

# Integrating Courts into the Behavioral Health and Criminal Justice Continuum through Sequential Intercept Mapping

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POLICY RESEARCH ASSOCIATES

# Specialty Courts

<b>Mental Health Courts</b>	<b>346*</b>
<b>Veterans Courts</b>	<b>166**</b>
<b>Drug Courts</b>	<b>1,438***</b>
<b>Other: DWI, DV</b>	

\*Goodale, et. al., 2013

\*\*McGuire, et. al., 2013

\*\*\*NADCP

# The Broad View – Why?



- ❖ Planning
- ❖ Overlapping populations
- ❖ Overlapping Activities
- ❖ Scarce Resources
- ❖ Efficiency/Resource Sharing
- ❖ Community Continuity/  
Coordination



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# Population Characteristics

# PRA/CSG Jail Prevalence Study

Sites:	5 jails (2 – MD; 3 – NY)
Time:	2002 and 2006
Serious Mental Illness:	Depression/Bi-Polar/Schizophrenia/ Schizo-Affective/Schizophreniform/ Brief Psychosis/Delusional/Psychosis NOS
Prevalence:	Last month
<b>Prevalence Rates:</b>	<b>Men – 14.5%</b> <b>Women – 31%</b>

*Steadman, H.J., Osher, F., Robbins, P., Case, B., Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. Psychiatric Services 60, 761-765.*

# Prevalence of Current Substance Abuse Among Jail Detainees with Severe Mental Disorders

Disorder	Males		Females	
	Alcohol Abuse/ Dependence	Drug Abuse/ Dependence	Alcohol Abuse/ Dependence	Drug Abuse/ Dependence
Schizophrenia	59%	42%	56%	60%
Major Depression	56%	26%	37%	57%
Mania	33%	24%	39%	64%
Any Severe Disorder	58%	33%	40%	60%

Detainees with severe  
mental disorder plus either  
alcohol or drug  
abuse/dependence

= 72%

= 72%

*Adapted from: Abram, K.M., and Teplin, L.A. "Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy." American Psychologist, 46(10):1036-1045, 1991 and Teplin, L.A. "Personalized Communication."*

# 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%

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# Importance of Trauma



# What is trauma?

- *Event, series of events, or set of circumstances that is*
- *Experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse*
- *Effects on the individual's functioning and physical, social, emotional, or spiritual well-being.*

*SAMHSA, 2012*

# What is Trauma?



# CIT Officer Intervenes

I do not even know how to begin to "Thank You" for your class/session "Improving Police Encounters with Returning Veterans" at the CIT Conference in Atlanta. I have been home just over a week and was already confronted by a Marine OIF with PTSD. !

Your video helped me interpret reckless driving and anger as possible PTSD symptoms ...It saved us from having to go hands on because I was able to reach out with the verbal skills I learned in your class and this situation did not escalate.


In fact, because of that same video and that scenario where the VET had the handgun, I was able to ask the right question "do you have any weapons?". He looked me straight in the eye and began to weep and asked me to take the weapon for safekeeping until he felt he was ready to have it back. What a heart wrenching sight to have this honorable Marine hand over his weapon to me.

I gave him and his wife the Veteran Suicide phone number that I put in my contacts during your class/session. On Monday, I will contact the VA in my area and have them follow-up. THANK YOU with all my heart.

# Trauma Trained Corrections Officer Intervenes

- A female offender was awakened by a female Correctional Officer. The offender awoke, startled, upset and ready to fight.
- When the offender realized she was okay and recognized the Correctional Officer she apologized. Further she explained that as a child a stepfather would stand over her bed, wake her, crawl into bed and abuse her.
- The Correctional Officer thanked her for the explanation and they worked out an accommodation on how to wake her to avoid a recurrence.
- Six months ago the threatening action toward a Correctional Officer probably would have resulted in segregation or lockdown.

