



Stepping Up: Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers



County Ideas
that Work

Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

THE STEPPING UP INITIATIVE



Webinar Recording and Evaluation Survey

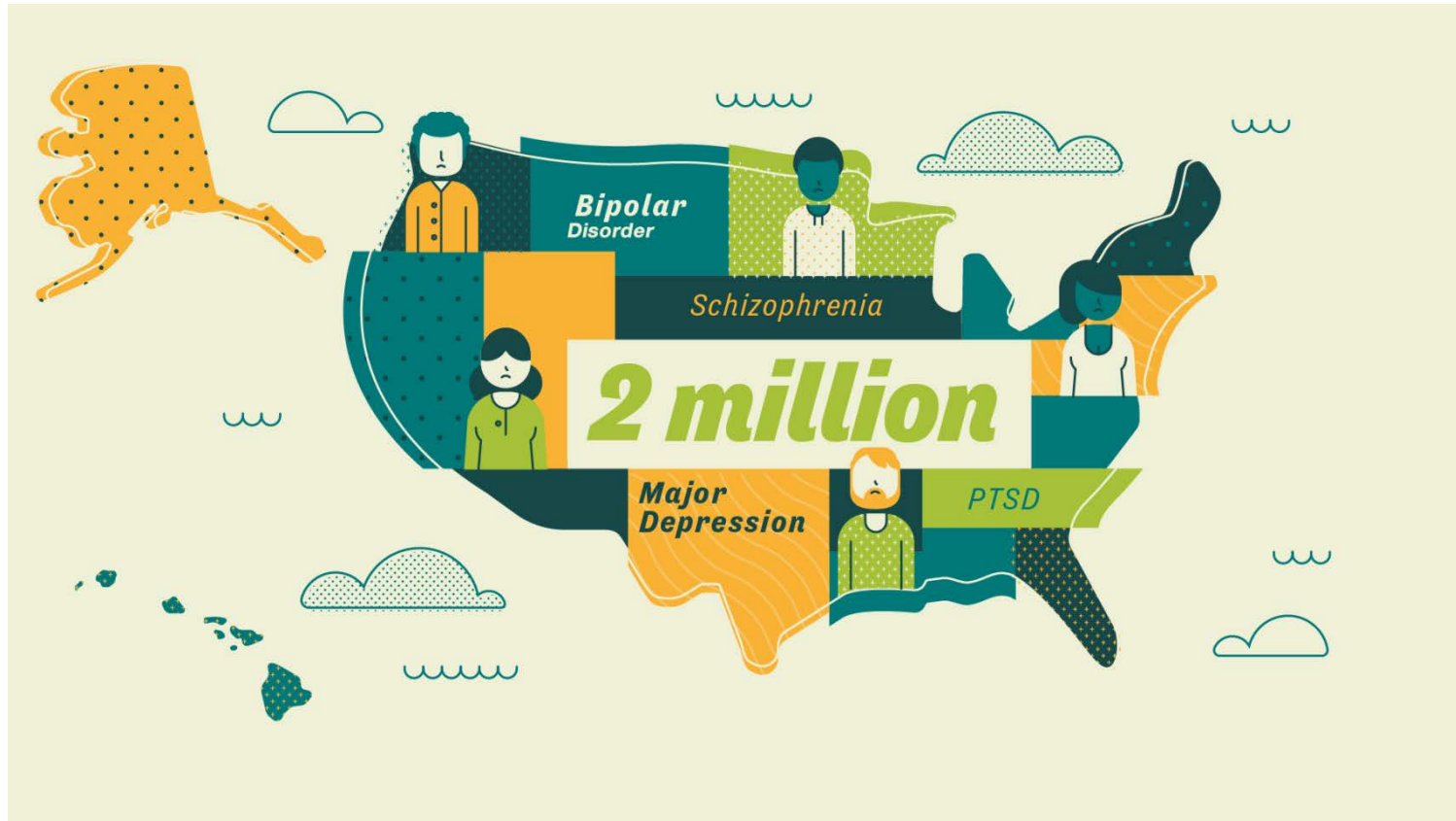
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Poll Questions

The Problem:



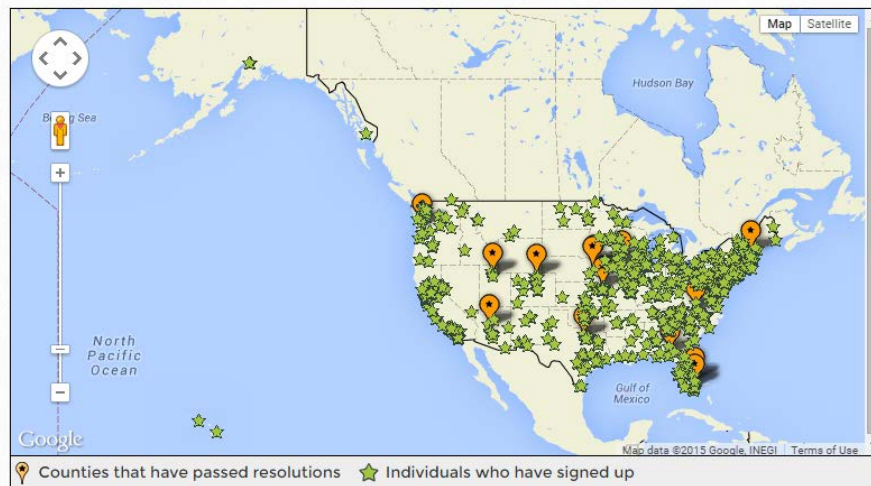
www.stepuptogether.org

Stepping Up Steering Committee



Get Started

What You Can Do



Whether you are a state or local policymaker, a criminal justice or behavioral health professional, an individual living with mental illness, or someone who is simply committed to reducing the number of people with mental illnesses in jails, you can play a critical role in this initiative. When you click to take action, you will receive an email with information about how to get involved.

Despite important efforts already underway in many counties, there is an urgent need to address this national crisis using a common data-driven process that can encourage innovation and bring good work to scale. The time is now to launch a nationwide initiative to provide coordinated support to counties to help people living with mental illnesses stay out of jail and on a path to recovery.

www.stepuptogether.org/what-you-can-do

Accessing Resources: Online Toolkit



Stepping Up Webinar Schedule

- *Getting Started with Stepping Up* May 14, 2015. Archived.
- *Strategies to Measure Prevalence and Assess the Needs of Individuals with Mental Illnesses in Jails*. Archived.
- *Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers* August 20, 2015 at 2pm ET.
- *Effective Law Enforcement and Diversion Strategies* September 10, 2015 at 2pm ET.
- *Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail* October 8, 2015 at 2pm ET.
- *Preparing a Plan and Tracking Progress* November 19, 2015 at 2pm ET.

Module 3: Examine treatment and service capacity and identify policy and resource barriers to minimizing individuals' contact with the justice system and providing needed treatment and supports

Webinars:

- Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers (August 20)
- Effective Law Enforcement and Diversion Strategies (September 10)
- Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail (October 8)

Resources:

- Module 3 Planning Guide
- Self-Assessment Tools
- Key Resources

www.stepuptogether.org

Today's Webinar



COUNTIES

ADVOCACY

RESOURCES

EVENTS

ABOUT

NEWS

WEBINAR

STEPPING UP: EXAMINING TREATMENT AND SERVICE CAPACITY AND IDENTIFYING STATE AND LOCAL POLICY AND FUNDING BARRIERS

Aug. 20, 2015, 2:00 pm – 3:30 pm

Contact: Nastassia Walsh

☎ (202) 942-4289

✉ nwalsh@naco.org

REGISTER



Speaker: Dan Abreu



Dan Abreu, MS, CRC, LMHC
Senior Project Associate II
Policy Research Associates, Inc.



Sequential Intercept Model

Dan Abreu, MS CRC LMHC
Policy Research Associates

August 20, 2015

U.S. National Picture

- Three to six times the prevalence of serious mental illness in the general population
- High rates of co-occurring substance use disorders and other challenges including trauma, medical problems, and homelessness
- Long lengths of stay in jail and significant criminal recidivism
- People who cycle and recycle through systems
- Many challenges for behavioral health and criminal justice systems
- to collaborate effectively to address this issue

Justice Involved Persons and Trauma

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%

Veterans in Jails & Prisons

On Any Given Day, Veterans Constitute:

- 10.4% of the US Adult Population
- 11.7% of Jail Inmates
- 9.4% of State and Federal Prison Inmates

Justice Involved Veterans

Veteran Justice Outreach (VJO)

The purpose of the VJO Initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.

