



#### 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.



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- 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



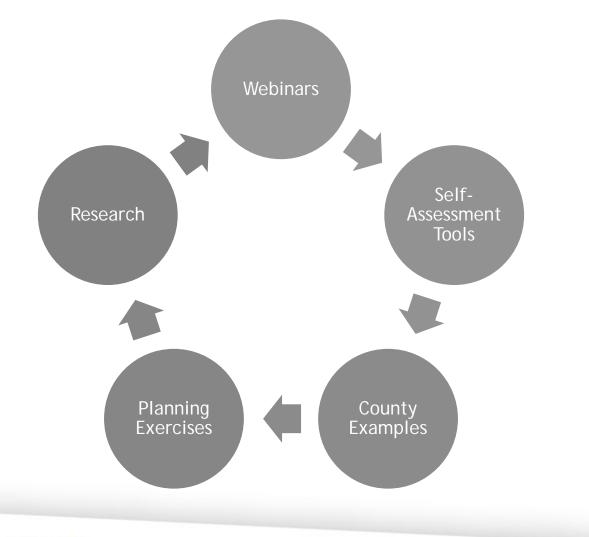
Whether you are a state or local policymaker, a criminal justice or behavioral health professional, an individual living with mental illness, or someone who is simply committed to reducing the number of people with mental illnesses in jails, you can play a critical role in this initiative. When you click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

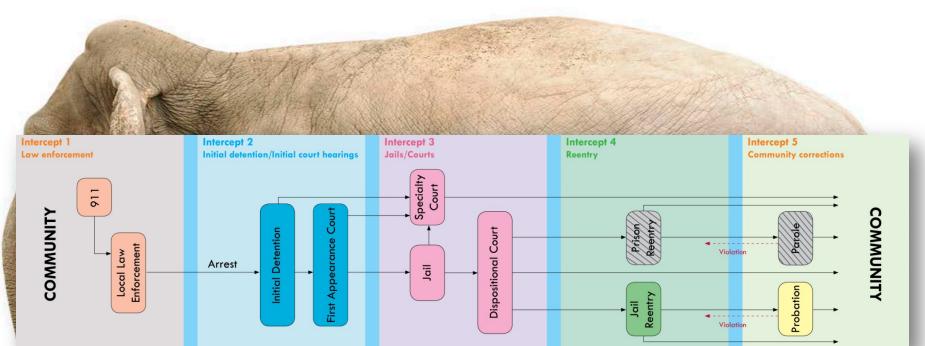
Mental Health

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

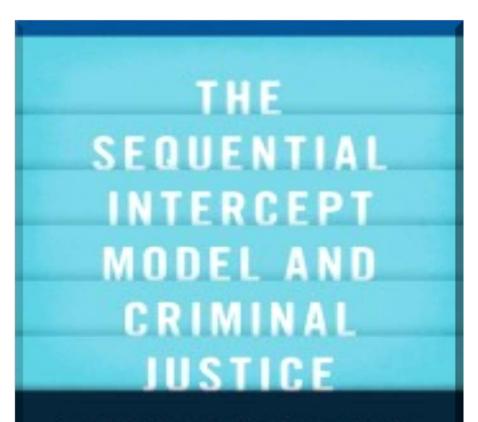
# Development

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

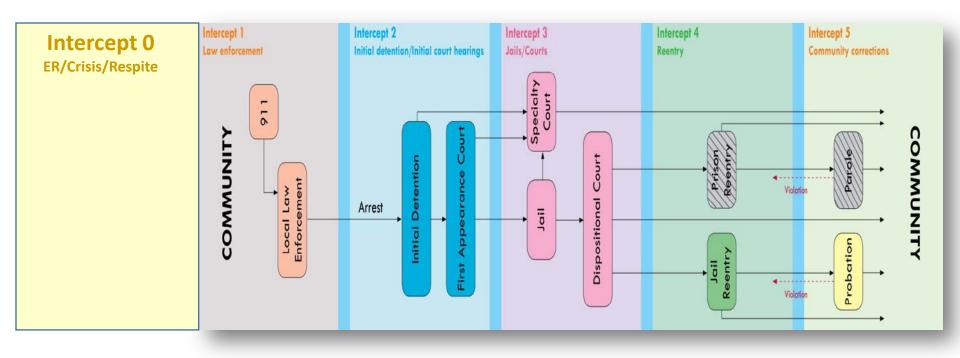
## But...No Good Deed Goes Unpunished-CIT

