Sequential Intercept Model Mapping Report for Douglas County, NE

Prepared by: Policy Research Associates, Inc.

Travis Parker

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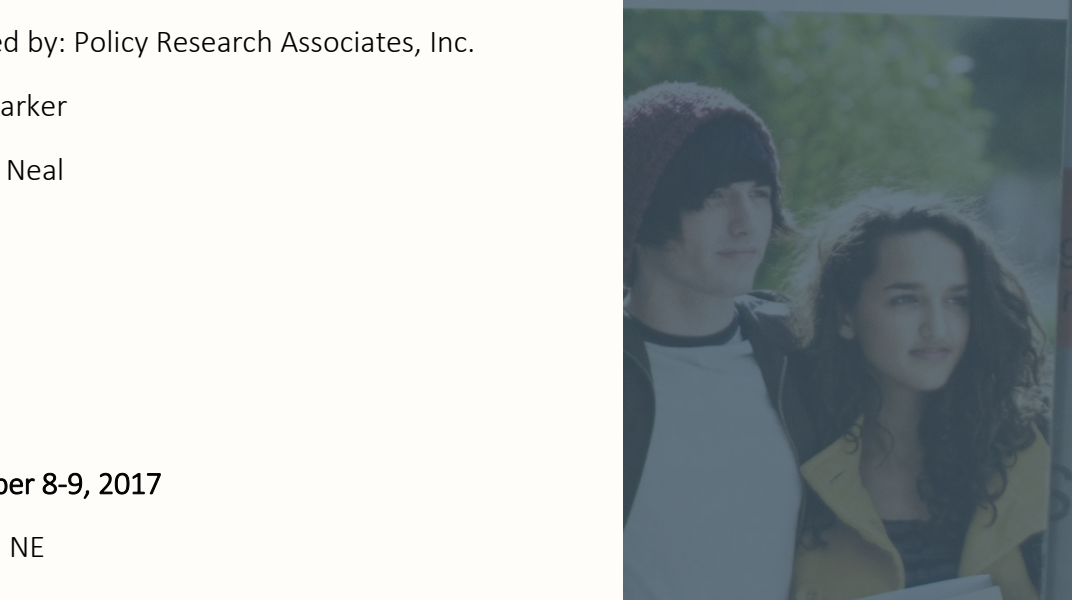
November 8-9, 2017

Omaha, NE



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POLICY RESEARCH ASSOCIATES

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Final Report
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RECOMMENDED CITATION

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Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

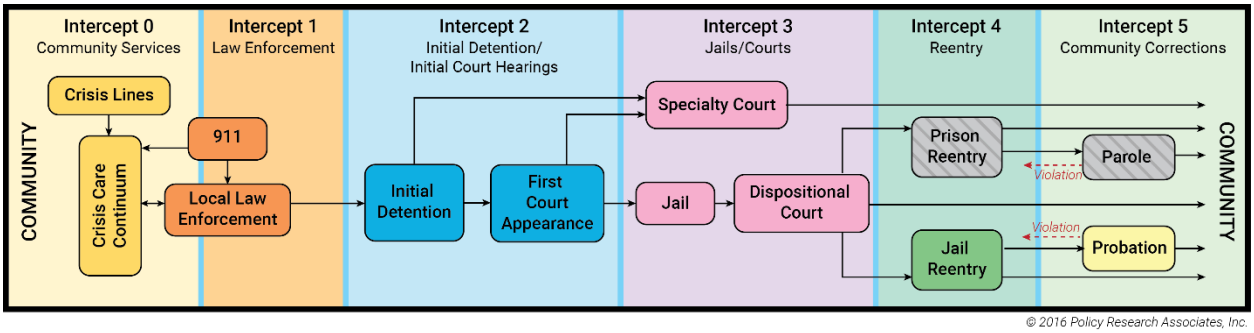
A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population



[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

AGENDA

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Sequential Intercept Mapping

AGENDA

Douglas County, NE

November 8, 2017

8:00 **Registration**

8:30 **Opening**
- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!
- Keys to Success

The Sequential Intercept Model
- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up
- Review

4:30 **Adjourn**

There will be a 15 minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

AGENDA

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Sequential Intercept Mapping