Healthcare for Reentry Veterans (HCRV)

The HCRV program is designed to address the community prison reentry needs of incarcerated Veterans. The HCRV goals are to prevent homelessness, reduce the impact of medical, psychiatric and substance abuse problems upon community re-adjustment and decrease the likelihood of re-incarceration for those leaving prison.

Timing is Everything

**Koch-backed justice reform
gaining legislative ground**

Jul 13, 2015, 10:52am CDT
Daniel McCoy

**Prison politics: Obama makes
criminal justice reform a
priority**

July 29, 2015 12:00 AM
By the Editorial Board

**Why criminal justice reform has a
chance**

07/29/15 10:00 AM—Updated

07/29/15 10:37 AM

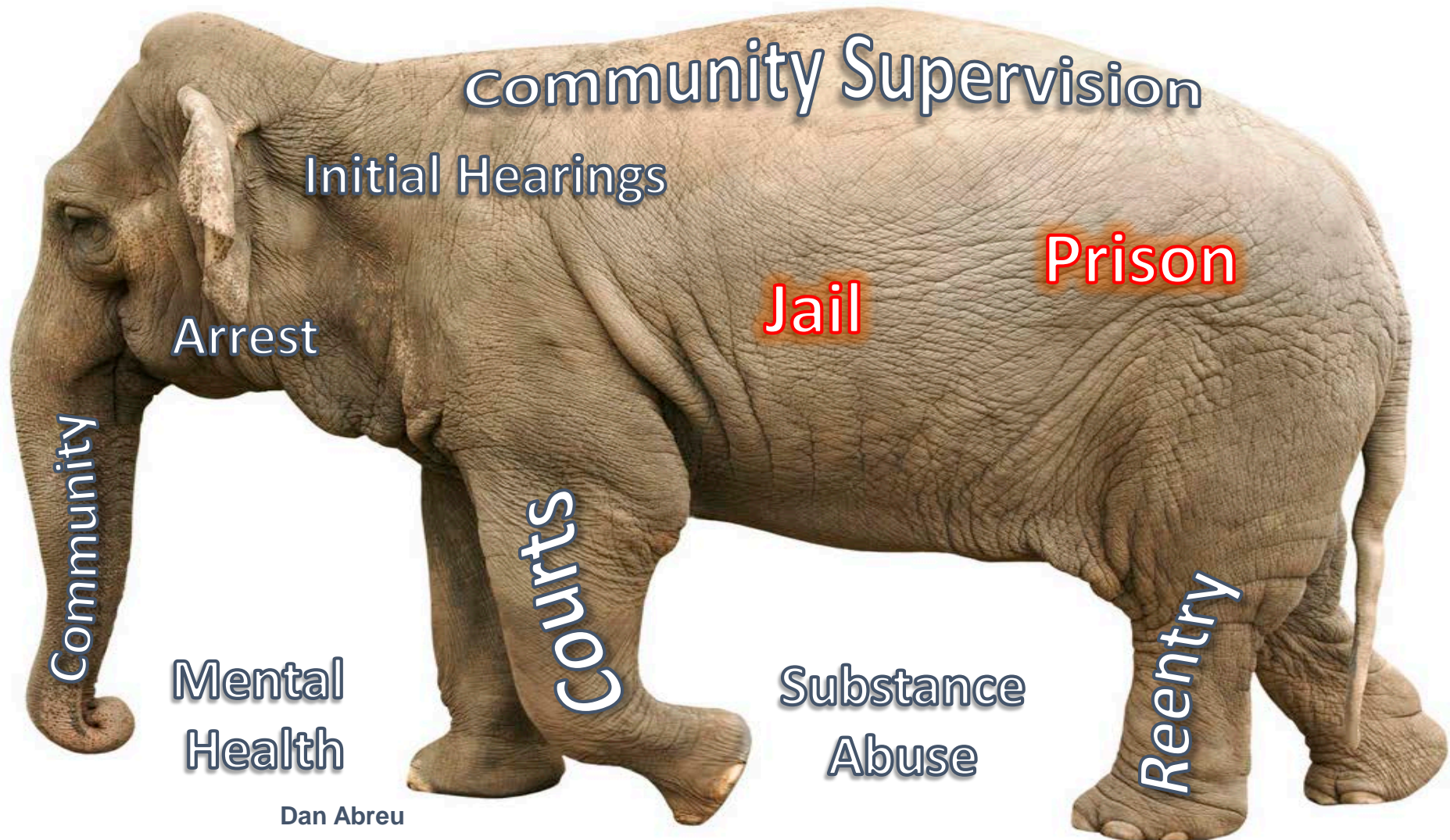
By Steve Benen

**The stars have aligned for
real prison reform**

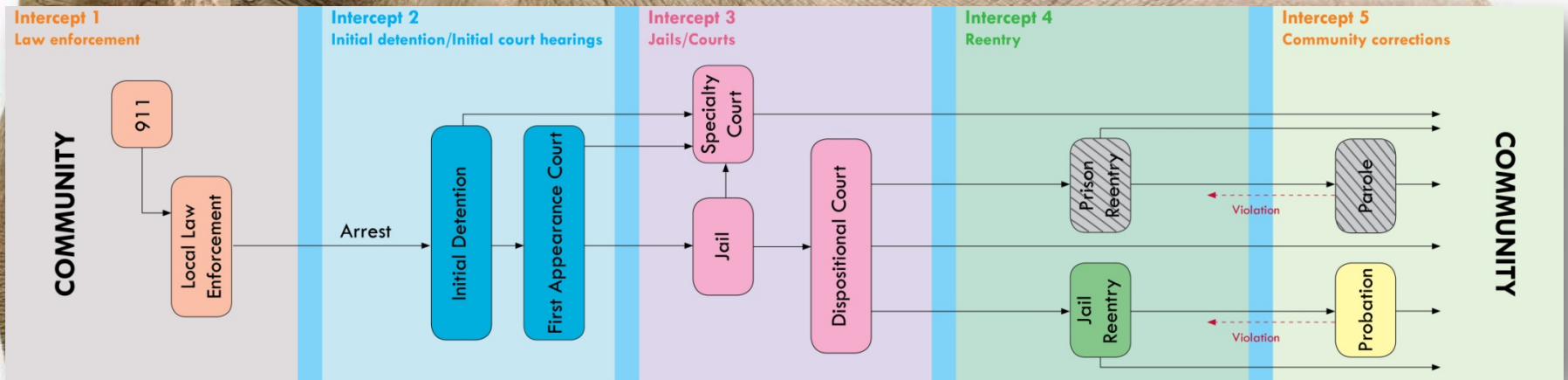
By [Van Jones](#) and Christine Leonard

Updated 7:54 AM ET, Wed July 22, 2015

“Unsequential” Model



Sequential Intercept Model



Conceptual Framework

- A conceptual framework for communities
- For considering interface between systems
- An organizing tool

Munetz & Griffin 2006

Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness

Mark R. Munetz, M.D.
Patricia A. Griffin, Ph.D.

The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness. The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point. The interception points are law enforcement and emergency services; initial detention and initial hearings; jail, courts, forensic evaluations, and forensic commitments; reentry from jails, state prisons, and forensic hospitalization; and community corrections and community support. The model provides an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization. Using the model, a community can develop targeted strategies that evolve over time to increase diversion of people with mental illness from the criminal justice system and to link them with community treatment. (*Psychiatric Services* 57:544-549, 2006)

Over the past several years, Summit County (greater Akron), Ohio has been working to address the problem of overrepresentation, or "criminalization," of people with mental illness in the local criminal justice system (1,2). As part of that effort, the Summit County Alcohol, Drug Addiction, and Mental Health Services Board obtained technical assistance consultation from the National GAINS Center for People with Co-occurring Disorders in the Justice System. From that collaboration, a conceptual model based on

public health principles has emerged to address the interface between the criminal justice and mental health systems. We believe that this model—Sequential Intercept Model—can help other localities systematically develop initiatives to reduce the criminalization of people with mental illness in their community.

