“Using the Sequential Intercept Model to Decriminalize Mental Illness”

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Policy Research Associates, Inc.-Delmar, NY

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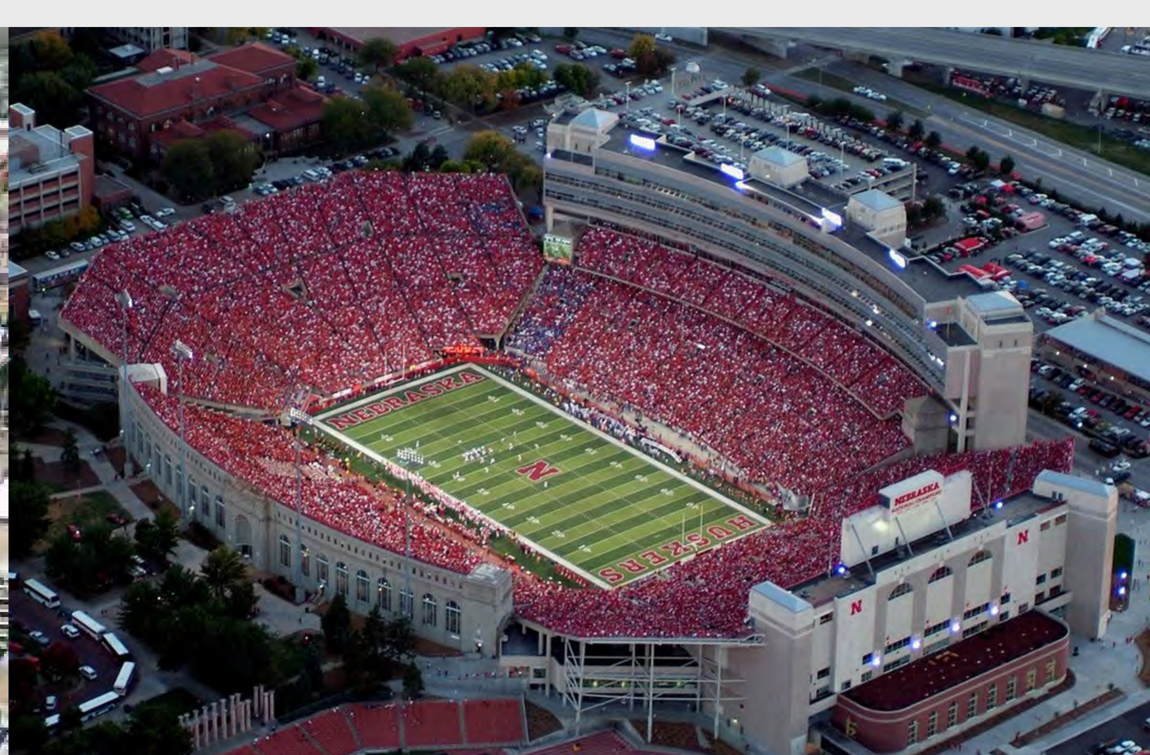
Partners

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

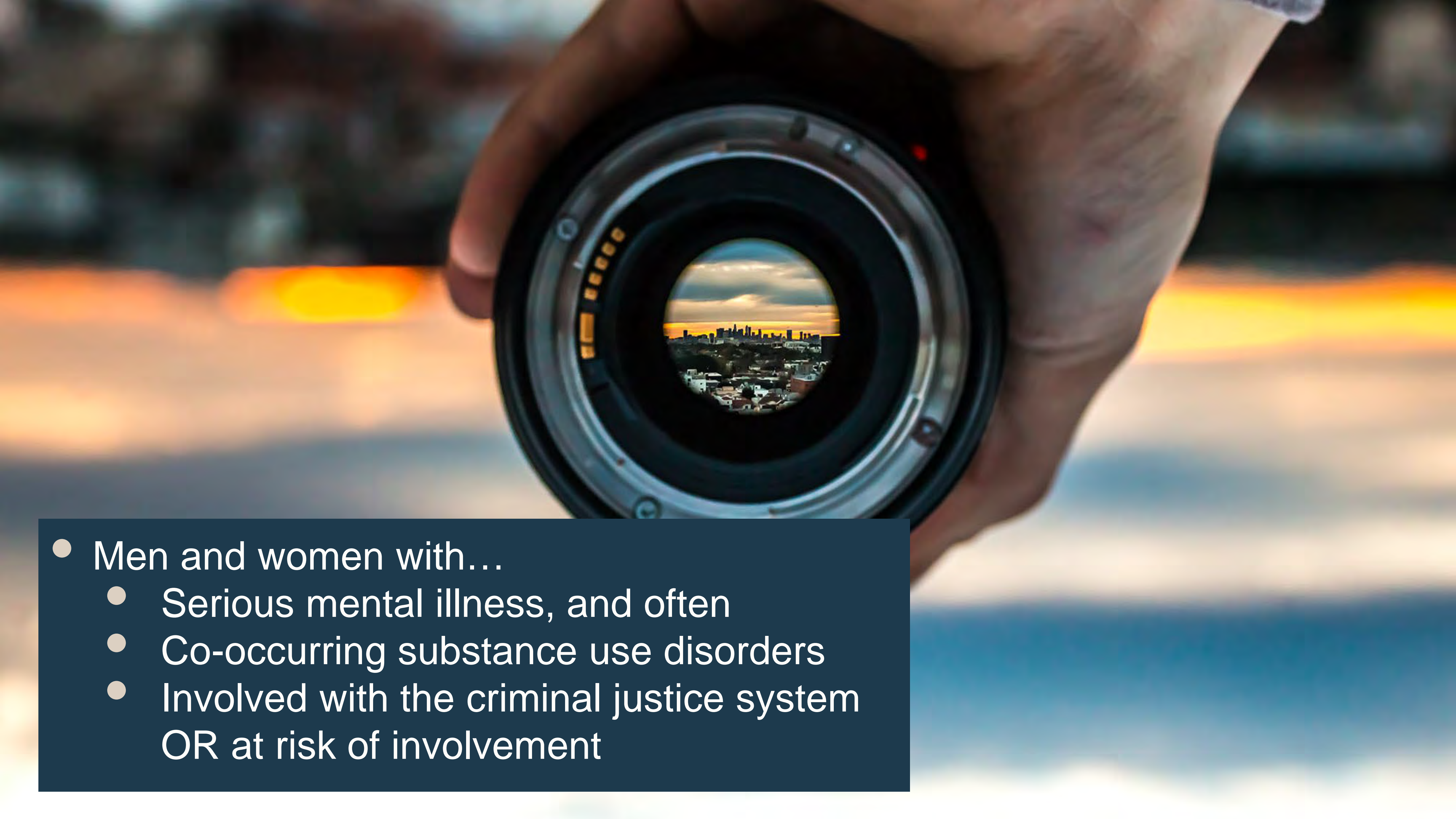

NEBRASKA
HUSKERS

SULLIVANS

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**

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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**

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8

56 YEARS AGO

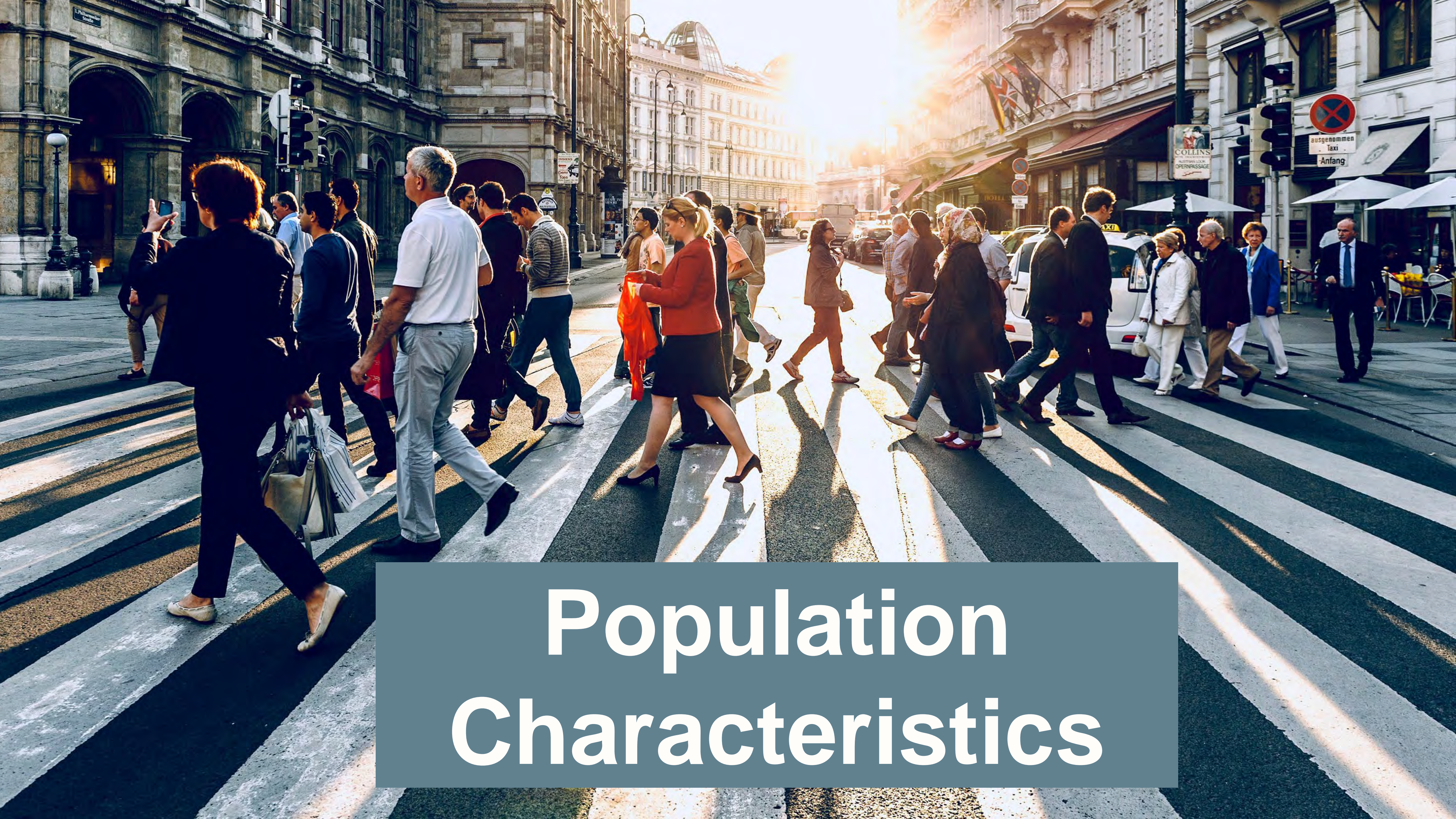
“Poor, uneducated people appear to use the police in the way that middle-class people use family doctors and clergy-men—that is, as the first port of call in time of trouble.”

Cumming, E., Cumming, I., & Edell, L., (1966). “Policeman as philosopher, guide and friend.” *Social Problems* (pp. 285).

55 YEARS AGO

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

Bittner, E. (1967). “Police discretion in emergency apprehension of mentally ill persons.” *Social Problems* (pp. 280).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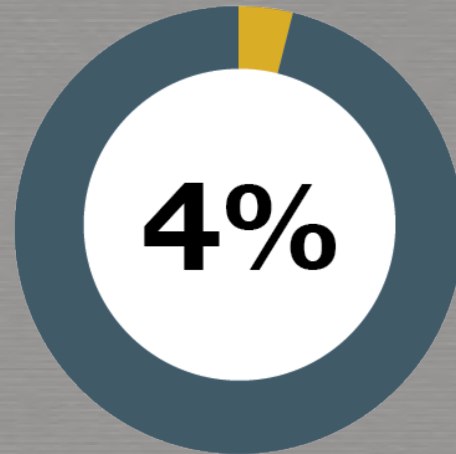
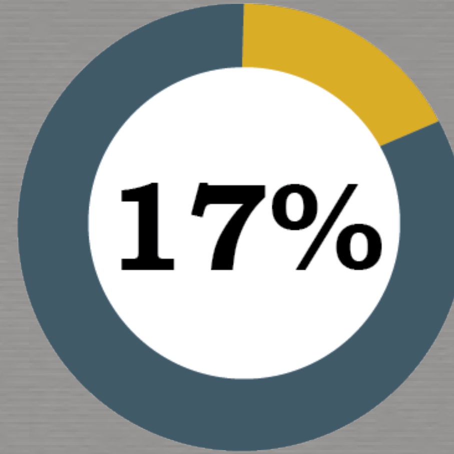
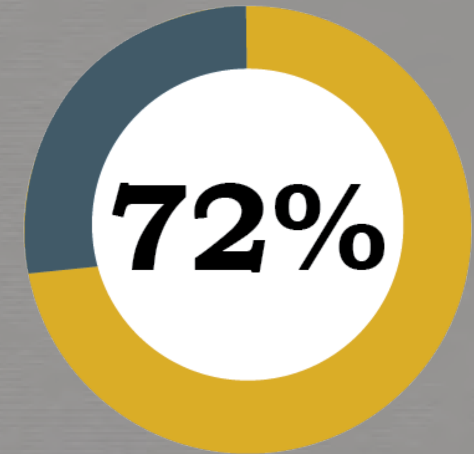
Jails and Mental Disorders



of the **general population** have SMI



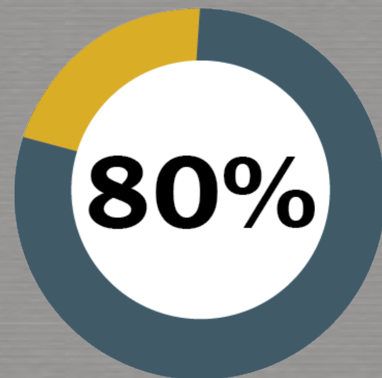
of **jail inmates** have SMI



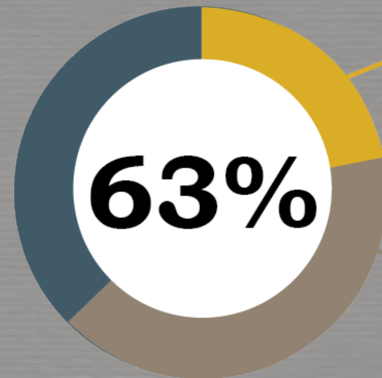
of those in jail with SMI have a **co-occurring disorder**

