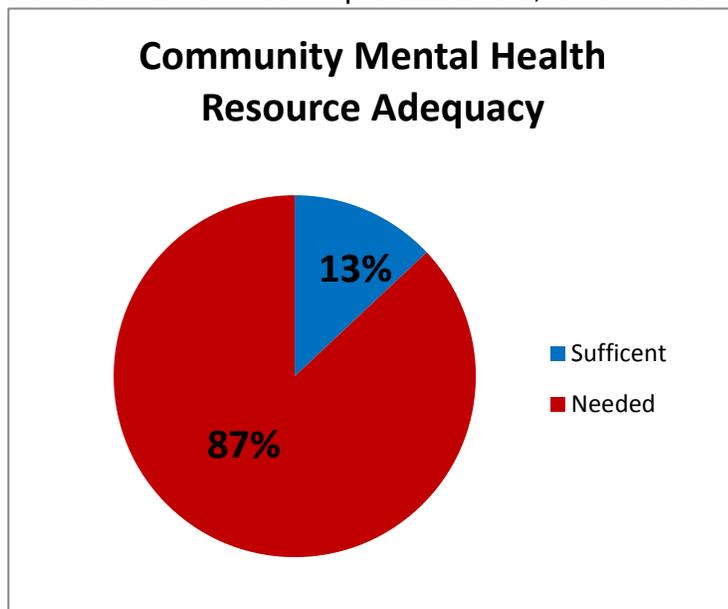


Figure 1: Pie chart showing 87% of jail staff interviewed indicated that their local communities needed additional mental health resources.

congregate in urban areas, leaving much of Iowa sparse for treatment options. Although Mental Health and Disability Service (MHDS) Regions are working to provide basic “Core” mental health services in all areas of the state, 87% of staff at county jails that DRI visited indicated that their county was in need of additional mental health resources. These significant gaps in mental health service delivery perpetuate a significant mental health crisis in Iowa, the consequences of which are clearly observable in our state’s criminal justice system.

The previous two installments of this report focused on the systemic issues concerning the prevalence of mentally ill individuals in Iowa’s county jails, and the harsh and sometimes unlawful conditions facing individuals in these settings. This third and final installment will conclude by highlighting the positive efforts of individual jails, counties, and MHDS Regions, and recommending evaluation and action by remaining stakeholders in the state. This report is not an exhaustive list of every effort occurring locally as new programs and efforts are constantly being initiated, nor is it intended as the final word on what is an ever-evolving scope of need. Rather, this report is meant to give a brief introduction to jail diversion concepts and highlight local programs to encourage other agencies and municipalities to evaluate their current systems and processes, and consider committing to action to dramatically reduce the number of individuals with mental illness in their local correctional facilities. These improved outcomes not only reduce the burden on our already overloaded state jail system, but also align far more with demands of human empathy.

To reduce the overwhelming number of individuals with mental illness entering our county jails, system stakeholders must come together and implement jail diversion efforts that make sense in their respective communities.

Though “jail diversion” is often thought of as being synonymous with mental health courts, diversion is truly encompassing of efforts on behalf of all stakeholders to interrupt the cycle of individuals with mental illness entering and re-entering the criminal justice system. Ideally, each community would have a comprehensive jail diversion program that prevents, intervenes, and is responsive to the needs of individuals with mental illness who are, or are at risk of becoming involved in the criminal justice system. However, such a robust system would require considerable resources and buy-in from various stakeholders. Lacking perfect cooperation and unlimited funds, many local stakeholders have found creative ways to combat this issue.