The Sequential Intercept Model: ideals and description

We start with the ideal that people with mental disorders should not "penetrate" the criminal justice sys-

tem at a greater frequency than people in the same community without mental disorders (personal communication, Steadman H, Feb 23, 2001). Although the nature of mental illness makes it likely that people with symptomatic illness will have contact with law enforcement and the courts, the presence of mental illness should not result in unnecessary arrest or incarceration. People with mental illness who commit crimes with criminal intent that are unrelated to symptomatic mental illness should be held accountable for their actions, as anyone else would be. However, people with mental illness should not be arrested or incarcerated simply because of their mental disorder or lack of access to appropriate treatment—nor should such people be detained in jails or prisons longer than others simply because of their illness.

With both this ideal and current realities in mind, we envision a series of "points of interception" or opportunities for an intervention to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points. Each point of interception can be considered a filter (Figure 1). In communities with poorly developed mental health systems and no active collaboration between the mental health and criminal justice systems, the filters will be porous. Few will be intercepted early, and more people with mental illness will move through all levels of the criminal justice system. As systems and collaboration develop, the filter will become more

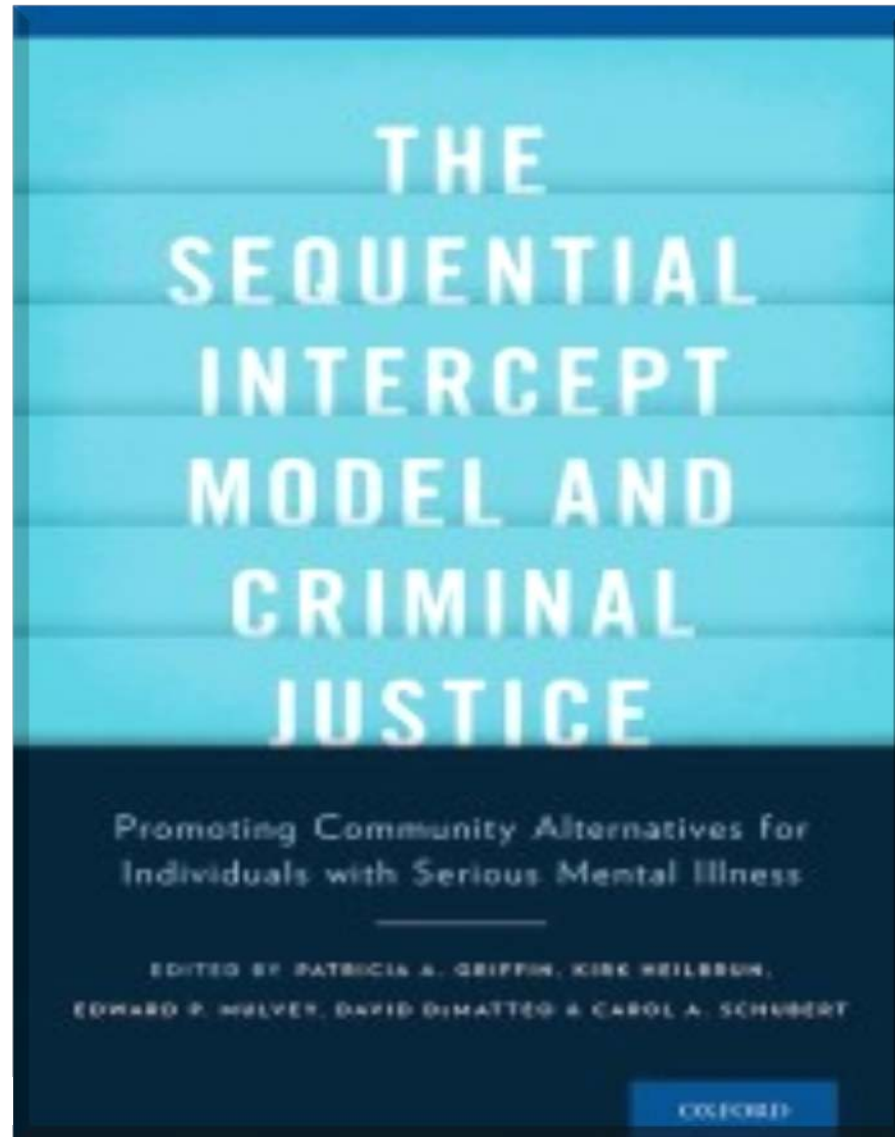
Dr. Munetz is chief clinical officer of the Summit County Alcohol, Drug Addiction, and Mental Health Services Board, 100 West Cedar Street, Suite 300, Akron, Ohio 44307 (e-mail, mmunetz@neovcom.edu). He is also affiliated with the department of psychiatry at Northeastern Ohio Universities College of Medicine in Rootstown. Dr. Griffin is senior consultant for the National GAINS Center for People with Co-occurring Disorders in the Justice System and the Philadelphia Department of Behavioral Health.

Development

Mark Munetz MD and Patty Griffin PhD
(and Hank Steadman PhD)

- People move through criminal justice system in predictable ways
- Illustrates key points to “intercept,” to ensure:
- Prompt access to treatment
- Opportunities for diversion
- Timely movement through criminal justice system
- Linkage to community resources

Hot Off the Presses!



Intercept 1

Law enforcement / Emergency services

COMMUNITY

Dispatch

911

Local Law Enforcement

Arrest

Law Enforcement/Emergency Services

- Police-based Crisis Intervention Teams (CIT)
- Co responder model:
- MH professionals employed by police department or police-mobile crisis co-response
- Mobile mental health crisis teams

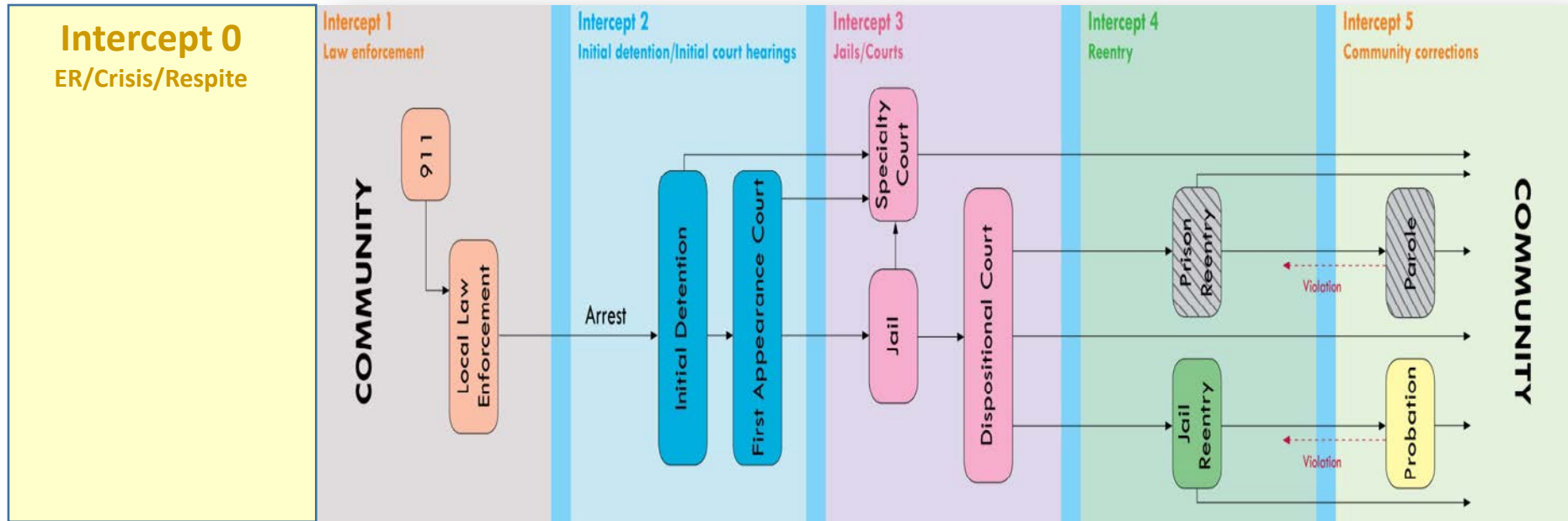


But...No Good Deed Goes Unpunished-CIT

- Not committable
- Behavior problem not MI
- Medical not psychiatric
- Substance abuse not MI
- Needs detox before MH admission
- Needs medical clearance
- No insurance coverage
- Appropriate but no beds available

Crisis Response Strategies

Intercept 0



Specialized Crisis Response Sites: Basic Principles

- Identifiable, central drop-off for law enforcement
- “Police-friendly” policies and procedures
- Streamlined intake
- “No refusal” policy
- Legal foundations
- Innovative and extensive cross-training
- Linkages to community services
- Even for those who do not meet criteria for inpatient commitment

(Steadman, et al, 2001)

Crisis Care Continuum

- ER Diversion and Peer Support/Navigators
- Crisis Stabilization - 16 beds; LOS: 3-5 Days
- Crisis Residential - 18 beds; LOS: 10-14
- Crisis Respite – Apartment style; LOS 30 days
- Transition Residential – Apartment Style; LOS:90 days
- Peer Respite Residential
- Mobile Crisis Outreach/Police Co-response
- 24/7 Walk-in/Urgent Care w/connectivity
- Critical Time Intervention up to 9 months.

Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-2 (1-877-726-4772)

PRACTICE GUIDELINES:

CORE ELEMENTS IN RESPONDING TO MENTAL HEALTH CRISES



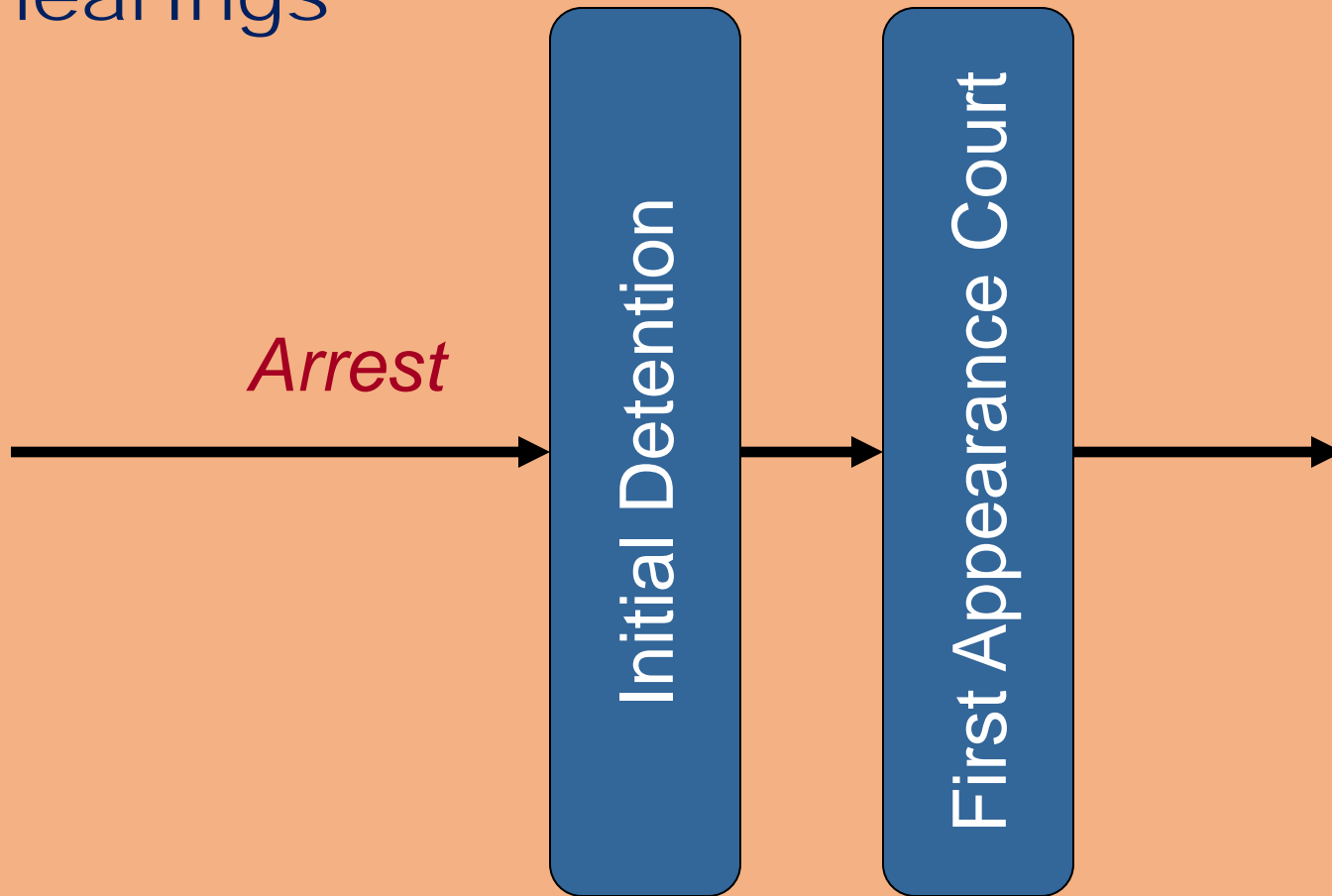
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Intercept I Common Gaps

- Lack of Crisis Stabilization Units and continuum of crisis services
- Lack of sufficient Mobile Response
- Lack of MH or CIT training for 911 Dispatch

Intercept 2

Initial detention/Initial court hearings



Intercept 2 Essential Elements

~~JAIL~~ OR
Bail
OR
Diversion

- Identification and Screening
- Court-based Clinician
- Recovery-based Engagement
- Proportional Response

Brief Jail Mental Health Screen

- 3 minutes at booking by corrections officer
- 8 yes/no questions
- General, not specific mental illness
- Referral rate: 11%
- Identification rate
 - Men: 73.5%
 - Women: 61.6%

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1: Name: First MI Last, Detainee #: , Date: / / , Time: AM PM

Section 2: Questions

Questions	No	Yes
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 <u>ever</u> been in a hospital for emotional or mental health problems?		

General Comments

Section 3 (Optional): Officer's Comments/Impressions (check all that apply):
☐ Language barrier ☐ Under the influence of drugs/alcohol
☐ Difficulty understanding questions ☐ Other, specify: _____
☐ Non-cooperative

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 _____ to _____
☐ Referred on _____ to _____
Person completing screen _____

INSTRUCTIONS ON REVERSE ©2005 Policy Research Associates, Inc.

Steadman et al. (2005)

Screening for Veterans

Veterans Reentry Search Service (VRSS)

VA built a web-based system that will allow prison, jail, and court staff to quickly and accurately identify Veterans among their inmates or defendant populations.



Intercept II Common Gaps

- Lack of diversion at Intercept II
- Pre-trial services does not adjust for MH issues.
- Lack of multiple MH screening strategies

Intercept 3

Jails/Courts

Specialty Courts?

**Other Court
Programs?**



Jail-Based:

Diversion?