Steadman, Osher, Robbins, Case, & Samuels, 2009; Teplin, 1990
Teplin, Abram, & McClelland, 1996; Abram, Teplin, & McClelland, 2003

Jails and Substance Use Disorders



of **arrestees** tested positive for a drug



of jail inmates have a **substance use disorder**

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

	Any Physical or Sexual Abuse (N=2,122)	
	Lifetime	Current
Female	95.5%	73.9%
Male	88.6%	86.1%
Total	92.2%	79.0%

Policy Research Associates. (2011). *Targeted Capacity Expansion for Jail Diversion Programs: Final Evaluation Report.* Delmar, NY: PRA

collaboration

Benefits of Effective Collaboration

Community Collaboration + Services Integration =

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

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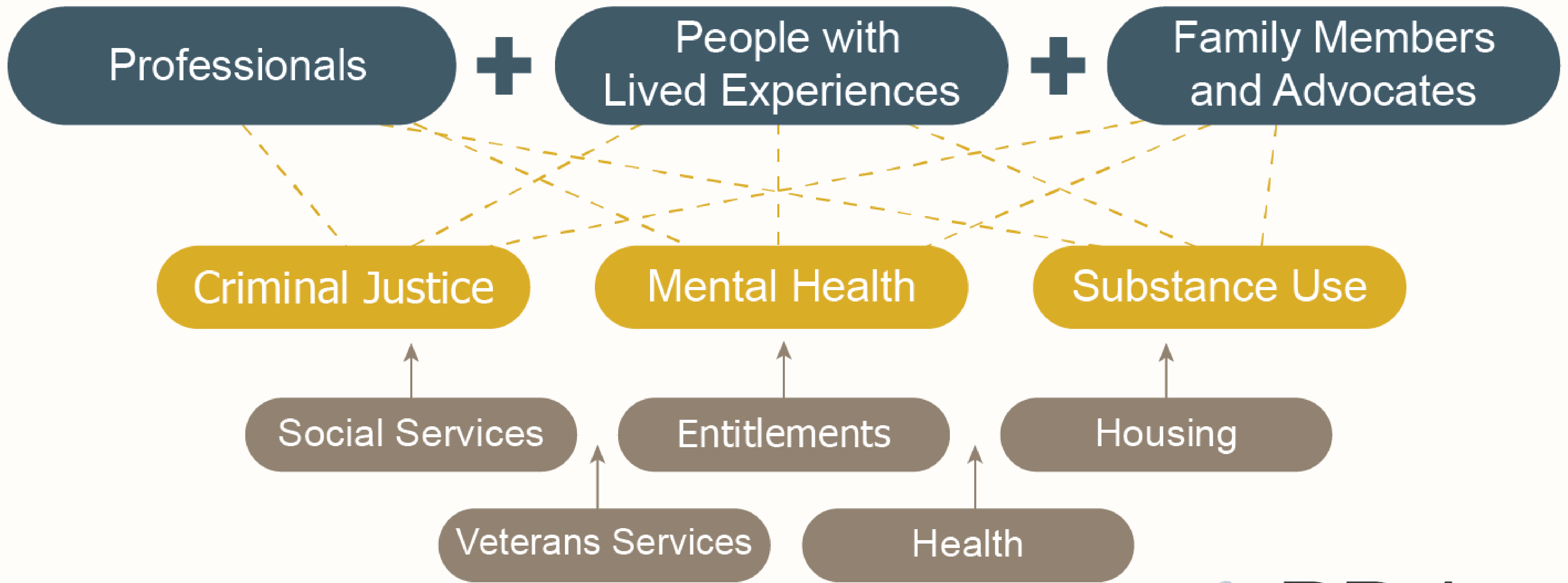
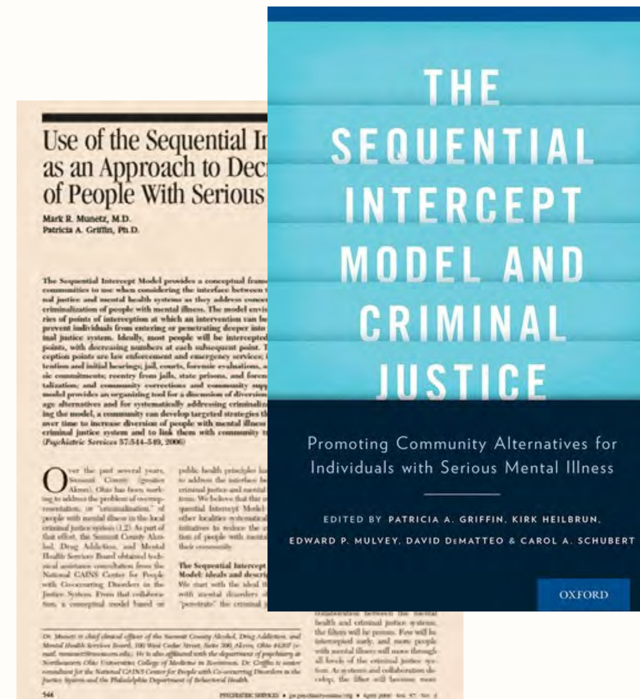
Collaboration



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



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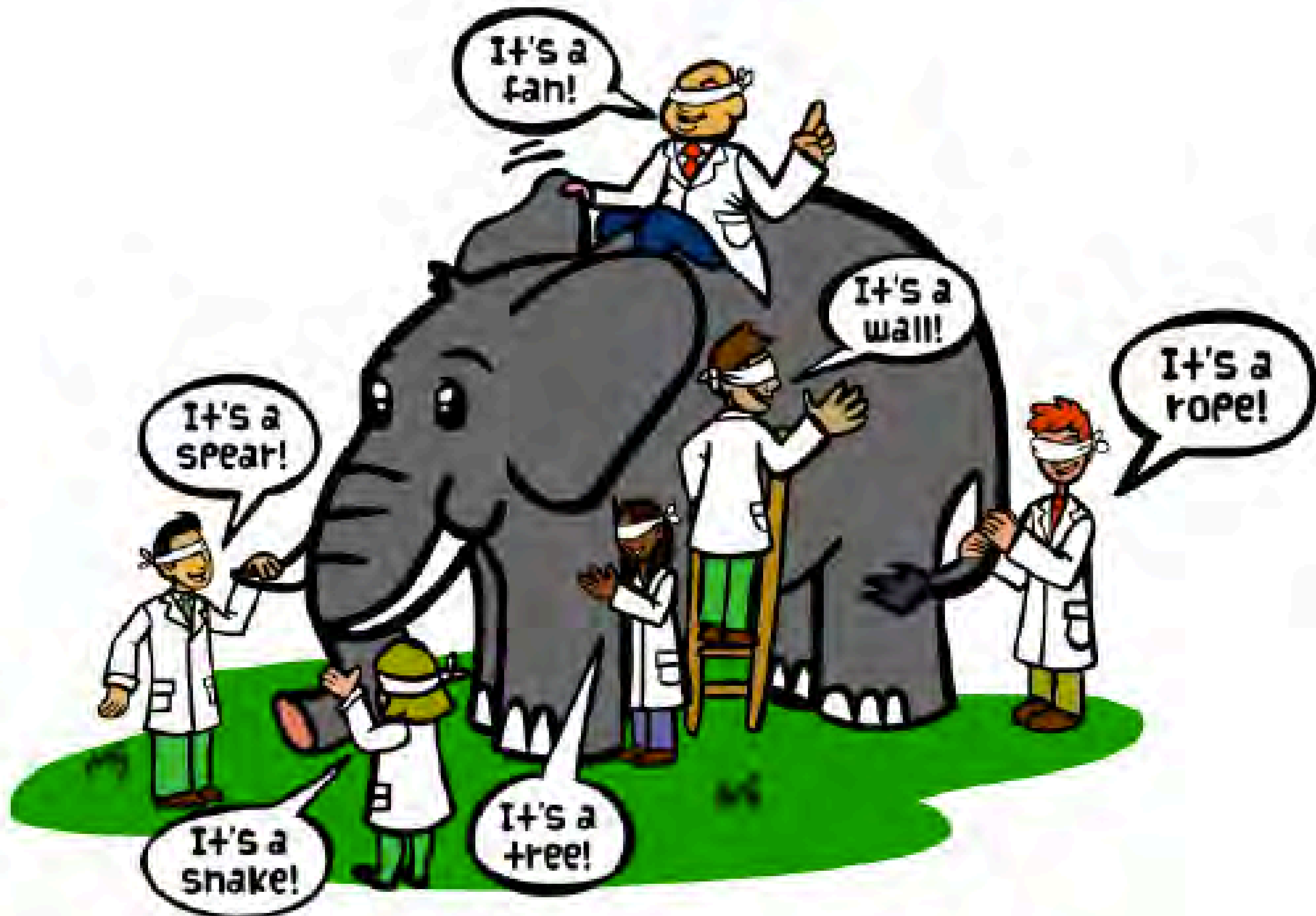
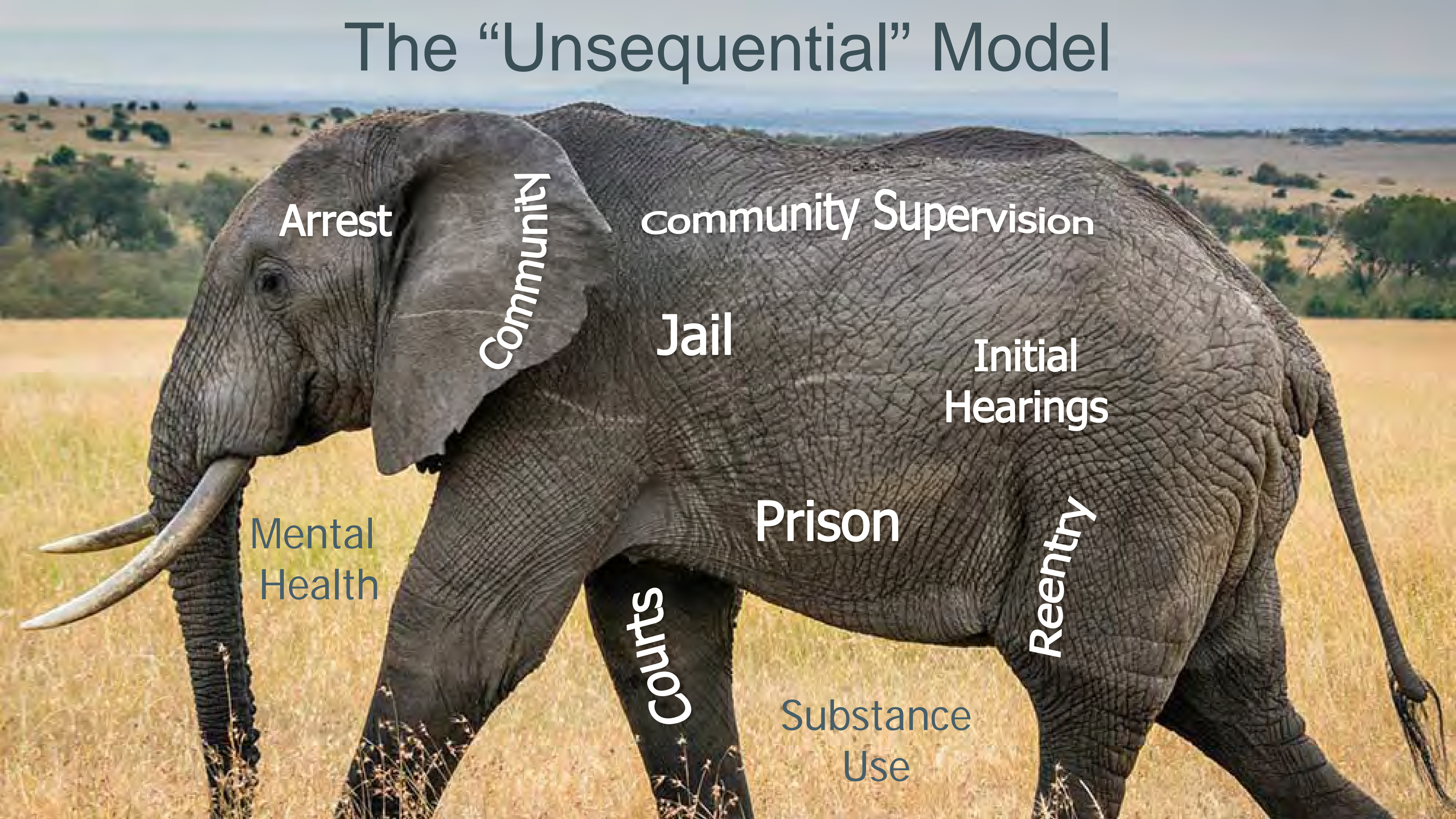
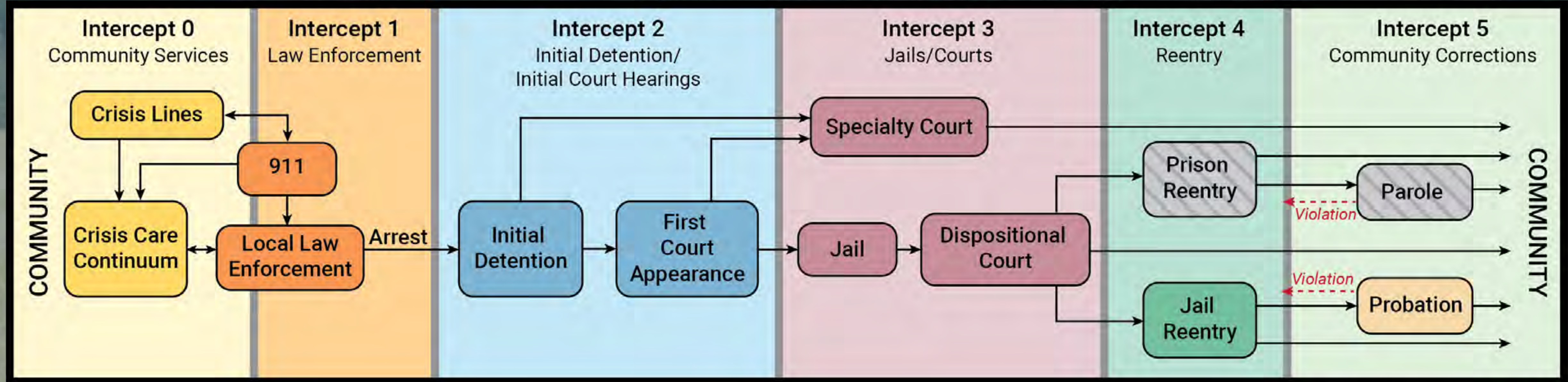