AGENDA

Douglas County, NE

November 9, 2017

8:30 **Registration and Networking**

9:00 **Opening**
- Remarks
- Preview of the Day

Review
- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

12:30 **Adjourn**

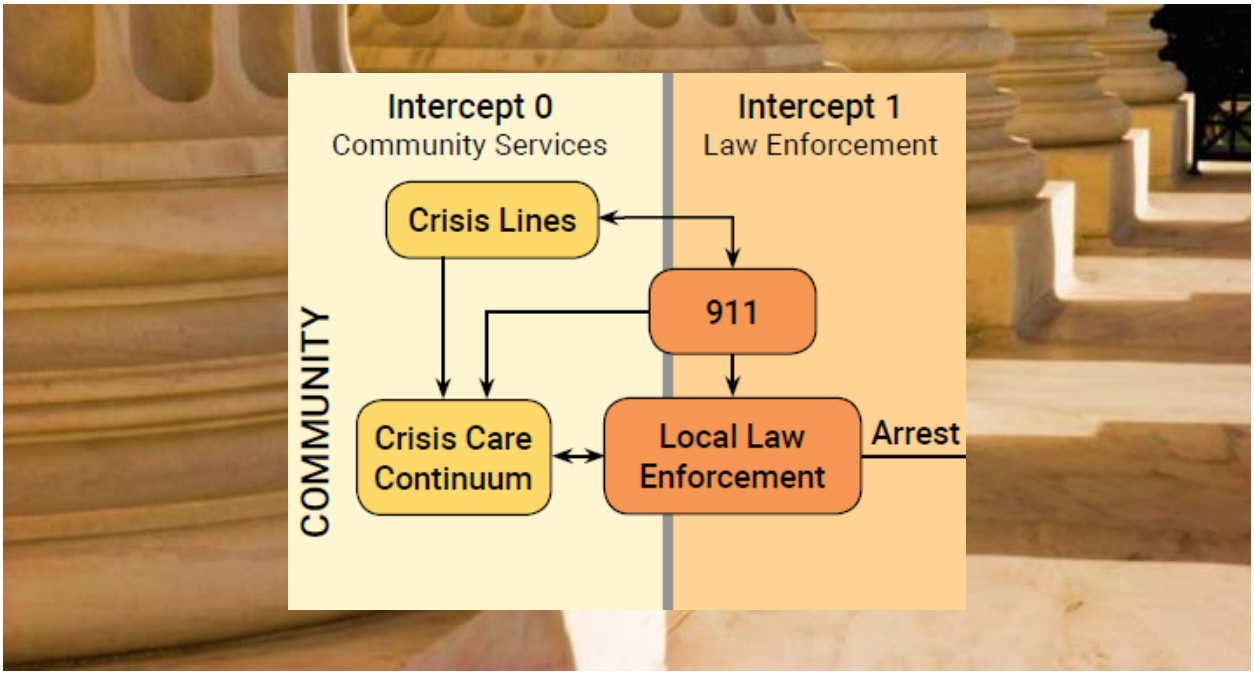
There will be a 15 minute break mid-morning.

Sequential Intercept Model Map

For Douglas County, NE

Resources and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.



INTERCEPT 0 AND INTERCEPT 1

RESOURCES

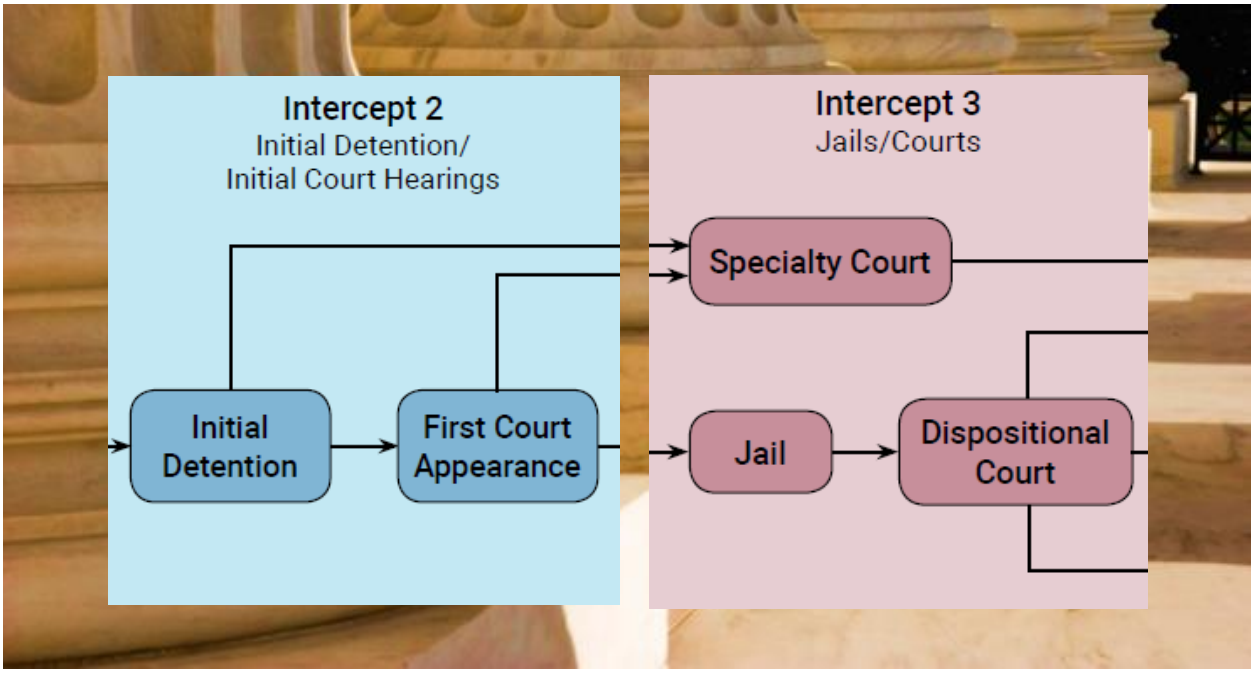
- Community Alliance provides street outreach, as part of a community collaborative team. Homeless staff goes into the Douglas County jail and community corrections to help develop discharge plans.
- Families call Community Alliance's Family Education program when in crisis with law enforcement and when family members are incarcerated.
- Community Alliance has a new program with four additional peers serving in shelters. Their role is to assist with reducing crisis experienced by persons currently in shelter.
- The Veteran Justice Outreach Specialist (VJO) acts as the liaison between the VA with its treatment resources and the local criminal justice system. The VJO located in Omaha does outreach in local jails while the VJO located in Lincoln is a hybrid position that also does outreach in Nebraska prisons.
- There is new guidance and new rules being developed on veteran's eligibility for emergency mental health services. Veterans who served in the military who are not eligible for VA medical care may now be eligible for care at the VA in the event of a mental health emergency such as suicidal and/or self-harming thoughts or urges.
- The VA has a National Crisis Line with clinically trained individuals that can respond 24 hour per day.
- The VA hospital is a full service hospital that provides in-patient and outpatient medical care to eligible veterans.