**Mental Health &
Substance Abuse
Services?**

Jails & Courts

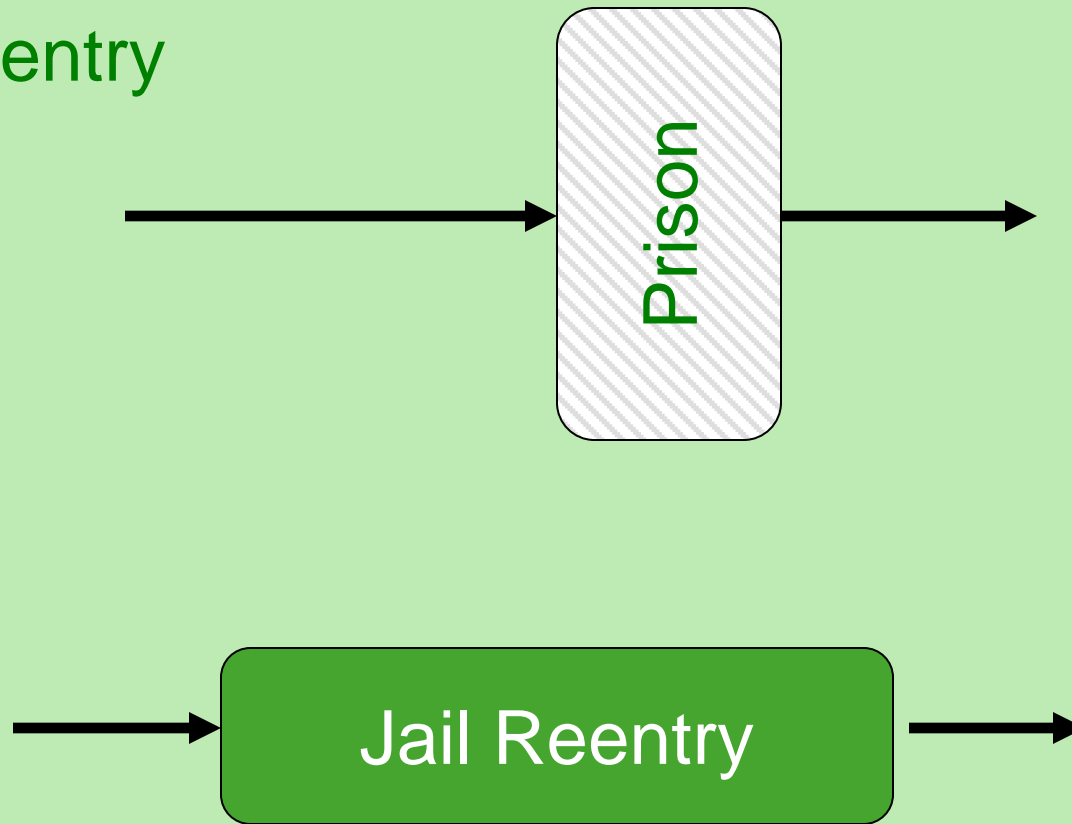
- Post-booking jail diversion (later phase)
 - Specialty courts: mental health courts, drug court, veterans court, specialty dockets, community court
 - Public Defender based diversion: serves multiple courts
 - Jail based diversion: serves multiple courts
- In-jail services:
 - Identification / screening
 - Access to mental health / substance abuse services (medications, etc.)
 - Communication with previous services as appropriate

Intercept III Common Gaps

- **Courts:**
 - Over reliance on Specialty Courts
 - Post conviction models only
 - Only misdemeanor or only felony models
- **Jails:**
 - Lack of screening for veterans
 - Medication continuity
 - Off formulary medication
 - Insufficient data about jail census

Intercept 4

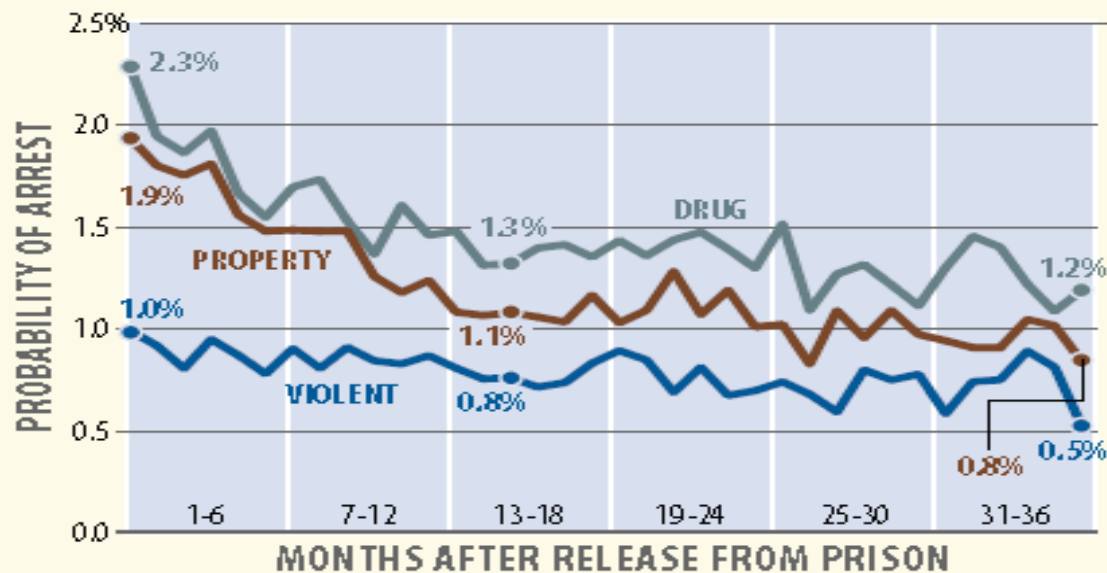
Reentry



Transition Services Critical

RISK OF ARREST HIGHEST IN FIRST MONTHS AFTER PRISON

Between months 1 and 15 after release from prison, the chance of arrest drops by 40 percent.



NOTE: Probabilities adjusted for time off the street

SOURCE: Analysis by Richard Rosenfeld and Robert Fomango, originally presented in *Parole, Desistance from Crime, and Community Integration*, National Research Council, 2007

Multiple Needs

Mental health

Medications

Housing

Substance abuse

Health

Income
support/benefits

Food/clothing

Transportation

Other (often used
for child care needs
of women)

CASE MANAGEMENT

Multiple Systems

MH Services

SA Services

Health Services

Food, Clothing

Medicaid

SSA

Veteran Benefits

Parole/Probation

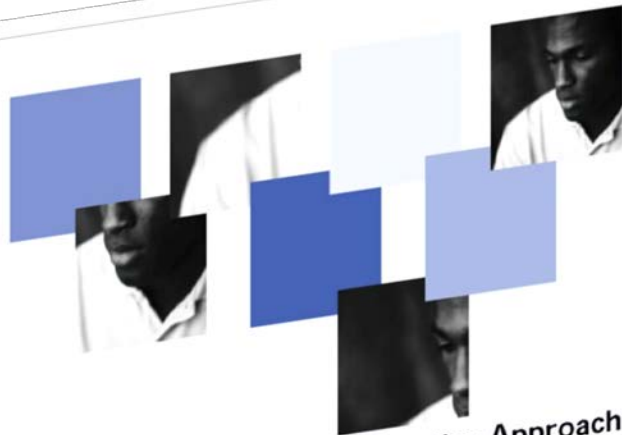
Housing

Transportation

Public Benefits



- OK and Miami-Dade:
Report reduced recidivism
- Affordable Care Act
- Medicaid
suspension/termination
- Gap Funding during
benefit reinstatement



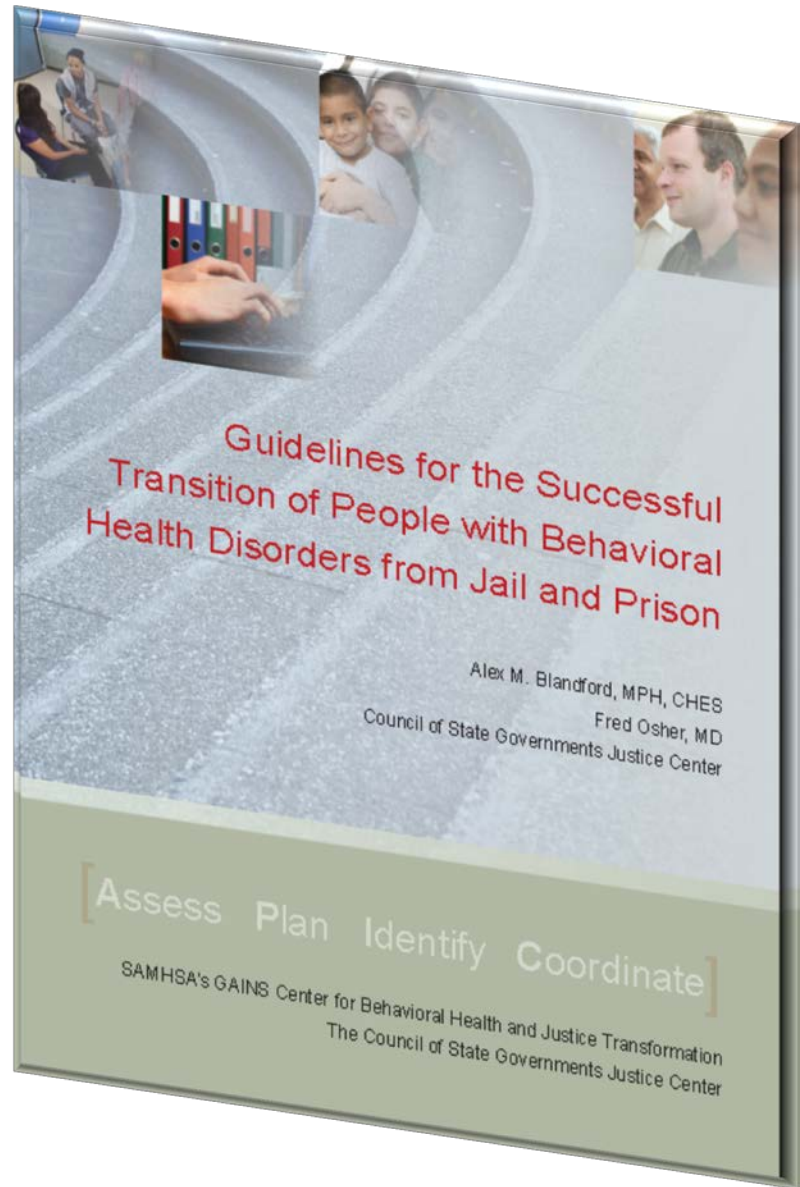
**A Best Practice Approach
to Community Re-entry from Jails
for Inmates with Co-occurring Disorders:
The APIC Model**

Fred Osher, M.D., Henry J. Steadman, Ph.D., Heather Barr, J.D., M.A.



