

IT IS NOT A CRIME TO BE MENTALLY ILL

A Little known fact is Wayne County Jails has the largest jail based mental health department in the State of Michigan and possibly the country. The Department services over 3,000 mentally ill consumers each year.

When a person enters the jails, they receive a cursory mental health screening. If they either self report a history of mental illness or display unusual behaviors, they are referred to the Reception and Diagnostic Center for further evaluation. If appropriate, they are admitted and their level of care and scope of services are determined by their treatment team. The mental health department services include medication monitorence, individual, group and activities therapy, and discharge planning. The goal of the department is to stabilize psychiatric symptoms and provide mental health education in order to increase treatment compliance once released from the jails. Studies show that many mentally ill people become disconnected from treatment and/or medication prior to coming into contact with law enforcement. Therefore remaining connected to and compliant with treatment hopefully will result in reducing jail recidivism. The mental health department is also a vital service to jail operations because it helps manage an otherwise difficult population.

In 1996, a clinician by the name of Lavinia Ruckes- Ekong, ACSW developed the Behavioral Health Criminal Justice Diversion Program. This program works with judges, attorneys, and mentally ill consumers to develop treatment based sentencing options for Third Circuit Court. Ms. Ekong and her staff Ms. Sybil Sartin receive referrals from the court, attorneys, and probation officers requesting housing and treatment programs to suit the needs of this population (the court recognizes that low-level offenders often come in contact with law enforcement as a result of being disconnected from treatment and/or needed medication to stabilize their psychiatric symptoms). Upon receipt of the referral, jailers are evaluated to see if they meet program eligibility. Typically a person charged with a probationable offense and desire treatment as part of their Order of Probation is eligible. Once eligible, the jailer is evaluated to determine what services are needed to remain compliant with treatment and their Order of Probation. Once services are assessed, the Court Liaison, Ms. Sybil Sartin, MSW, goes into the community to locate, access and secure a space in the most appropriate program (s) to suit the jailers' needs. The Court Liaison then develops a Case Disposition Recommendation to the court. The court adopts the recommendation over 90% of the time. Twenty-four hours after sentencing, the program picks the jailer up from jail with a two-week supply of medication. The court warmly embraces this program because it provides options previously not available. For more information about these two programs, please contact Ms. Lavinia Ruckes-Ekong, Department Manager at (313) 224-5117.

WAYNE COUNTY JAIL HEALTH SERVICES
MENTAL HEALTH DIVERSION PROGRAM

ATTENTION ATTORNEY'S

DID YOU KNOW?

- ◆ That Wayne County Jail has a Mental Health Diversion Program
- ◆ The program is designed for WCJ detainee's who have Mental Illness or a Developmental Disability
- ◆ The detainee must currently be charged with a non-violent felony offense coupled with a non-violent history
- ◆ The Detainee must consent to all program participation requirements

FOR MORE INFORMATION PLEASE CALL (313) 224-4660

WAYNE COUNTY JAIL BEHAVIORAL HEALTH CRIMINAL JUSTICE DIVERSION PROGRAM

(313) 224-4660 Fax (313) 224-4698

CONSENT FORM

PARTICIPATION

I, _____ Soc.Sec. #: _____

D.O.B (mm/dd/yy): _____ CTN No: _____

Agree to participate in the Wayne County Jail Behavioral Health –Criminal Justice Diversion Program and understand that the Community Court Liaison will provide my Case Disposition Recommendation to attorneys, and court personnel in order to secure mental health and support services as part of my court disposition. I give permission for this information to be provided in order for this service to be performed on my behalf.

I have discussed this program with my attorney. I understand that the court will review and approve any arrangements and that alternatives may be revoked if I do not cooperate and comply with requirements. I also understand that I can revoke this consent, at any time, by notifying my attorney, assigned treatment team or court liaison in writing to rescind my consent. Revoking this consent will make me ineligible for this diversion program.

Name/ Date

Witness/ Date

I refuse to participate in the Wayne County Jail Behavioral Health Criminal Justice Diversion Program.

Name/Date

Witness/Date

Wayne County Jail
Behavioral Health – Criminal Justice
Diversion/Alternative Program
 Ph. (313) 224-5117; Fax (313) 224-4698

REFERRAL & FEEDBACK FORM

Name: _____ D.O.B _____ Date: __/__/__
 Housing Unit: _____ Soc. Sec. #: _____
 Booking # _____ Booking Date __/__/__ CTN #: _____
 CIN # _____ LEIN Clearance: _____

Charges	Bond	Docket #	Court Date/ Purpose	Judge & Clerk Name & Ph. #	Court Rm #	Prosecuting Attorney Name & Ph. #
						Defense Att. Name & Ph. #

Reason for Referral: _____

Referral Source (name/Title Org): _____ Date __/__/__

PROSECUTOR'S OFFICE FEEDBACK

Meets Eligibility Criteria: Y/N
Explanation: _____

Forwarded Referral to Prosecutor: __/__/__	Received Referral Feedback from Prosecutor
	Forwarded Disposition to Prosecutor

Assigned Court & Community Liaison: _____ Date: _____

DEFENSE COUNSEL'S FEEDBACK

__/__/__ Date CCL Forwarded Disposition to Defense Counsel

1. Visited with Client & Explained Program & Legal Options Yes No Date: __/__/__

2. Competency Evaluation Pending? Yes No Projected Date: __/__/__

3. Yes, I and the client CONSENT to the Plan or
 No, I or the client DOES NOT Consent to the Plan Date: __/__/__

4. Please Explain: _____

Defense Counsel Signature: _____ Date: __/__/__

Court & Community Liaison Signature: _____ Date of Receipt of Referral: __/__/__