- 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

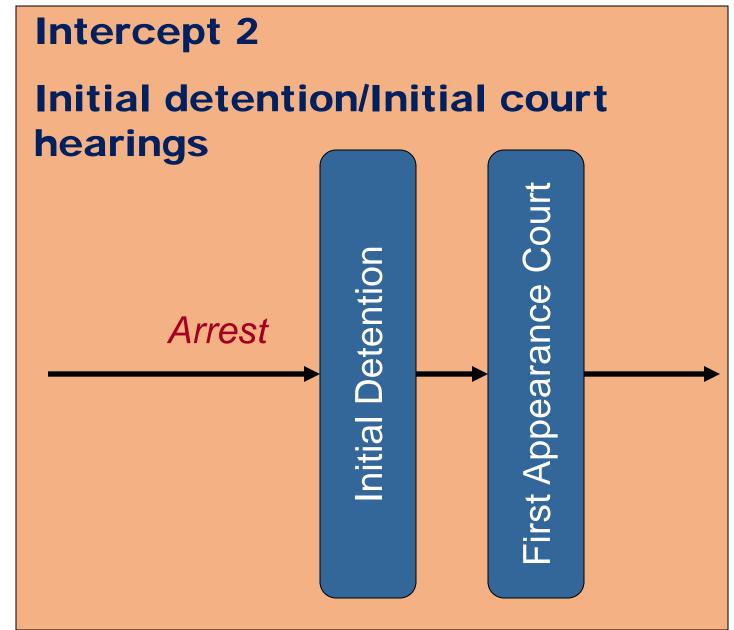
MENTAL HEALTH CRISES

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**

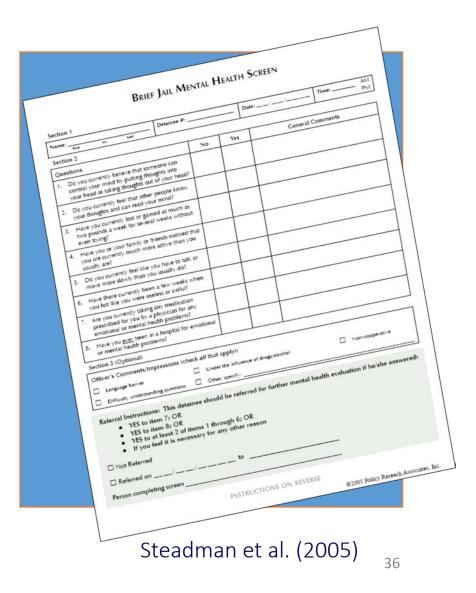


- Identification and Screening
- Court-based Clinician
- Recovery-based Engagement
- Proportional Response



## **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

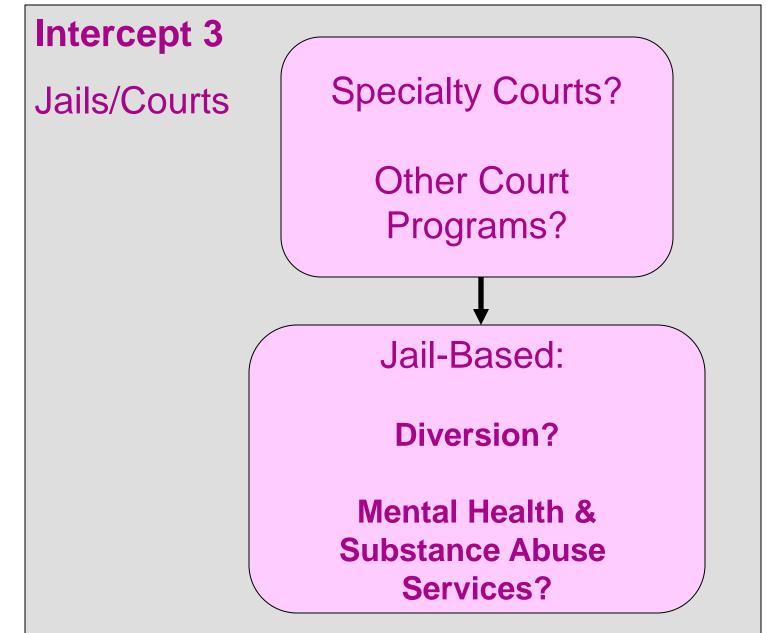
The EF Paso shooting was only one of several incidents there, according to interviews. He had a number of driving accidents when, he later hald his family, he served to avoid imagined roadside bombs, he ance arothed over a cub and an another and a second and a several boot and a several second and a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