Published by the National GAINS Center
September 2002

Funded by the Center for Mental Health Services and
the Center for Substance Abuse Treatment



**Guidelines for the Successful
Transition of People with Behavioral
Health Disorders from Jail and Prison**

Alex M. Blandford, MPH, CHES
Fred Osher, MD
Council of State Governments Justice Center

[Assess Plan Identify Coordinate]

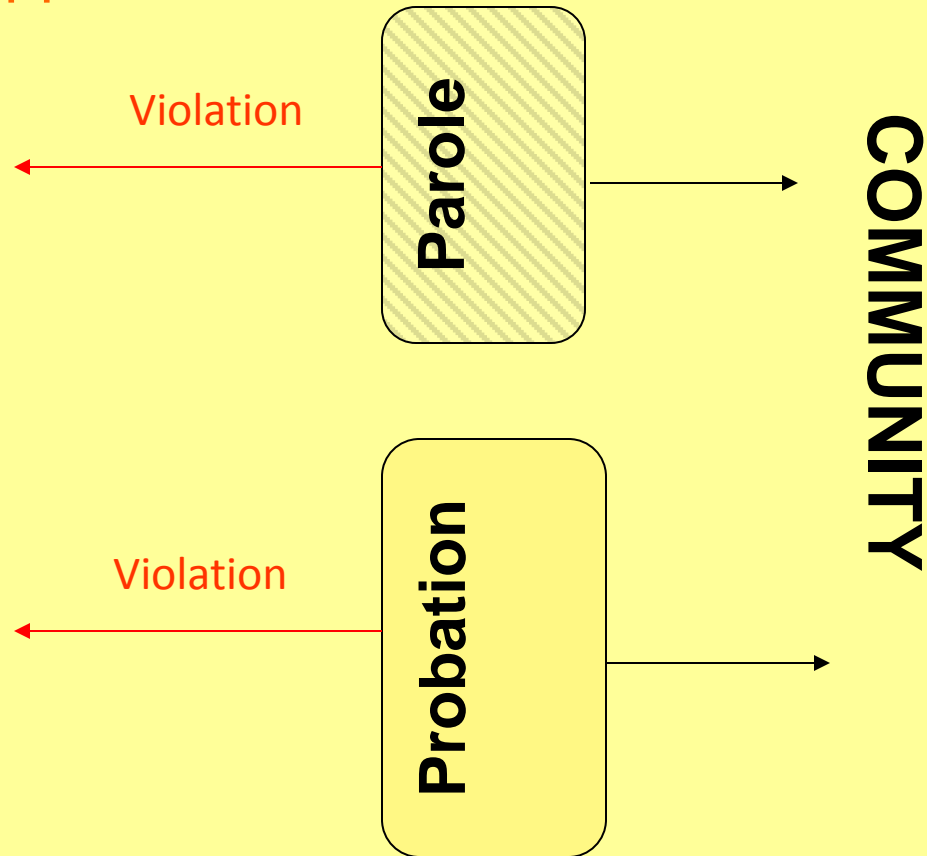
SAMHSA's GAINS Center for Behavioral Health and Justice Transformation
The Council of State Governments Justice Center

Intercept IV Common Gaps

- Insufficient medication/prescriptions upon release
- Lack of Medicaid/SSI enrollment
- Insufficient linkage strategies
- Court releases
- Transportation

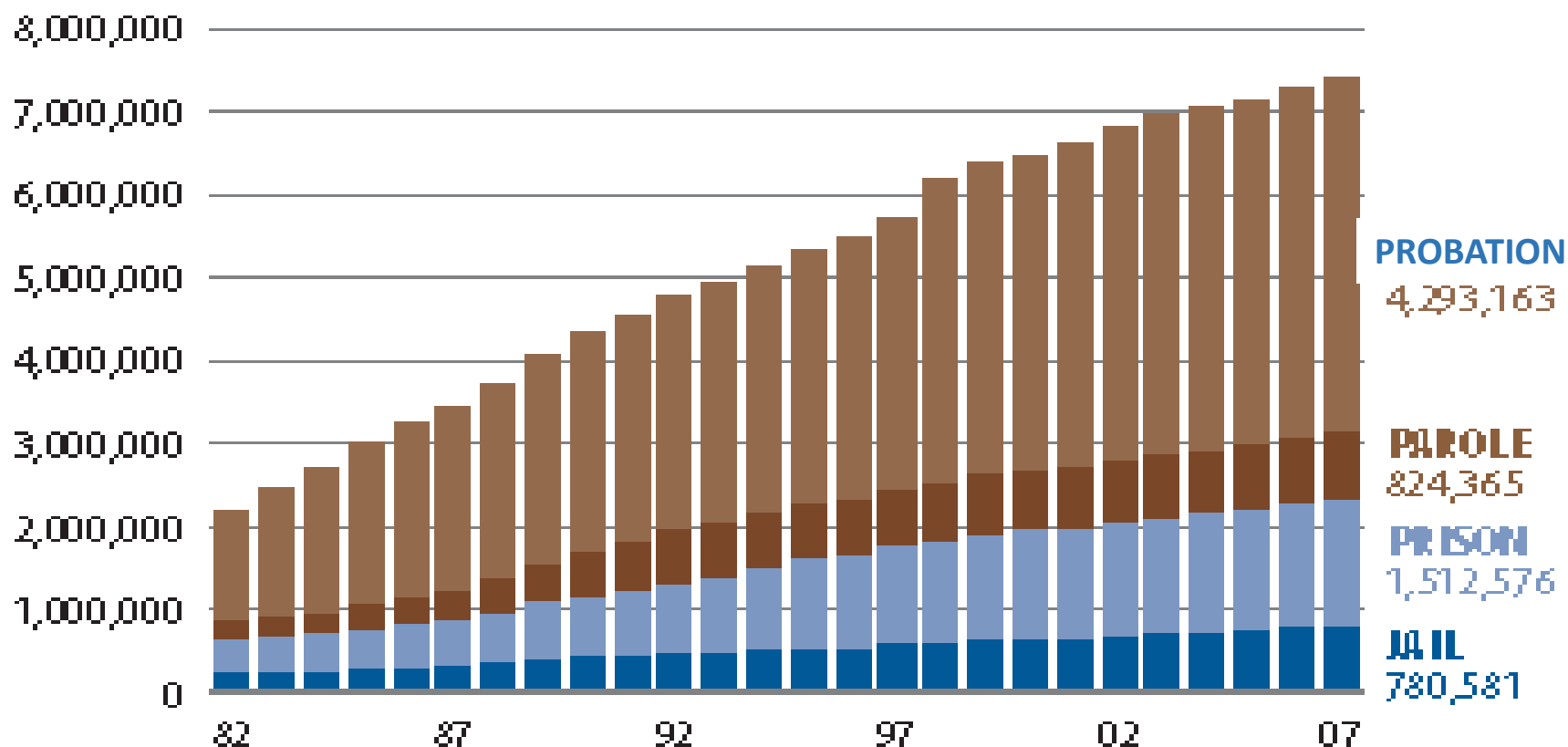
Intercept 5

Community corrections / Community support



7 MILLION AND COUNTING

Led by probation, the correctional population has tripled in 25 years.



