



JUSTICE CENTER

THE COUNCIL OF STATE GOVERNMENTS Collaborative Approaches to Public Safety

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

County Idea: that Work



August 20, 2015

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

STEPPINGUP



JUSTICE CENTER THE COUNCIL OF STATE GOVERNMENTS Collaborative Approaches to Public Safety





Webinar Recording and Evaluation Survey

- This webinar is being recorded and will be made available online to view later
 - Recording will also be available at www.naco.org/webinars
- After the webinar, you will receive a notice asking you to complete a webinar evaluation survey. Thank you in advance for completing the webinar evaluation survey. Your feedback is important to us.



Tips for viewing this webinar:

- The questions box and buttons are on the right side of the webinar window.
- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
- If you are having technical difficulties, please send us a message via the questions box on your right. Our organizer will reply to you privately and help resolve the issue.



Poll Questions



The Problem:



www.stepuptogether.org



Stepping Up Steering Committee





POLICY RESEARCH ASSOCIATES

NATIONAL ASSOCIATION COUNTIES

NATIONAL COUNCIL

FOR BEHAVIORAL HEALTH state associations of addiction services Stronger Together.

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NASMHPD

MAMI

National Alliance on Mental Illness

NASADAD National Association of State Alcohol and Drug Abuse Directors



ACO VIRTUAL LEARNING

Get Started



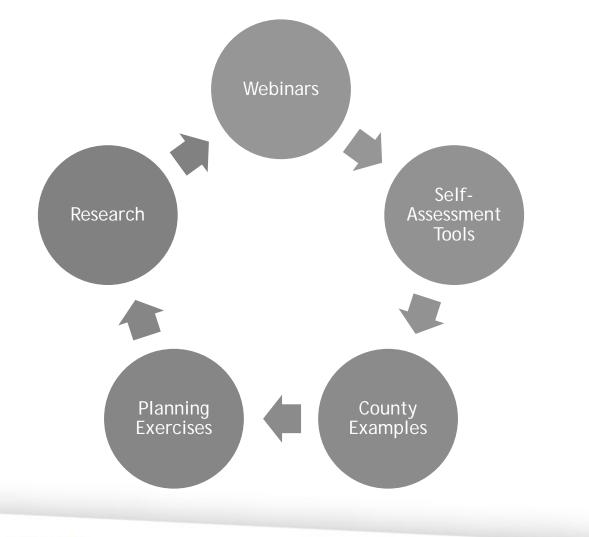
Whether you are a state or local policymaker, a criminal justice or behavioral health professional, an individual living with mental illness, or someone who is simply committed to reducing the number of people with mental illnesses in jails, you can play a critical role in this initiative. When you click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

NACO VIRTUAL LEARNING COMMUNITY

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





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





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 PRA

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 reincarceration for those leaving prison.



Why criminal justice reform has a chance

07/29/15 10:00 AM—Updated 07/29/15 10:37 AM By Steve Benen



"Unsequential" Model

courts

Community Supervision Initial Hearings

Jail

Arrest

Community

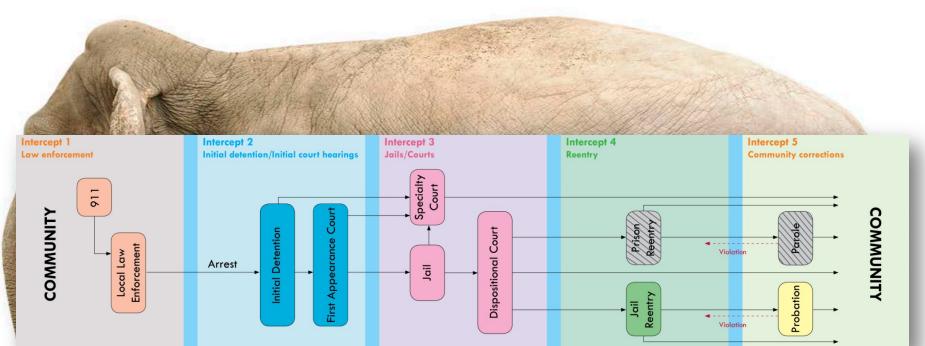
Mental Health

Dan Abreu

Substance Abuse Prison

Reentry

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

other localities systematically develop

initiatives to reduce the criminaliza-

tion of people with mental illness in

The Sequential Intercept

Model: ideals and description

We start with the ideal that people

with mental disorders should not

"penetrate" the criminal justice sys-

their community.

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)

Ver the past several years, Summit County (greater Akron), Ohio has been workresentation, or "criminalization," of people with mental illness in the local eriminal justice system (1,2). As part of that effort, the Summit County Alcohol, Drog Addiction, and Mental Health Services Board obtained technical assistance consultation from the National CAINS Center for Feeple with Co-occurring Disorders in the Justice System. From that collaboration, a conceptual model based on

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 (emaal, munuteSeneouconden), he is also adfiliated with the department of psychiatry at Northeastern Ohio Uniteersities College of Medicine in Rootstourn. Dr. Griffin is senior consultant for the National CAINS Center for People with Co-occurring Disorders in the justice System and the Philadelphic Department of Behavioral Health.