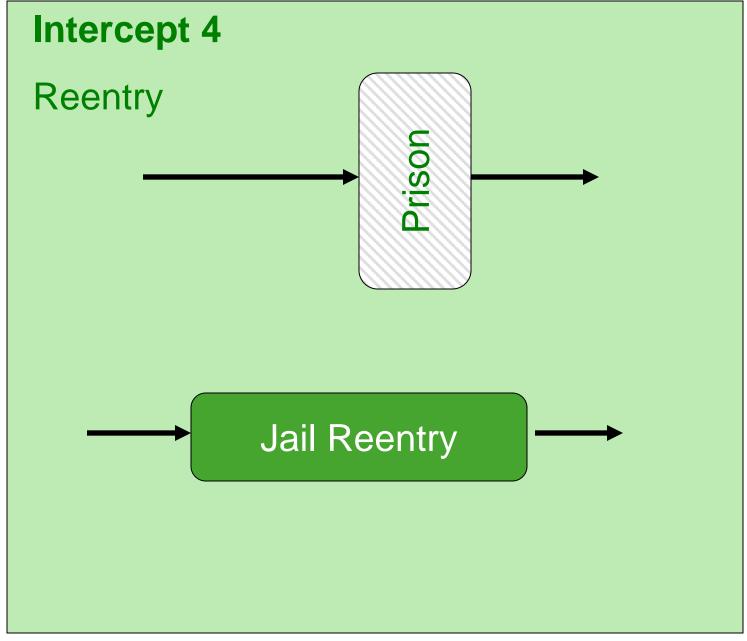
#### • Courts:

- 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



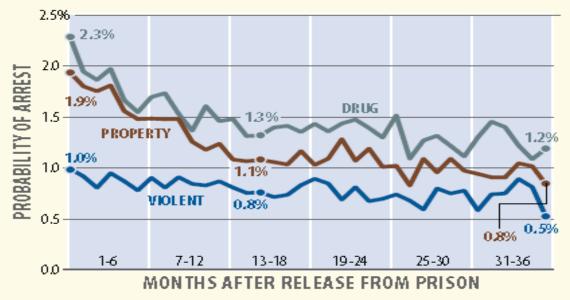




## **Transition Services Critical**

#### 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

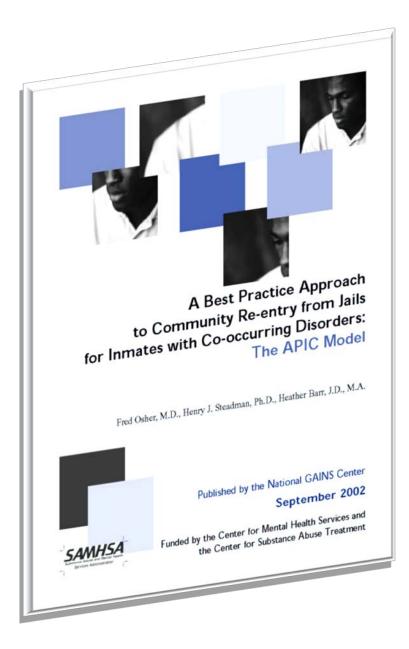
Housing

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

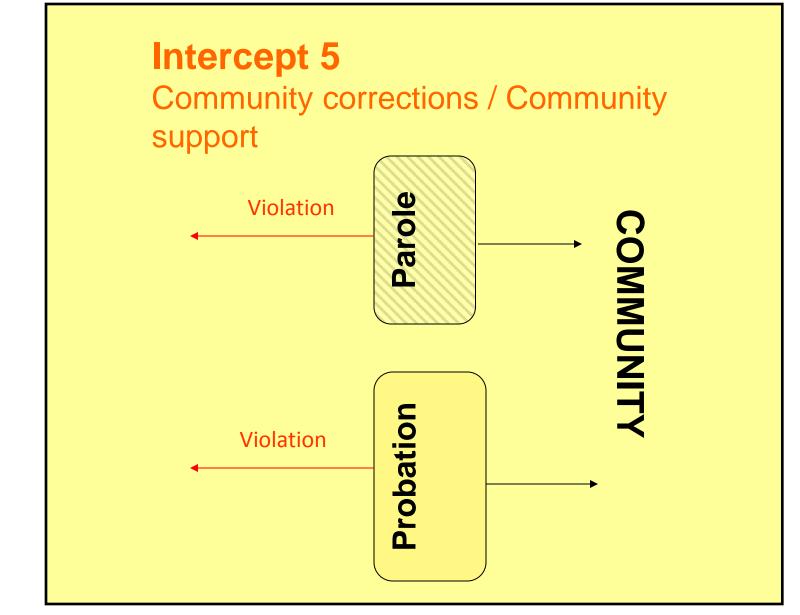


The Council of State Governments Justice Center

# Intercept IV Common Gaps

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

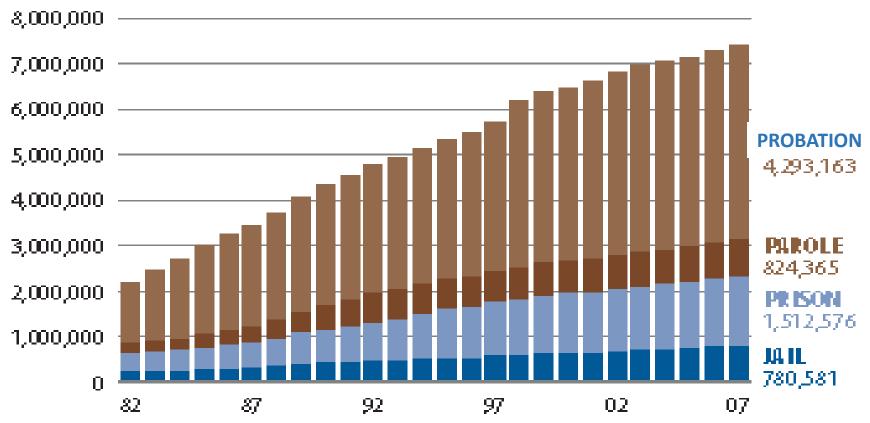






### 7 MILLION AND COUNTING

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

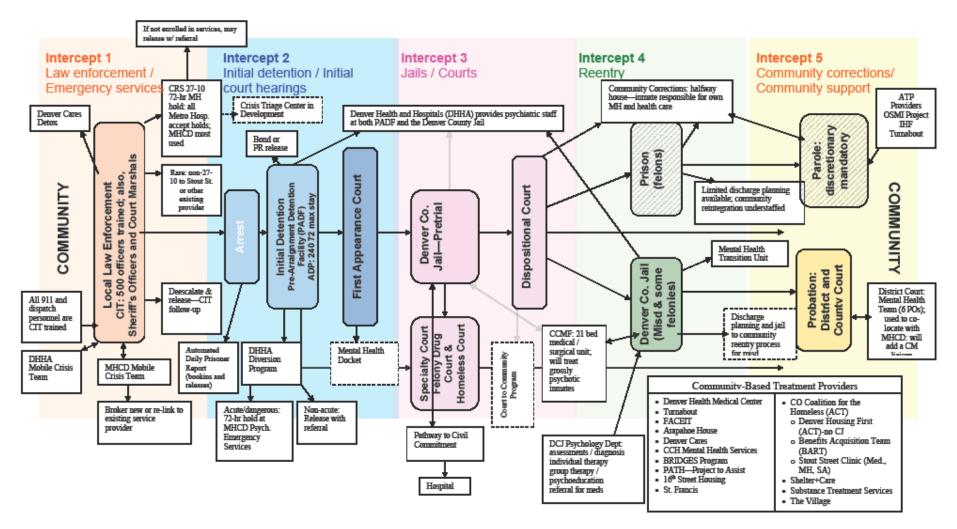




### Denver's Use of the Sequential Intercept Model

- 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		-		-	
<ul> <li>Ham Reduction</li> <li>Ham Reduction</li> <li>Herstal Health Evaluation in Court</li> <li>Mettal Health Evaluation in Court</li> <li>Mettal Health Evaluation in Court</li> <li>Competency process - statutes and coordination</li> <li>Herstal Health Evaluation in Court</li> <li>Processes</li> <li>Proc</li></ul>	lesponse Approach	Downtown Detention Center Services	Jail Bhx Programs	Services at Discharge from Jail	Response Approach
					<ul> <li>Providers are trauma-informed</li> </ul>
Pre-dooking Diversion Options <ul> <li>Competency process - statutes and coordination</li> <li>Post-Booking Diversion</li> <li>Post-Booking Diversion</li> <li>Medication Consistency across the state</li> <li>Post-Booking Diversion</li> <li>Medication Consistency across the state</li> <li>Processes</li> <li>Processes</li> <li>Configure the output of the substring service</li> <li>Processes</li> <li>Processes</li> <li>Dispositional Court</li> <li>Medication Consistency across the state</li> <li>Processes</li> <li>Processes</li> <li>Dispositional Court</li> <li>Processes</li> <li>Processes</li> <li>Processes</li> <li>Processes</li> <li>Dispositional Court</li> <li>Processes</li> <li>Numerative time to determine</li> <li>Dispositional Court</li> <li>Processes</li> <li>Processes</li> <li>Dispositional Court</li> <li>Processes</li> <li>Processes</li> <li>Processes</li> <li>Processes</li> <li>Dispositional Court</li> <li>Processes</li> <li>Numerative time to determine</li> <li>Dispositional Court</li> <li>Processes</li> <li>Dispositional Court</li> <li>Court and the substring freatment, housing</li> <li>Contramity Sectors 45 (Countrative Active across systems</li> <li>Dispositional Court</li> <li>Court Appearance</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Processes</li> <li>Processes</li> <li>Court Dispositional Court</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Dispositional Court</li> <li>Processe Disposer Approach</li> <li>Court Disposer Approach</li> <li></li></ul>	Harm Reduction	First Appearance in Court	Specialty Court	<ul> <li>Coordinated transition/treatment plan</li> </ul>	<ul> <li>Providers use Motivational Interviewing</li> </ul>
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