SOURCE: Bureau of Justice Statistics Correctional Surveys available at <http://www.ojp.usdoj.gov/bjs/glance/tables/corr2tab.htm>.

NOTE: Due to offenders with dual status, the sum of these four correctional categories slightly overstates the total correctional population.

RNR

- Risk – Chance of future criminal activity
- Need – Target changeable risk factors for crime
- Responsivity –
 - General – Learning style of offenders generally
 - Specific – Specific characteristics of individual

Major Risk Factors for Recidivism: Central Eight

- **Big Four**

- History of antisocial behavior
- Antisocial personality pattern
- Antisocial cognition
- Antisocial associates

- **Moderate Four**

- Family circumstances
- School/Work
- Leisure/Recreation
- Substance Abuse

Specialized Caseloads

- **Benefits**
 - **Improves linkage to services**
 - **Improves functioning**
 - **Reduces risk of violation**
 - **Mixed evidence on lowering re-arrest risk**
- **Integrating treatment & support with Probation activities**

Intercept V Common Gaps

- Violation Diversion
- Parole
- Specialized Caseloads/Large Caseloads
- Coordinated Case Management
- Housing
- BH providers use of RNR strategies

Cross Intercepts Gaps

- Information Sharing (HIPAA)
- Cross Training
- Trauma Informed Approaches and Trauma Specific Treatment
- Cross system screening for veterans
- Healthcare reform
- Integration of Peer services
- Housing
- Lack of formal planning structure
- Data, Data, Data

Rural Counties

County State	Population	MHI	BPL %	P/Sq. Mi
Fayette TX	22,698	\$45,005	12.4	23
New River Valley VA (4 counties)	14,000-89,000	\$29,478-\$39,420	13-20	36-215
Brown OH	42,890	\$43,642	14	86
Lewis & Clark MT	60,925	\$46,400	11	16
Madison NY	69,788	\$50,924	11	106
Cat'gus NY	79,688	\$40,830	15.8	64
Missoula MT	107,230	\$42,600	16	37
Yellowstone MT	142,348	\$49,000	9	48
Penobscot ME	148651	\$41,348	13.5	43
Jefferson NY	119,103	\$46,484	15.4	91.6
Saguache; Castillo	3,568;6196	\$29,145; 34,600	24.7;1.9	1.9;2.9
Alamosa,Rio Grande Conejos	8,265-16,117	\$34,520-38,993	19.2-26.5	6.4-21.4

Common Rural Themes

- Scarce Resources and Little Funding
- Resentment of inequitable resource distribution
- Lack of organized consumer support
- Transportation
- MH professional recruitment

And...

- Regional Collaboration
- Tight knit communities
- Personal networks
- Telehealth
- Increased responsiveness to identified problems
- Less bureaucracy.

But...

County	Pre-booking	Post Booking	Rentry
Brown OH	Police CIT		
New River Valley VA	Police CIT	Jail based diversion	
Madison NY	Improved MH response to Police Crisis Data review of 911 calls Developed resource guide	Improved jail services	In-reach case mgt.
Cat'gus NY	Expanded Task Force Expanded police training Improve ER response Improved info sharing		
Missoula MT	CIT	Mental Health Court Veterans Court	Specialized Caseload
Penobscot ME			Peer Specialist
Yellowstone MT	CIT and Crisis Triage Center		

Resources

- Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison
- http://gainscenter.samhsa.gov/topical_resources/reentry.asp
- Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System
- <http://gainscenter.samhsa.gov/pdfs/ebp/MovingTowardEvidence-BasedHousing.pdf>
- Reducing Criminal Recidivism for Justice-Involved Persons with Mental Illness: Risk/Needs/Responsivity and Cognitive Behavioral Interventions
- http://gainscenter.samhsa.gov/topical_resources/ebps.asp
- Trauma Specific Interventions for Justice Involved Individuals
- <http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf>
- Creating a Trauma-Informed Criminal Justice System for Women: WHY AND HOW
- <http://gainscenter.samhsa.gov/cms-assets/documents/73437-12763.ticjforwmn-2.pdf>
- Co-Occurring Disorders in Criminal Justice Settings: Resources and Training
- <http://gainscenter.samhsa.gov/cms-assets/documents/146593-441014.cod.pdf>
- SOAR Works
- <http://soarworks.prainc.com/>

Poll Questions

Speaker: Regina Huerter

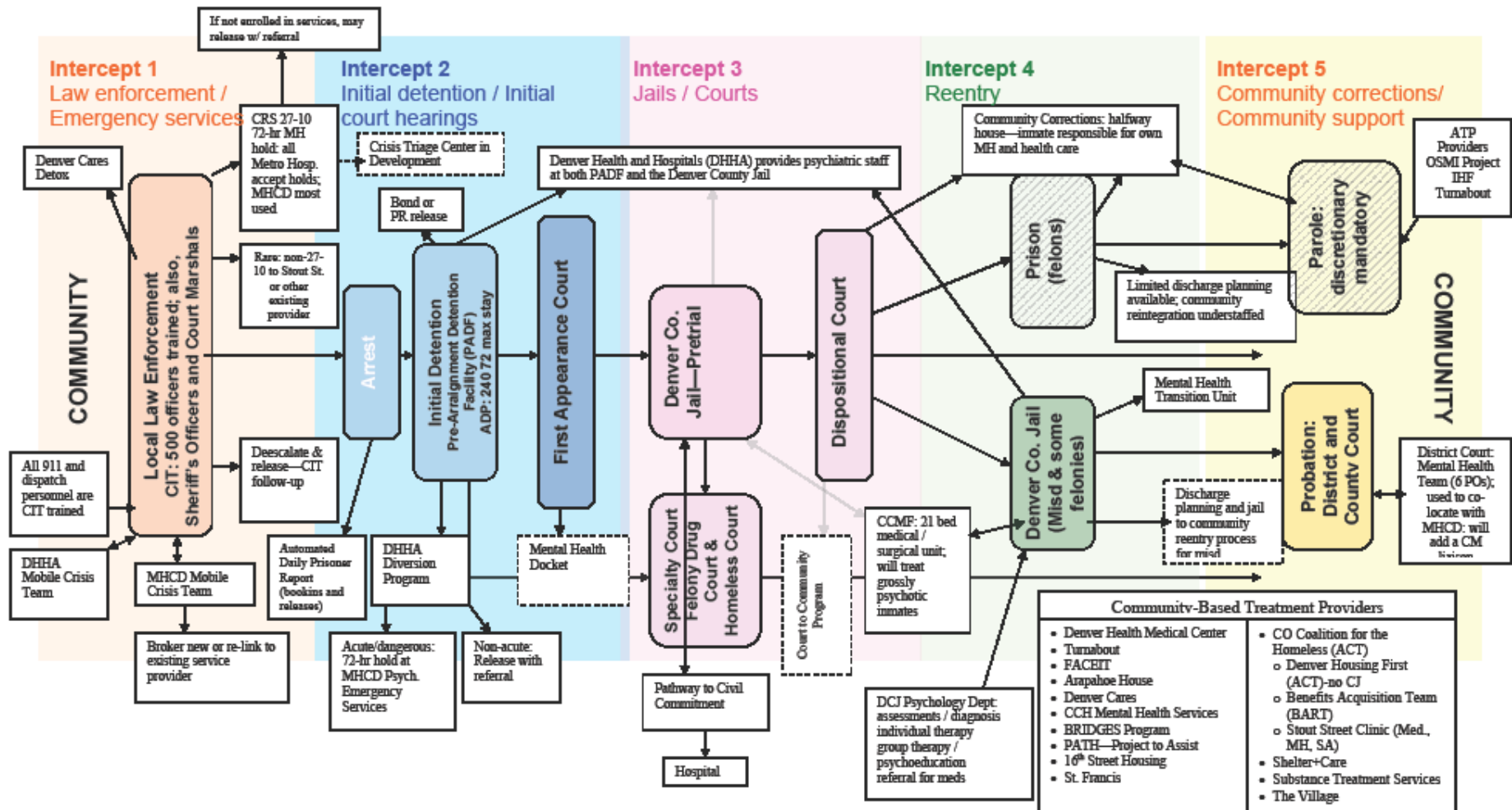
Regina Huerter, MA
Executive Director
Division of Behavioral Health Strategies
Denver, Colorado