544

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 sympto matic 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 public health principles has emerged should such people be detained in to address the interface between the jails or prisons longer than others criminal justice and mental health syssimply because of their illness. tems. We believe that this model-Se With both this ideal and current requential Intercept Model-can help

tem at a greater frequency than peo

ple in the same community without

mental disorders (personal communi-

cation, Steadman H. Feb 23, 2001).

Although the nature of mental illness

alities 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

PSYCHIATRIC SERVICES + ps.psychiatryonline.org + April 2006 Vol. 57 No. 4

POLICY RESEARCH ASSOCIATES

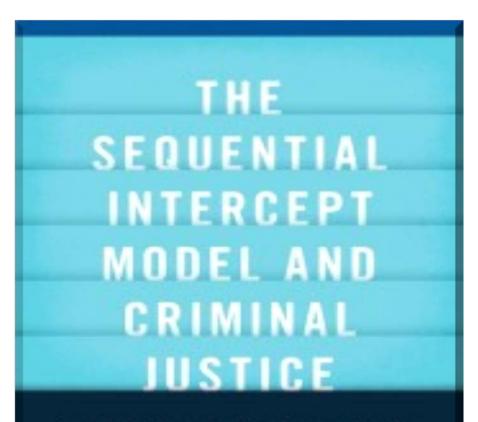
Development

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!



Promoting Community Alternatives for Individuals with Serious Mental Illness

EDITED BE PATRICIA A. GRIPPIN, KIRK HEILBRUN, EDWARD P. MULVER, DAVID DIMATTED & CAROL A. SCHUBERT



COSFCIENT

Intercept 1 Law enforcement / Emergency services

COMMUNITY

Dispatch 911

-ocal Law Enforcement





Law Enforcement/Emergency Services

- Police-based Crisis Intervention Teams (CIT)
- Co responder model:
- MH professionals employed by police department or policemobile crisis co-response



• Mobile mental health crisis teams

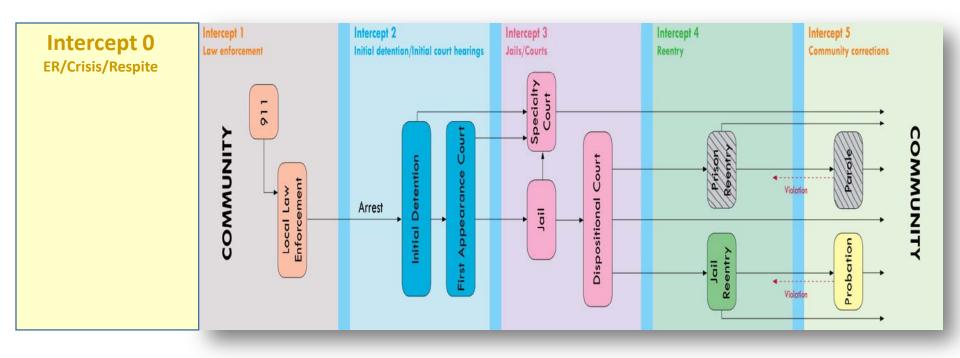
But...No Good Deed Goes Unpunished-CIT

- 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



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

SAMIES

PRACTICE GUIDELINES: CORE ELEMENTS IN

RESPONDING TO

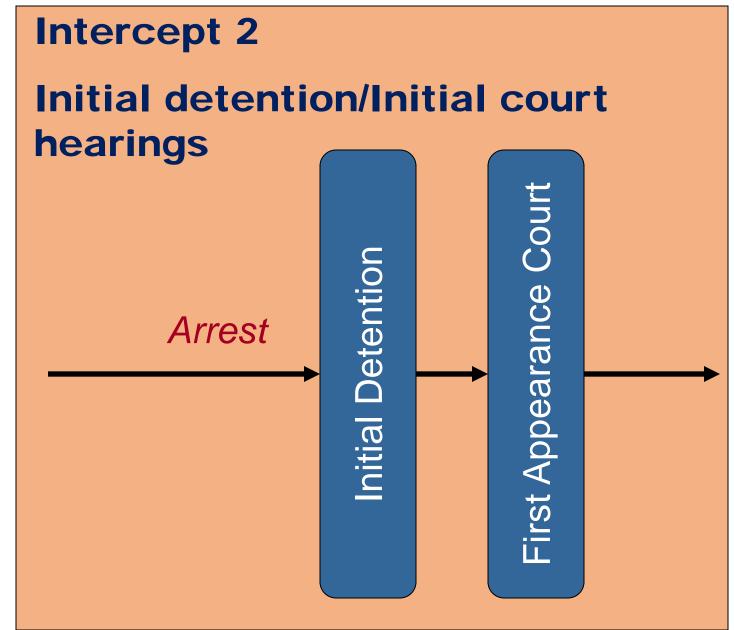
MENTAL HEALTH CRISES

Anthon C HEUTH AC HUMAN SPACE A Back at A Marked Back at Santa 2 Marked Interfail Health Santas Santa 2 Marked

