Stepping Up: Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers
Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails
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
Get Started

www.stepuptogether.org/what-you-can-do
Accessing Resources: Online Toolkit

- Webinars
- Self-Assessment Tools
- Planning Exercises
- County Examples
- Research
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
WEBINAR
STEPPING UP: EXAMINING TREATMENT AND SERVICE CAPACITY AND IDENTIFYING STATE AND LOCAL POLICY AND FUNDING BARRIERS

Aug. 20, 2015, 2:00 pm – 3:30 pm
Contact: Nastassia Walsh
(202) 942-4289
nwalsh@naco.org

REGISTER
Speaker: Dan Abreu

Dan Abreu, MS, CRC, LMHC
Senior Project Associate II
Sequential Intercept Model

Dan Abreu, MS CRC LMHC
Policy Research Associates

August 20, 2015
U.S. National Picture

• Three to six times the prevalence of serious mental illness in the general population

• High rates of co-occurring substance use disorders and other challenges including trauma, medical problems, and homelessness

• Long lengths of stay in jail and significant criminal recidivism

• People who cycle and recycle through systems
• Many challenges for behavioral health and criminal justice systems

• to collaborate effectively to address this issue
### Justice Involved Persons and Trauma

<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>Current</th>
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<tbody>
<tr>
<td>Female</td>
<td>95.5%</td>
<td>73.9%</td>
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<tr>
<td>Male</td>
<td>88.6%</td>
<td>86.1%</td>
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<tr>
<td>Total</td>
<td>92.2%</td>
<td>79.0%</td>
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</table>

Any Physical or Sexual Abuse
(N=2,122)
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

~Sources: Bureau of Justice Statistics, 2004; US Census Bureau, 2006; Fedstats~
Justice Involved Veterans

**Veteran Justice Outreach (VJO)**

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

**Healthcare for Reentry Veterans (HCRV)**

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

Koch-backed justice reform gaining legislative ground
Jul 13, 2015, 10:52am CDT
Daniel McCoy

Why criminal justice reform has a chance
07/29/15 10:00 AM—Updated
07/29/15 10:37 AM
By Steve Benen

Prison politics: Obama makes criminal justice reform a priority
July 29, 2015 12:00 AM
By the Editorial Board

The stars have aligned for real prison reform
By Van Jones and Christine Leonard
Updated 7:54 AM ET, Wed July 22, 2015
“Unsequential” Model

Dan Abreu
Sequential Intercept Model
A conceptual framework for communities

For considering interface between systems

An organizing tool
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!

THE SEQUENTIAL INTERCEPT MODEL AND CRIMINAL JUSTICE

Promoting Community Alternatives for Individuals with Serious Mental Illness

EDITED BY PATRICIA A. GRIFFIN, KIRK HEILBRUN, EDWARD R. MULVEY, DAVID DIMATTIO & CAROL A. SCHUBERT
Intercept 1
Law enforcement / Emergency services

Dispatch
911

Local Law Enforcement
Arrest

COMMUNITY
Law Enforcement/Emergency Services

- Police-based Crisis Intervention Teams (CIT)
- Co responder model:
  - MH professionals employed by police department or police-mobile crisis co-response
- Mobile mental health crisis teams
But...No Good Deed Goes Unpunished-CIT

- Not committable
- Behavior problem not MI
- Medical not psychiatric
- Substance abuse not MI
- Needs detox before MH admission
- Needs medical clearance
- No insurance coverage
- Appropriate but no beds available
Crisis Response Strategies
Intercept 0
ER/Crisis/Respite
Specialized Crisis Response Sites: Basic Principles

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

(Steadman, et al, 2001)
Crisis Care Continuum

- ER Diversion and Peer Support/Navigators
- Crisis Stabilization - 16 beds; LOS: 3-5 Days
- Crisis Residential - 18 beds; LOS: 10-14 Days
- 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

PRACTICE GUIDELINES:
CORE ELEMENTS IN RESPONDING TO MENTAL HEALTH CRISES
Intercept I Common Gaps

• Lack of Crisis Stabilization Units and continuum of crisis services
• Lack of sufficient Mobile Response
• Lack of MH or CIT training for 911 Dispatch
Intercept 2

Initial detention/Initial court hearings

Arrest

Initial Detention

First Appearance Court
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%

Steadman et al. (2005)
Screening for Veterans

Veterans Reentry Search Service (VRSS)

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

• Lack of diversion at Intercept II
• Pre-trial services does not adjust for MH issues.
• Lack of multiple MH screening strategies
Intercept 3
Jails/Courts

Specialty Courts?

