“Using the Sequential Intercept Model to Decriminalize Mental Illness”

Travis Parker, MS, LIMHP, CPC-Program Area Director

June 4, 2022
Kasey Parker
Executive Director
Mental Health Association of Nebraska
1645 “N” Street
Lincoln, NE 68508
402-441-4382
kparker@mha-ne.org
Partners

- Mental Health Association of Nebraska
- Lincoln Police Department
- Community Health Endowment of Lincoln
MHA-NE

• Founded in 2001 with only 2 staff
• Currently have 55 staff
• Peer-Developed
• Peer-Implemented
• Peer-Operated
• Person Driven!
• Men and women with…
  • Serious mental illness, and often
  • Co-occurring substance use disorders
  • Involved with the criminal justice system
  OR at risk of involvement
Goals

• Promote and support *recovery*
• Provide *safety*, quality of life for all
• Keep out of jail, in *treatment*
• Provide *constitutionally adequate* treatment in jail
• Link to comprehensive, appropriate, and integrated *community-based services*
245 YEARS AGO

• “I must here add, that in some few prisons are confined idiots and lunatics. No care is taken of them, although it is probable that by medicines, and proper regimen, some of them might be restored to their senses, and to usefulness in life.”

• John Howard-Prison Reformer-1777
“Poor, uneducated people appear to use the police in the way that middle-class people use family doctors and clergy-men—that is, as the first port of call in time of trouble.”

“Policemen confront perversion, disorientation, misery, irresoluteness, and incompetence much more often than any other social agent.”

Population Characteristics
Jails and Mental Disorders

- 4% of the general population have SMI
- 17% of jail inmates have SMI
- 72% of those in jail with SMI have a co-occurring disorder

Steadman, Osher, Robbins, Case, & Samuels, 2009; Teplin, 1990
Teplin, Abram, & McClelland, 1996; Abram, Teplin, & McClelland, 2003
Jails and Substance Use Disorders

80% of arrestees tested positive for a drug

63% of jail inmates have a substance use disorder

22% have CODs
41% have only SUDs

Only 1 in 5 inmates receive drug treatment while incarcerated

Arrestee Drug Abuse Monitoring, 2013; Bronson, Zimmer, & Berzofsky, 2017; Wilson, Draine, Hadley, Metraux, & Evans, 2011
Prevalence of Trauma
### Trauma and the Justice System

<table>
<thead>
<tr>
<th></th>
<th>Any Physical or Sexual Abuse (N=2,122)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lifetime</td>
</tr>
<tr>
<td>Female</td>
<td>95.5%</td>
</tr>
<tr>
<td>Male</td>
<td>88.6%</td>
</tr>
<tr>
<td>Total</td>
<td>92.2%</td>
</tr>
</tbody>
</table>

Improve integrated service delivery by promoting collaboration
Benefits of Effective Collaboration

Community Collaboration + Services Integration =

↑Service retention
↑Stability in the community
↑Public safety
Collaboration

TASK FORCE COLLABORATION

Professionals + People with Lived Experiences + Family Members and Advocates

Criminal Justice + Mental Health + Substance Use

Social Services + Entitlements + Housing

Veterans Services + Health
Sequential Intercept Model

- People move through the criminal justice system in predictable ways
- Illustrates key points, or intercepts, to ensure:
  - Prompt access to treatment
  - Opportunities for diversion
  - Timely movement through the criminal justice system
  - Engagement with community resources
The “Unsequential” Model

Arrest
Community
Community Supervision
Jail
Initial Hearings
Prison
Reentry
Mental Health
Courts
Substance Use
Sequential Intercept Model
The Filter Model

0. Best Clinical Practices: The Ultimate Intercept

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

III. Post-Initial Hearings: Jail/Prison, Forensic Evaluations & Forensic Commitments

IV. Reentry from Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community

Munetz & Griffin, 2006
Crisis to Stabilization Care Continuum

- Mobile Crisis Outreach/Police co-response
- 24/7 Walk-in/Urgent Care w/connectivity
- ER Diversion and Peer Support/Navigators
- Crisis Stabilization – 16 beds, 3-5 days
- Crisis Residential – 18 beds, 10-14 days
- Crisis Respite – Apartment-style 30 days
- Transition Residential – Apartment-style 90 days
- Peer Respite Residential
- Critical Time Intervention: up to 9 months
# Intercept 0 Deep Dive: 2016