It's a fan!
It's a wall!
It's a rope!
It's a spear!
It's a snake!
It's a tree!

The “Unsequential” Model



Sequential Intercept Model



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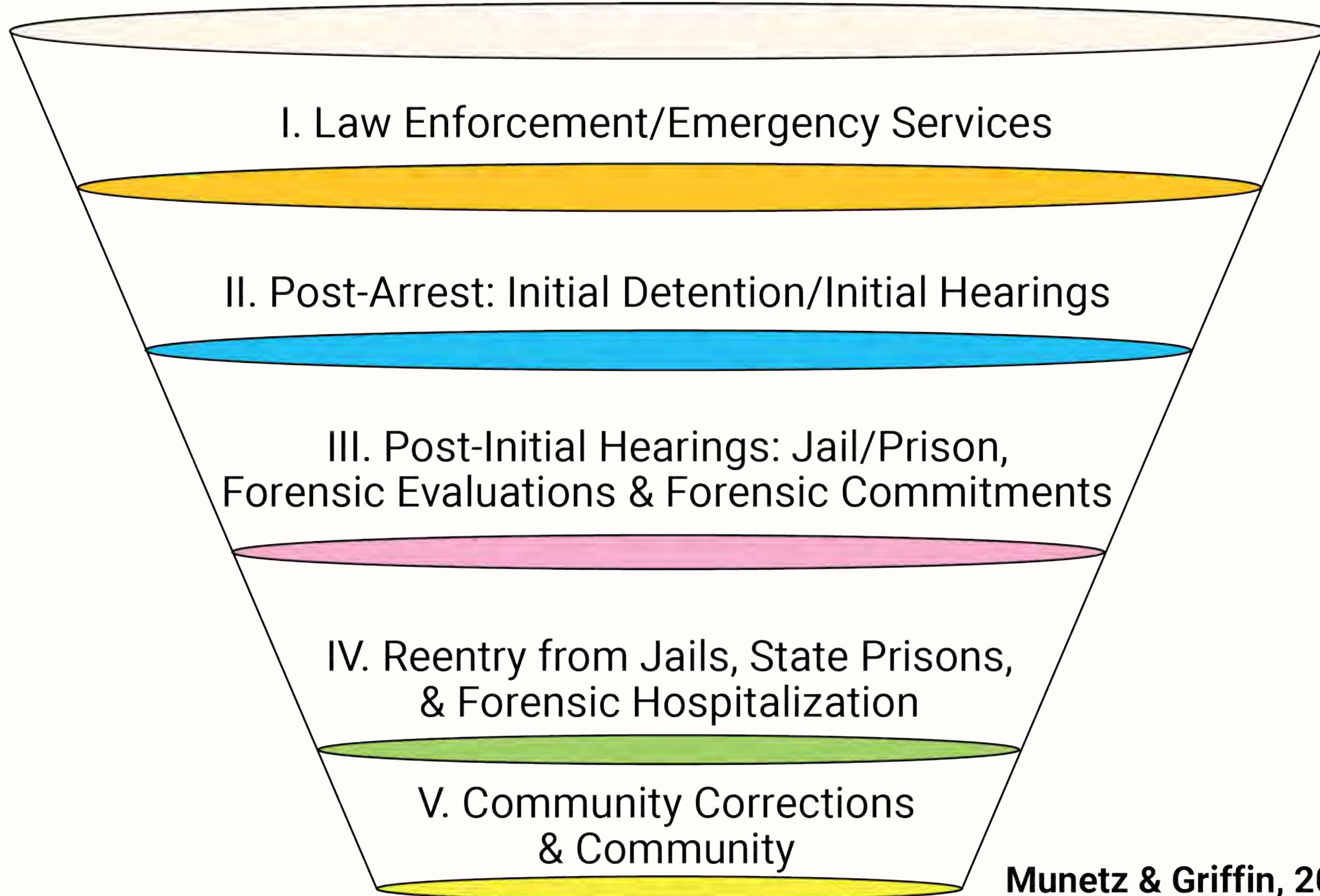
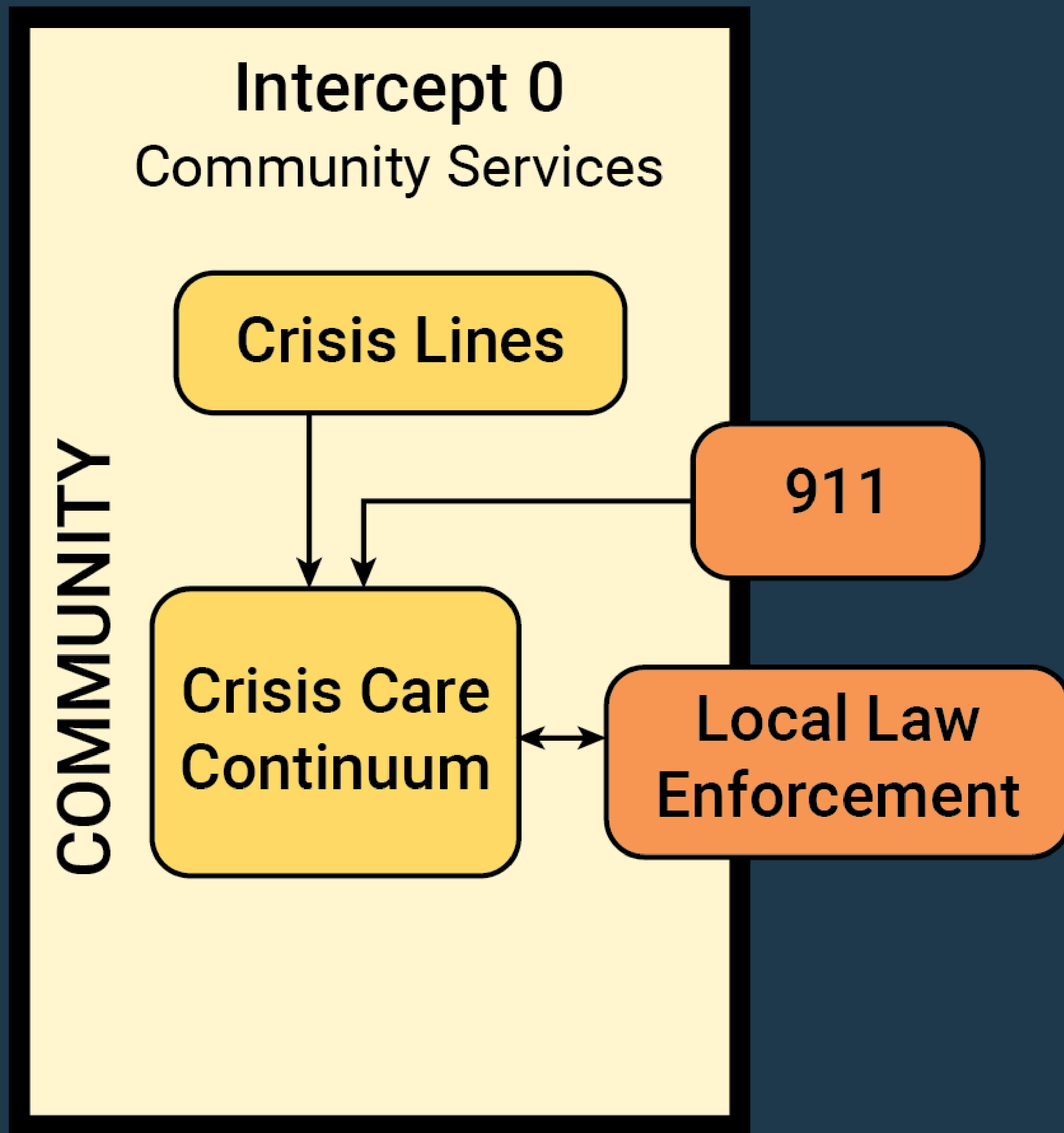
The Filter Model



Munetz & Griffin, 2006

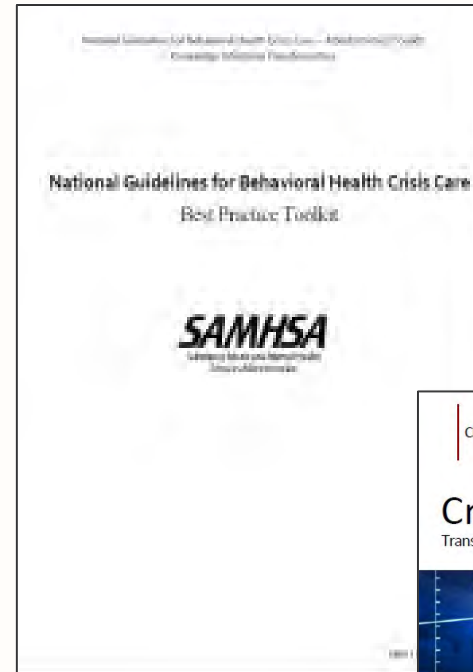
Intercept 0

Community Services



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)

National Alliance on Mental Illness
Family and consumer education, resource information, and advocacy

Monarch Walk-in Clinic
Evaluations, medication management, therapy

Anuvia Prevention and Recovery Center
Detox Services
24/7/365 Social Detox

Amara Wellness Walk-in Clinic
Evaluations, medication management, therapy

Promise Resource Network
Recovery Hub

Urban Ministry
Homeless diversion w/street outreach

Charlotte Community Based Outpatient Clinic

Charlotte Health Care Clinic

For Veterans
Individual, group, family counseling

Charlotte Vet Center
Range of social and psychological services

CRISIS, NOT EMERGENCY

Davidson LifeLine
Crisis hotline, training

National Alliance on Mental Illness
Family/consumer education, resource recommendations, advocacy
Family/consumer support thru crisis

Cardinal Innovations Call Center
Crisis referral/info 24/7/365

Mobile CriSys
24/7/365
Assess, triage, refer

Monarch Walk-in Clinic
Evaluations, medication management, therapy

Amara Wellness Walk-in Clinic
Evaluations, medication management, therapy

Anuvia Prevention and Recovery Center
Detox Services
24/7/365 Social Detox

EMERGENCY

911 Dispatch
Over 100 Telecommunicators
16-hr Crisis Intervention Team (CIT) training

Cardinal Innovations Call Center
Crisis referral/info 24/7/365

MEDIC
24/7/365
Assess, triage, transport

Mobile CriSys
24/7/365
Assess, triage, refer

Carolinas Healthcare System Behavioral Health – Charlotte
24/7/365 Psychiatric Emergency Department
Inpatient unit
Observation unit

Behavioral Health – Davidson
Psychiatric hospital

Presbyterian Hospital
Acute Care Emergency Department
Behavioral health beds
Child/adolescents unit

Charlotte Mecklenburg Police Department
40-hr Crisis Intervention Team training (CIT)
CIT Mental Health Clinician
Mental Health First Aid

Mecklenburg County Sheriff's Office
40-hr Crisis Intervention Team training

Municipal and College Police Departments
Probation

Central Regional Hospital
Broughton Hospital

POST-CRISIS OR EMERGENCY

National Alliance on Mental Illness
Family and consumer education, resource info, and advocacy
Support groups
Recommendations for on-going recovery support

Promise Resource Network
Recovery Hub
Peer support transition from inpatient setting

Peer Bridger Program
Transition from Hospital and Jail
Peer support transition from inpatient setting

HopeWay
Residential treatment
Day treatment
Two transitional living centers

Charlotte Community Based Outpatient Clinic

Charlotte Health Care Clinic

For Veterans
Individual, group, family counseling

Mecklenburg County Reentry Services

For Formerly Incarcerated Individuals

Housing, employment, educational support; refer to mental health/substance abuse provider for appointments

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

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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

<u>MHA</u> - 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

Support Local | ivna

indianvillagena.wixsite.com/ivna/supportlocal

This site was designed with the WIX.com website builder. Create your website today. Start Now

Indian Village NEIGHBORHOOD ASSOCIATION

Monthly Board Meetings

Held the second Tuesday of each month. 7:00 p.m.
Southminster UMC at 16th & Otoe. Join us!