Denver's Use of the Sequential Intercept Model

- Crime Prevention and Control Commission
- Initial mapping in 2006
- Juvenile mapping in 2009
- Creates common language and vision
- Re-visit and update annually; Drives our work

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships



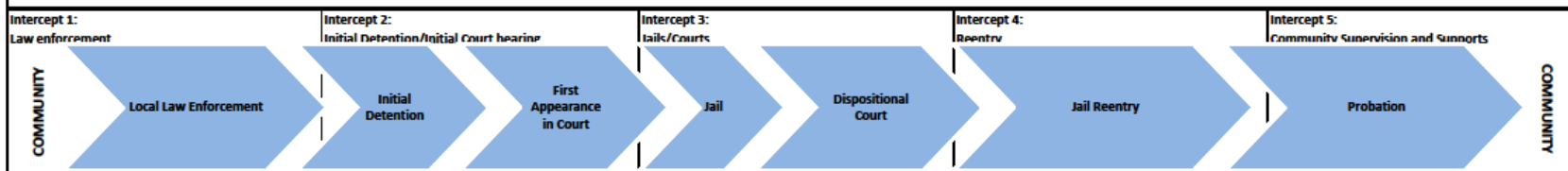
Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships

- Developed by Mark R. Munetz, MD and Patricia A. Griffin, PHD through SAMHSA/CMHS GAINS Center
- Assesses states and communities for available resources to determine gaps in services and plan for community change
- Identifies opportunities and diversion programs to assist justice-involved individuals with serious mental health needs to services
- Help to create diversion programs to assist individuals with
- Assists in providing adequate services for individuals in correctional facilities with serious mental illness
- Reentry programs for individuals with a serious mental illness transitioning back into the community from correctional facilities

Denver
2006 - 2015

ACTION FOR SYSTEM-LEVEL CHANGE:

Response Approach <ul style="list-style-type: none"> • Harm Reduction Pre-Booking Diversion Options <ul style="list-style-type: none"> • Crisis Stabilization in Denver (2016) • Sobering Center • Social Impact Bond housing (300 units) 2016 	Downtown Detention Center Services First Appearance in Court <ul style="list-style-type: none"> • Mental Health Evaluation in Court <ul style="list-style-type: none"> • Competency process - statutes and coordination 	Jail Bx Programs Specialty Court Dispositional Court <ul style="list-style-type: none"> • Post-Booking Diversion • Medication Consistency across the state 	Services at Discharge from Jail <ul style="list-style-type: none"> • Coordinated transition/treatment plan • Cross System Education 	Response Approach <ul style="list-style-type: none"> • Providers are trauma-informed • Providers use Motivational Interviewing Peer Services Community services <ul style="list-style-type: none"> • Active ongoing treatment and follow-up • Availability of varying levels of treatment/beds • Peer and other supports • Trauma Informed Services / Communities
Processes <ul style="list-style-type: none"> • Broker new or re-link to existing service • Protocol for needs assessment to determine 	Processes <ul style="list-style-type: none"> • Daily book-in list to Community Providers 	Processes <ul style="list-style-type: none"> • VI-SPDAT, SBIRT, other Bx screening tools • Assess risk/needs • Medication Consistency across systems 	Processes <ul style="list-style-type: none"> • Notification to providers prior to release • Seamless/immediate link to treatment, housing • Clear process for activating/re-activating health 	Processes <ul style="list-style-type: none"> • Coordination of culturally/gender responsive



CURRENT INTERCEPT MODEL:

Response Approach <ul style="list-style-type: none"> • CIT Trained Officers/Dispatch personnel • CIT Officers • DHHA/MHCD Mobile Crisis Team • Crim. Justice-Behavioral Health Co-responder Pre-Booking Diversion Options <ul style="list-style-type: none"> • Social Model Detox (Denver CARES) • Transition Beds (Denver CARES - 32 beds) • ER/27-65 (Denver Health) • State Crisis Stabilization Units • Rocky Mountain Crisis Services • Dedicated TRT beds for CJ population 	Downtown Detention Center Services <ul style="list-style-type: none"> • DHHA Medical/BHx screen at book-in • High Acuity Unit • PROXY Tool • Co-Responder Follow-up upon release First Appearance in Court <ul style="list-style-type: none"> • Recovery Court Docket (FEU) • Court to Community/Mental Health Court • Competency Evaluation 	Jail Bx Programs <ul style="list-style-type: none"> • Transition Units • Recover in a Secure Environment (RISE) • Life Skills to CRP • SMART Recovery Substance Abuse Program • CCMF at Denver Health (21 beds) Specialty Court <ul style="list-style-type: none"> • Drug Court • Sobriety Court • Recovery Court Docket (FEU) • Court to Community/Mental Health Court 	Services at Discharge from Jail: <ul style="list-style-type: none"> • Gap Funds (30 Rx filled) • Frequent Users Services Enhancement (FUSE) • Community Reentry Project • Fort Lyon • Community Corrections • C-Sharp Grant Opportunities 	Response Approach <ul style="list-style-type: none"> • Trauma-informed responses training • Mental Health First Aid training Community Services <ul style="list-style-type: none"> • PHASE Day Reporting program • Probation Mental Health Units • District Court Mental Health Team • TASC Programs • ATP Providers • SB-97 Programs
Processes <ul style="list-style-type: none"> • De-escalate and release • Custodial Arrest 	Processes <ul style="list-style-type: none"> • Daily book-in list to MHCD (incomplete) • Pretrial Programs 	Processes <ul style="list-style-type: none"> • Medication Distributions/Monitoring • Specialty Courts monitor progress • Benefits Acquisition process begins in Jail 	Processes <ul style="list-style-type: none"> • Stabilization prior to release • TU coordinates with probation/providers 	Processes <ul style="list-style-type: none"> • Ongoing/coordinated community support (Specialty court programs)

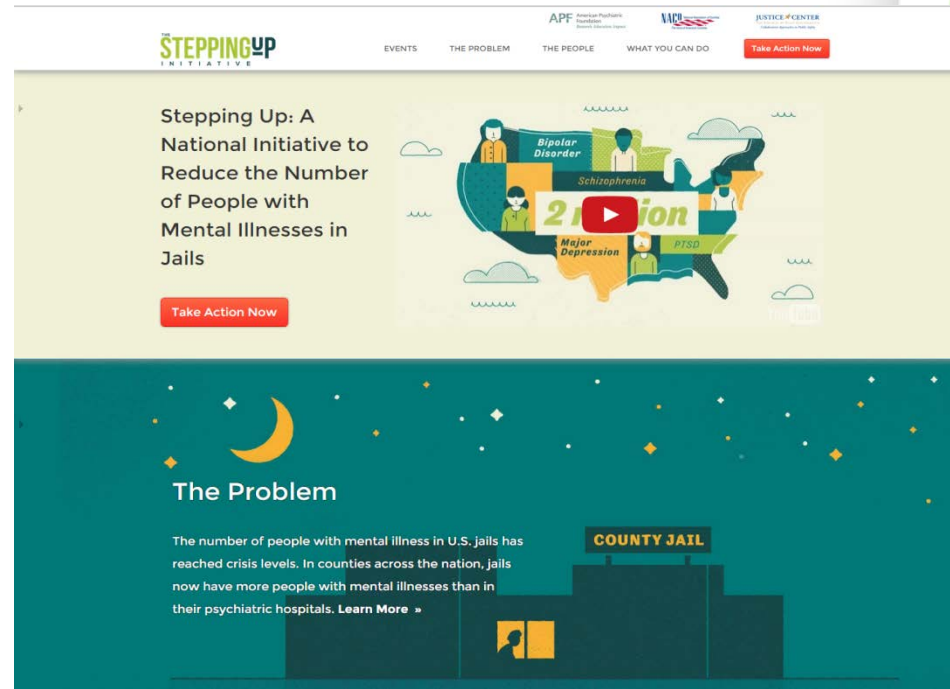
*In process

Questions?

Type your question into the questions box.

Next Steps: Go to www.StepUpTogether.org

- Check out the Stepping Up website and sign on!
- Review the Stepping Up sample resolution!
- Register for the next webinar on September 10 at 2pm EDT!



Next Webinar: September 10

Stepping Up: Effective Law Enforcement and Diversion Strategies

Thursday, September 10, 2015

2:00pm EDT - 3:15pm EDT

Register at www.naco.org/webinars

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