**Mecklenburg County (Charlotte), NC**

## Pre-Crisis (Preventive)

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Alliance on Mental Illness</td>
</tr>
<tr>
<td>Family and consumer education, resource info, and advocacy</td>
</tr>
<tr>
<td>Monarch Walk-in Clinic</td>
</tr>
<tr>
<td>Evaluations, medication management, therapy</td>
</tr>
<tr>
<td>Anuvia Prevention and Recovery Center</td>
</tr>
<tr>
<td>Detox Services 24/7/365 Social Detox</td>
</tr>
<tr>
<td>Amara Wellness Walk-in Clinic</td>
</tr>
<tr>
<td>Evaluations, medication management, therapy</td>
</tr>
<tr>
<td>Promise Resource Network</td>
</tr>
<tr>
<td>Recovery Hub</td>
</tr>
<tr>
<td>Urban Ministry</td>
</tr>
<tr>
<td>Homeless diversion w/street outreach</td>
</tr>
<tr>
<td>Charlotte Community-Based Outpatient Clinic</td>
</tr>
<tr>
<td>Charlotte Health Care Clinic</td>
</tr>
<tr>
<td>For Veterans Individual, group, family counseling</td>
</tr>
<tr>
<td>Charlotte Vet Center</td>
</tr>
<tr>
<td>Range of social and psychological services</td>
</tr>
</tbody>
</table>

## Crisis, Not Emergency

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson LifeLine</td>
</tr>
<tr>
<td>Crisis hotline, training</td>
</tr>
<tr>
<td>National Alliance on Mental Illness</td>
</tr>
<tr>
<td>Family/consumer education, resource recommendations, advocacy</td>
</tr>
<tr>
<td>Family/consumer support thru crisis</td>
</tr>
<tr>
<td>Cardinal Innovations Call Center</td>
</tr>
<tr>
<td>Crisis referral/info 24/7/365</td>
</tr>
<tr>
<td>Mobile CriSys</td>
</tr>
<tr>
<td>24/7/365 Assess, triage, refer</td>
</tr>
<tr>
<td>Monarch Walk-in Clinic</td>
</tr>
<tr>
<td>Evaluations, medication management, therapy</td>
</tr>
<tr>
<td>Amara Wellness Walk-in Clinic</td>
</tr>
<tr>
<td>Evaluations, medication management, therapy</td>
</tr>
<tr>
<td>Anuvia Prevention and Recovery Center</td>
</tr>
<tr>
<td>Detox Services 24/7/365 Social Detox</td>
</tr>
</tbody>
</table>

## Emergency

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>911 Dispatch</td>
</tr>
<tr>
<td>Over 100 Telecommunicators, 16-hr Crisis Intervention Team (CIT) training</td>
</tr>
<tr>
<td>Cardinal Innovations Call Center</td>
</tr>
<tr>
<td>Crisis referral/info 24/7/365</td>
</tr>
<tr>
<td>MEDIC</td>
</tr>
<tr>
<td>24/7/365 Assess, triage, transport</td>
</tr>
<tr>
<td>Carolinas Healthcare System</td>
</tr>
<tr>
<td>Behavioral Health – Davidson</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
</tr>
<tr>
<td>Behavioral Health – Charlotte</td>
</tr>
<tr>
<td>Psychiatric Emergency Department</td>
</tr>
<tr>
<td>Charlotte Mecklenburg Sheriff's Office</td>
</tr>
<tr>
<td>40-hr Crisis Intervention Team Training</td>
</tr>
<tr>
<td>Mecklenburg County Police Department</td>
</tr>
<tr>
<td>Acute Care Emergency Department</td>
</tr>
<tr>
<td>Behavioral health beds Child/adolescents unit</td>
</tr>
<tr>
<td>Presbyterian Hospital</td>
</tr>
<tr>
<td>Broughton Hospital</td>
</tr>
<tr>
<td>Central Regional Hospital</td>
</tr>
<tr>
<td>Broughton Hospital</td>
</tr>
<tr>
<td>Municipal and College Police Departments</td>
</tr>
<tr>
<td>Probation</td>
</tr>
</tbody>
</table>