Home | Who We Are | Donate | Support Local | Contact

LOCAL BUSINESSES

If interested in becoming a business member, see details our donate page.

Keya House

A peer-run, supportive environment that assists individuals living with mental health and/or substance use issues to gain and maintain their recovery.
2817 S 14th Street | 402-261-5959

Learn More

St Mark Lutheran Church

St.Mark Lutheran CHURCH

Whether you are looking for a weekend service to attend while in town on business, or searching for a new church home, we are here to welcome you. We cordially invite you to join us for worship.
3930 S 19th Street | 402-423-1497

Join Us

St Mark Lutheran School

ST. MARK MUSTANGS

Local elementary school for grades K-8 located just north of the St Mark church property. An amazing staff with an amazing love for both their students and their Savior.
3840 S 19th Street | 402-904-8115

Learn More

Autosounds of Lincoln

AUTOSOUNDS

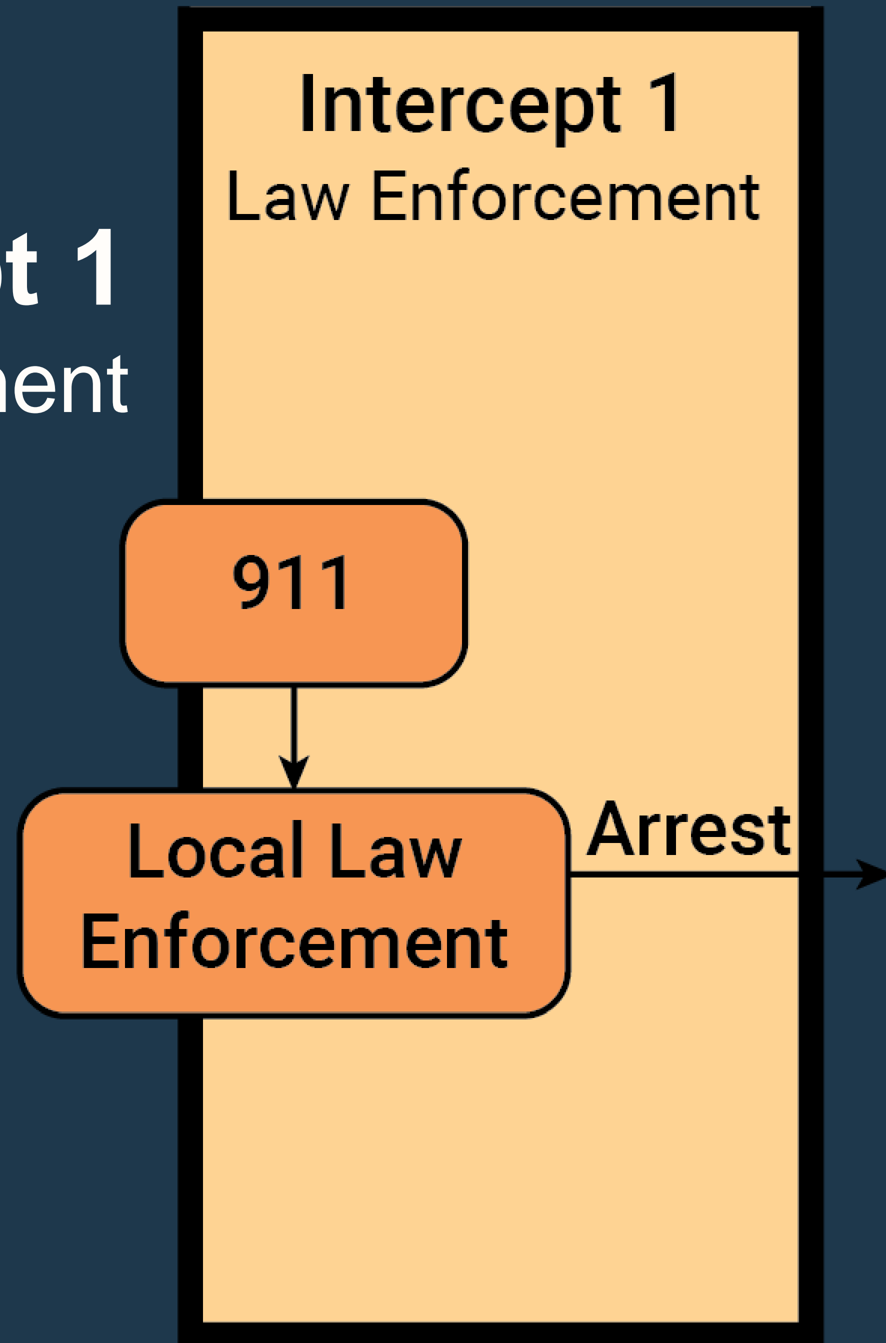
Your local experts for over 35 years. We specialize in upgrading your driving experience and making it sound amazing along the way!
4720 O Street | 402-466-4400

Get In Touch

Type here to search

5:04 PM 7/7/2020

Intercept 1
Law Enforcement



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?

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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

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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

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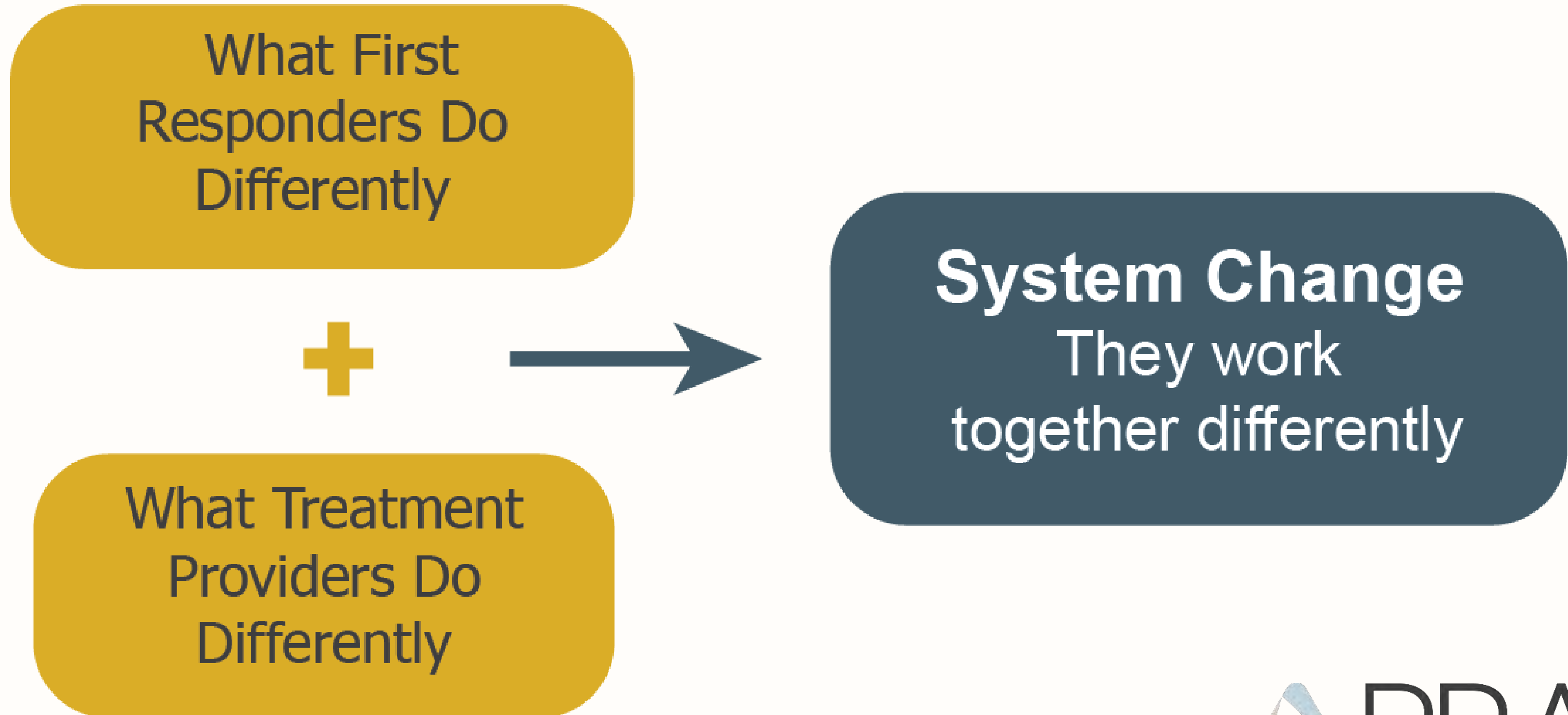
Diversion Equation in Intercepts 0/1



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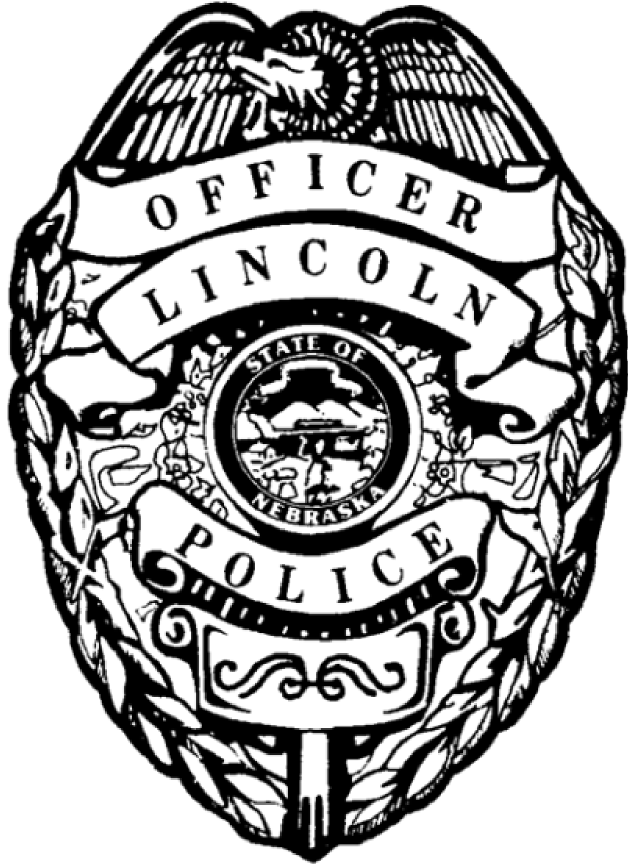
The R.E.A.L. Program – Respond, Empower, Advocate and Listen

- 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)

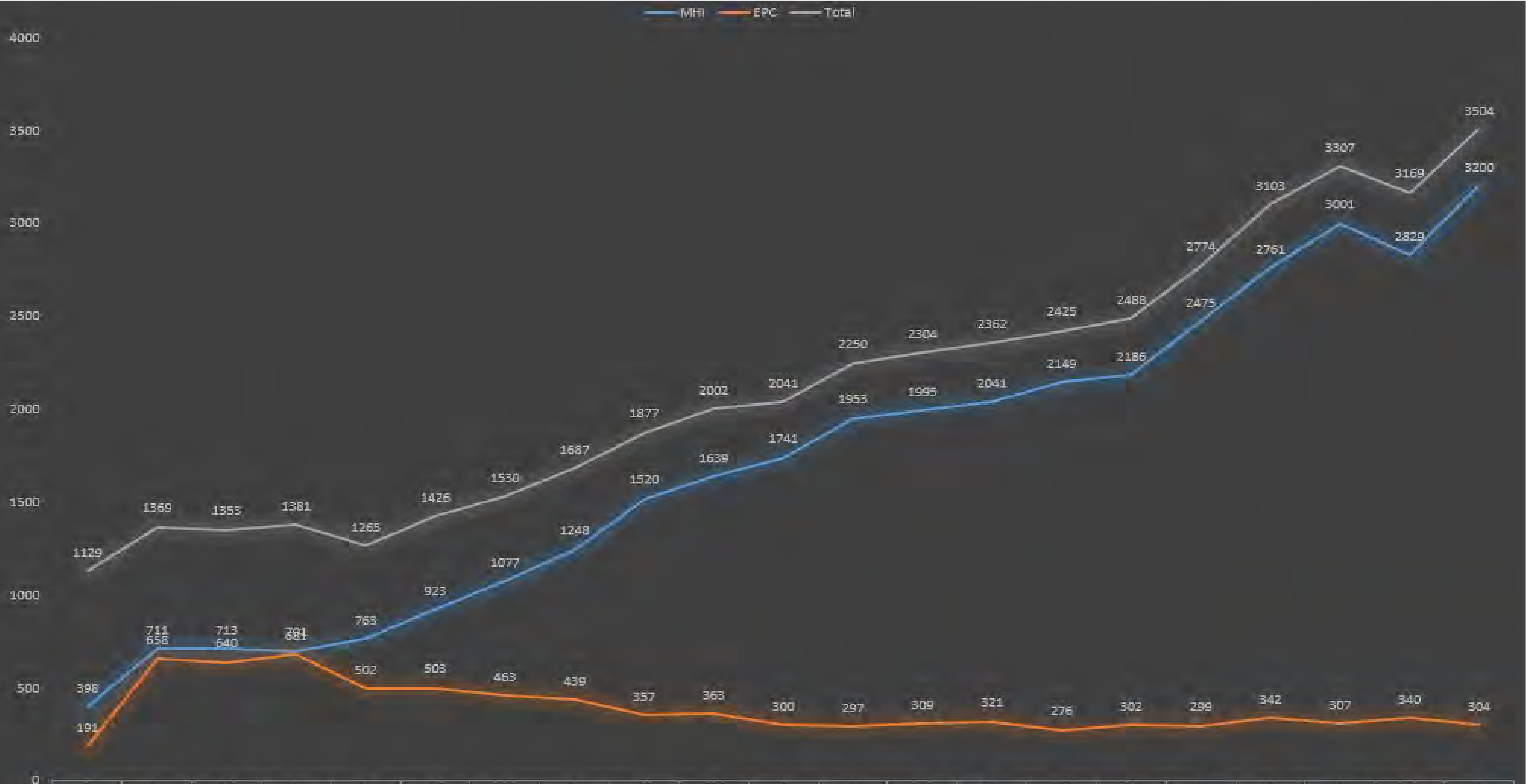
The Traditional Law Enforcement Approach

Three Traditional Responses:

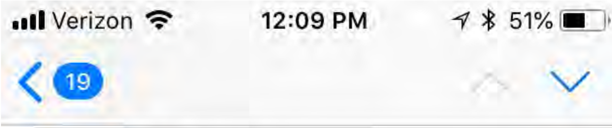
- Informal “counseling”
- Arrest
- Emergency Protective Custody (EPC)

What happens when the cops go home?