- VA treatment services includes mental health and substance use disorder programs
- The VA Mental Health Specialty program includes:
    - Health Care for Homeless Veterans (HCHV),
    - Housing and Urban Development/Veterans Admin Supportive Housing (HUDVASH),
    - Grant and Per Diem (GPD) Veterans Justice Outreach and Health Care for Re-entry Veterans (VJO and the hybrid VJO/HCRV), and
    - Mental Health Intensive Case Management which is a home-based service program (MHICM).
- Crisis Intervention Training (CIT) :
    - Four (4) of 20 Douglas County 911 dispatchers are trained in CIT.
    - 20% of the Omaha Police Department's sworn officers are trained in CIT.
    - Sixty-nine (69) of 125 sworn deputies in the Douglas County Sheriff's Office are trained in CIT.
    - CIT training is currently offered two times a year, three classes will be offered beginning 2018.
    - A grant was awarded to fund a CIT Coordinator 30 hours/week.
- A Peer Specialist offices at the Omaha Police Department.
- There is a warm line staffed by 12 peer specialists provided by Safe Harbor, operated by Community Alliance.
    - The warm line can provide transitional support following a mobile crisis team intervention. Mobile crisis staff provides Safe Harbor warm line number and location if they feel it is needed.
    - Calls can be transferred back and forth as needed between 911 operators and Safe Harbor staff.
    - Safe Harbor provides an up to 24 hour stay for people who are in crisis and whose needs do not meet the inpatient psychiatric level of care.
- The Crisis Response Program consists of a Mobile Crisis Team with a 22 minute average response time.
    - The Crisis Response Program also provides a 90-day stabilization and supportive service. This includes mental health therapy, medication management, prescription assistance and samples when available, as well as case management through the Salvation Army's Emergency Community Support program.
- The social detox program has 16 beds that can be utilized for 3-5 days.
- There are 10 civil protective custody beds that are operated by the social detox program.
- Social detox and civil protective custody are operated by the Douglas County Community Mental Health Center (DCCMCH).
- The DCCMHC has a triage therapist to assist individuals with accessing care.
- The DCCMHC offers a peer support program.

- When incidents occur in residential treatment, CIT officers are requested to respond to defuse the situation.
- CHI (Catholic Health Initiatives) System
    - Lasting Hope Recovery Center operates an Assessment Center, which is a 24-hour psychiatric triage service allowing for quick drop off for law enforcement.
    - Most clients that are in emergency protective custody will go to Lasting Hope rather than being brought to the emergency room (trend over last couple of years).
    - CHI Health has 149 adult inpatient psychiatric beds in Douglas County, which does not include DCCMHC, NE Medicine, or Fremont.
    - There are 7 integrated primary care clinics affiliated with CHI Health System, at nine locations.
    - There is also a clinic for individuals who experience first episode psychosis (35th and Dodge Street).

GAPS

- There is a need for community-based, peer-run, and affordable services.
- There is a need for peers within the agencies across intercepts and in emergency rooms.
- Peer-run preventative program
- The mental health respite center, operated by the Salvation Army, is at capacity and there is generally a waiting list.
- There is no difference in the dispatch process for CIT dispatchers versus non-CIT dispatchers.
    - Current CIT training is not geared for dispatchers or EMS, but dispatchers still reported positive benefits from participation
    - There is no specialized response by dispatchers for people with mental illness.
    - There is no coding available for mental health calls.
    - Notice of mental health needs or crisis is not made in many cases until after the officers arrive on scene.
    - As CIT is built out more, officers may increasingly request CIT-officers to a scene if they are trained and are encouraged to do so.
- Explore the benefits of a practice change where CIT officers are dispatched to 911 calls with mental health crisis/concerns.
- Explore the benefits of a practice change where law enforcement has a consistent process to identify veterans at arrest or on scene.
- Mobile Crisis Response can only be activated by certain agencies (law enforcement, shelters and NE Behavioral Helpline).
- The Medicaid definition for Peer Support is narrow and limits the number of contacts that can be paid by Medicaid.
- There are no national accreditation standards that address the “protective custody” service.