## Post-Crisis or Emergency

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Alliance on Mental Illness</td>
</tr>
<tr>
<td>Family and consumer education, resource info, and advocacy</td>
</tr>
<tr>
<td>Recommendations for on-going recovery support</td>
</tr>
<tr>
<td>Promise Resource Network</td>
</tr>
<tr>
<td>Recovery Hub</td>
</tr>
<tr>
<td>Peer Bridger Program</td>
</tr>
<tr>
<td>Transition from Hospital and Jail</td>
</tr>
<tr>
<td>Peer support transition from inpatient setting</td>
</tr>
<tr>
<td>HopeWay</td>
</tr>
<tr>
<td>Residential treatment</td>
</tr>
<tr>
<td>Day treatment</td>
</tr>
<tr>
<td>Two transitional living centers</td>
</tr>
<tr>
<td>Charlotte Community-Based Outpatient Clinic</td>
</tr>
<tr>
<td>Charlotte Health Care Clinic</td>
</tr>
<tr>
<td>For Veterans Individual, group, family counseling</td>
</tr>
<tr>
<td>Mecklenburg County Reentry Services</td>
</tr>
<tr>
<td>For Formerly Incarcerated Individuals</td>
</tr>
<tr>
<td>Housing, employment, educational support; refer to mental health/substance abuse provider for appointments</td>
</tr>
</tbody>
</table>

**Recovery Advocacy**

Promise Resource Network; Mental Health America; National Alliance on Mental Illness
Unifying Principles of a Crisis System

1. Timely
2. Accessible
3. Least restrictive setting
4. Community safety
5. Reduce justice system contact
6. Minimized emergency department boarding
7. Connect people to services and coverage
8. Consumer and family-centeredness
9. Meeting the complex needs of patients
Keya House & Warm Line

- A comfortable, clean and furnished four-bedroom home in a quiet and safe neighborhood.
- Self help and proactive recovery tools to regain and maintain wellness.
- Staffed 24/7 with trained Peer Specialists
- Must be 19 years and older
- 800 unduplicated guests
- Average stay: 5 days
- Average number of calls to warm line per month: 375
- 7 Police Calls for Service in 2019
MHA - Warm Line Expansion and the Living Room
• 24/7 Warm Line Expansion
• The Living Room is space open:
  • Monday through Friday 10 AM-9 PM and Saturdays 1 PM-9 PM

Local resources including peer support, support groups, medication, housing, case management, therapy, supportive employment, Rent Wise, WRAP (wellness recovery action planning) pet resources, a ride home and on-going support from the peers
Publicly recognizing us as part of the neighborhood
9-1-1: Asking Specifically About BH?

• Does this call involve anyone with mental health issues?
  • If No, proceed with call-slip processing
  • If Yes, the following questions are to be asked and the responses added to the call-slip:
    • Does the individual appear to pose a danger to him/herself or others?
    • Does the person possess or have access to weapons?
    • Are you aware of the person’s MH or SA history?
9-8-8 Hotline Implementation

• July 2020: nationwide 3-digit number adopted for MH, substance use, and suicide crisis

• By July 2022: all carriers must direct 988 calls the National Suicide Prevention Lifeline

• Coordination, infrastructure, and funding are necessary
Law Enforcement/Emergency Services Models

- **Crisis Intervention Teams (CIT)**
  - Community partnership
  - 40-hour training
  - Accessible, responsive crisis care system

- **Co-Responder Model**
  - Mental health professionals employed by, or working along side police department
    - LAPD MEU: CAMP, SMART; Triage Unit
    - Early Diversion: Boulder; Knoxville
    - Houston PD MH Division
    - Pima County MHIST
    - Denver CIRU