LPD Mental Health Call for Service 2001-2021

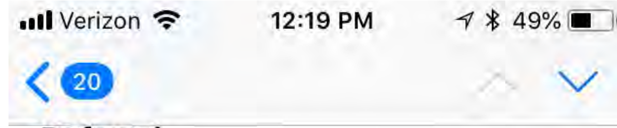


	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
MHI	398	711	713	701	763	923	1077	1248	1520	1639	1741	1953	1995	2041	2149	2186	2475	2761	3001	2829	3200
EPC	191	658	640	681	502	503	463	439	357	363	300	297	309	321	276	302	299	342	307	340	304
Total	1129	1369	1353	1381	1265	1426	1530	1687	1877	2002	2041	2250	2304	2362	2425	2488	2774	3103	3307	3169	3504



Subject: Referral

On 6-21-18 officers conducted a welfare check of Cathy ██████ at her residence at ██████████. She made some suicidal comments at a doctor's office. Cathy was found to be depressed and stressed out but not an immediate danger to herself or others. I suggested an MHA referral and she was agreeable. Cathy is stressed because of pressure from her daughter who wants her tested for Alzheimer's disease. Cathy said she suffers from PTSD from sexual abuse as a child and physical abuse from her previous husband. Cathy said she has been crying for the past 2 days and would appreciate someone to talk to and help her navigate through her stressors. Cathy has a cat named OLLIE that she got as therapy. Cathy's phone is ██████ and her d.o.b. is ██████. Thank you. OFC Joe Yindrick



Referral

Today at 12:19 PM

Hello, On 6-20-18 I had contact with ██████████ after he tried to complete suicide by overdosing on pills. He said he has tried completing suicide in the past and is diagnosed with depression and anxiety for which he takes medication. ███ is upset by a recent break up with a girlfriend and believes he has lost his job. He returned to Nebraska to see his mother and complete suicide. ███ robbed a pharmacy to get some of the pills he took and is currently in the Lancaster County jail. He was definitely in crisis and if his mother hadn't found him he probably wouldn't have lived. His mother can help you get in contact with him. His dob is █████. His mother's phone and address is ██████████. He will stay with his mother if he gets out of jail and both of them know I sent this referral. Thanks, Officer David Wunderlich #1517

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.i, 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……

Successful Contacts

- 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

*** <u>85% of those contacted accept services</u>

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

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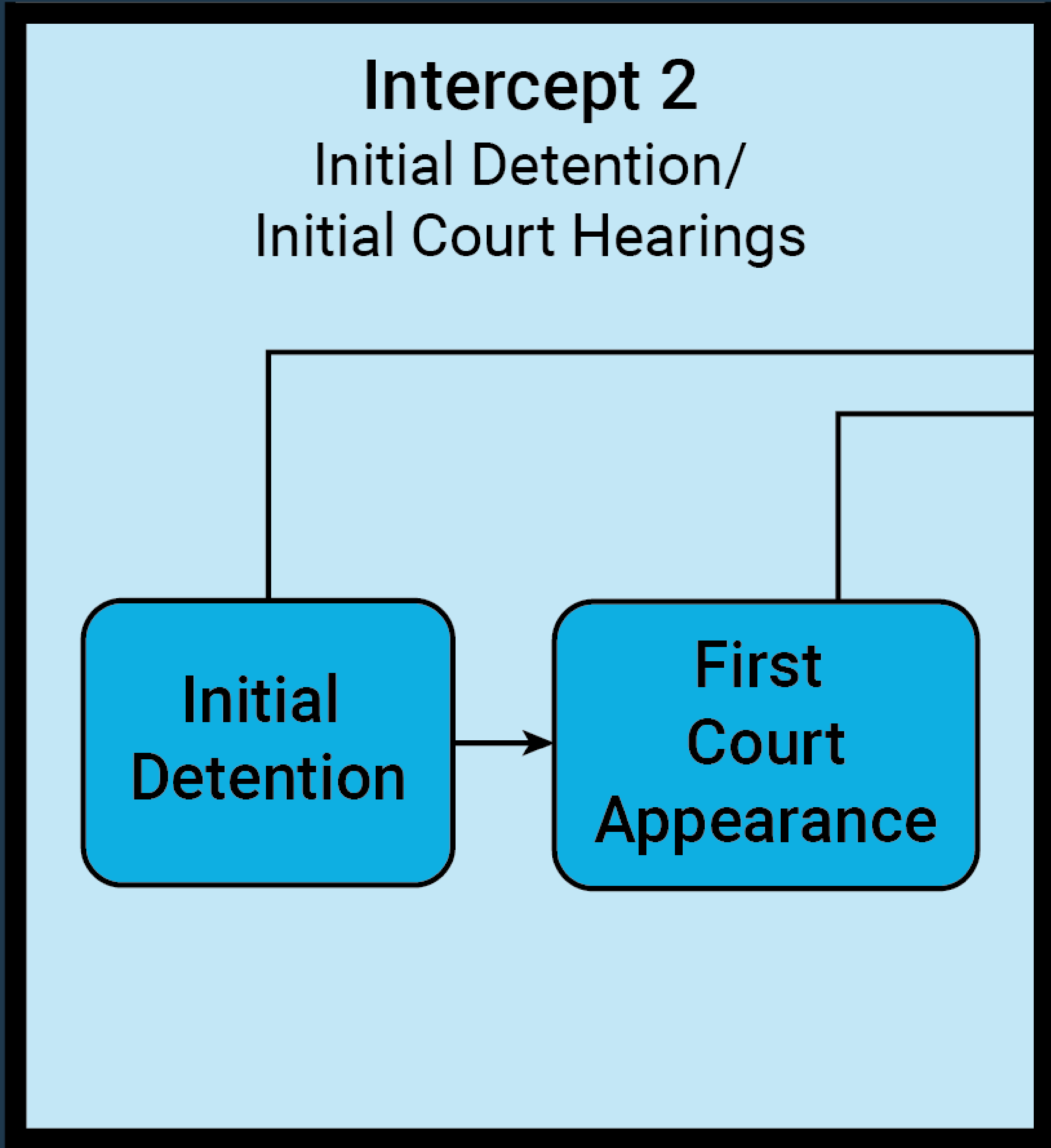
Intercept 2
Initial Detention/
Initial Court Hearings/
Pre-trial



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

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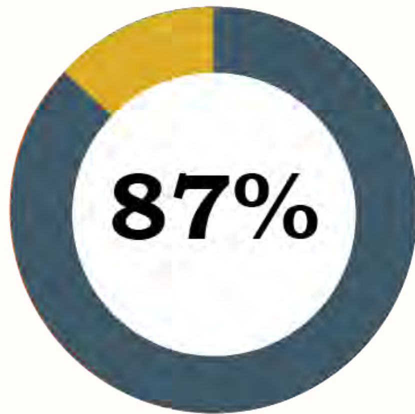
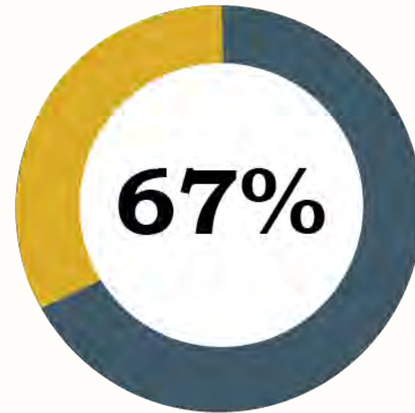
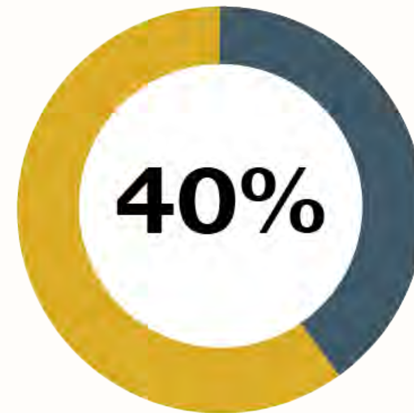
National Association of Counties Analysis of Jail Populations



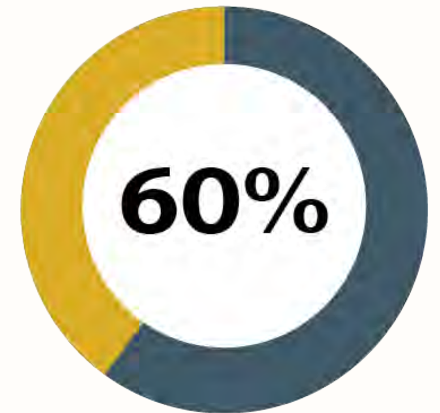
of jails are owned by **counties**



of confined jail population is **pretrial**



of jails use a **risk assessment**



of jail population **assessed "low risk"** among jails that use risk assessments

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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)

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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

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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%

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

Name: ____________ First MI Last	Detainee #: ________	Date: __/__/____	Time: ______ AM PM

Section 2

Questions	No	Yes	General Comments
1. Do you *currently* believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you *currently* feel that other people know your thoughts and can read your mind?			
3. Have you *currently* lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are *currently* much more active than you usually are?			
5. Do you *currently* feel like you have to talk or move more slowly than you usually do?			
6. Have there *currently* been a few weeks when you felt like you were useless or sinful?			
7. Are you *currently* taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you ever been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check *all* that apply):

☐ Language barrier ☐ Under the influence of drugs/alcohol ☐ Non-cooperative

☐ Difficulty understanding questions ☐ Other, specify: ____________________

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

☐ Not Referred

☐ Referred on __/__/____ to ____________

Person completing screen ____________________

INSTRUCTIONS ON REVERSE

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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)

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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

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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

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. ____________
2. ____________
3. ____________

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. ____________
2. ____________
3. ____________

Step 3: People and social settings that provide distraction:

1. Name____________ Phone____________
2. Name____________ Phone____________
3. Place____________ 4. Place____________

Step 4: People whom I can ask for help:

1. Name____________ Phone____________
2. Name____________ Phone____________
3. Name____________ Phone____________

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name____________ Phone____________
   Clinician Pager or Emergency Contact # ____________
2. Clinician Name____________ Phone____________
   Clinician Pager or Emergency Contact # ____________
3. Local Urgent Care Services____________
   Urgent Care Services Address____________
   Urgent Care Services Phone____________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. ____________
2. ____________

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The one thing that is most important to me and worth living for is:

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?

Name: ______ Current Age: ______ Interviewer Initials: ______ Date: ______

Ohio State University TBI Identification Method — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   ☐ No ☐ Yes—Record cause in chart
2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
   ☐ No ☐ Yes—Record cause in chart
3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
   ☐ No ☐ Yes—Record cause in chart
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
   ☐ No ☐ Yes—Record cause in chart
5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
   ☐ No ☐ Yes—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 1	Step 2						
	Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How many?______ Longest knocked out?______ How many ≥ 30 mins.?______ Youngest age? ______

Step 3	Typical Effect		Most Severe Effect				Age	
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

Adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329.