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 Essential Elements

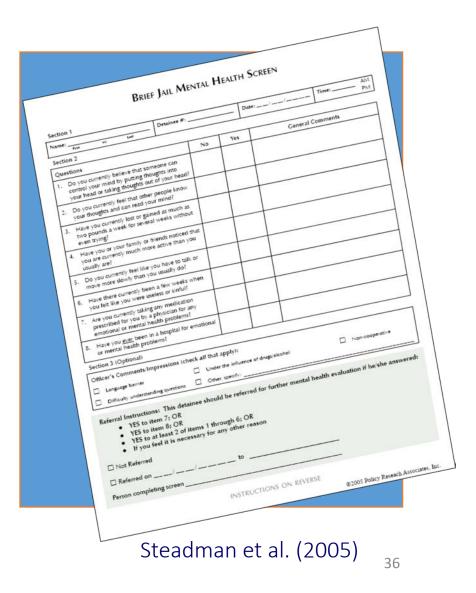


- Identification and Screening
- Court-based Clinician
- Recovery-based Engagement
- Proportional Response



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%



Screening for Veterans

Veterans Reentry

VA built a web-based system

that will allow prison, jail, and

accurately identify Veterans

court staff to quickly and

among their inmates or

defendant populations.

Search Service

(VRSS)

Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions A Consensus Report of the CMHS National GAINS Center's Forum on Combat Veterans, Trauma, and the Justice System

The 33-year-old veteranti readjustment to civilian life is formented by sudden blackouts, nightnores and severe ... The 33-year-old velocarly readjustment to civilian life is formented by sudden blackouts, rightmares and severe depression caused by his time in long. Since moving to Albary fort June ... [he] accidentally invalued the family minimum, the suddential content of account of the subscript of orpression counted by mis time in irror, since moving to Albany fost time ... [he] occidentally in attempted suicide, separated from and reunited with his write and lost his civilian driving job.

occidents when, he later total his family, he sverved to avoid imagined roadside bombs; he once araihed over a carb offer imagining that a stopped car contained linar assists. After a July 2007 motorcycle accident, his parents tried,

www.gainscenter.samhsa.gov

implemented strategies for intercepting veterans

with trauma and mental conditions as they encounter law enforcement or are processed through

the courts. However, most communities do not know

This report is intended to bring these issues into clear focus and to provide local behavioral health

and criminal justice systems with strategies for

working with justice-involved combat veterans.

Combat Veterans, Trauma, and the Criminal

The CMHS National GAINS Center convened

a forum in May 2008 in Betherda, MD, with the purpose of developing a community-based

approach to meeting the mental health needs of

combat veterans who come in contact with the

criminal justice system. Approximately 30 people

participated in the forum, representing community

providers, law enforcement, corrections, the courts, community-based veterans health initiatives, peer

support organizations. Federal agencies, and veteran

advocacy organizations. See Appendix.

especially those who served in OEF/OIF.

Justice System Forum

where to begin even if they recognize the problem.

In June ... [be] erupted in a surprisingly loud verbal outbreak, drawing police and EMTs to his home.

Augusty times visions - reviewment 12, 2000 His internal lerror gol so bad that, in 2005, he shot up his El Pass, Texas, opartment and held police at bay for three

uner insigning maria angen for contained man usaanin unaccessfully, to have him committed to a mental institution.

Long Island Newsday - July 5, 2008

On any given day, veterans account for nine of

every hundred individuals in U.S. jails and prisons

(Noonan & Mumola, 2007; Greenberg & Rosenbeck, 2008). Although veterans are not overrepresented in

the justice system as compared to their proportion

in further system as compared to new proposition in the United States general adult population.

the unmet mental health service needs of justiceinvolved veterans are of growing concern as more

veterans of Operation Iraqi Freedom (OIF) and

Operation Enduring Freedom (OEF) return home

with combat stress exposure resulting in high rates of posttraumatic stress disorder (PTSD) and

OEF/OIF veterans constitute a small proportion of

all justice-involved veterans. The exact numbers are

not known—the most recent data on incarcerated

veterans is from 2004 for state and Federal prisoners

(Noon & Mumola, 2007) and 2002 for local jail

inmates (Greenberg & Rosenbeck, 2008) before OEF/

Some states have passed legislation expressing

a preference for treatment over incarceration a preference for treatment over incorrelation (California and Minnesota) and communities such as Buffalo (NY) and King County (WA) have

OIF veterans began returning in large numbers.