# Probation/Judicial Intervention in Brownfield v United States



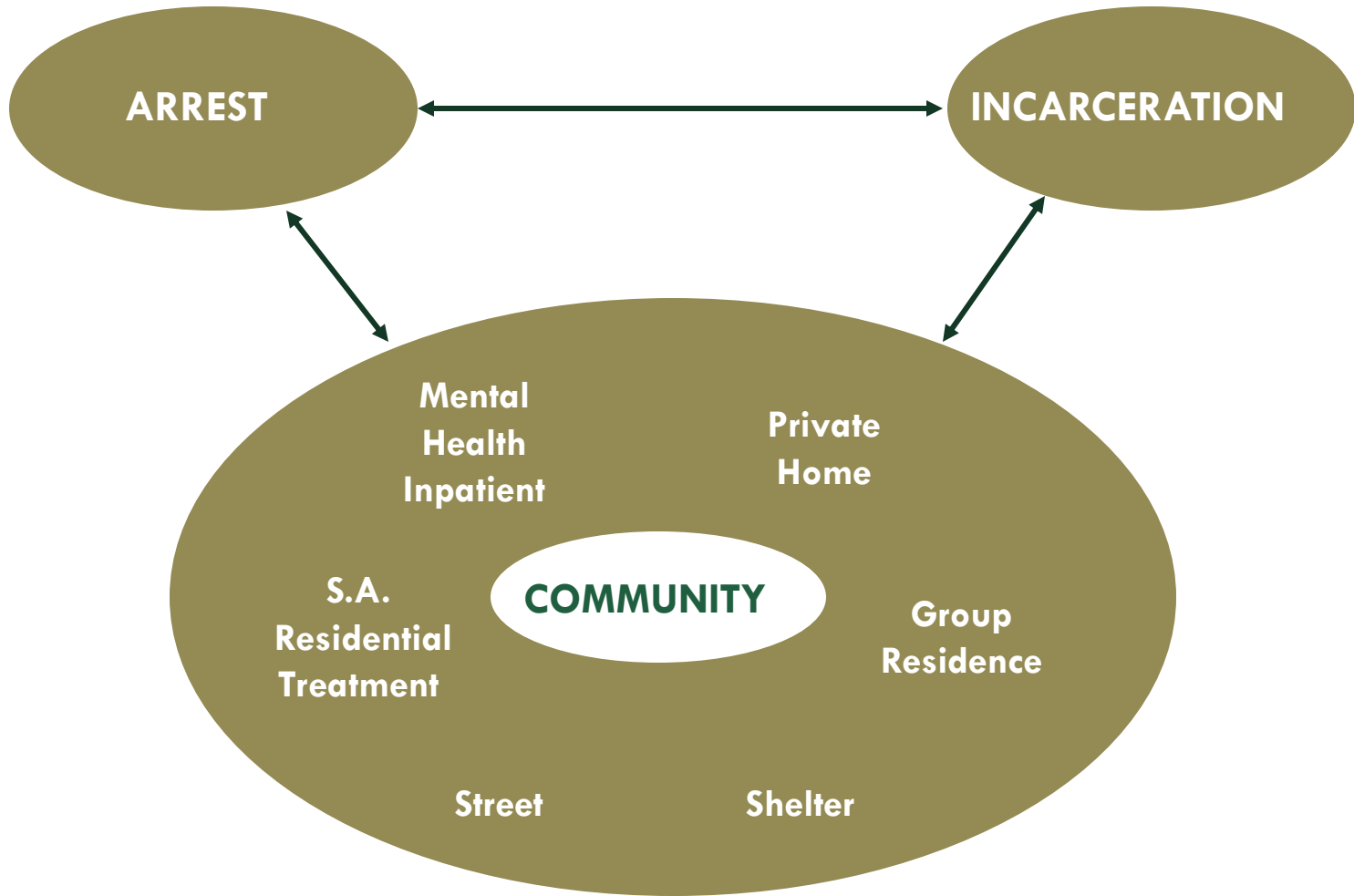
# 2005 - Post Discharge Behavior



# Judge Questions Sentencing Guidelines



# Repeated Cycles