- **Off-site support**
  - Telephone support to on scene officers (Hawaii, Fort Worth)
  - Video conference support to on scene officers (Lincoln, NE, Springfield, MO)

- **Mobile mental health crisis teams**

- **Specialized EMS Response**
  - Ambulance/Fire specialized MH training/co-response (Atlanta, Wake Co, NC, Denver)
Essential Elements for Police Diversion

- Central drop off
  - Co-location with SUD services

- Police-friendly policies
  - No refusal policy
  - Streamlined intake

- Cross-training
  - Ride-alongs

- Community linkages
  - Case management
  - Care coordination
  - Co-response or warm hand-off
  - Post-crisis stabilization and follow-up services
Diversion Equation in Intercepts 0/1

What First Responders Do Differently

What Treatment Providers Do Differently

System Change
They work together differently
The R.E.A.L. Program – Respond, Empower, Advocate and Listen

- LPD refers people with mental illness for voluntary help provided by trained Peer Specialists who have lived experience with mental illness and/or substance abuse.

- 4,600 referrals since 2011
  - Currently 5-6+ referrals per week from LPD
  - Other referrals from physicians, bus drivers, landlords, elected officials, other law enforcement, family and self.

- More than 320 (Over 90%) LPD officers have referred to MHA

- Recovery model

- Diversion from higher levels of care
Lincoln Police Department

2020 Lincoln Population almost 300,000
- Total Personnel: 518
- Authorized Commissioned Personnel: 350 (326)
- Calls for Service: 119,764
- Mental Health Investigations: 3200
- Investigations With EPC –304
- No EPC – 2829 (-6.12)
The Traditional Law Enforcement Approach

Three Traditional Responses:

• Informal “counseling”

• Arrest

• Emergency Protective Custody (EPC)

What happens when the cops go home?
LPD Mental Health Call for Service 2001-2021
HOW IT WORKS

• LPD determines that a R.E.A.L. Program referral is appropriate.

• Responding officer e-mails a referral to MHA-NE that briefly describes contact, explains relevant mental health issues, and provides contact information.
HOW IT WORKS

Peer Specialist contacts the consumer within 24 hours with an offer of free, voluntary, and non-clinical support.

Peer Specialists may help the participant:

- By sharing their lived experience
- Find a support group
- Develop a mental health plan (e.g., WRAP)
- Assist in finding a psychiatrist, therapist, physician, or other professional
- Secure housing and/or employment
- Discuss medication compliance
- Assist in developing payment plans
- Obtain eligible resources
- More......
• Out of all referred individuals about 62% are contacted by Peers

(This number has significantly increased with additional staff and shorter response time)

• Reasons we are unable to make contact:
  - Homeless
  - Couch surfing
  - No phone - phone dies
  - Unable to locate them
  - Secure buildings / No access

*** 85% of those contacted accept services
R.E.A.L. Program Findings

- Being referred to the R.E.A.L. Program *positively* impacts future mental health calls for service and Emergency Protective Custody (EPC):
  
  - While there is no difference in the number of mental health calls for service or EPC holds 12 months after a law-abated crisis, both are statistically reduced at 24 and 36 months.
  
  - Significant impact of the R.E.A.L. Program begins 1-2 years after LPD referral.
  
  - The delayed effect is not surprising due to complexity of mental illness, waiting lists, medication changes, securing employment, establishing a support network and other challenges.
  
  - There was a statistically significant reduction in the number of mental health calls for service at 12, 24, and 36 months among consumers with lengthier histories of mental health calls. By 36 months, the number of mental health calls for service was reduced by one-third.
Law Enforcement Training

- New Recruits
- New Dispatchers and LFR
- BETA Training
  - 11 Years
  - Average of 65 per training
- Youth BETA Training – School Resource Officers
- Lincoln Fire and Rescue
- Nebraska Medical
- Landlords
- Libraries
R.E.A.L. PROGRAM
Other Community Partners-H.U.R.T
(High Utilizer Review Team)

- Hospitals
- ACT Teams
- Treatment Centers and Detox
- Emergency and Intensive Case Management
- Director of emergency services
- LPD Record Management System Flagging
Intercept 0 and 1 Common Gaps