POLICY RESEARCH ASSOCIATES

The Sad Saga of a Soldier from Long Island

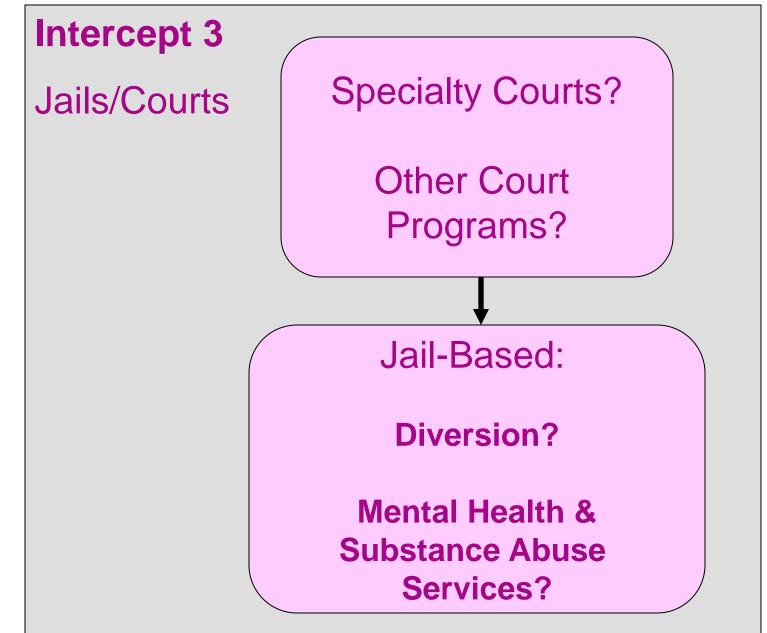
The EF Paso shooting was only one of several incidents there, according to interviews. He had a number of driving accidents when, he later hald his family, he served to avoid imagined roadside bombs, he ance arothed over a cub and an another and a second and a several boot and a several second and a several second and a second a s

The El Papo shooting was only one of several incidents there, according to interviews. He had a number of driving

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







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

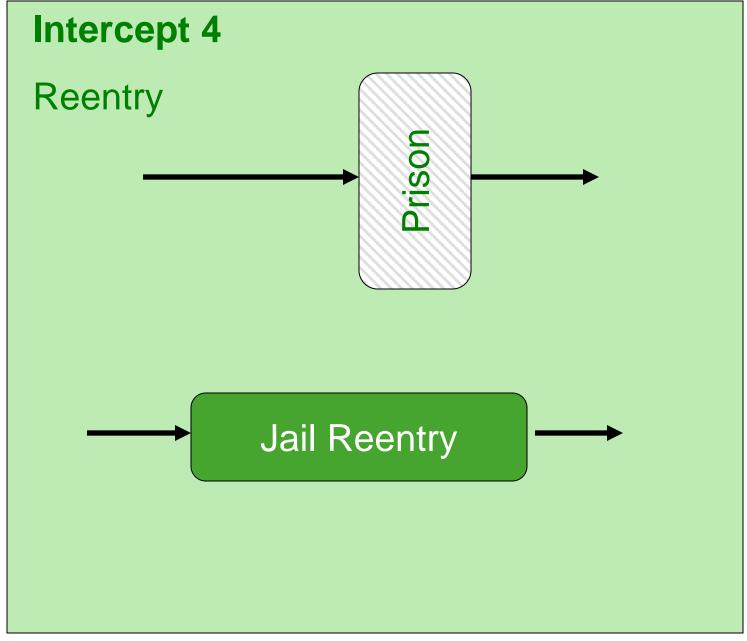
• Courts:

- 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



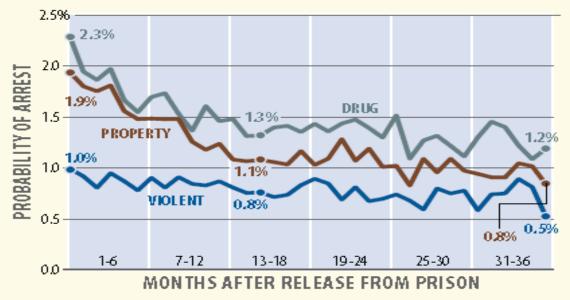




Transition Services Critical

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 Formango, 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