“[J]ail diversion is an umbrella term for opportunities to intercept and intervene with individuals who are experiencing mental health and co-occurring substance use disorders at various points of the criminal justice system”

Jessica Peckover, Johnson County Jail Alternatives Coordinator

In Iowa, diversion efforts are being led by individual counties stepping up to create jail diversion programs, multiple counties working together to pool resources, and Mental Health and Disability Service Regions partnering to provide much needed funding and support. Although there are detailed models describing various levels of interventions, such as the Sequential Intercept Model,³ efforts occurring in Iowa can generally be grouped into three areas: prevention interventions, post-booking and institutional diversion efforts, and finally, post-release efforts. The following discussion of the general types of various interventions will highlight several excellent examples of the specific programs and work around Iowa. Exploring these meaningful alternatives is our states legal, ethical, and fiduciary duty, and can lead to startlingly improved outcomes for people living with mental illness.

II. Discussion

A. Prevention Interventions

Efforts to prevent a person from being arrested and thus being introduced or reintroduced to the criminal justice system, are “prevention” interventions. These efforts focus resources on diverting the individual with mental illness to treatment, rather than to jail, with the general understanding that it is more effective, vastly more cost efficient for taxpayers, and the morally right thing to do if it can be done safely. The following are brief descriptions of prevention efforts around Iowa.⁴

i. CIT Training

Nationwide, approximately 7–15% of all calls received by law enforcement departments concern incidents involving individuals with mental illness.⁵ Law enforcement officers are often the first people who come into contact with individuals with mental illness who are not receiving effective treatment in our communities. Whether the individual is in crisis at home or in the community, a call to 911 to report concerns will result in law enforcement officers arriving. In some instances, law enforcement presence has had the effect of escalating situations. These interactions with officers can be frightening, volatile, or even deadly, which is why providing training to officers to be adequately prepared to identify and de-escalate these situations can be so critical. Crisis Intervention Training (CIT) is a 40-hour course designed for law enforcement officers and other emergency responders such as EMT's, to teach those individuals de-escalation techniques when they encounter someone who is having a mental health or substance abuse crisis. The training helps participants identify persons in crisis, and resolve the situation safely. "[CIT] also provides officers with information about community resources that they can access to re-direct individuals into the behavioral health system rather than the criminal justice system."⁶



Figure 1: Police officers utilize CIT training when interacting with an individual in crisis. 7

CIT training has been completed by groups of law enforcement officers, as well as some jail staff, from several counties including Johnson, Pottawattamie, Story, Worth, and Polk.⁸

ii. Mobile Crisis Response Teams

In general, Mobile Crisis Response Teams are groups of trained mental health professionals who respond to situations involving a person experiencing mental health crisis, in the same way that law enforcement officers are “dispatched” to a location. These teams typically work in conjunction with local law enforcement and are called to assist as an alternative to transporting the individual to jail, or to an emergency room. As the team members are not law enforcement officers, and have behavioral health training, they work to assess the needs of the individual in crisis, de-escalate, and connect the person with available community mental health



Figure 2: Polk County Mobile Crisis Team Vehicle. 9

resources as an alternative to jail or hospitalization if appropriate. In Polk County, the mobile crisis response team began operating in 2001 and responds to over 200 calls per month.¹⁰ Mobile crisis teams are currently operating in 18 counties, including Pottawattamie, Polk, Warren, and all counties within the Heart of Iowa Community Service Region, as well as the MHDS of the East Central Region.¹¹

"[Mobile Crisis Response] allows our officers to get back on the street, and get properly trained people assessing the situation and getting (the individuals) where they need to be. It's all about getting people the help they need without taking them to jail, and keeping our officers on the street."¹²

Captain Knight, Polk County Sheriff's Office

iii. Crisis Stabilization Locations

Crisis stabilization units provide a physical location for short-term, intensive mental health treatment in the community. These units provide an alternative safe place for law enforcement officers to bring a person rather than leaving the person in the community, or taking them to jail. Generally, these units provide assessment, treatment, peer support, and ultimately act as a gateway to access local outpatient mental health services as well. In Iowa, five MHDS Regions are providing crisis stabilization beds or units, including Heart of Iowa Community Services Region, County Social Services, MHDS of the East Central Region, South Central Behavioral Health Region, and Southeast Iowa Link.¹³ Additionally, Polk County operates a 23-hour crisis observation center, and Johnson county is working towards a plan to approve and fund an "Access Center" diversion campus.¹⁴

"When law enforcement officers respond to an individual in crisis, they have historically had 3 options: leave them where they are, take them to the ER, or take them to jail. Many communities around the country that started their jail diversion efforts with CIT training for officers quickly realized they needed a place for officers to divert individuals TO."