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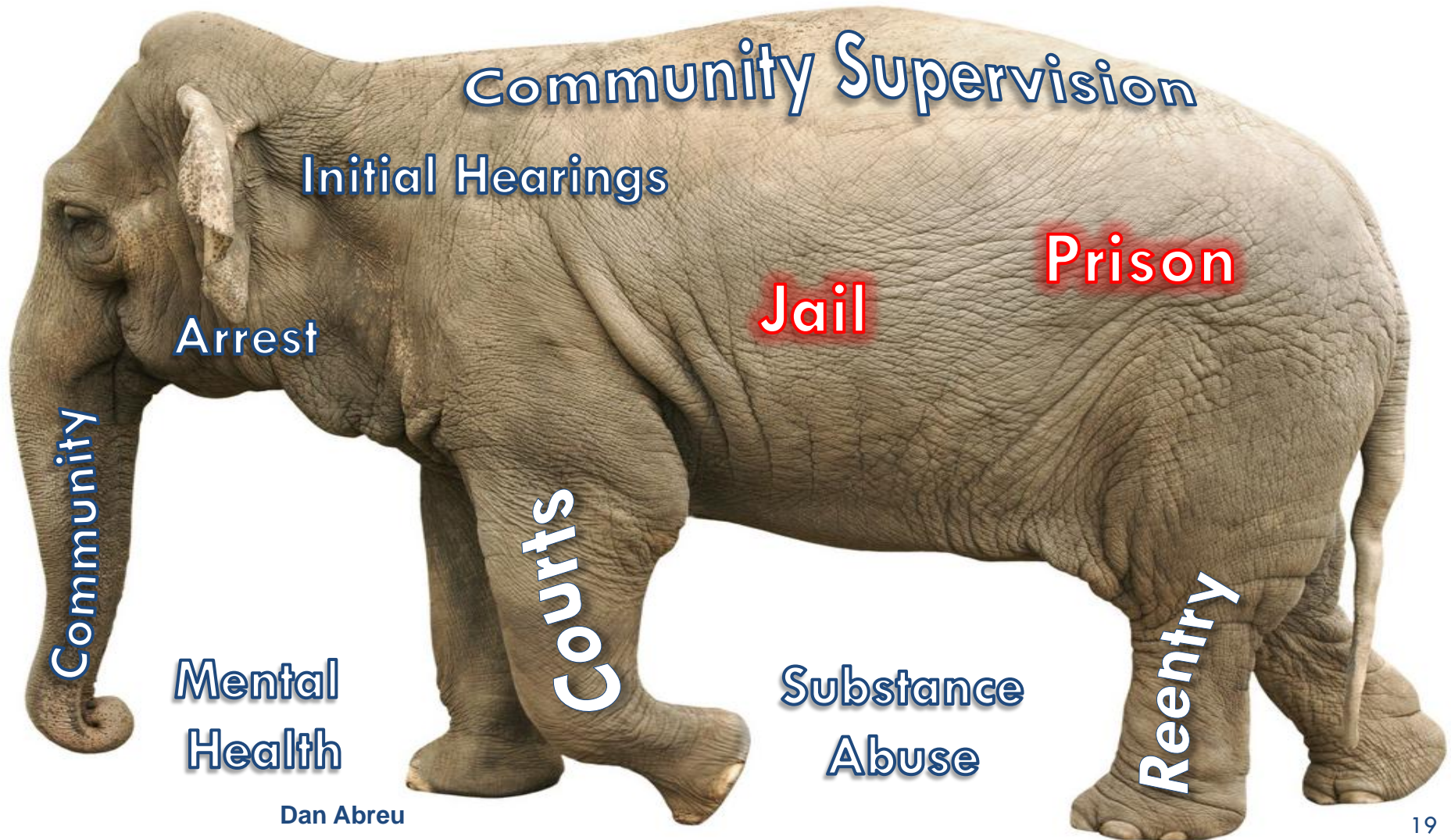
# Sequential Intercept Model

# Sequential Intercept Model

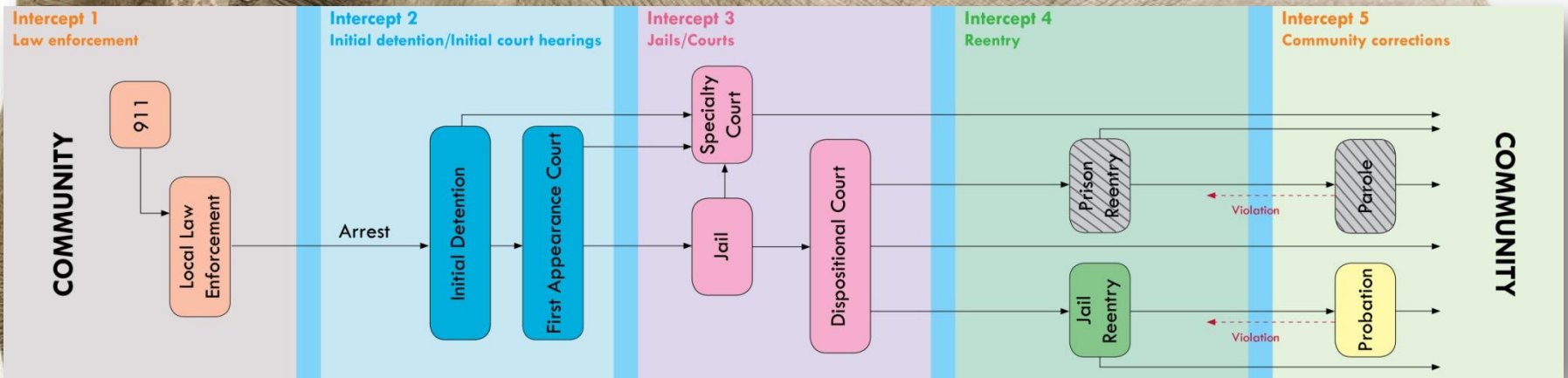
Mark Munetz, MD & Patty Griffin, PhD (2006)