• Lack of Crisis Stabilization Units and continuum of crisis services, including detox and peer supports
• Lack of sufficient Mobile Crisis Response
• Lack of MH or CIT training for 911 Dispatch
Intercept 2
Initial Detention/
Initial Court Hearings/
Pre-trial
Importance of Intercept 2 Diversion

2013 study of pretrial detention in Kentucky (N=155,000)

• When held 2-3 days, low-risk defendants 40% more likely to commit crimes before trial
• When held 8-14 days, low-risk defendants are 51% more likely to commit crimes 2 years after case disposition

Detention of low and moderate-risk defendants increases their rates of new crimes

Lowenkamp, Van Norstand, & Holsinger 2013
National Association of Counties Analysis of Jail Populations

- 87% of jails are owned by counties
- 67% of confined jail population is pretrial
- 40% of jails use a risk assessment
- 60% of jail population assessed “low risk” among jails that use risk assessments
Really?
Bail Reform

• Many people detained pretrial due to inability to pay
• People with MI are less likely to make bail & remain in jail longer before bail (48 days vs. 9 days) (CSG, 2012 & 2015)

• Strategies:
  • Eliminate cash bail for low-level charges
  • Expand unsecured bond or use nonfinancial conditions
  • Use pretrial supervised release with unbiased risk assessment tools
  • Send court date text reminders to reduce failure to appears (FTAs)

• NJ and Washington, DC: rates of appearance and rearrest are similar or better than before bail reform

(NJ Courts, 2018 and Harvard Law School, 2020)
Sample Mental Health Screens

• Brief Jail Mental Health Screen (BJMHS)
  • Designed for correctional officers to administer at booking

• Correctional Mental Health Screen (CMHS)
  • Separate versions for male and female inmates

• Mental Health Screening Form III (MHSF-III)
  • Designed for people being admitted into substance use treatment
Brief Jail Mental Health Screen

- 3 minutes at booking by corrections officer
- 8 yes/no questions
- General, not specific mental illness
- Referral rate: 11%
  - Men: 73%
  - Women: 61%
Substance Use Screenings, Assessments, and Interventions

- SAMHSA’s Screening & Assessment of Co-Occurring Disorders in the Justice System (2016)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - SAMHSA’s Systems-Level Implementation of SBIRT (2013)
Recommended Substance Use Screens

• Texas Christian University Drug Screen-V
  • Past 12-month use based on DSM-V criteria; 17 items
  • Consider combining with the AUDIT for alcohol use

• Simple Screening Instrument for Substance Abuse
  • Past 6-month alcohol and drug use; 16 items
  • Considering combining with the AUDIT for alcohol use

• Alcohol, Smoking, and Substance Involvement Screening Test
  • Screens for lifetime use, current use, severity of use, and risk of IV use. Available from the World Health Organization and NIDA
Suicide Prevention Screening

• Safety Planning
  • Warning signs
  • Coping strategies
  • Identify social supports
  • Link to MH care
  • Minimize barriers to treatment
  • Remove access to means

• 1-hour brief intervention
Traumatic Brain Injury (TBI) Screening

In your lifetime, have you ever…

1. Been hospitalized or treated in an emergency room following an injury to your head or neck?

2. Injured your head or neck in a car accident or from crashing some other moving vehicle, like a bicycle, motorcycle, or ATV?

3. Injured your fall or from being hit by something?

4. Injured your head or neck in a fight, from being hit by someone, or from being shaken violently?

5. Been nearby when an explosion or blast occurred?
Identification and Referral of Veterans

**Veterans Reentry Search Service (VRSS)**
VA’s web-based system to allow prison, jail, and court staff to quickly and accurately identify Veterans among their inmate populations

https://vrss.va.gov/

**Veteran Justice Outreach (VJO) Program**

Site Specific Info
Gaps at Intercept 2

• Lack of diversion opportunities
• Lack of specialized supervision for people with mental disorders on pretrial supervision
• Lack of multiple mental health screening strategies
Intercept 3
Jails/Courts