Jessica Peckover, Johnson County Jail Alternatives Coordinator

B. Post-Booking and Institutional Diversion

Most formal jail diversion programs in Iowa are "post-booking" efforts, targeted towards mentally ill individuals who are currently residing in county jails. These programs largely focus on connecting mentally ill inmates with community resources and treatment when they are released from jail, in the hope that treatment will stabilize the individual and they will not reenter the criminal justice system. Some jail diversion efforts are "Core Plus" services paid for by Mental Health and Disability Service Regions, or other assistance

provided to current jail inmates to provide medications or mental health appointments. There are also formal mental health courts. Finally, some jails will initiate civil commitment proceedings for current inmates who need inpatient hospitalization or medications.

i. Jail Diversion Coordinators who Connect Inmates with Resources

Many post-booking jail diversion programs boil down to the hard work and efforts of a single person coordinating resources, communication, and stakeholder buy-in on a local level. These individuals are often given the title “Jail Diversion Coordinators.” Jail Diversion Coordinators are designated staff who perform a variety of services designed to identify inmates with mental illness, assess their eligibility for programs and resources, obtain evaluations for treatment, and coordinate provision of services for the person while they are in jail and when they leave jail. Some Jail Diversion Coordinators will assist individuals in applying for Medicaid or Social Security benefits, set up mental health treatment appointments in the community, and follow up with the individual upon their release. These coordinators can be employees of the Sheriff’s office or jail, the MHDS Region, or can be funded by multiple counties or combinations of funds from various stakeholders.

Post-Booking Program Feature: Johnson County’s Jail Alternatives Program

In response to jail overcrowding and the community demand for treatment alternatives to incarceration, the Johnson County Jail Alternatives Program began in 2005 as a post-booking mental health diversion program. The program’s goal is to provide treatment services to individuals with mental health and co-occurring substance use disorders who have come into contact with the criminal justice system. The program works to identify individuals at their earliest point of contact with the justice system with the goal of preventing further penetration into the system. The program connects individuals to the appropriate level of community-based treatment for their mental health and co-occurring needs. Twin aims are to improve their overall quality of life and to reduce their involvement in the criminal justice system. In addition to addressing behavioral health needs, the program helps participants to access community resources for housing and employment assistance, entitlement benefits, healthcare, and food assistance, while also helping to develop the individual’s support network.

In addition to the post-booking mental health diversion program, Jail Alternatives staff partners with community stakeholders to implement jail diversion efforts at various intercept points. Other alternatives to incarceration efforts in Johnson County include specialized caseloads for community based corrections, re-entry transition planning for individuals returning from jail and/or prison, and drug treatment court. In 2013, Johnson County initiated a “jail population reduction” meeting that involves a district associate judge, assistant county attorney, public defender, jail command staff, and Jail Alternatives staff going through the jail census on a weekly basis to identify individuals who could be better served in the community or whose case could be expedited.

-Jessica Peckover, Johnson County Jail Alternatives Coordinator

The Jail Alternatives program in Johnson County has been credited with dramatically reducing the average daily population at the jail. In 2010 the average daily population at the jail was 167 inmates. Last year the average population at the jail decreased to only 109.