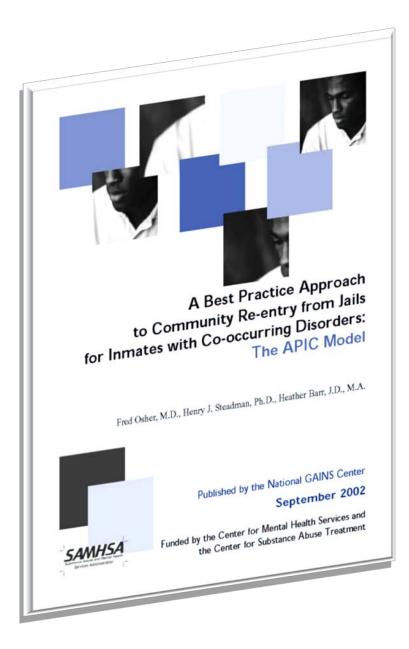
Housing

Transportation

Public Benefits

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





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

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

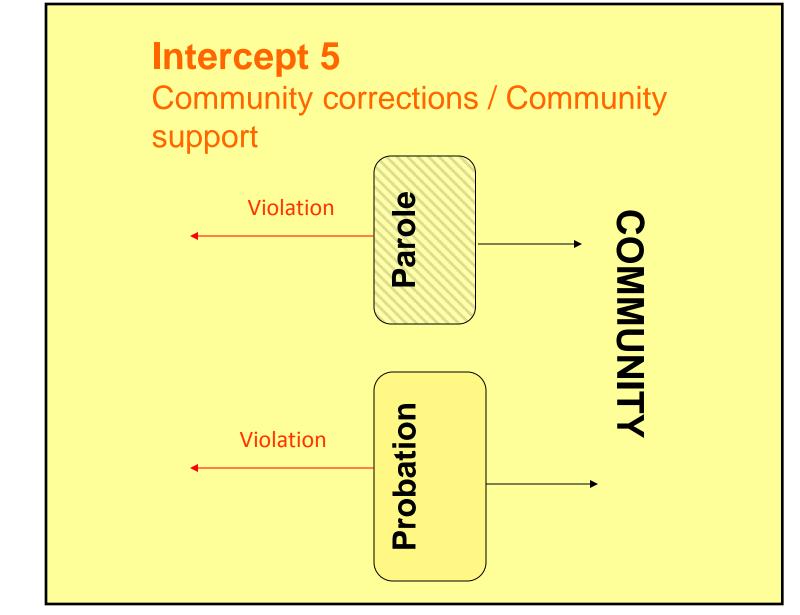


The Council of State Governments Justice Center

Intercept IV Common Gaps

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

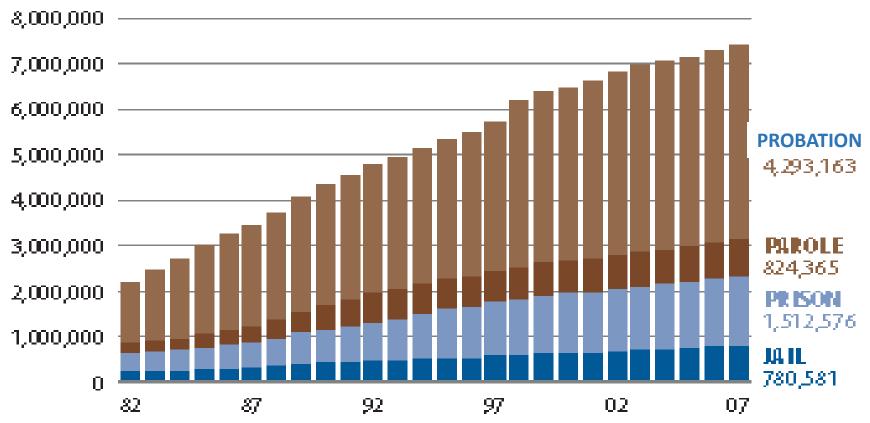






7 MILLION AND COUNTING

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



SOURCE: Bureau of Justice Statistics Correctional Surveys available at http://www.ojp.usdoj.gow/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.



- 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	МНІ	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 Coneios	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





- Regional Collaboration
- Tight knit communities
- Personal networks
- Telehealth
- Increased responsivity 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
- <u>http://gainscenter.samhsa.gov/topical_resources/reentry.asp</u>
- Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System
- <u>http://gainscenter.samhsa.gov/pdfs/ebp/MovingTowardEvidence-BasedHousing.pdf</u>
- Reducing Criminal Recidivism for Justice-Involved Persons with Mental Illness: Risk/Needs/Responsivity and Cognitive Behavioral Interventions
- <u>http://gainscenter.samhsa.gov/topical_resources/ebps.asp</u>
- Trauma Specific Interventions for Justice Involved Individuals
- <u>http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf</u>
- Creating a Trauma-Informed Criminal Justice System for Women: WHY AND HOW
- <u>http://gainscenter.samhsa.gov/cms-assets/documents/73437-12763.ticjforwmn-2.pdf</u>
- Co-Occurring Disorders in Criminal Justice Settings: Resources and Training
- http://gainscenter.samhsa.gov/cms-assets/documents/146593-441014.cod.pdf
- SOAR Works
- <u>http://soarworks.prainc.com/</u>