Specialty Court

Jail

Dispositional Court

Intercept 3
Jails/Courts
Jails and Courts

• In-jail Services
  • Assessment of in-custody needs
  • Access to medications, MH services, and SU services
  • Communication with community-based providers

• Specialty/Treatment Courts
  • Drug/DUI courts, mental health courts, veterans court, DV, Tribal Wellness courts, reentry courts, etc.
## Treatment/Problem-Solving Courts (NADCP)

<table>
<thead>
<tr>
<th>Model</th>
<th># of Courts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Drug Court</td>
<td>1,540</td>
</tr>
<tr>
<td>Mental Health Court</td>
<td>533</td>
</tr>
<tr>
<td>Family Drug Court</td>
<td>305</td>
</tr>
<tr>
<td>Veterans Treatment Court</td>
<td>461</td>
</tr>
<tr>
<td>DWI Court</td>
<td>471</td>
</tr>
<tr>
<td>Tribal Healing to Wellness Court</td>
<td>138</td>
</tr>
</tbody>
</table>
Using Criminal Charges as Treatment Leverage

• Pre-plea: diversion to services in lieu of further case processing

• Post-plea: deferred or modified sentence, often to treatment court

• Probation-Based: conviction with treatment as term of probation
Consequences Courts Should Consider

• Employment/Ban the Box
• Housing
• Voting
• Driver’s License

• Student Loans
• Temporary Assistance for Needy Families
• Food Stamps
It starts on the inside

- Training Facility Staff
- Intentional Peer Support
Video: Addiction in a Nutshell
Common Gaps at Intercept 3

• Jails
  • Lack of screening for veterans/military service
  • Medication continuity
  • Off-formulary medication
  • Insufficient data about the SMI population with the jail census

• Courts
  • Over reliance on treatment courts
  • Treatment courts limited to post-conviction models
  • Only misdemeanor or only felony models
  • Co-occurring disorders not understood
Intercept 4
Reentry

- Prison Reentry
- Jail Reentry
Reentry: A Matter of Life and Death?

• Study of 30,000 prisoners released in Washington State (2007)
  • 443 died during follow-up period of 1.9 years
    • Death rate 3.5 times higher than general population
  • Primary causes of death
    • Drug overdose (71% of deaths)
    • Other: heart disease, homicide, and suicide

• Consider suicide risk both during and after release

• Post-release opioid-related overdose is the leading cause of death among people released from jails or prisons (2019)

New England Journal of Medicine, 2007; Addiction Science & Clinical Practice, 2019
In reach/follow-up studies

- Keeping post discharge f/u appts. lowered readmission (Nelson, Marusih, Axler, 2000)

- 98.1% of inpatients who spoke to outpatient clinician prior release kept appt. v. 63% (Olfson, et al. 1998)

- Pre-release assessment at California prisons improved: Parole Outpatient Clinic attendance and lowered 12 mo. RTC and resulted in cost savings (Farabbee, 2006)

- Harris County TX jail in reach: “self-release” are six times less likely to show up for their primary care appointment on release (Buck, Brown, & Hickey, 2011)
Peer Support/Care Coordination is Critical

Multiple Needs
- Mental health
- Medications
- Housing
- Substance abuse
- Health
- Income support/benefits
- Food/clothing
- Transportation
- Other (often used for child care needs of women)

Multiple Systems
- Mental health services
- Substance use services
- Health services
- Food, clothing
- Medicaid
- SSA
- Veterans benefits
- Parole/probation
- Housing
- Transportation
WELCOME BACK RECIDIVISTS!
### The APIC Model of Transition Planning

<table>
<thead>
<tr>
<th>Assess</th>
<th><strong>Assess</strong> the inmate’s clinical, social needs, and public safety risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td><strong>Plan</strong> for the treatment &amp; services required to address the inmate’s needs</td>
</tr>
<tr>
<td>Identify</td>
<td><strong>Identify</strong> required community &amp; correctional programs responsible for post-release services</td>
</tr>
<tr>
<td>Coordinate</td>
<td><strong>Coordinate</strong> the transition plan to ensure implementation and avoid gaps in care with community-based services</td>
</tr>
</tbody>
</table>
APIC Model Transition Guidelines