Many jail diversion programs began by one county sheriff developing a diversion program, then expanding that program to surrounding counties when other sheriff's departments learn about the benefits and success of the diversion program. In Iowa there are at least 40 counties that have post-booking jail diversion programs.¹⁵ Even given the often limited resources at their disposal, many of these diversion programs have had a marked effect on outcomes within their region. By funding these programs more formally and fully, the state can look to even greater outcomes, and the cost-savings that will result from this investment.

ii. MHDS Assistance with Provision of Medicine and Treatment to Inmates

A critical facet of the challenge presented with the incarceration of mentally ill persons in county jails is the presence of a relationship between the jail and the MHDS Region, often via a jail diversion program. Jail diversion is currently listed as a "Core Plus" service to be offered regionally, dependent on budget surpluses after fully funding Core services. Currently 10 of the 14 MHDS Regions support jail diversion as a Core Plus service.¹⁶ Successful jail diversion programs are often the product of a good working relationship between Regional staff and county jail staff.

Even in counties where there are no planned or operational formal jail diversion programs, relationships with MHDS Regions are often critical to the successful housing and treatment of mentally ill inmates while they are inside the jail, and re-entry of those individuals when they are released. Most MHDS regions have stepped up to the plate and either directly provided jail diversion services or funding, or partnered with their local jails in other ways. There are only 2 MHDS Regions that do not provide any services as Core Plus jail diversion and do not have any relationship with the jails within their geographic area. Of the 14 MHDS Regions, 8 Regions provide financial assistance to provide mental health treatment or medications to individuals who currently reside in a county jail. Beyond funding assistance, approximately 86% of county jails have some kind of relationship with their MHDS Region. Regions often provide support and arrange for treatment for individuals with mental illness while they are incarcerated in county jails, and facilitate transition to community services when the person is released. Several MHDS Regions have contracted with tele-medicine psychiatry services that are made available to the jails within their areas. The remaining 14% of county jails have no relationship with their MHDS Region.



Figure 3: A medical provider consults with a patient. 17

iii. Mental Health Courts



Figure 4: A Judge of a mental health court shakes the hand of a man who recently completed the program.

Mental health courts work to intervene in the disposition of criminal charges against mentally ill persons by pairing mental health treatment and services with pre-trial release supervision, or dismissal of charges after completion of program requirements. Often these programs require follow through with medications and mental health appointments, regular meetings with the court, and are only available to individuals with non-violent criminal charges. However, these programs require funding and the commitment and assistance of multiple parties such as judges, county attorneys, public defenders, and jail or mental health staff. As a result, formal mental health courts are difficult to implement, and as such these programs are not common. In Iowa there are mental health courts in Scott County, Pottawattamie County (including the surrounding counties in the 4th Judicial District), and Woodbury County.

After years of work to obtain support, and after supporters were able to obtain a large financial grant, Scott County is now operating a mental health court. The court will help individuals with serious mental illness who are charged with non-violent offenses to stay out of jail as long as they comply with mental health treatment, and appear in front of the judge weekly. If an individual successfully completes the program, the conviction for their criminal charge is wiped from their record.

In 2014 Pottawattamie County was awarded a federal grant that provided funding to establish and support a mental health court. This court covers all nine counties in the Fourth Judicial District. The federal grant pays for the mental health treatment therapy for court participants, and many of the court team members volunteer their time.¹⁹ Once the grant ends, the Southwest Iowa MHDS Region plans to provide funding to support the program.²⁰

iv. Civilly Committing Individuals who Currently Reside in Jail

Although civil commitment may not traditionally be thought of as a jail diversion effort, efforts to provide mental health treatment and stabilization for an individual undoubtedly affects the likelihood they will re-offend and re-enter the criminal justice system. Inpatient civil commitment requires placement of a committed person with a serious mental illness in an appropriate treatment facility.²¹ Iowa has approximately 731 psychiatric inpatient beds spread across the state. When a current inmate exhibits signs of serious mental illness, and jail staff or family become concerned for the individual's wellness and safety, an application for civil commitment can be filed with the court to commit the individual to inpatient mental health treatment. If successful, an application for civil commitment will not dispose of the individual's criminal charges, rather it will result in the person being given mental health treatment rather than sitting in jail where their mental health may worsen. As a result of logistical challenges disposing of criminal bond requirements and finding a treatment facility that is capable and willing to house individuals with pending criminal charges, this process only occurs in some counties. This practice is becoming less common because even if the court approves the order for inpatient treatment often no treatment facility will accept the individual. Many of Iowa's inpatient psychiatric beds are restricted from access for persons who have aggressive behaviors or pending criminal charges, which further limits access to treatment for some of the people most in need of such services. Of Iowa's 97 county jails 47% will pursue civil commitment of inmates with serious mental illness, either by attempting to place the individual in treatment off site, or by forcing medications. The remaining 53% of jails do not attempt this.