Poll Questions



Speaker: Regina Huerter

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

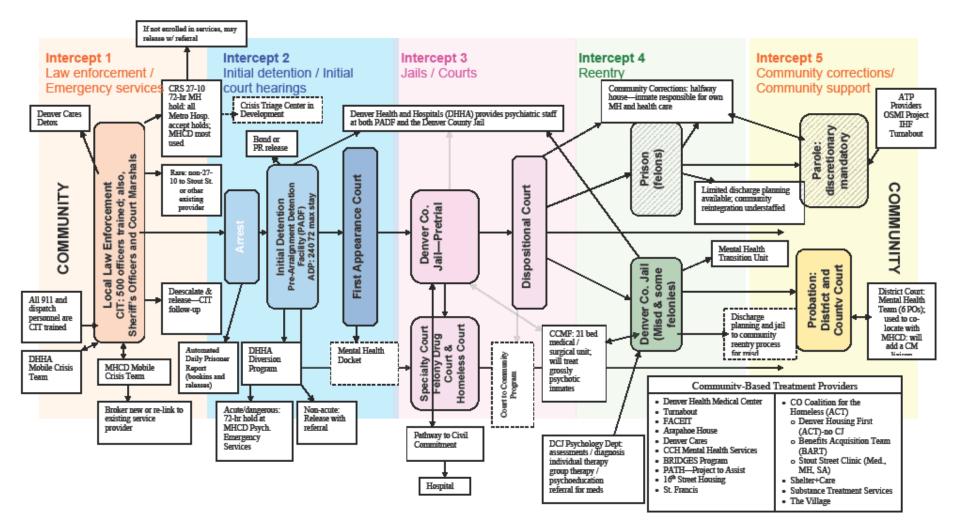




Denver's Use of the Sequential Intercept Model

- 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

- Critis Stabilization in Denver (2016) - Solaring Conter - Solaring Contend - Solaring Conter - Solaring Contend - Solaring Cont					
Angenes Approach Downtown Detention Center Services All Bits Programs Services of Discharge from Jall Processes • Isam Reduction · Isam Reduction · Isam Reduction · Constructed transition/treatment plan · Constructed transition/treatment plan • Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment plan · Constructed transition/treatment · Constructed transition/treatment · Constructed transition/treatment · Constructed transition/treatment · Constructed transition/treatment · Constructed · Constructed · Constructed transition/treatment · Constructed · Constructed · Constructed · Constread transitinformed responsex					
• Name deduction • Specially Court • Medication in Court • Medication in Court • Outpetency process - statutes and coordination • Post-Booling Diversion • Outpetency process - statutes and coordination • Post-Booling Diversion • Outpetency process - statutes and coordination • Post-Booling Diversion • Outpetency process - statutes and coordination • Post-Booling Diversion • Outpetency process - statutes and coordination • Post-Booling Diversion • Outpetency process - statutes and coordination • Post-Booling Diversion • Notestable Diversion • Post-Booling • Post-Boolin		-		-	
 Ham Reduction Ham Reduction Herstal Health Evaluation in Court Mettal Health Evaluation in Court Mettal Health Evaluation in Court Competency process - statutes and coordination Herstal Health Evaluation in Court Processes Proc	lesponse Approach	Downtown Detention Center Services	Jail Bhx Programs	Services at Discharge from Jail	Response Approach
					 Providers are trauma-informed
Pre-dooking Diversion Options Competency process - statutes and coordination Post-Booking Diversion Post-Booking Diversion Medication Consistency across the state Post-Booking Diversion Medication Consistency across the state Processes Processes Configure the output of the substring service Processes Processes Dispositional Court Medication Consistency across the state Processes Processes Dispositional Court Processes Processes Processes Processes Dispositional Court Processes Numerative time to determine Dispositional Court Processes Processes Dispositional Court Processes Processes Processes Processes Dispositional Court Processes Numerative time to determine Dispositional Court Processes Dispositional Court Court and the substring freatment, housing Contramity Sectors 45 (Countrative Active across systems Dispositional Court Court Appearance Dispositional Court Dispositional Court Dispositional Court Dispositional Court Processes Processes Court Dispositional Court Dispositional Court Dispositional Court Dispositional Court Dispositional Court Dispositional Court Dispositional Court Processe Disposer Approach Court Disposer Approach 	Harm Reduction	First Appearance in Court	Specialty Court	 Coordinated transition/treatment plan 	 Providers use Motivational Interviewing
voids Stabilization in Denver (2016) sobering Center so		Mental Health Evaluation in Court		Cross System Education	Peer Services
Social impact Bond housing (300 units) 2016 Social impact Bond housing (300 units) 2016 Social impact Bond housing (300 units) 2016 Processes Social Impact Bond hous	re-Booking Diversion Options		Dispositional Court		Community services
- sobering center - social impact Bond housing (300 units) 2016 - social impact Bond housing (200 units) 2016 - socond housing Corrections - social impact Bond housing Correct	Crisis Stabilization in Denver (2016)	Competency process - statutes and coordination	Post-Booking Diversion		Active ongoing treatment and follow-up
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Protocol for needs assessment to determine Assess risk/needs Medication Consistency across sytems Seamless/Immediate link to treatment, housing Otear process for activating/re-activing health Intercept 2: Initial Determinn/Initial Court hearine Init Cou	Processes	Processes	Processes	Processes	*
Medication Consistency across sytems · Gear process for activating/re-activing health Intercept 1: Initial Intercept 2: Initial Intercept 3: Initial Intercept 3: Initial Intercept 4: Initial Intercept 4: Initial Intercept 4: Intercept 4: Initial Initial Intercept 4: Initial Ini	 Broker new or re-link to existing service 	 Daily book-in list to Community Providers 	 VI-SPDAT, SBIRT, other Bhx screening tools 	 Notification to providers prior to release 	 Coordination of culturally/gender responsive