• SAMHSA’s 10 guidelines for effective transition planning based on the APIC model

• Best practices of APIC model
GAINS (Gather, Assess, Integrate, Network, and Stimulate) Reentry Checklist

- Based on APIC model
- Assist jails in re-entry planning
- Quadruplicate form
- Surveys inmate’s potential needs
- Steps taken to address
GAINS Reentry Checklist Domains

- Mental health services
- Psychotropic medications
- Housing
- Substance abuse services
- Health care

- Healthcare benefits
- Income support/benefits
- Food/clothing
- Transportation
- Other (often used for child care needs of women)
Honu Home

• Peer-Operated transition home, staffed 24/7

• New facility opened Summer 2018

• Serves peers within 18 months of release from Dept. of Corrections, Parole, Post-Release, or Probation.

• Peers who live with significant mental health or substance abuse issues who do not wish to live on their own.

• 20 individual bedrooms/14 baths

• Programming: W.R.A.P., Rentwise, Trauma,

• NOT a group home, half-way house, or treatment program.

• 26 Police Calls for Service in 2019
Welcome To Our Neighborhood

The Lexington Assisted Living

- Tables at the neighborhood events
- Distribute newsletters
- Neighborhood annual garage sales
- Holiday events
HOUNU HOME
H.O.P.E Supported Employment Program and Peer Outreach

- Re-entry services provide assistance to approximately served 1400 total in year two
- 200 individuals in employment
- 84% success i.e., employed for 90+ days

Among MHA Peers Specialists......
- released from Department of Corrections
- released from Jail Diversion and Drug Court
- Mental Health Board Commitment
- Veterans
Common Gaps at Intercept 4

• Timing is everything…
  • Insufficient medications or prescriptions upon release
  • Lack of Medicaid/SSI enrollment
  • Insufficient connection to community-based services
  • Court releases
  • Transportation
  • Treatment providers who can meet needs
Intercept 5
Community Corrections/Community Supports

Parole

Violation

Probation
6.9 Million Under Correctional Supervision

- Probation: 55%
- Prison: 22%
- Jail: 11%
- Parole: 12%
Specialized Caseloads: Promising Practice

- Rely on an effective partnership between supervising probation officers and treatment providers

- Benefits
  - Improves linkage to services
  - Improves functioning
  - Reduces risk of violation- fewer arrests and jail days
  - Cost savings- reduced recidivism and ED/inpatient use

- Probation best practices: validated assessment tools, training for officers, including Motivational Interviewing and building cognitive skills, case planning, & a focus on criminogenic risks

(CSG, 2021)
Stable Housing is Treatment

BUILDING A STRONG CONTINUUM OF HOUSING RESOURCES

- Affordable Rental Housing
- Home Ownership
- Rapid Re-Housing
- Permanent Supportive Housing
- Transitional Housing
- Emergency Shelter
Peers/Recovery Support

- Improves quality of life
- Strengthens engagement and satisfaction with services/supports
- Enhances whole health, including chronic conditions like diabetes
- Decreases hospitalizations and inpatient days
- Reduces the overall cost of services

Peer support empowers people to make the best decisions for them and to strive towards their goals in their communities.
# Peer Support Roles Across the Sequential Intercept Model