C. Post-Release Efforts

Recidivism occurs when a person who has previously been involved in the criminal justice system gets re-arrested or charged with a new crime, and thus re-enters the system. Approximately 75% of mentally ill inmates in local jails have prior convictions.²² Efforts to prevent recidivism and thus prevent the individual from returning to jail, are known as "post-release" efforts. Post-release efforts are typically individualized supports designed to address the person's basic needs and targeted towards addressing the reasons why the person may have become involved in the criminal justice system in the first place. Providing access to consistent mental health treatment, medications, housing, transportation and other resources the individual may be eligible for are all examples of excellent post-release efforts. The following program feature is an excellent example of one Iowa jails in-house jail diversion efforts extending beyond the walls of the facility to assist individuals who have left the jail and re-entered the community.

**Program Feature: Jail Based Service Coordinators in Pottawattamie County
and the Southwest Iowa Mental Health Region**

In 2015 a group of stakeholders gathered to discuss gaps in available services in Pottawattamie County. The group recognized that there was a significant gap between incarceration and gaining or maintaining services and stability. As a result, the Pottawattamie County Sheriff's Office partnered with the Southwest Iowa Mental Health and Disability Services (SWIA MHDS) Region to provide Jail Based Service Coordinators. In the summer of 2016 two Jail Based Service Coordinators began working out of the Pottawattamie County Jail. The Coordinators provide re-entry assistance and link inmates to services upon their release from the Pottawattamie County Jail and all jails in the SWIA MHDS Region. Upon inmate request the Jail Based Service Coordinators help inmates with services such as substance abuse treatment, follow-up medical or mental health services, Medicaid applications, medication programs, housing, job readiness, and more. The Jail Based Service Coordinators follow-up with released inmates in the 30 days after the inmate is released to ensure they have connected to services and provide further assistance as needed. Each inmate working with the Jail Based Service Coordinators is provided their contact information and the Hope4Iowa crisis line information prior to release from jail. For individuals with significant needs, Service Coordinators have the option of making a referral to Region Service Coordination.

In the first two months after introduction in Pottawattamie County, 167 inmates requested assistance from the Coordinators. Since introducing the program to other jails in the region the total requests for assistance have increased to 260. The Jail Based Service Coordinators are in position to make a positive impact in many ways. Connecting inmates to services to use upon their release will provide tools to help them work towards success. We are encouraged by the overwhelming reception of the program and look forward to seeing the impact to the individuals, the jails, and the communities within the SWIA MHDS Region.

-Tiffany Mass, M.A., CJM
Jail Administrator, Pottawattamie County Jail

One of the most critical components of a successful re-entry plan for an inmate returning to the community is consistent, affordable access to mental health medications and treatment appointments. Someone who has just been released from jail will likely have many barriers to obtaining treatment and medicines in the community. Because Medicaid health insurance often terminates for individuals who have been jailed, and because of transportation or other barriers, individuals who are being released from jails face hurdles to maintaining access to treatment and need time and resources to do so. Staff at several jails DRI visited indicated that inmates leaving their facilities are given a small supply of their medications to take with them. Some jails arrange for the prescriptions inmates received to be available for them at pharmacies in the individual's local community. MHDS Regions have also been stepping up to work with individuals leaving county jails, by assisting them in procuring mental health medications and by setting up and funding mental health outpatient treatment appointments. Often MHDS staff who work with their

local jails will form client relationships with the individual inmates, and follow up with those individuals after they leave the jail via case management and other resources. Some MHDS Regions have gone further and dedicated significant time and resources to combat this issue. The program featured below exemplifies one such effort.