Intercept 1: Law enforcement Intercept 2: Initial Detention/Initial Court hearing Intercept 3: Laik/Courts Intercept 4: Beaviry Intercept 4: Description Intercept 3: Community Supervision and Sumorts Local Law Enforcement Initial Detention/Initial Court hearing First Appearance in Court Jail Dispositional Court Jail Reentry Probation CURRENT INTERCEPT MODEL: Probation Court Jail Bhx Programs • Transition Initial • Officers Services at Discharge from Jail: • Officers Probation Officers Downtown Detention Center Services • Officers Downtown Detention Center Services • Officers Services at Discharge from Jail: • Citr Transdo Officers/Dispatch personnel • Officers • Office	 Protocol for needs assessment to determine 		 Assess risk/needs 	 Seamless/Immediate link to treatment, housing 	
Law enforcement Initial Detention/Initial Court hearing Laik/Courts Report Community Sumerision and Sumorts Megonz Local Law Enforcement Initial Detention First Appearance in Court Jail Dispositional Court Jail Reentry Probation CURRENT INTERCEPT MODEL: Response Appooch Initial Central Central Sumorts Services of Discharge from Jail: Response Appooch • CIT Trained Officers/Dispatch personnel · Citri Officers Downtown Detention Center Services Initial Court Probation Units Response Approach • CIT Trained Officers/Dispatch personnel · Citri Officers Downtown Detention Center Services Initial to Can Probation Units Response Approach • Citri Officers Downtown Detention Center Services Initial Court Processe First Appearance in Court *Transition Units *Genower Environment (RISE) *Genower Services Enhancement (FUSE) *Mental Health first Aud training • Control Details (Denver CARES) • Social Model Detail (Penty Project *Gort Health (Court *Genower CARES - 32 beds) •District Community/Mental Health Court *District Community Centers *District Court Mental Health Units *District Court Mental Health Units			Medication Consistency across sytems	 Clear process for activating/re-activing health 	
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CURRENT INTERCEPT MODEL: Response Appoach • CIT Trained Officers/Dispatch personnel • CIRT Officers • DHHA Medical/BHx screen at book-in • CIRT Officers • DHHA/MHCD Mobile Crisis Team • Cim. Justice-Behavioral Health Co-responder • Coresponder Follow-up upon release • Social Model Detox (Denver CARES) • Transition Beds (Denver CARES) • Transition Beds (Denver CARES) • Transition Beds (Denver CARES) • State Crisis Stabilization Units • Recover Y bulkation • Competency Evaluation • Competency Evaluation • Competency Evaluation • Coresses • Drecesses • Processes • Processes • Processes	aw enforcement	Initial Detention/Initial Court hearing	laik/Courts	Reentry	Community Supervision and Supports
Response Appoach Downtown Detention Center Services Jail Bhx Programs Services at Discharge from Jail: Response Approach • CIT Trained Officers/Dispatch personnel • DHHA Medical/Bhx screen at book-in • Transition Units • Gap Funds (30 Rx filled) • Trauma-informed responses training • CIT Trained Officers • High Acuity Unit • Recover in a Secure Environment (RISE) • Frequent Users Services Enhancement (FUSE) • Mental Health First Aid training • DHHA/MHCD Mobile Crisis Team • PROXY Tool • Life Skills to CRP • Community Reentry Project • Mental Health First Aid training • DHA/MHA Medical/Bhx screen at book-in • Scial Model Detox (Denver CARES) • Recover in a Secure Environment (RISE) • Community Reentry Project • Mental Health First Aid training • Social Model Detox (Denver CARES) • Recover (Dourt Docket (FEU) • Specialty Court • COM Fat Denver Health (21 beds) • Community Corrections • PHASE Day Reporting program • ER/27-65 (Denver CARES - 32 beds) • Court to Community/Mental Health Court • Drug Court • Drug Court • District Court Mental Health Team • TASC Programs • ATP Providers • ATP Providers • SB-97 Programs • ATP Providers • SB-97 Programs • State Crisis Stabilization Units • Dedicated TRT beds for CI populaion <th>Local Law Enforcement</th> <th>Initial Appearance</th> <th></th> <th>Jail Reentry</th> <th>Probation</th>	Local Law Enforcement	Initial Appearance		Jail Reentry	Probation
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• CIRT Officers • High Acuity Unit • Recover in a Secure Environment (RISE) • Frequent Users Services Enhancement (FUSE) • Mental Health First Aid training • DHHA/MHCD Mobile Crisis Team • PROXY Tool • Consequent Users Services Enhancement (FUSE) • Mental Health First Aid training • Crim. Justice-Behavioral Health Co-responder • Co-Responder Follow-up upon release • SMART Recovery Substance Abuse Program • Fort Lyon • Community Services • Social Model Detox (Denver CARES) • Recovery Court Docket (FEU) • Community Corrections • PHASE Day Reporting program • ER0/27-65 (Denver Health) • Comptency Evaluation • Specialty Court • Specialty Court • Specialty Court • State Crisis Stabilization Units • Computing Services • Orgetancy Evaluation • District Court Mental Health Team • State Crisis Stabilization Units • Computing Services • Specialty Court • Socialt Model Detox • Probating Services • Dedicated TRT beds for CJ populaion • Processes • Processes • Processes Processes Processes	Response Appoach	Downtown Detention Center Services	Jail Bhx Programs	Services at Discharge from Jail:	Response Approach