Other Court Programs?

Jail-Based:

Diversion?

Mental Health & Substance Abuse Services?
Jails & Courts

- Post-booking jail diversion (later phase)
  - Specialty courts: mental health courts, drug court, veterans court, specialty dockets, community court
  - Public Defender based diversion: serves multiple courts
  - Jail based diversion: serves multiple courts

- In-jail services:
  - Identification / screening
  - Access to mental health / substance abuse services (medications, etc.)
  - Communication with previous services as appropriate
Intercept III Common Gaps

- **Courts:**
  - Over reliance on Specialty Courts
  - Post conviction models only
  - Only misdemeanor or only felony models

- **Jails:**
  - Lack of screening for veterans
  - Medication continuity
  - Off formulary medication
  - Insufficient data about jail census
Intercept 4

Reentry

Prison

Jail Reentry
Transition Services Critical

RISK OF ARREST HIGHEST IN FIRST MONTHS AFTER PRISON

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

NOTE: Probabilities adjusted for time off the street
Multiple Needs
Mental health
Medications
Housing
Substance abuse
Health
Income support/benefits
Food/clothing
Transportation
Other (often used for child care needs of women)

Multiple Systems
MH Services
SA Services
Health Services
Food, Clothing
Medicaid
SSA
Veteran Benefits
Parole/Probation
Housing
Transportation

CASE MANAGEMENT
Public Benefits

- Affordable Care Act
- Medicaid suspension/termination
- Gap Funding during benefit reinstatement
- OK and Miami-Dade: Report reduced recidivism
A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model

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

Published by the National GAINS Center
September 2002

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

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

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

Assess Plan Identify Coordinate

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

- Insufficient medication/prescriptions upon release
- Lack of Medicaid/SSI enrollment
- Insufficient linkage strategies
- Court releases
- Transportation
Intercept 5
Community corrections / Community support

Violation
Parole

Violation
Probation

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

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

• Risk – Chance of future criminal activity

• Need – Target changeable risk factors for crime

• Responsivity –
  • General – Learning style of offenders generally
  • Specific – Specific characteristics of individual
Major Risk Factors for Recidivism: Central Eight

- **Big Four**
  - History of antisocial behavior
  - Antisocial personality pattern
  - Antisocial cognition
  - Antisocial associates

- **Moderate Four**
  - Family circumstances
  - School/Work
  - Leisure/Recreation
  - Substance Abuse
Specialized Caseloads

• Benefits
  • Improves linkage to services
  • Improves functioning
  • Reduces risk of violation
  • Mixed evidence on lowering re-arrest risk

• Integrating treatment & support with Probation activities
Intercept V Common Gaps

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

• Information Sharing (HIPAA)
• Cross Training
• Trauma Informed Approaches and Trauma Specific Treatment
• Cross system screening for veterans
• Healthcare reform
• Integration of Peer services
• Housing
• Lack of formal planning structure
• Data, Data, Data
<table>
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<tr>
<th>County State</th>
<th>Population</th>
<th>MHI</th>
<th>BPL %</th>
<th>P/ Sq. Mi</th>
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<td>Fayette TX</td>
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<td>$45,005</td>
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<td>New River Valley VA (4 counties)</td>
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<td>$29,478-$39,420</td>
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<td>36-215</td>
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<td>$43,642</td>
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<td>Lewis &amp; Clark MT</td>
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<td>15.8</td>
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<td>Saguache; Castillo</td>
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<td>Alamosa,Rio Grande, Conejos</td>
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<td>$34,520-38,993</td>
<td>19.2-26.5</td>
<td>6.4-21.4</td>
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Common Rural Themes

• Scarce Resources and Little Funding

• Resentment of inequitable resource distribution

• Lack of organized consumer support

• Transportation

• MH professional recruitment
And...