Program Feature: Heart of Iowa Community Services Region Post-Booking Jail Alternatives Program and Post-Release Transitional Housing

The Heart of Iowa jail diversion program got its start in Dallas County in 2009. The program has grown by leaps and bounds since that time as needs have been identified including encompassing all of the counties in the Heart of Iowa region beginning in July 2014. The goal of the HICS Jail Alternatives Program is to reduce recidivism while offering therapeutic community alternatives to incarceration.

Upon booking into the jail, each individual is screened for a history of mental health, substance use, intellectual disability, or brain injury. Their medication history is also requested. While in the jail, each individual is offered a substance abuse screening. If identified as a need, further evaluation and services are offered. Should an inmate request mental health services, they have access to a licensed mental health therapist for evaluation and ongoing counseling. We offer telepsychiatry in each of our jails which includes medication management. Though the jail does work with a medical company, mental health medications through our program are ordered through a local pharmacy in the community so individuals have access to medications upon release from jail.

Our program has dedicated staff who work with individuals in the jail and also attend court days to work with the county attorneys and public defenders. The dedicated staff coordinate MH and SA evaluations and placements at treatment centers. The region is also able to offer transitional housing at Hope Wellness Center in the form of a residential two phase program. Phase one focuses on mental health and substance abuse. Phase two moves toward community housing and employment while still focusing on mental health and substance abuse. Staff determine which phase they are appropriate for by utilizing a risk assessment to determine to high risk or low risk.

Whether individuals are going to transitional housing, treatment, or to their own homes in the community, dedicated staff work with them to ensure they have services set up when they leave the jail. If an individual is sentenced to prison, staff follow them through their term and interact with the re-entry coordinator to offer services upon their release.

It seems as though we are constantly adding new services to our program as needs grow. In Dallas County, we are very fortunate to work with an amazing Jail Administrator and County Attorney who see the unlimited potential in getting people the help they need. I see the program continuing to grow throughout our region.