INTERCEPT 2 AND INTERCEPT 3

RESOURCES

Douglas County Department of Corrections (DCDC)

- Bond is set 1-3 days post-arrest.
- The booking officer does screenings, which includes questions about mental health.
- A mental health screening is conducted.
- Correct Care Solutions (CCS) also conducts screenings and referrals:
    - Medical screen
    - Referrals to medical/behavioral health staff
    - Verification of medication
    - Ensure medication has been received within 24 hours
    - Detox/infirmary
- CCS receives a list of people with histories of mental illness or use of psychotropic medications from the Board of Mental Health on a daily basis.
- CCS employs 4 licensed mental health clinicians.
- Mental Health Diversion Program
    - A 3-question tool, completed at booking, is used to flag potential candidates for mental health diversion program
    - Case management is provided for those with mental health and substance use disorders

    - Housing, education, and employment support are focus areas for case management
    - Upon completion of the program, charges are dismissed
        - Participation for misdemeanor charges typically lasts 6-9 months
        - Participation for felony charges typically lasts 12-15 months
    - The program has capacity to serve 45-50 people
- Pre-trial Release at arraignment
    - Call-in program (1 time per day)
    - Enhancements are planned for 2018
- Intensive Pre-Release Transitional Program aka intensive case management
    - Serves individuals 18-24 year of age
    - Mental health and/or co-occurring disorders
    - At risk for homelessness
    - Screens for military service
- Virginia Pretrial Risk Assessment is conducted the same day as the court appearance.
- Public Defender will petition the judge for treatment.
- 24/7 Program:
    - Alcohol testing
    - Drug testing (added in 2017)
    - Court referral required
    - Voluntary
    - Charge may be reduced
    - The SCRAM bracelet is used (alcohol detection)
- The average daily population ranges from 1200-1300 inmates, the average length of stay is 21-50 days. The following numbers are estimates:
    - 130 inmates are sentenced
    - 800-900 inmates are awaiting pretrial hearings for felony cases
    - 125 inmates held for US Marshal
    - 50 inmates held for ICE (Immigrations and Customs Enforcement)
- 4 emerging Therapeutic Communities include:
    - Case management
    - Trauma resources
    - Veteran's
    - Faith-based
- Charles Drew Health Center, Inc. and the NE Urban Indian Health Coalition, Inc. provide substance abuse assessments when capacity is available.
- DCCMHC (Douglas County Community Mental Health Center) provides substance abuse assessments.
- The Public Defender's (PD) Office employs a full-time Social Services Coordinator who connects the PD's clients with needed community-based behavioral health services and supports to access upon discharge. Referrals for evaluations are also made.

Community Partners with DCDC; a sampling of the partners includes:

- CenterPointe
- VA
- Wellspring, operated by the Omaha Salvation Army
- Women's Center for Advancement (WCA)
- Lutheran Family Services
- ReConnect, Inc.
- Life Skills Program; Community Action Partnership of Mid-Nebraska
- Heartland Family Service

Drug Court:

- The current population is approximately 125
- Referred by defense attorney to prosecuting attorney
- High risk/high needs clients
- The program has 3 phases and takes 18-24 months to complete
    - The first phase is usually 4-6 months
- Felony charges will be dismissed in exchange for successful completion of the program

Young Adult Court (YAC):

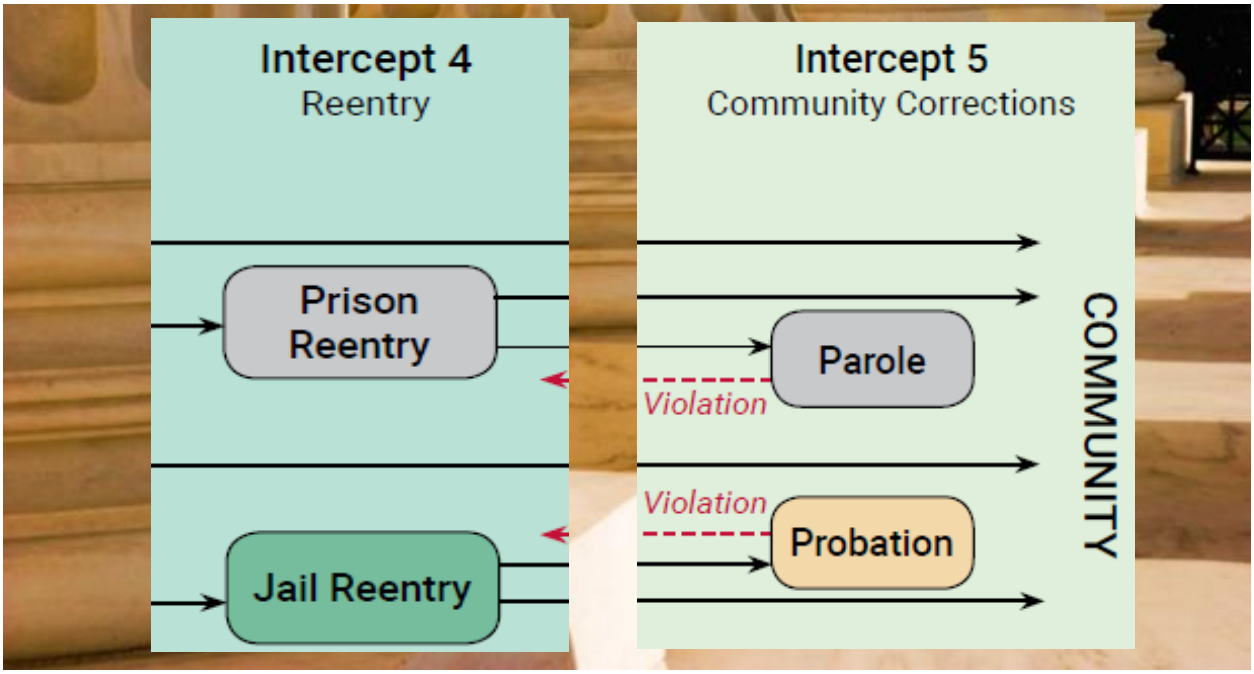
- There are 30-40 offenders in the program between 16-22 years old
- YAC is specifically for first time felony offenders
- The program takes 18-24 months to complete with the final phase being probation
    - In phase three, the felony conviction is reduced to a misdemeanor
- Offenders are screened by the Young Adult Coordinator