• Regional Collaboration
• Tight knit communities
• Personal networks
• Telehealth
• Increased responsivity to identified problems
• Less bureaucracy.
<table>
<thead>
<tr>
<th>County</th>
<th>Pre-booking</th>
<th>Post Booking</th>
<th>Rentry</th>
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<tr>
<td>Brown OH</td>
<td>Police CIT</td>
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<tr>
<td>New River Valley VA</td>
<td>Police CIT</td>
<td>Jail based diversion</td>
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<td>Madison NY</td>
<td>Improved MH response to Police Crisis</td>
<td>Improved jail services</td>
<td>In-reach case mgt.</td>
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<td>Data review of 911 calls</td>
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<td>Developed resource guide</td>
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<td>Cat'gus NY</td>
<td>Expanded Task Force</td>
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<tr>
<td></td>
<td>Expanded police training</td>
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<tr>
<td></td>
<td>Improve ER response</td>
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<td>Improved info sharing</td>
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<td>Missoula MT</td>
<td>CIT</td>
<td>Mental Health Court</td>
<td>Specialized Caseload</td>
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<td>Veterans Court</td>
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<td>Penobscot ME</td>
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<td>Peer Specialist</td>
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<tr>
<td>Yellowstone MT</td>
<td>CIT and Crisis Triage</td>
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Resources

• Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison
  • http://gainscenter.samhsa.gov/topical_resources/reentry.asp

• Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System
  • http://gainscenter.samhsa.gov/pdfs/ebp/MovingTowardEvidence-BasedHousing.pdf

  • http://gainscenter.samhsa.gov/topical_resources/ebps.asp

• Trauma Specific Interventions for Justice Involved Individuals
  • http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf

• Creating a Trauma-Informed Criminal Justice System for Women: WHY AND HOW

• Co-Occurring Disorders in Criminal Justice Settings: Resources and Training

• SOAR Works
  • http://soarworks.prainc.com/
Poll Questions
Speaker: Regina Huerter

Regina Huerter, MA
Executive Director
Division of Behavioral Health Strategies
Denver, Colorado
Denver’s Use of the Sequential Intercept Model

• Crime Prevention and Control Commission
• Initial mapping in 2006
• Juvenile mapping in 2009
• Creates common language and vision
• Re-visit and update annually; Drives our work
Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships

**Intercept 1**
Law enforcement / Emergency services

- Denver Cares Detox
- Local Law Enforcement CIT: 500 officers trained, also, Sheriff's Officers and Court Marshals
- DHHA Mobile Crisis Team
- All 911 and dispatch personnel are CIT trained

**Intercept 2**
Initial detention / Initial court hearings

- If not enrolled in services, may release w/ referral
- CRS 27-10 72-hr MH hold: all Metro Hosp. accept holds; MHCD most used
- Denver Health and Hospitals (DHHA) provides psychiatric staff at both PADF and the Denver County Jail
- Bond or PR release
- Crisis Triage Center in Development

**Intercept 3**
Jails / Courts

- First Appearance Court
- Denver Co. Jail—Pretrial
- Dispositional Court
- Denver Co. Jail—Misd & Some Felonies

**Intercept 4**
Reentry

- Community Corrections: halfway house—inmate responsible for own MH and health care
- Prison (reels)
- Parole: discretionary mandatory
- Mental Health Transition Unit
- Discharge planning and jail to community reentry process for mixed

**Intercept 5**
Community corrections/Community support

- Community-Based Treatment Providers
  - Denver Health Medical Center
  - DATEIT
  - Arapahoe House
  - Denver Cares
  - CH Mental Health Services
  - BRIDGES Program
  - PATH—Project to Assist
  - 16th Street Housing
  - St. Francis
  - CO Coalition for the Homeless (ACT)
  - Denver Housing First (ACT)-so CJ
  - Benefits Acquisition Team (BART)
  - Stout Street Clinic (Med., MHI, SA)
  - Shelter+Care
  - Substance Treatment Services
  - The Village

**Community**

- ATP Providers OSMI Project IIF Turnaround
- District Court: Mental Health Team (6 POs); used to collocate with MHCD: will add a CM

**Additional Notes**
- Mental Health Docket
- DCJ Psychology Dept: assessments / diagnosis individual therapy / group therapy / psychoeducational referral for needs
Questions?

Type your question into the questions box.
Next Steps: Go to www.StepUpTogether.org

• Check out the Stepping Up website and sign on!

• Review the Stepping Up sample resolution!

• Register for the next webinar on September 10 at 2pm EDT!
Next Webinar: September 10

Stepping Up: Effective Law Enforcement and Diversion Strategies

Thursday, September 10, 2015
2:00pm EDT - 3:15pm EDT
Register at www.naco.org/webinars
Contact Information

Nastassia Walsh
Program Manager, NACo
E: nwalsh@naco.org
P: 202.942.4289

Stepping Up: info@stepuptogether.org

www.stepuptogether.org