-Darci Alt, CEO
Heart of Iowa Community Services Region

End Notes

- ¹ Photo credit: Meltwater (photographer) (June 20, 2007). *Jail Cells (Open)* [digital image]. Retrieved from <https://www.flickr.com/photos/meltwater/578304919>.
- ² Justin Carmody, *Reentry for Safer Communities Effective County Practices in Jail to Community Transition Planning for Offenders with Mental Health and Substance Abuse Disorders*, NATIONAL ASSOCIATION OF COUNTIES AND THE DEP'T OF JUSTICE, BUREAU OF JUSTICE ASSISTANCE, 10 (Sep. 2008), available at <https://www.justice.gov/sites/default/files/testimonies/witnesses/attachments/2009/09/15/2009-09-15-ojp-leary-mental-illness.pdf>.
- ³ Mark R. Munetz, M.D. Patricia A. Griffin, Ph.D, *Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness*, PSYCHIATRY ONLINE (Apr. 2006) available at <http://ps.psychiatryonline.org/doi/full/10.1176/ps.2006.57.4.544>. See also SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, available at <http://www.samhsa.gov/gains-center>.
- ⁴ For a more detailed explanation and additional resources see: Jessica Peckover, *Jail Diversion in Iowa*, THE IOWA COUNTY (Feb. 2016) [hereafter Jail Diversion in Iowa] available at http://www.iowacounties.org/wp-content/uploads/2016/02/64578_IACty-February2016_SP_OPT.pdf.
- ⁵ Frontline, *The New Asylums, Some Frequently Asked Questions* (May 2005) at <http://www.pbs.org/wgbh/pages/frontline/shows/asylums/etc/faqs.html>.
- ⁶ See Jail Diversion in Iowa, *supra* note 4.
- ⁷ Photo credit: Mental Health Association of Portland (March 20, 2014). *CIT Encounter* [digital image]. Retrieved from <http://www.mentalhealthportland.org/spokane-looks-to-portland-for-ways-for-police-to-handle-crisis/>.
- ⁸ Lee Hermiston, *Johnson County to offer Crisis Intervention Training next March*, THE GAZETTE, May 25, 2016, available at <http://www.thegazette.com/subject/news/public-safety/johnson-county/johnson-county-to-offer-crisis-intervention-training-next-march-20160525>; See also Jail Diversion in Iowa, *supra* note 4.
- ⁹ Photo credit: Tony Leys, included in article: Tony Leys, *Mental health programs shifting to Broadlawns*, DES MOINES REGISTER, July 18, 2016, [hereafter Mental Health Programs Shifting] available at <http://www.usatoday.com/story/news/health/2016/07/18/mental-health-programs-shifting-to-broadlawns/87263636/>.
- ¹⁰ See Mental Health Programs Shifting, *supra* note 9.
- ¹¹ See Jail Diversion in Iowa, *supra* note 4.
- ¹² infoNET, *Senate Judiciary Committee Joins Call for Action on Mental Health*, undated, available at <http://www.infonetiaowa.org/news/votes/28-senate-judiciary-committee-joins-ca/>.
- ¹³ See Jail Diversion in Iowa, *supra* note 4. Additional info obtained in interviews with Regional staff.
- ¹⁴ Stephanie Gruber-Miller, *'Access center' jail diversion campus takes shape*, THE GAZETTE, Sep. 28, 2016, available at <http://www.press-citizen.com/story/news/2016/09/28/access-center-jail-diversion-campus-takes-shape/91214692/>.
- ¹⁵ Known counties operating post-booking jail diversion programs as of 10/14/2016: Black Hawk, Dubuque, Johnson, Iowa, Linn, Polk, Scott, Appanoose, Davis, Wapello, Mahaska, Lee, Des Moines, Henry, Jefferson, Keokuk, Louisa, Washington, Van Buren, Story, Woodbury, Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby, Calhoun, Sac, Crawford, Buena Vista, Ida, Carroll, Hamilton, Boone, Hardin, and Franklin.
- ¹⁶ Based on information given in interviews with MHDS Regional staff, or data included in current budget documents, the following mental health regions are providing jail diversion as a core plus service: Central Iowa Community Services, County Social Services, Heart of Iowa, Mental Health and Disability Services of the East Central Region, Polk County Health Services, Rolling Hills Community Services, Sioux Rivers Mental Health and Disability Services, South Central Behavioral Health Region, Southwest Iowa MHDS Region.
- ¹⁷ Photo credit: Unity Point Health Trinity, *Local provider UnityPoint Health® - Robert Young Center awarded \$3.1 million contract to manage crisis behavioral health services in five eastern Iowa counties*, Jan. 25, 2016, available at <https://www.unitypoint.org/quadcities/article.aspx?id=b6a7828a-d0a4-448b-b375-f938e8603c03>.
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- ¹⁹ Derrick Sullivan, *Mental Health Court marks successful first year*, THE DAILY NONPAREIL, Dec. 26, 2015, available at http://www.nonpareilonline.com/news/local/mental-health-court-marks-successful-first-year/article_13609838-be9d-5646-8f60-1079c537974a.html.
- ²⁰ *Southwest Iowa MHDS Region Mental Health and Disability Services Management Plan Annual Service and Budget Plan FY16/17*, available at <https://dhs.iowa.gov/sites/default/files/15-SW-IA-FY17-ASBP.pdf>.
- ²¹ Iowa Code §229 (2016).
- ²² Doris J. James and Lauren E. Glaze, *Mental Health Problems of Prison and Jail Inmates*, Dep't of Justice Bureau of Justice Statistics (Rev. Dec. 2006) available at <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>.