Veterans Treatment Court:

- There are currently 21 persons involved, with a capacity to treat 25 offenders who have a felony charge
- This program takes 18-24 months to complete
- Any discharge status from the military qualifies
- Lutheran Family Services of Nebraska's (LFS) At Ease program provides therapeutic and trauma treatment to veterans

GAPS

- Bonds:
    - A majority of people wait in jail to appear before a judge for bond to be set
    - Bonds are often set at high amounts
    - The Virginia risk assessment tool is not consistently applied
- At the time of screening, most Drug Court participants receive a referral for a substance abuse assessment. At times, some individuals must secure their own assessment.
- There is a gap between the time of referral and to the screening appointment (to determine eligibility) and to the time a client is admitted to Drug Court. The process of screening to determine eligibility has not been in effect long; therefore solid timeframe data is not available at this time.
- Length of stay for some inmates is longer as they are waiting for community-based treatment services to become available.
- There are several weeks between arraignment and the next court appearance due to the docket size and the need for more judges.
- 22-25% of inmates has a serious and persistent mental illness and are prescribed psychotropic medications.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES

- Douglas County was awarded a grant for re-entry specialists who recently completed a large data collection project; analysis and report (forthcoming).
    - Will provide case management, assessment, etc.
    - Will help establish therapeutic communities in the jail and provide case management services throughout the jail
- Correct Care Solutions has a discharge planner.
- Mental health diversion and intensive case management do more of an in-reach model.
- There is a full-time peer support specialist with the intensive case management program.
- Nebraska Department of Correctional Services (NDCS) works with community providers on discharge planning.
- There is an 8 week training academy with in-house local training for probation.
    - Professionals/experts from the community are invited to provide mental health training
- The District 4A probation department has 65 probation officers with a total of 125 staff members.
- There are 12 misdemeanor court Judges and 16 felony court judges.
- Probation also serves felony level 3, 3A & 4 offenders who are sentenced to jail or prison.
- Some felony offenses have mandatory probation at the end of their sentence

- Probation has Specialized Caseloads (with 60-70 persons per caseload) for:
    - Veterans Treatment Court specialized caseload
    - Young Adult Court
    - Sex Offenders
    - Gang Unit
    - Specialized Substance Abuse Supervision
    - DUI
    - Domestic Violence
- There are two Day-Reporting centers in Douglas County
    - Moral Reconation Therapy (48 classes per week)
        - Trauma Group
        - DBT
        - Employment
        - Pre-Treatment
        - Relapse
    - 3 licensed treatment officers serve the mental health population
    - Each treatment officer serves approximately 50 people/caseload
- Vouchers are available for mental health, treatment and housing.
- Nebraska Department of Correctional Services provides 30 days of medication with two refill scripts.

GAPS

- There is a need for better access to housing.
- There is a need for coordination between all the re-entry program options.
- Waiting lists at community-based providers (medication prescribers) is at least two weeks, which is longer than the 7 day supply of medications that is provided upon release from jail.
- There is no “warm hand off,” which creates a gap in the medical oversight that is needed for people on medication.
- There is no formalized or consistent effort to reinstate Medicaid and other benefits prior to release from jail.
- There are currently 15 open probation positions.

PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on November 8-9, 2017. The top three priorities are listed in italicized text.

1. *Increase utilization of mobile crisis and addition of co-responder model (16 votes)*
2. *Coordinate and expedite court processes from arraignment to the next court appearance (12 votes)*
3. *Timely medication management appointments upon discharge from corrections (12 votes)*
4. Forensic unit and continuum of forensic services for persons with mental illness and violence (11 votes)
5. Create a specialized psychiatric emergency department (10 votes)
6. Coordinate release/discharge processes from jail (10 votes)
7. Increase public awareness of Intercept 0 resources (7 votes)
8. Increase utilization of peer support staff across Intercepts (5 votes)
9. Create easier access to residential treatment and other community-based programs for persons who are in jail (5 votes)
10. Increase capacity for community case management and in-reach into jail (4 votes)

11. Increase housing options for justice-involved persons with behavioral health issues (4 votes)
12. Improve cross-training, as well as a model of coordination/communication between 911, law enforcement, mobile crisis, the VA, etc. (3 votes)
13. More diversion from arrest to treatment-Intercepts 0 and 1 (1 vote)
14. Create community access to mobile crisis (1 vote)
15. Greater buy-in amongst public officials to invest in services instead of incarceration (1 vote)
16. Mission-specific housing within correctional facilities (0 votes)