<ul> <li>Social Impact Bond housing (300 units) 2016</li> <li>Medication Consistency across the state</li> <li>Medication Consistency across the state</li> <li>Processes</li> <li>Intercept 3:</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Medication Consistency across the state</li> <li>Medication Consistency across the state</li> <li>Medication to providers prior to release</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Medication Consistency across systems</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Medication Consistency across systems</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Medication Consistency across systems</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Medication Consistency across systems</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Intercept 2: Initial Instended Officency Object Personnel</li> <li>Construction Personal Personal</li> <li>Social Impact Bond housing (300 units) 2016</li> <li>Social Impact Bond Housing (300</li></ul>					
Processes	-		Medication Consistency across the state		
Processes	Social impact point notamb (socialities) 2010		medication consistency derois die state		
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	<b>*</b>
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	<ul> <li>Broker new or re-link to existing service</li> </ul>	<ul> <li>Daily book-in list to Community Providers</li> </ul>	<ul> <li>VI-SPDAT, SBIRT, other Bhx screening tools</li> </ul>	<ul> <li>Notification to providers prior to release</li> </ul>	<ul> <li>Coordination of culturally/gender responsive</li> </ul>
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	<ul> <li>Protocol for needs assessment to determine</li> </ul>		<ul> <li>Assess risk/needs</li> </ul>	<ul> <li>Seamless/Immediate link to treatment, housing</li> </ul>	
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	<ul> <li>Clear process for activating/re-activing health</li> </ul>	
Law enforcement       Initial Instention Ankial Court hearing       Iaik/Courts       Reventry       Community Sumericion and Sumorts         Model       Local Law Enforcement       Initial Detention       Appearance in Court       Jail       Dispositional Court       Jail Reentry       Probation         CURRENT INTERCEPT MODEL:       First Appearance in Court       Jail Mr Programs       Services of Discharge from Jail:       Probation         CUT Trained Officers/Dispatch personnel       Opention Detention Center Services       Initial Acuity Unit       Probation Initial       Response Approach         CIT Trained Officers/Dispatch personnel       OHHAM Medica/Brix screen at book-in       Initial Acuity Unit       Initial Acuity Unit       Probation Initial       Response Approach         Citic Inforces       OHHAM Medica/Brix screen at book-in       Initial Court       Initial Acuity Unit       Initial Acuity Unit       Initial Acuity Unit       Initial Acuity Unit       Probation Initial       Response Approach       Initial Acuity Unit					
Mark       Initial Detention       First Appearance in Court       Jail       Dispositional Court       Jail Reentry       Probation         CURRENT MTERCEPT MODEL:       Response Appondh       Iail Bhc Programs       Iail Bhc Programs       Iail Bhc Programs       Iail Court       Iail Court       Iail Court       Probation       Iail Court       Iail Reentry       Probation         VEX.NER.NT MTERCEPT MODEL:       Response Apponch       Iail Bhc Programs       Iail Bhc Programs       Iail Bhc Programs       Iail Court       Iail Court       Iail Court       Iail Court       Iail Court       Iail Bhc Programs       Iail Court       Iail Court </td <td>•</td> <td></td> <td></td> <td></td> <td></td>	•				