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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

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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

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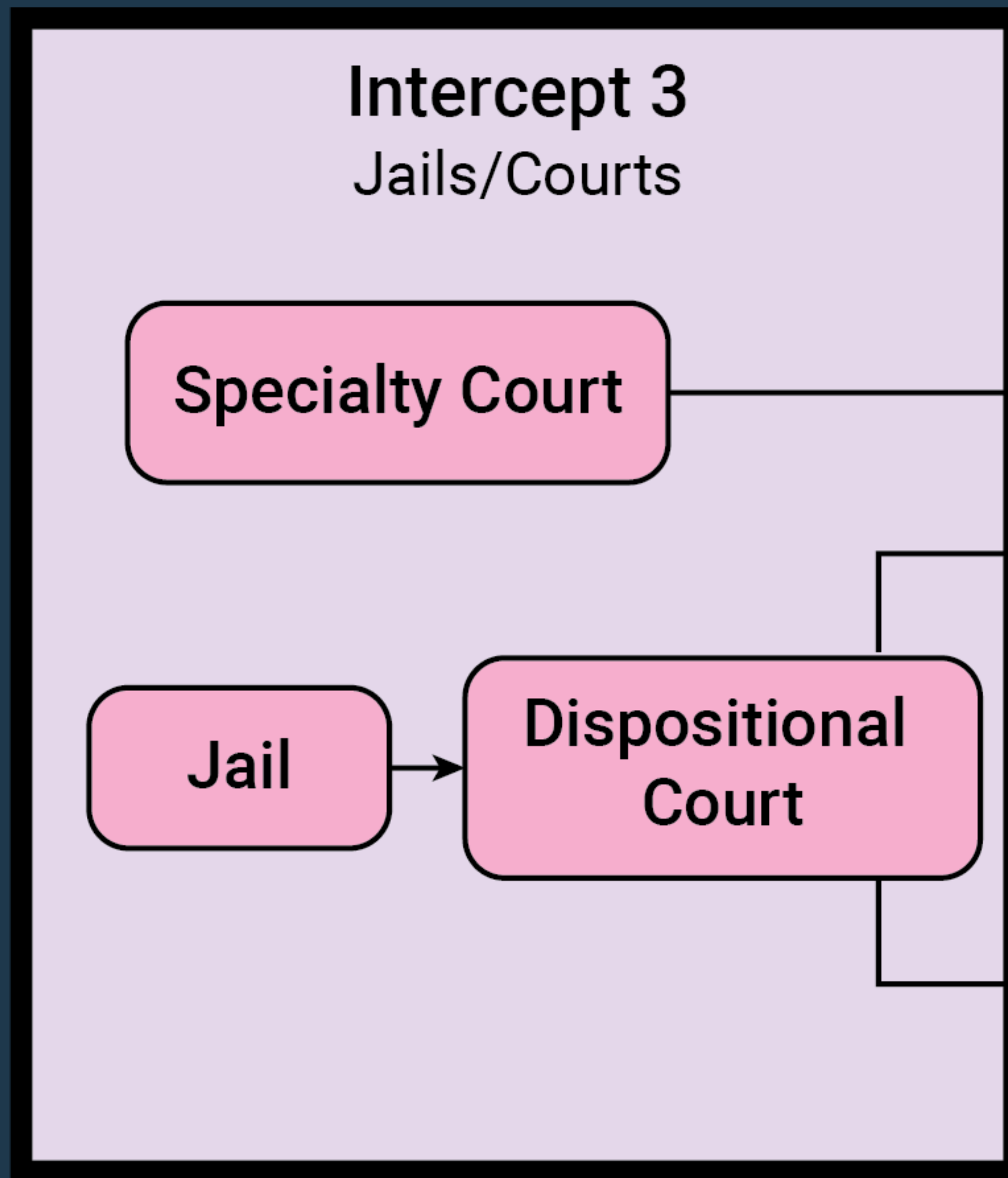
Intercept 3

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.

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Treatment/Problem-Solving Courts (NADCP)

Model	# of Courts
Adult Drug Court	1,540
Mental Health Court	533
Family Drug Court	305
Veterans Treatment Court	461
DWI Court	471
Tribal Healing to Wellness Court	138

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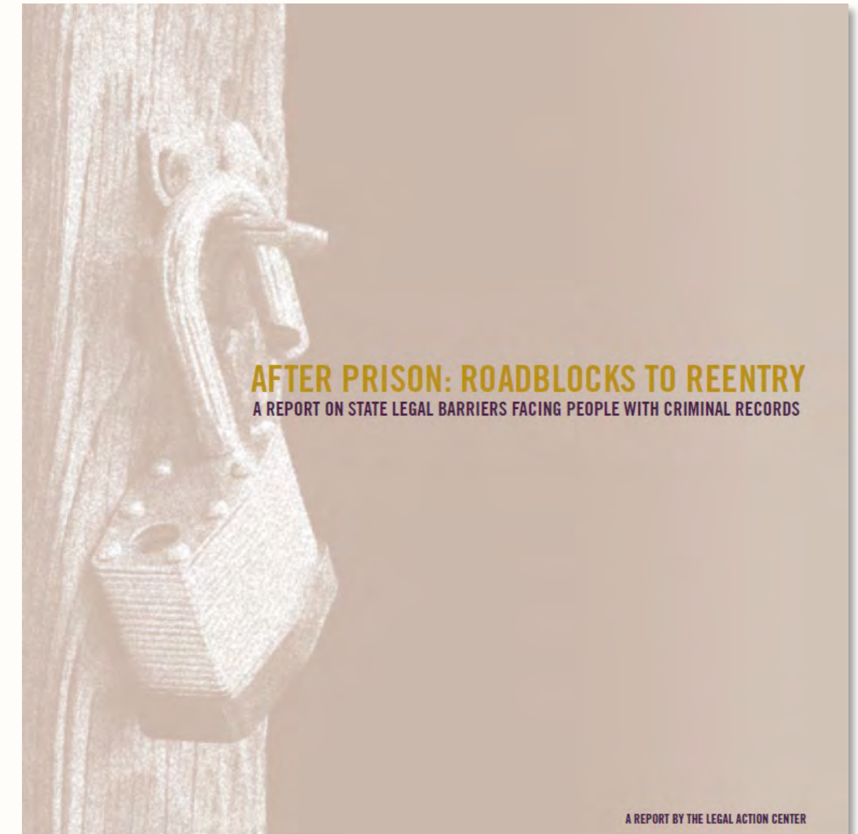
Using Criminal Charges as Treatment Leverage

- 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



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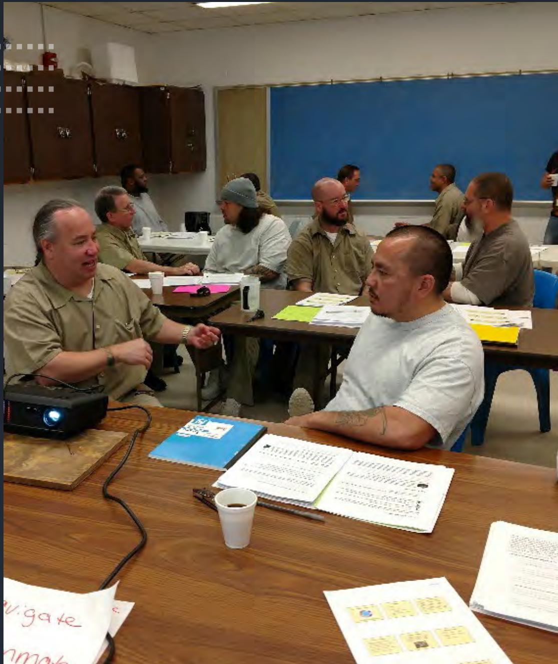

It starts on the inside

- 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

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Intercept 4
Reentry

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

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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 (Farabee, 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)

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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

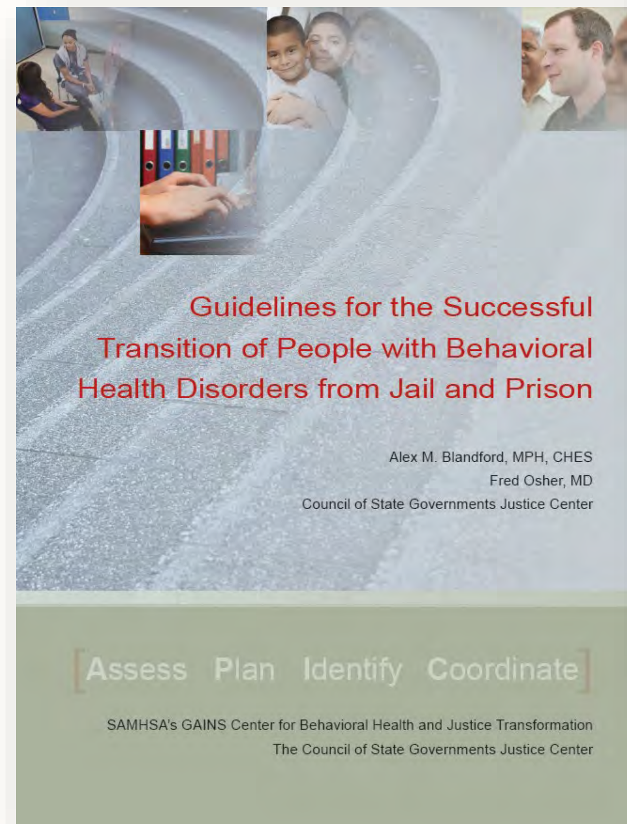
WELCOME BACK
RECIDIVISTS!

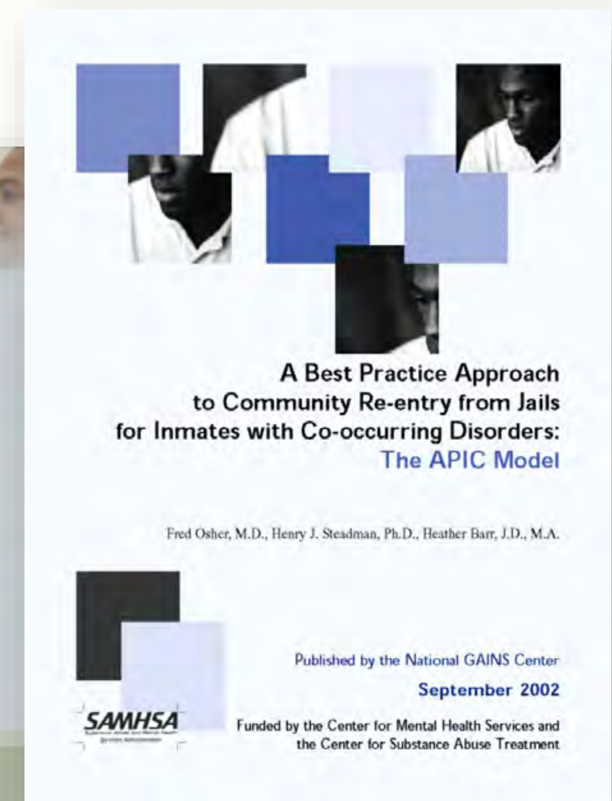
The APIC Model of Transition Planning

Assess	**Assess** the inmate’s clinical, social needs, and public safety risks
Plan	**Plan** for the treatment & services required to address the inmate’s needs
Identify	**Identify** required community & correctional programs responsible for post-release services
Coordinate	**Coordinate** the transition plan to ensure implementation and avoid gaps in care with community-based services

APIC Model Transition Guidelines

- SAMHSA's 10 guidelines for effective transition planning based on the APIC model
- Best practices of APIC model





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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 Re-Entry Checklist For Inmates Identified with Mental Health Service Needs

Detainee's Name (Last, First, M) | Gender ☐ M ☐ F | Date of Birth (mm/dd/yy) | Today's Date (mm/dd/yy) | Jail ID # | SSN#

Name of Facility | Name of Person Completing Form and Phone Number | Current Status ☐ Pre-Trial Detainee ☐ Sentenced Inmate | Date of Admission (mm/dd/yy) | Projected Release Date (mm/dd/yy)

Potential Needs in Community After Release	Steps Taken by Jail Staff and Date(s)	Detainee's Final Plan & Contact Information for Referrals
Mental Health Services ☐		
Psychotropic Medications ☐		
Housing ☐		
Substance Abuse Services ☐		
Health Care ☐		
Health Care Benefits ☐		
Income Support/Benefits ☐		
Food/Clothing ☐		
Transportation ☐		
Other ☐		

Full plan completed and discussed with detainee? ☐ Yes ☐ No Attachments? ☐ Yes ☐ No

If no, why?