<table>
<thead>
<tr>
<th>INTERCEPT 0</th>
<th>INTERCEPT 1</th>
<th>INTERCEPT 2</th>
<th>INTERCEPT 3</th>
<th>INTERCEPT 4</th>
<th>INTERCEPT 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital, Crisis, Respite, Detox/Sobering, &amp; Peer Services</td>
<td>Law Enforcement &amp; Emergency Services</td>
<td>Initial Detention &amp; Initial Court Hearings</td>
<td>Jails &amp; Courts</td>
<td>Reentry</td>
<td>Community Corrections &amp; Community Supports</td>
</tr>
<tr>
<td>Crisis/Warm Lines</td>
<td>9-1-1 Dispatch</td>
<td>Initial Detention</td>
<td>Courts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Counseling and providing resources</td>
<td>• Engaging those identified as calling 911 and utilizing emergency services as their primary source of healthcare</td>
<td>• Explaining the arrest, detention, and arraignment processes</td>
<td>• Mentoring within mental health, veterans, drug/recovery, and other problem-solving courts</td>
<td>• Providing a “familiar face” on the day of release from prior intake</td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>• Involvement in Crisis Intervention Teams (CIT) and CIT training for first responders</td>
<td>Initial Detention</td>
<td>Courts</td>
<td>Jail/Prison Reentry</td>
<td></td>
</tr>
<tr>
<td>• Participating in behavioral health co-responder teams, often for follow-up and proactive engagement</td>
<td>• Supporting pre-arrest diversion into peer-run services</td>
<td></td>
<td>• Mentoring/facilitating with reentry/treatment planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Engaging in the treatment and recovery process</td>
<td>Crisis Care Continuum</td>
<td>Pretrial Services/Initial Court Appearance</td>
<td>Jail/Prison</td>
<td>Probation/Parole</td>
<td></td>
</tr>
<tr>
<td>• Integrating into Assertive Community Treatment (ACT) teams</td>
<td>Mobile Crisis Teams</td>
<td>Navigating the bail and pretrial release process</td>
<td></td>
<td>• Helping connect to probation/parole officers</td>
<td></td>
</tr>
<tr>
<td>• Acting as staff or volunteers, paired with other professionals</td>
<td>Crisis Stabilization Centers/Hospitals</td>
<td>Advocating for individuals with behavioral health conditions</td>
<td>• Facilitating Certified Peer Support Specialist and WRAP trainings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Working in Navigator or Bridge roles</td>
<td>• Navigating the bail and pretrial release process</td>
<td>• Connecting those released at initial appearance to behavioral health services while they wait the next court date</td>
<td>• Providing practical assistance with incarceration and reintegration (e.g., transportation on visiting days, supplies on release)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Advocating through the emergency room process</td>
<td>• Reaching out at discharge to those at risk of/survivors of opioid overdose</td>
<td>Pretrial Services/Initial Court Appearance</td>
<td></td>
<td>• Providing technical training to those who experience a “new world” due to technological advances</td>
<td></td>
</tr>
<tr>
<td>• Transitioning state hospital forensic patients to the community within the competence to stand trial process</td>
<td>Initial Detention</td>
<td>Courts</td>
<td>Jail/Prison</td>
<td>Probation/Parole</td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNITY**

**COMMUNITY**
WRAP: Individuals Know Themselves Best

Components of WRAP Plans

- Daily Maintenance Plan
- Triggers
- Early Warning Signs
- When Things are Breaking Down
- Crisis Plan and Post Crisis

- Hope
- Personal Responsibility
- Education
- Self-advocacy
- Support
Community Integration/ Pro-Social Activities

MHA sponsored Parks and Rec Sports Teams.
- Kickball
- Softball
- Camp Sunshine
- Teams consist of MHA peers, participants, community providers and DOC Staff
Nationally Recognized
Why is this Partnership unique? Should this be unique or the norm?
Common Gaps at Intercept 5

• Alternatives to technical violation
• Caseloads
  • Lack of specialized caseloads
  • Caseloads with high ratios of probationers to officer
• Housing
• Behavioral health providers
  • Lack of agreements on what information is shared with probation
  • Implementation of RNR strategies
  • Medication Assisted Treatment access
Cross-Intercept Gaps

- Lack of a formal planning structure and coordination
- Information sharing and data integration
- Cross-training
- Evidence-based practices
- Trauma-informed approaches and trauma-specific treatment
- Cross-system screening for military service
- Integrated health services and healthcare reform
- Integration of peer services
- Housing, transportation, employment
- Data, Data, Data
Summary

• Using the SIM model to leverage the community brain trust
• Justice-involved behavioral health populations are
  • Heavy healthcare utilizers
  • At risk for earlier illness and death
  • At risk of deepening exposure to criminal justice
• Seamless transition across the system
• Strategic approach to protect public safety and improve public health