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
<ul> <li>CIT Trained Officers/Dispatch personnel</li> <li>DHHA Medical/BHx screen at book-in</li> <li>High Acuity Unit</li> <li>Heigh Acuity Unit</li> <li>PROXY Tool</li> <li>Concesponder Follow-up upon release</li> <li>Concesponder Follow-up upon release</li> <li>Social Model Detox (Denver CARES)</li> <li>Recover (Denver CARES)</li> <li>Recover (Court to Community/Mental Health Court</li> <li>Specialty Court</li> <li>Socherty Court to Community/Mental Health Court</li> <li>Specialty Court</li> <li>Socherty Mountain Crisis Services</li> <li>Dedicated TRT beds for CJ populaion</li> <li>Processes</li> <li>CIT Trained Officers/Dispatch personnel</li> <li>Trained officers/Dispatch personnel</li> <li>Trained officers/Dispatch personnel</li> <li>CIT Trained Officers/Dispatch personnel</li> <li>Trained officers/Dispatch personnel</li> <li>Trained officers/Dispatch personnel</li> <li>Community Corrections</li> <li>Processes</li> <li>Processes</li> <li>Processes</li> </ul>	CURRENT INTERCEPT MODEL:			•	
• 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><ul> <li>CIT Trained Officers/Dispatch personnel</li> </ul></td> <td><ul> <li>DHHA Medical/BHx screen at book-in</li> </ul></td> <td>Transition Units</td> <td><ul> <li>Gap Funds (30 Rx filled)</li> </ul></td> <td><ul> <li>Trauma-informed responses training</li> </ul></td>	<ul> <li>CIT Trained Officers/Dispatch personnel</li> </ul>	<ul> <li>DHHA Medical/BHx screen at book-in</li> </ul>	Transition Units	<ul> <li>Gap Funds (30 Rx filled)</li> </ul>	<ul> <li>Trauma-informed responses training</li> </ul>
<ul> <li>Crim. Justice-Behavioral Health Co-responder</li> <li>Co-Responder Follow-up upon release</li> <li>SMART Recovery Substance Abuse Program</li> <li>SMART Recovery Substance Abuse Program</li> <li>COMF at Denver Health (21 beds)</li> <li>Fort Lyon</li> <li>Community Services</li> <li>PhASE Day Reporting program</li> <li>Community Corrections</li> <li>Photation Mental Health Units</li> <li>Specialty Court</li> <li>State Crisis Stabilization Units</li> <li>Recovery Substance Abuse Program</li> <li>Community Corrections</li> <li>Photation Mental Health Units</li> <li>District Court Mental Health Units</li> <li>District Court Mental Health Units</li> <li>District Court Mental Health Team</li> <li>Transition Beds [Denver CARES - 32 beds]</li> <li>Competency Evaluation</li> <li>Specialty Court</li> <li>Sobriety Court</li> <li>Sobriety Court</li> <li>Sobriety Court</li> <li>Community/Mental Health Court</li> <li>Sobriety Court</li> <li>Court to Community/Mental Health Court</li> <li>Sobriety Court</li> <li>Sobriety Court</li> <li>Court to Community/Mental Health Court</li> <li>Sobriety Court</li> <li>Sobriety Court</li> <li>Court to Community/Mental Health Court</li> <li></li></ul>				<ul> <li>Frequent Users Services Enhancement (FUSE)</li> </ul>	<ul> <li>Mental Health First Aid training</li> </ul>