Detainee refused ☐ Court released before plan completed ☐

Incomplete for other reasons ☐ Specify ________

Facility Use

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)

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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

SAMHSA
Substance Abuse and Mental Health Services Administration

HONU 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

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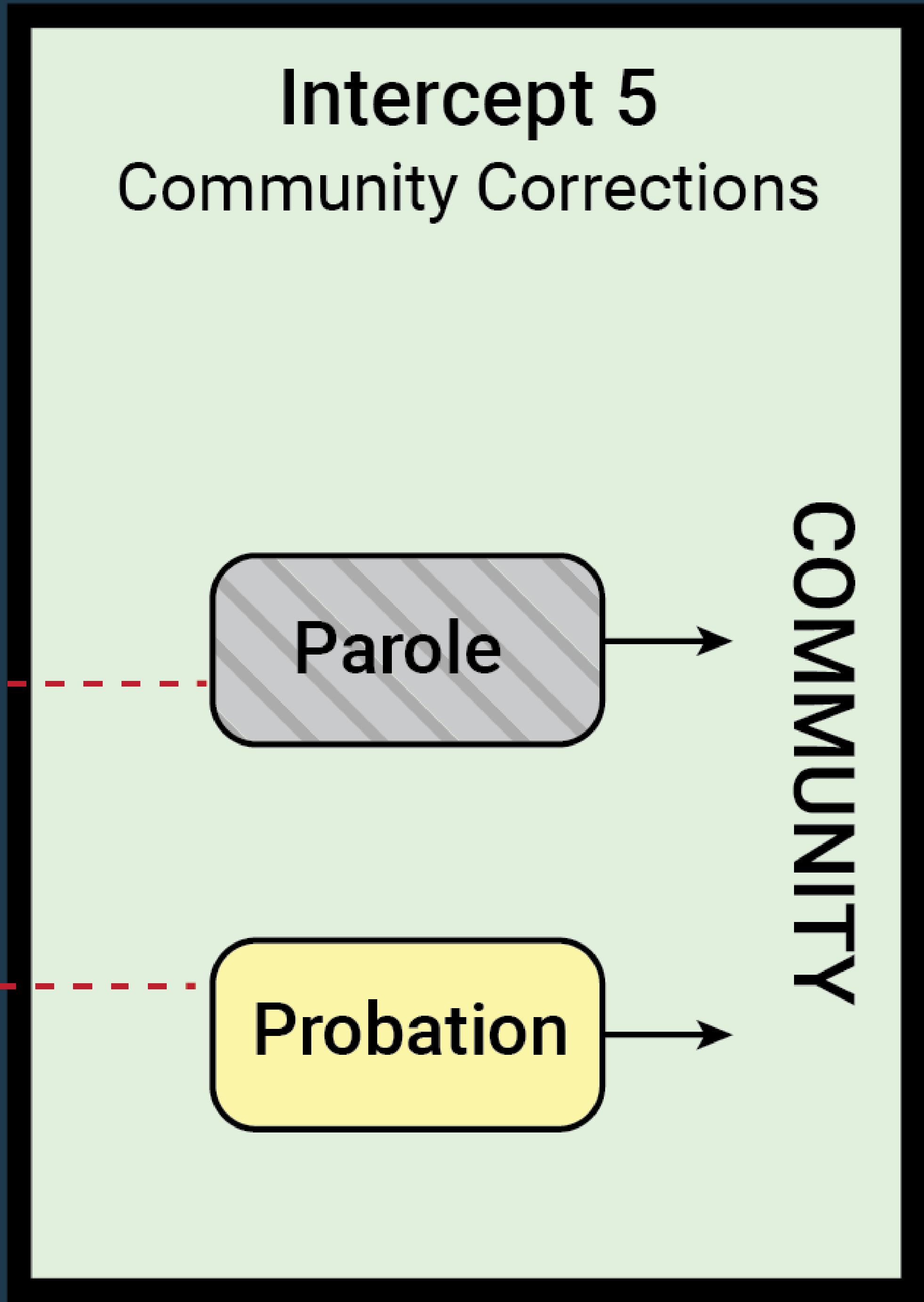
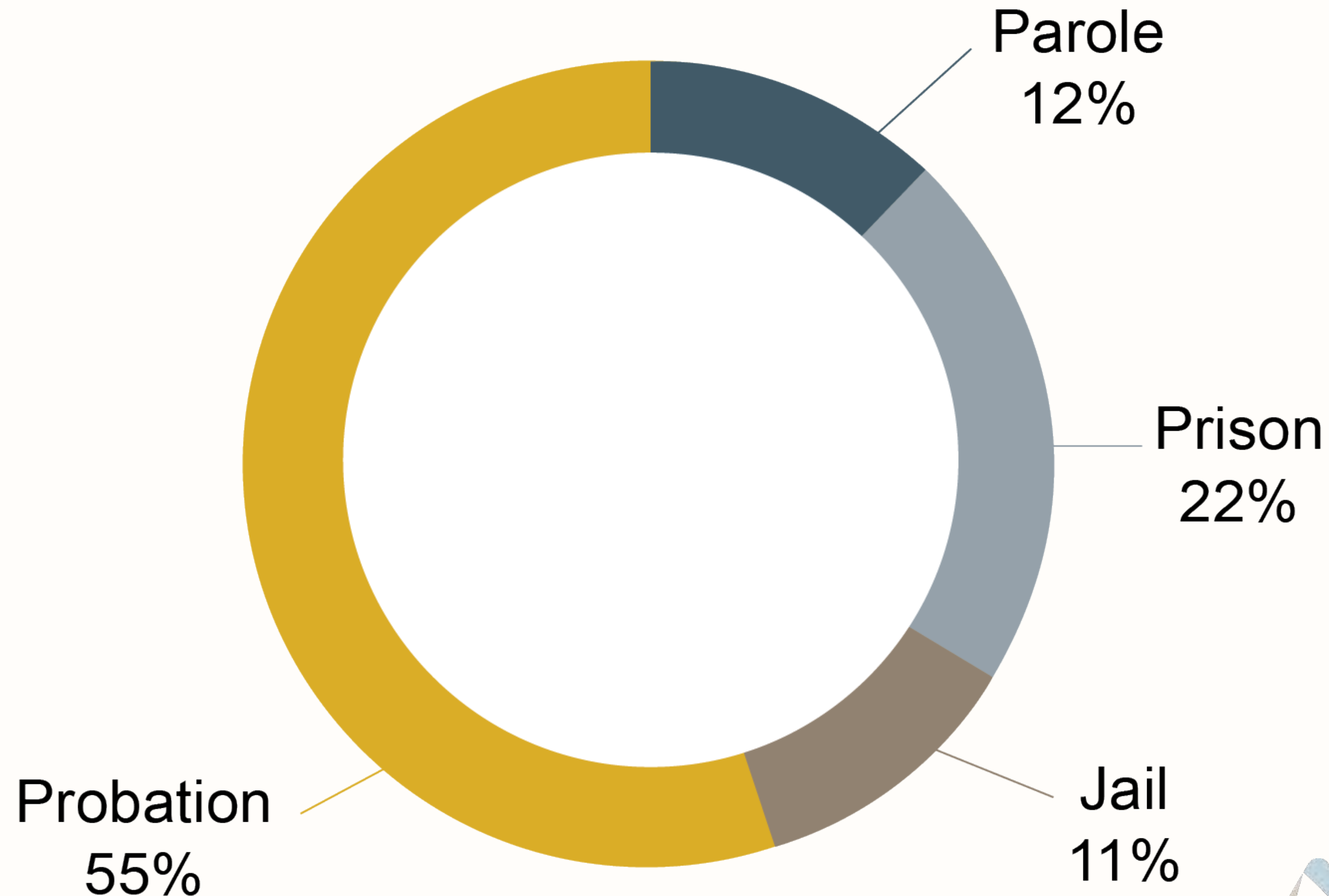
Intercept 5

Community Corrections/
Community Supports



6.9 Million Under Correctional Supervision



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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)

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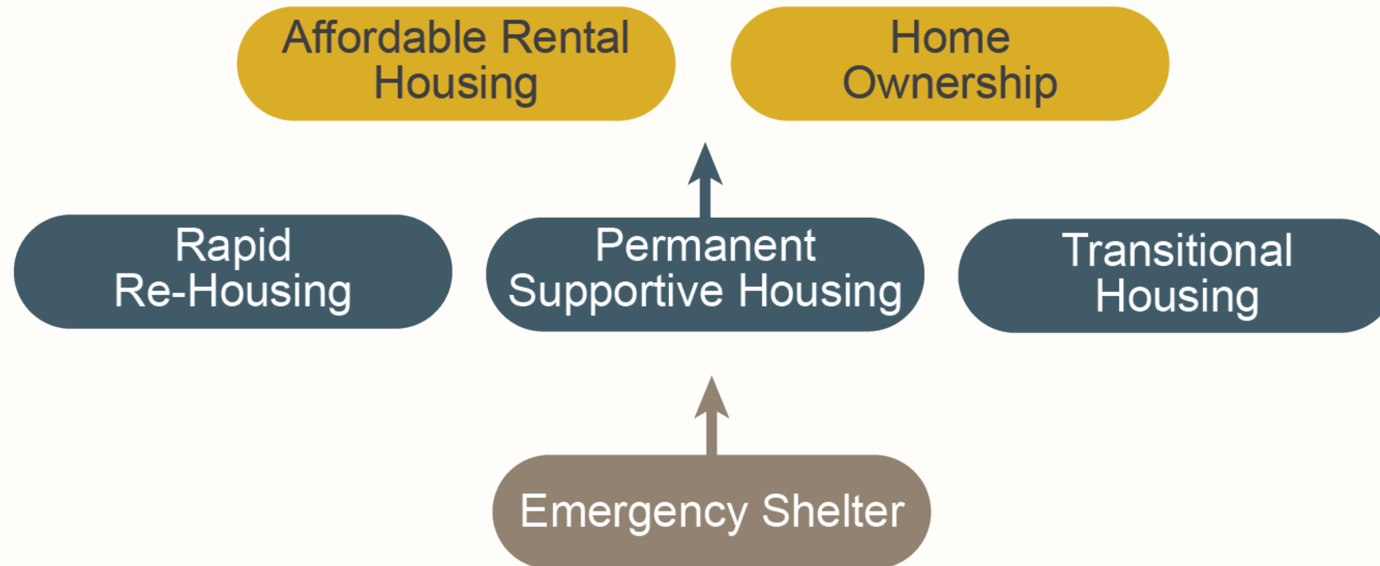
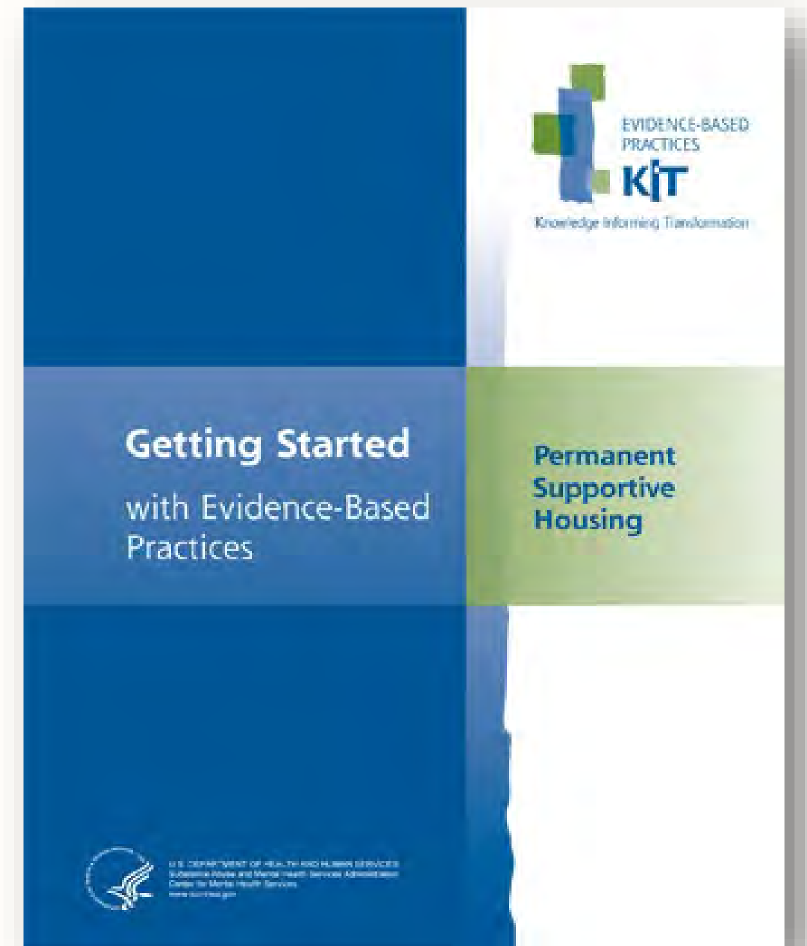
Stable Housing is Treatment





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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.