Action Plans-Strategies Discussed During SIM Small Groups

Priority Area 1: Increase Utilization of Mobile Crisis and addition of co-responder model.			
Objective	**Action Step**	**Who**	**When**
- Increase utilization	- Telehealth - Identify funds - Training (CIT) - Increase awareness - Explore additional access points - Measure increased use by Law Enforcement	- Region 6 - Lutheran Family Services - Metro Law Enforcement - Consumers - Other community partners	- Fall 2018
- Define services provided by DCCRT	- State definition as it stands - Review/modify as needed, survey community partners that want to access crisis response systems and evaluate results	- Lutheran Family Services - Region 6 - Division of Health and Human Services	- Winter 2017 - Spring 2018
- Co-responder	- Develop pilot - Service definition - Secure funding - Stakeholder buy-in	- Lutheran Family Services - Metro Law Enforcement - Region 6 - Consumers - Funders	- Spring 2018
- Triage with 911/dispatch	- Implement code (Mental Health) to designate/identify mental health response - Develop questions for call takers - Explore CIT training for call takers	- 911 - Law Enforcement upper command - Lutheran Family Services	- Winter 2017 - Spring 2018

		- Heartland Family Services	
- Increase Post Crisis Services	- Secure funding, evaluate needs and services	- LFS - Salvation army - Region 6	- March 2018-Fall 2018
- Warm hand off to EMS	- Explore legislation - Review other jurisdictions	- EMS - Metro Law Enforcement - Region 6 - Community stakeholders - Consumers	- Fall 2018
- Expand EPC authority to LIMHP, EMS, Doctor 'others'	- Explore legislation - Review other jurisdictions	- Licensure - EMS - Metro Law Enforcement - Region 6 - Community stakeholders - Consumers - MD's/Doctors - Co. Attorney's office	- Fall 2018


Priority Area 2: Create a specialized Psychiatric Emergency Service.			
Objective	**Action Step**	**Who**	**When**
- Define and continue effort to create emergency department	- Share and distribute information, explore specifics of the model board approval, reconvene community work group	- Board (Approval) - Region 6 - Community - Work groups - Managed care and other third party payers - Consumer input	2017
- Funding			
- Provider			
- Explore workforce issues			

Priority Area 3: Coordinate/expedite court process from arraignment/bond hearings to next court appearance.			
Objective	**Action Step**	**Who**	**When**
- Have the providers utilize the daily arrest report to the fullest potential	- Are the right providers getting the report? - Develop process to use the report and communicate with the jail efficiently - Develop training on arrest report - How do you get and use an arrest report?	- DCDC - Region 6 - Community providers	
- Early identification of individuals with serious and persistent mental illness and indigent individuals	- Douglas County Department of Corrections (DCDC) should assist and connect individuals with navigating to the next steps (peers, attorney, case manager)	- Team TBD	
- Renew Veteran blueprints for discharge to services	- Map out current time frames - Identify strategies to improve Veteran blueprints for discharge to services		

Priority Area 4: Forensic Unit and Services			
Objective	**Action Step**	**Who**	**When**
1. Define forensic unit - Target population, physical location, trauma informed layout, scope, geographical	- Research models - Funding for tour of a site visit consultation	- DCDC - CMHC - Region 6 - Peers - CHI - Each County	- 2018 - 6 months
2. Define continuum of forensic services - Services provided, staff identified, must include peer support	- Research models - Funding for tour of a site visit consultation - Identification of funding providers	- DCDC - CMHC - Region 6 - Psychiatrists - Peers - CHI - Each County	- 2018 - 6 months
3. Funding/champions - Stepping Up Director/Region 6 ongoing meetings	- Research current providers and cost expenditures to support the Forensic Unit through re-allocation (all county) - List of stakeholders	- DCDC - State - Emergency Room - Region 6 - Psychiatric Input - County Attorneys - Peers - Each county	- 2018 first quarter data analysis - 2018-2019


4. Education/training/IT	- Research and establish CJ 101 for Behavioral Health and Behavioral Health 101 for corrections	- Peers - Law Enforcement - DCDC - Mental health and behavioral health providers - Each county	- 2018 first quarter - 2018 (second quarter) identify on-going time line

Priority Area 5: Timely Access to Medication Management			
Objective	**Action Step**	**Who**	**When**
- Identify process upon intake of medicine/community resources (current) - If there is no provider →	- Research and evaluate individuals upon intake (data) - Communication of information to providers - Get to one process with discharge planning		
- Investigate other models to expand pool of providers	- Develop corrections task force - Explore who is on the list who can also participate	- Region 6 - VA - CHI - Peers - Corrections - Heritage Health Providers	
- Streamline roll within corrections	- Develop corrections task force - Explore who is on the list who can also participate	- Region 6 - VA - CHI - Peers - Corrections - Heritage Health Providers	
- Investigate benefits of individuals	- Develop corrections task force - Explore who is on the list who can also participate	- Region 6 - VA - CHI - Peers - Corrections - Heritage Health Providers	

- Access to medication	- Develop corrections task force - Explore who is on the list who can also participate	- Region 6 - VA - CHI - Peers - Corrections - Heritage Health Providers	
- Communications with corrections to increase timely access upon discharge	- Cross education with corrections and community providers		

Priority Area 6: Better identifying high risk/high need inmates at jail screening			
Objective	**Action Step**	**Who**	**When**
Data Driven Justice	- Partner with University of Nebraska to improve screening based on data - Re-use tool	- DCDC - DCDC	
Understand agency/provider expectations and requirements	- Create a template - Distribute with a timeline - Identify barriers - Identify barriers to problem solving - Create workgroups - Explore capacity issues	- Workgroup	
Enhance “in reach” and warm handoffs	- Explore technology - Increase partner involvement - Create problem solving reentry group	- Workgroups	
Obtaining or reinstating benefits/identification	- Identify barriers - Identify agencies that can provide assistance		

RECOMMENDATIONS

1. Develop a comprehensive Behavioral Health Continuum of Care that is integrated with the forensic mental health initiatives.