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	<ul> <li>DHHA/MHCD Mobile Crisis Team</li> </ul>		<ul> <li>Life Skills to CRP</li> </ul>	<ul> <li>Community Reentry Project</li> </ul>	
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><ul> <li>Crim. Justice-Behavioral Health Co-responder</li> </ul></td><td><ul> <li>Co-Responder Follow-up upon release</li> </ul></td><td></td><td></td><td></td></t<>	<ul> <li>Crim. Justice-Behavioral Health Co-responder</li> </ul>	<ul> <li>Co-Responder Follow-up upon release</li> </ul>			
Social Model Detox (Denver CARES)     * Recovery Court Docket (FEU)     * Competency Evaluation     * Competency Evaluation     * Competency Evaluation     * Court to Community/Mental Health Court     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Competency Evaluation     * Competency Evaluation     * Court to Community/Mental Health Court     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Court to Community/Mental Health Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Sobriety Court     * Sobriety Court     * Sobriety Court     * Recovery Court Docket (FEU)     * Sobriety Court     * Sobriety Co					
Transition Beds (Denver CARES - 32 beds)     • Court to Community/Mental Health Court     • ER/27-65 (Denver Health)     • Competency Evaluation     • Competency Evaluation     • Drug Court     • Drug Cour			<ul> <li>CCMF at Denver Health (21 beds)</li> </ul>		
• 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><ul> <li>Social Model Detox (Denver CARES)</li> </ul></td><td><ul> <li>Recovery Court Docket (FEU)</li> </ul></td><td></td><td><ul> <li>C-Shartp Grant Opportunities</li> </ul></td><td><ul> <li>Probation Mental Health Units</li> </ul></td></td<>	<ul> <li>Social Model Detox (Denver CARES)</li> </ul>	<ul> <li>Recovery Court Docket (FEU)</li> </ul>		<ul> <li>C-Shartp Grant Opportunities</li> </ul>	<ul> <li>Probation Mental Health Units</li> </ul>
State Crisis Stabilization Units     Accky Mountain Crisis Stabilization Units     Rocky Mountain Crisis Services     Dedicated TRT beds for CJ populaion     Court to Community/Mental Health Court     Processes	<ul> <li>Transition Beds (Denver CARES - 32 beds)</li> </ul>	<ul> <li>Court to Community/Mental Health Court</li> </ul>	Specialty Court		<ul> <li>District Court Mental Health Team</li> </ul>
Recovery Court Docket (FEU)     Court to Community/Mental Health Court     Processes		<ul> <li>Competency Evaluation</li> </ul>	Drug Court		
Dedicated TRT beds for CJ populaion     Ourr to Community/Mental Health Court      Processes      Processe	<ul> <li>State Crisis Stabilization Units</li> </ul>		Sobriety Court		ATP Providers
rrocesses Processes Proces	<ul> <li>Rocky Mountain Crisis Services</li> </ul>		<ul> <li>Recovery Court Docket (FEU)</li> </ul>		SB-97 Programs
	<ul> <li>Dedicated TRT beds for CJ populaion</li> </ul>		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)

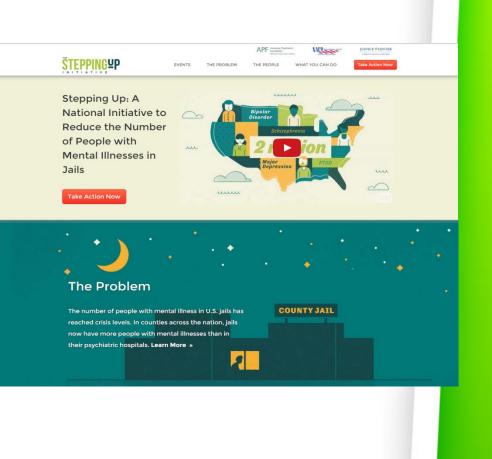
#### Questions?

Type your question into the questions box.



#### Next Steps: Go to <a href="https://www.StepUpTogether.org">www.StepUpTogether.org</a>

- 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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