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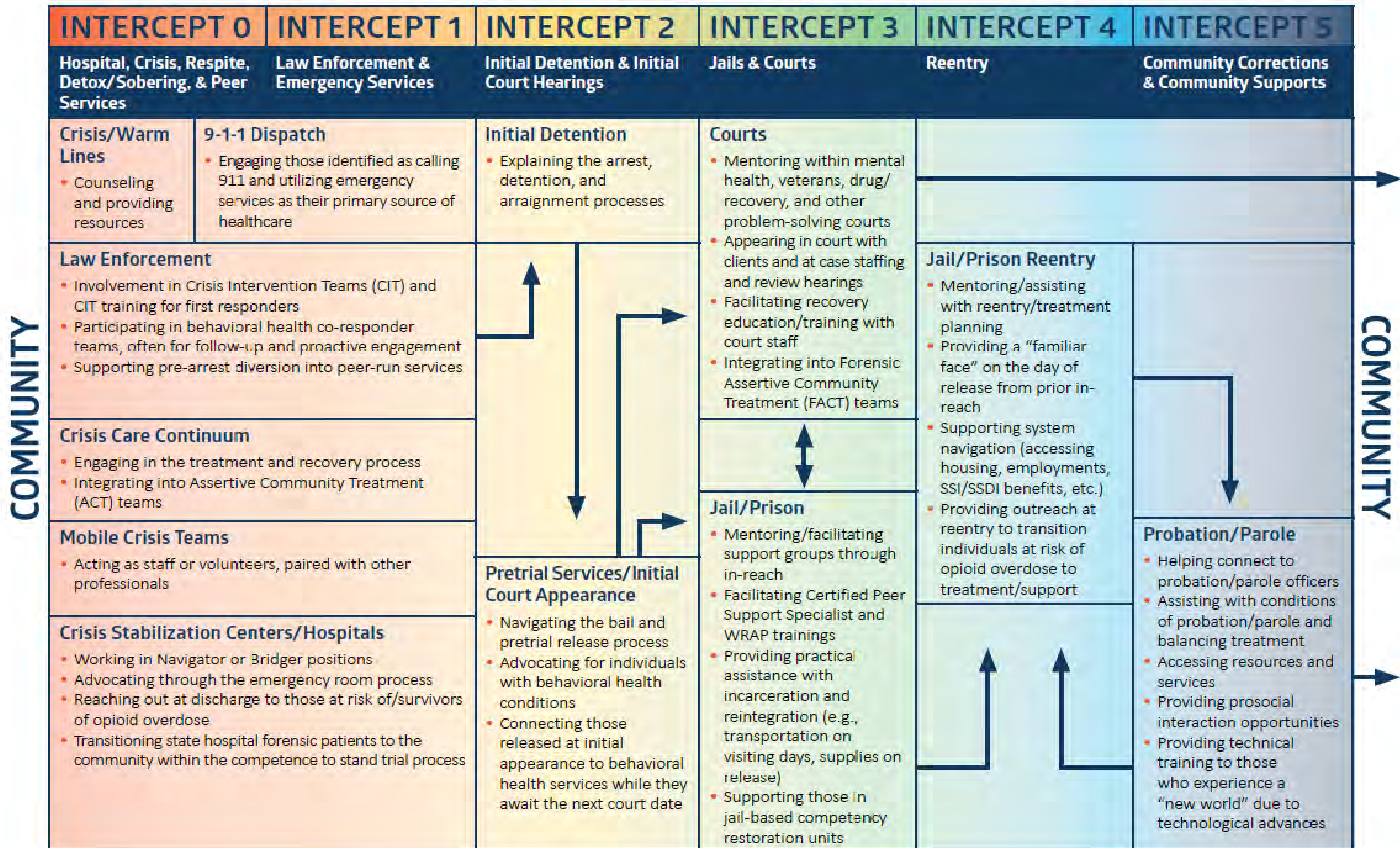
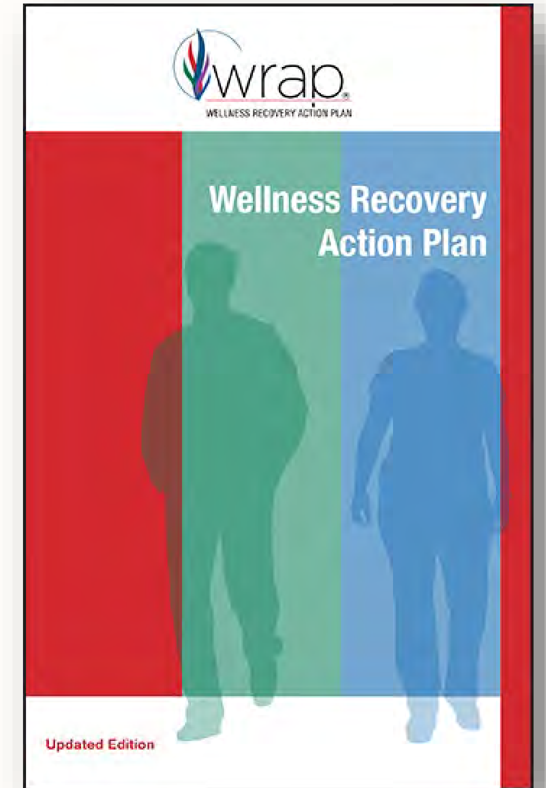

Peer Support Roles Across the Sequential Intercept Model
INTERCEPT 0
Hospital, Crisis, Respite, Detox/Sobering, & Peer Services
INTERCEPT 1
Law Enforcement & Emergency Services
INTERCEPT 2
Initial Detention & Initial Court Hearings
INTERCEPT 3
Jails & Courts
INTERCEPT 4
Reentry
INTERCEPT 5
Community Corrections & Community Supports
Crisis/Warm Lines
Counseling and providing resources
9-1-1 Dispatch
Engaging those identified as calling 911 and utilizing emergency services as their primary source of healthcare
Initial Detention
Explaining the arrest, detention, and arraignment processes
Courts
Mentoring within mental health, veterans, drug/recovery, and other problem-solving courts
Appearing in court with clients and at case staffing and review hearings
Facilitating recovery education/training with court staff
Integrating into Forensic Assertive Community Treatment (FACT) teams
Law Enforcement
Involvement in Crisis Intervention Teams (CIT) and CIT training for first responders
Participating in behavioral health co-responder teams, often for follow-up and proactive engagement
Supporting pre-arrest diversion into peer-run services
Jail/Prison Reentry
Mentoring/assisting with reentry/treatment planning
Providing a "familiar face" on the day of release from prior in-reach
Supporting system navigation (accessing housing, employments, SSI/SSDI benefits, etc.)
Providing outreach at reentry to transition individuals at risk of opioid overdose to treatment/support
Crisis Care Continuum
Engaging in the treatment and recovery process
Integrating into Assertive Community Treatment (ACT) teams
Jail/Prison
Mentoring/facilitating support groups through in-reach
Facilitating Certified Peer Support Specialist and WRAP trainings
Providing practical assistance with incarceration and reintegration (e.g., transportation on visiting days, supplies on release)
Supporting those in jail-based competency restoration units
Mobile Crisis Teams
Acting as staff or volunteers, paired with other professionals
Pretrial Services/Initial Court Appearance
Navigating the bail and pretrial release process
Advocating for individuals with behavioral health conditions
Connecting those released at initial appearance to behavioral health services while they await the next court date
Probation/Parole
Helping connect to probation/parole officers
Assisting with conditions of probation/parole and balancing treatment
Accessing resources and services
Providing prosocial interaction opportunities
Providing technical training to those who experience a "new world" due to technological advances
Crisis Stabilization Centers/Hospitals
Working in Navigator or Bridger positions
Advocating through the emergency room process
Reaching out at discharge to those at risk of/survivors of opioid overdose
Transitioning state hospital forensic patients to the community within the competence to stand trial process
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



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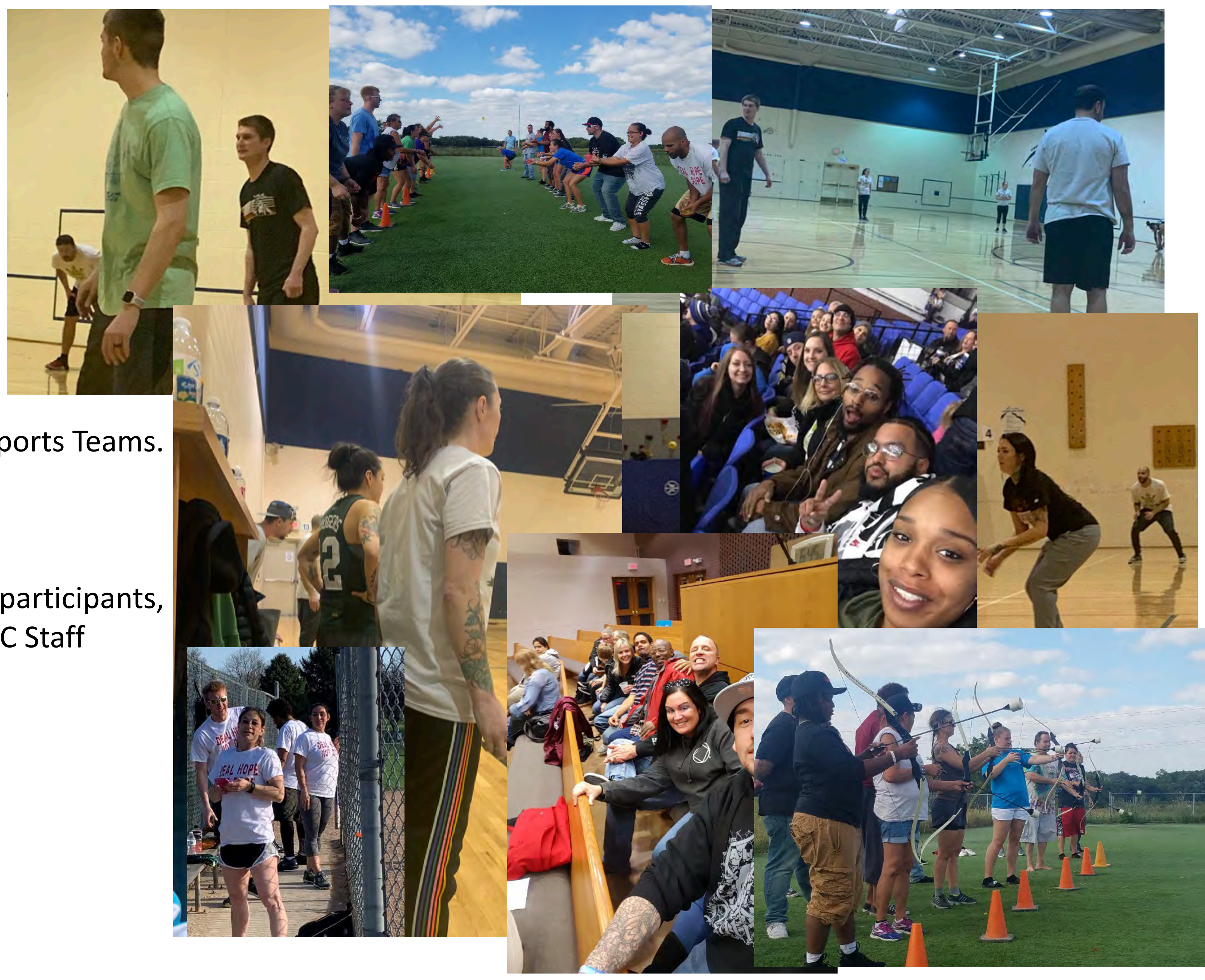
Community Integration/ Pro-Social Activities

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

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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

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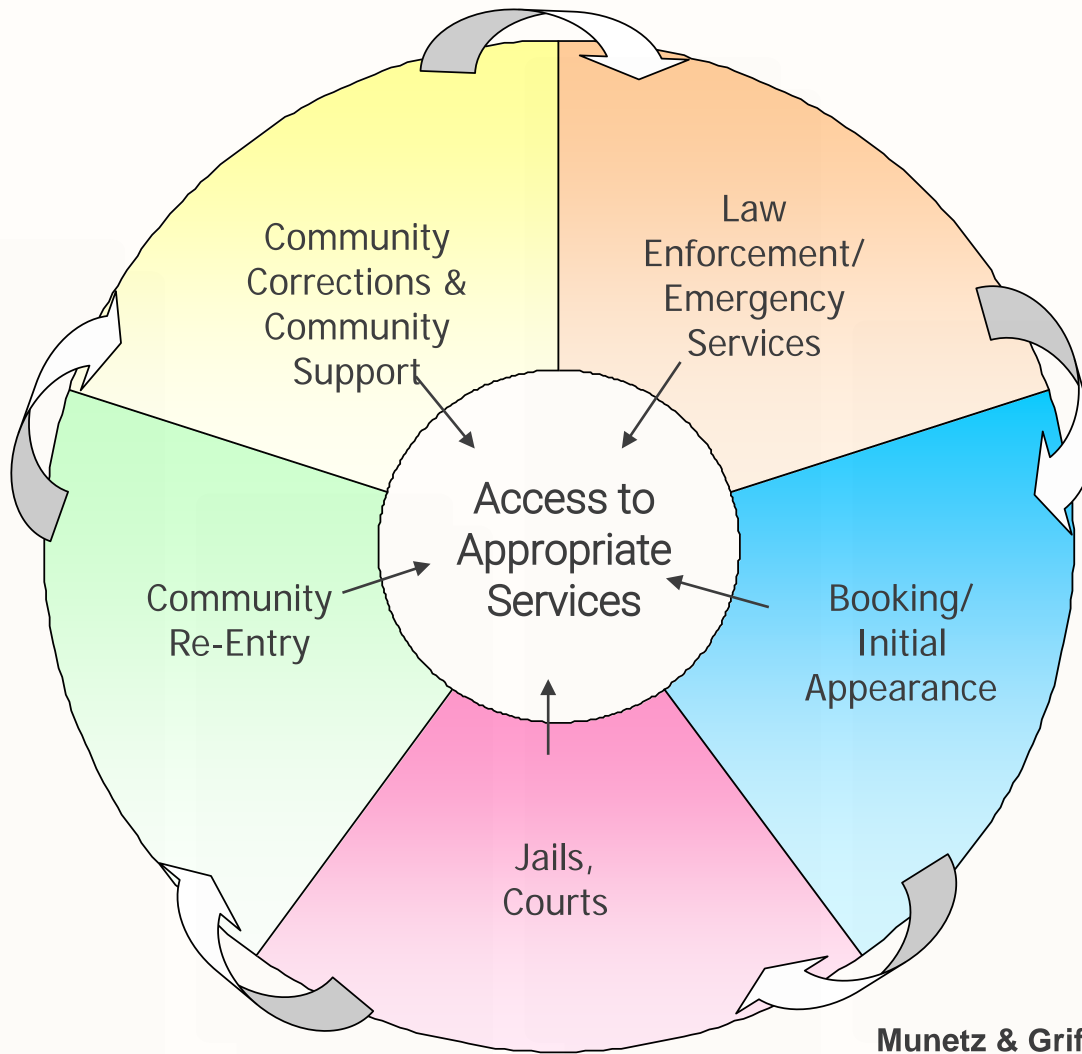

Munetz & Griffin, 2006

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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

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