- Expand CIT Training and coordinate across each of the police entities in the surrounding municipalities, dispatchers, fire fighters, and probation officers.
- Provide Mental Health First Aid training to all uniformed officers.
- Expand crisis care treatment interventions and services.

To be effective, mobile crisis must be adequately staffed to respond promptly to crisis calls. More communities are coordinating mobile crisis team responses with law enforcement especially during peak call hours and allowing for the community to directly contact mobile crisis teams, rather than having people go through law enforcement to get on-site assistance. Some jurisdictions are co-locating services or embedding clinicians in police district headquarters. Often these services are augmented by providing telephone or videoconference consultation to law enforcement. Over the past few years, the Substance Abuse and Mental Health Services Administration (SAMHSA) and many states have begun to identify a "Continuum of Care for Crisis Services." In addition, states including Texas, New York, Virginia, and California have state-funded initiatives to enhance crisis services in communities.

- Ensure that expansions in forensic mental health services do not increase reliance on justice system involvement in order to receive treatment or services.
- Explore ways to optimize integration of behavioral health services into the healthcare system to reduce the involvement of people with mental illness or co-occurring disorders in the justice system.

Care must be taken to ensure that mental health services are created for the purpose of diversion rather than continuing a history of channeling people into the justice system in order to receive treatment. Mental health and substance use treatment inside criminal justice agencies should be intended only for those who cannot safely be treated in the community while awaiting trial or those who are serving sentences.

2. At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.
Improving cross system data collection and integration is key to identifying high user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

Data collection does not have to be overly complicated. Coding calls and outcomes can lead to a return on the investment in both time and funds. For example, some 911 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a "warm handoff" or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

At the jail phase, consistent and accurate screening for mental illness among all defendants at booking can provide valuable information on the numbers of people with mental health or co-occurring disorders who are interfacing with the justice system. Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, etc.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Join the Arnold Foundation and National Association of Counties (NACo) Data Driven Justice Initiative (DDJ). The publication "Data-Driven Justice Playbook: How to Develop a System of Diversion" provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the *Data Analysis and Matching* publications in the Resources section.

3.Expand the utilization of peer support across Intercepts.

Increase the purpose and role of peer involvement and support in every priority and agenda item. Peer support has been found to be particularly helpful in easing the traumatization of the corrections process and encouraging consumers to engage in treatment services. Settings that have successfully involved peers include crisis evaluation centers, emergency departments, jails, treatment courts, and reentry services. Please see the below resources on *Peers* for more information.

4. Develop strategies to provide cross-system training.

Developing effective solutions requires that behavioral health professionals understand the criminal justice system and the environment or circumstances that their patients are experiencing during their justice involvement. Criminal justice professionals should also understand the behavioral health system, which will enable them to better shape services for people with mental illness inside the justice system. It is strongly recommended that both behavioral health and criminal justice partners participate in cross-trainings, participate in "ride-alongs", support shadowing for a day, and engage in other activities to ensure both systems are well understood by all partners and stakeholders.

In addition to trainings to increase understanding of each other's system, behavioral health and criminal justice professionals should regularly participate in trainings together to increase relationships, communication, and understanding around the complexity of the clients they serve. A training needs survey of stakeholders might help to develop and target training focus.

For additional information, see the National Institute of Corrections Crisis Intervention Team training publication, which is specific to jail and prison corrections staff.

Also see *Mental Health First Aid* in the Resources section later in this report.

Also see *Trauma-Informed Care* in the Resources section of this report. One example is the *How Being Trauma-Informed Improves Criminal Justice System Responses* training available through PRA and the SAMHSA's GAINS Center.

To raise general awareness, holding a Forensic Conference to inform stakeholders about the SIM workshop priorities and recommendations may expand awareness of urgent issues, provide an opportunity to solicit input for on-going planning and improve networking and collaboration among stakeholders.

5. Increase and improve housing options.

Communities around the country have begun to develop more formal approaches to housing development, including use of the Housing First model. The 100,000 Home Initiative identifies key steps for communities to take to expand housing options for persons with mental illness. The following resources are suggested to guide strategy development. See also *Housing* under Resources below.

- GAINS Center. Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System

- Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. (2012). Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities. Journal of Forensic Psychology Practice, 12, 382–408.

- Tsemberis, S. (2010). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction. Center City, MN: Hazelden Press.

- Stefancic, A., Henwood, B. F., Melton, H., Shin, S. M., Lawrence-Gomez, R., and Tsemberis, S. (2013). Implementing Housing First in Rural Areas: Pathways Vermont, *American Journal of Public Health*, *103*, 206–209.