• DHHA/MHCD Mobile Crisis Team • PROXY Tool • Life Skills to CRP • Community Reentry Project • Cfm. Justice-Behavioral Health Co-responder • Co.Responder Follow-up upon release • SMART Recovery Substance Abuse Program • Fort Lyon Community Services • Pre-Booking Diversion Options First Appearance in Court • CCMF at Denver Health (21 beds) • Community Corrections • PHASE Day Reporting program • State Crisis Stabilization Units • Recovery Court to Community/Mental Health Court • Specialty Court • Competency Evaluation • District Court Mental Health Units • District Court Mental Health Units • Sobriety Court • SB-97 Programs • Rocky Mountain Crisis Services • Processe Processes Processes Processe Processe <td> CIT Trained Officers/Dispatch personnel </td> <td> DHHA Medical/BHx screen at book-in </td> <td>Transition Units</td> <td> Gap Funds (30 Rx filled) </td> <td> Trauma-informed responses training </td>	 CIT Trained Officers/Dispatch personnel 	 DHHA Medical/BHx screen at book-in 	Transition Units	 Gap Funds (30 Rx filled) 	 Trauma-informed responses training
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Pre-Booking Diversion Options • SMART Recovery Substance Abuse Program • Fort Lyon • Community Services • Social Model Detox (Denver CARES) • Recovery Court Docket (FEU) • CMF at Denver Health (21 beds) • Community Corrections • PHASE Day Reporting program • Transition Beds (Denver CARES) • Recovery Court Docket (FEU) • Community Corrections • PHASE Day Reporting program • ER/27-65 (Denver Health) • Competency Evaluation • Specialty Court • Drug Court • Drug Court • District Court Mental Health Team • State Crisis Stabilization Units • Droviders • Recovery Court Docket (FEU) • Court to Community/Mental Health Court • ATP Providers • Booky Mountain Crisis Services • Processes • Processes Processes Processes Processes Processes Processes Processes	 DHHA/MHCD Mobile Crisis Team 		 Life Skills to CRP 	 Community Reentry Project 	
Pre-Booking Diversion Options First Appearance in Court • CCMF at Denver Health (21 beds) • Community Corrections • PHASE Day Reporting program • Social Model Detox (Denver CARES) • Recovery Court Docket (FEU) • Community/Mental Health Court • Drug Court • Sobiety Court • Sobriety Court • Sobriety Court • TASC Programs • ATP Providers • ATP Providers • SB-97 Programs • Cocceses Processes Processes <t< td=""><td> Crim. Justice-Behavioral Health Co-responder </td><td> Co-Responder Follow-up upon release </td><td></td><td></td><td></td></t<>	 Crim. Justice-Behavioral Health Co-responder 	 Co-Responder Follow-up upon release 			
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• ER/27-65 (Denver Health) • Competency Evaluation • Drug Court • TASC Programs • State Crisis Stabilization Units • Sobriety Court • Sobriety Court • ATP Providers • Rocky Mountain Crisis Services • Dedicated TRT beds for CJ populaion • Orcesses • Processes • Processes <td< td=""><td> Social Model Detox (Denver CARES) </td><td> Recovery Court Docket (FEU) </td><td></td><td> C-Shartp Grant Opportunities </td><td> Probation Mental Health Units </td></td<>	 Social Model Detox (Denver CARES) 	 Recovery Court Docket (FEU) 		 C-Shartp Grant Opportunities 	 Probation Mental Health Units
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Recovery Court Docket (FEU) Court to Community/Mental Health Court Processes		 Competency Evaluation 	Drug Court		
Dedicated TRT beds for CJ populaion Ourr to Community/Mental Health Court Processes Processe	 State Crisis Stabilization Units 		Sobriety Court		ATP Providers
rrocesses Processes Proces	 Rocky Mountain Crisis Services 		 Recovery Court Docket (FEU) 		SB-97 Programs
	 Dedicated TRT beds for CJ populaion 		Court to Community/Mental Health Court		
		Processes	Processes		Processes
De-escalate and release I Ongoing (coordinated community support	De-escalate and release	Daily book-in list to MHCD (incomplete)	Medication Distributions/Monitoring	Stabilization prior to release	Ongoing/coordinated community support
Custodial Arrest Pretrial Programs Specialty Courts monitor programs Specialty Courts (Specialty Courts (Specialty Courts (Specialty Courts (Specialty Courts (Specialty Courts (Specialty			· · ·		
- October and Programs - Previous Programs		- ricolar rivbiants		To coordinates with probation/providers	(specially court programs)

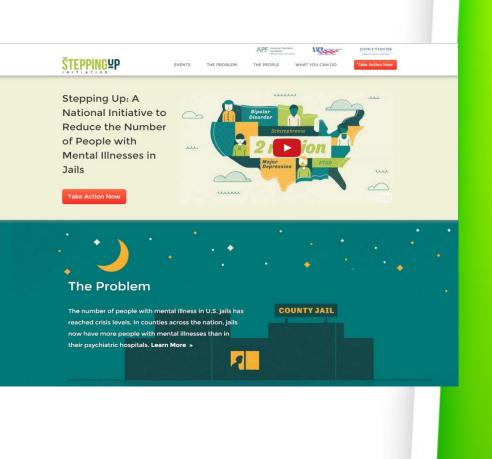
Questions?

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 <u>www.naco.org/webinars</u>



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