- Shifting the Focus from Criminalization to Housing

- Lehman, M.H., Brown, C.A., Frost, L.E., Hickey, J.S., and Buck, D.S. (2012). Integrated Primary and Behavioral Health Care in Patient-Centered Medical Homes for Jail Releases with Mental Illness. *Criminal Justice and Behavior*, published online.

- Built for Zero (formerly Zero: 2016) is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies.

RESOURCES

Competency Evaluation and Restoration

- SAMHSA's GAINS Center. *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial*.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- Substance Abuse and Mental Health Services Administration. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.*
- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness.*
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide.*
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model*.
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.*
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- International Association of Chiefs of Police. One Mind Campaign.

- Optum. In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.
- National Association of Counties. Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- CIT International.

Data Analysis and Matching

- Data-Driven Justice Initiative. Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. *Justice Reinvestment at the Local Level Planning and Implementation Guide.*
- The Council of State Governments Justice Center. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism*.
- New Orleans Health Department. *New Orleans Mental Health Dashboard.*
- Pennsylvania Commission on Crime and Delinquency. *Criminal Justice Advisory Board Data Dashboards*.
- Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois* (See Appendix 3)
- Vera Institute of Justice. *Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.*

Housing

- Alliance for Health Reform. *The Connection Between Health and Housing: The Evidence and Policy Landscape.*
- Economic Roundtable. *Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.*
- 100,000 Homes. *Housing First Self-Assessment*.
- Urban Institute. *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.*
- Corporation for Supportive Housing. *NYC FUSE – Evaluation Findings*.
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.

Information Sharing

- American Probation and Parole Association. *Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing*.
- Legal Action Center. *Sample Consent Forms for Release of Substance Use Disorder Patient Records.*

Jail Inmate Information

- NAMI California. *Arrested Guides and Inmate Medication Forms*.

Medication Assisted Treatment (MAT)

- American Society of Addiction Medicine. *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.*
- American Society of Addiction Medicine. *Advancing Access to Addiction Medications.*
- Substance Abuse and Mental Health Services Administration. *Federal Guidelines for Opioid Treatment Programs*.
- Substance Abuse and Mental Health Services Administration. *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*

- Substance Abuse and Mental Health Services Administration. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Treatment Improvement Protocol 40)*.
- Substance Abuse and Mental Health Services Administration. *Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide*.

Mental Health First Aid

- Mental Health First Aid.
- Illinois General Assembly. *Public Act 098-0195: Illinois Mental Health First Aid Training Act*.
- Pennsylvania Mental Health and Justice Center of Excellence. *City of Philadelphia Mental Health First Aid Initiative*.

Peers

- SAMHSA's GAINS Center. *Involving Peers in Criminal Justice and Problem-Solving Collaboratives*.
- SAMHSA's GAINS Center. *Overcoming Legal Impediments to Hiring Forensic Peer Specialists*.
- NAMI California. *Inmate Medication Information Forms*
- Keya House.
- Lincoln Police Department Referral Program.

Pretrial Diversion

- CSG Justice Center. Improving Responses to People with Mental Illness at the Pretrial State: Essential Elements.
- National Resource Center on Justice Involved Women. Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. The Hidden Costs of Pretrial Diversion.

Procedural Justice

- Legal Aid Society. *Manhattan Arraignment Diversion Program*.
- Center for Alternative Sentencing and Employment Services. *Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors*.
- Hawaii Opportunity Probation with Enforcement (HOPE). *Overview*.
- American Bar Association. Criminal Justice Standards on Mental Health.

Reentry

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*.
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies*.
- The Council of State Governments. National Reentry Resource Center.
- Bureau of Justice Assistance. Center for Program Evaluation and Performance Management.
- Washington State Institute of Public Policy. *What Works and What Does Not?*
- Washington State Institute of Public Policy. *Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.*

Screening and Assessment

- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. Psychiatric Services, 56, 816-822.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.

Sequential Intercept Model

- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services, 57*, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press.
- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model*.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- Information regarding SOAR for justice-involved persons.
- The online SOAR training portal.

Transition-Aged Youth

- National Institute of Justice. Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21 Executive Summary and Recommendations.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions RTC for Youth and Young Adults.

Trauma-Informed Care

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. *Essential Components of Trauma Informed Judicial Practice*.
- SAMHSA's GAINS Center. *Trauma Specific Interventions for Justice-Involved Individuals*.

- SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*.
- National Resource Center on Justice-Involved Women. *Jail Tip Sheets on Justice-Involved Women*.

Veterans

- SAMHSA's GAINS Center. *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions*.
- Justice for Vets. *Ten Key Components of Veterans Treatment Courts*.

APPENDICES

Appendix 1	Sequential Intercept Mapping Workshop Participant List
Appendix 2	Texas Department of State Health Services. *Mental Health Substance Abuse Crisis Services Redesign Brief.*
Appendix 3	Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois.*
Appendix 4	Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services, 65,* 1081-1083.
Appendix 5	100,000 Homes/Center for Urban Community Services. *Housing First Self-Assessment: Assess and Align Your Program and Community with a Housing First Approach.*
Appendix 6	Remington, A.A. (2016). *Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection.*
Appendix 7	SAMHSA. *Reentry Resources for Individuals, Providers, Communities, and States*.