- 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

# “Unsequential” Model

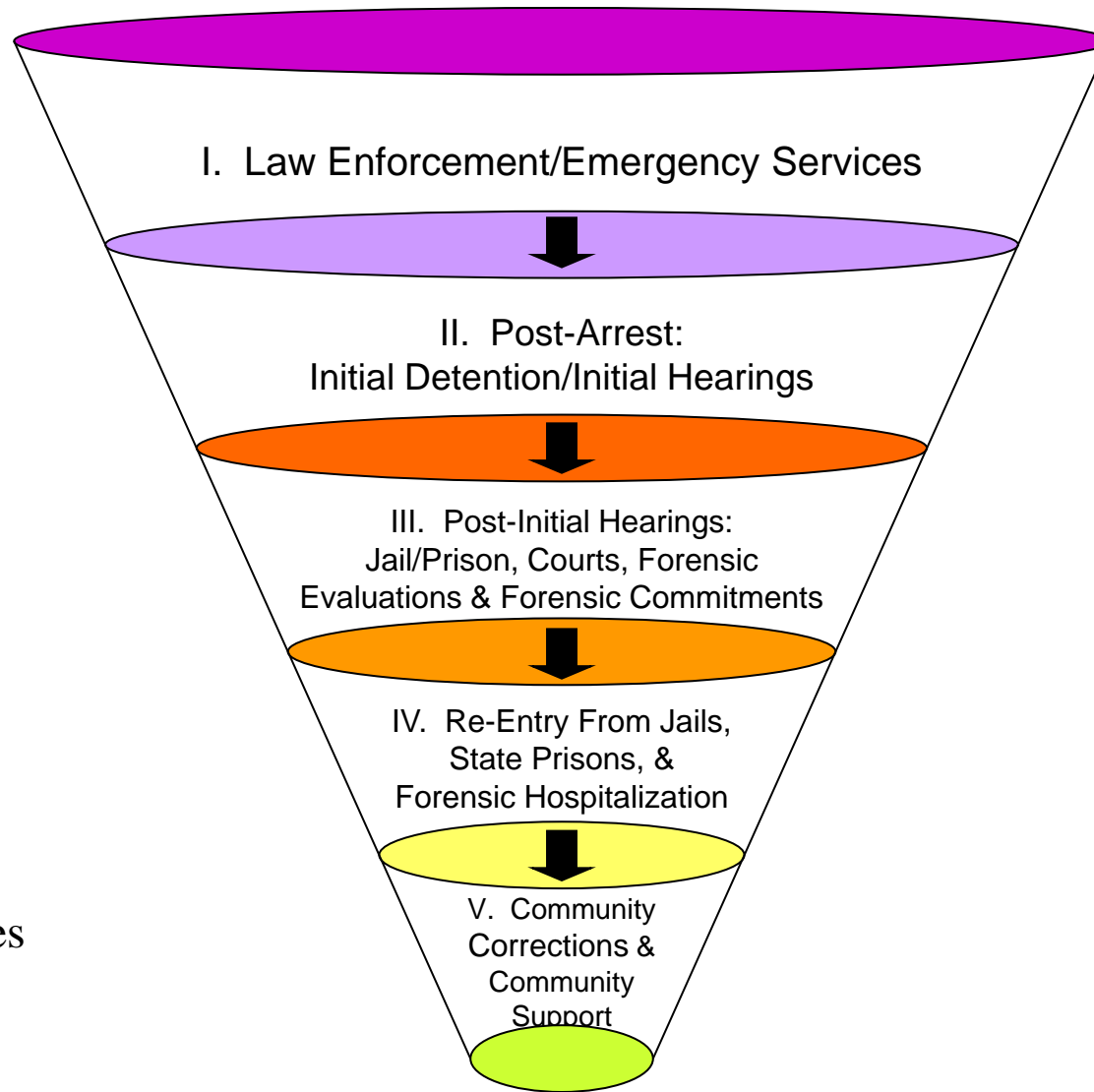


# Sequential Intercept Model



# Sequential Intercepts

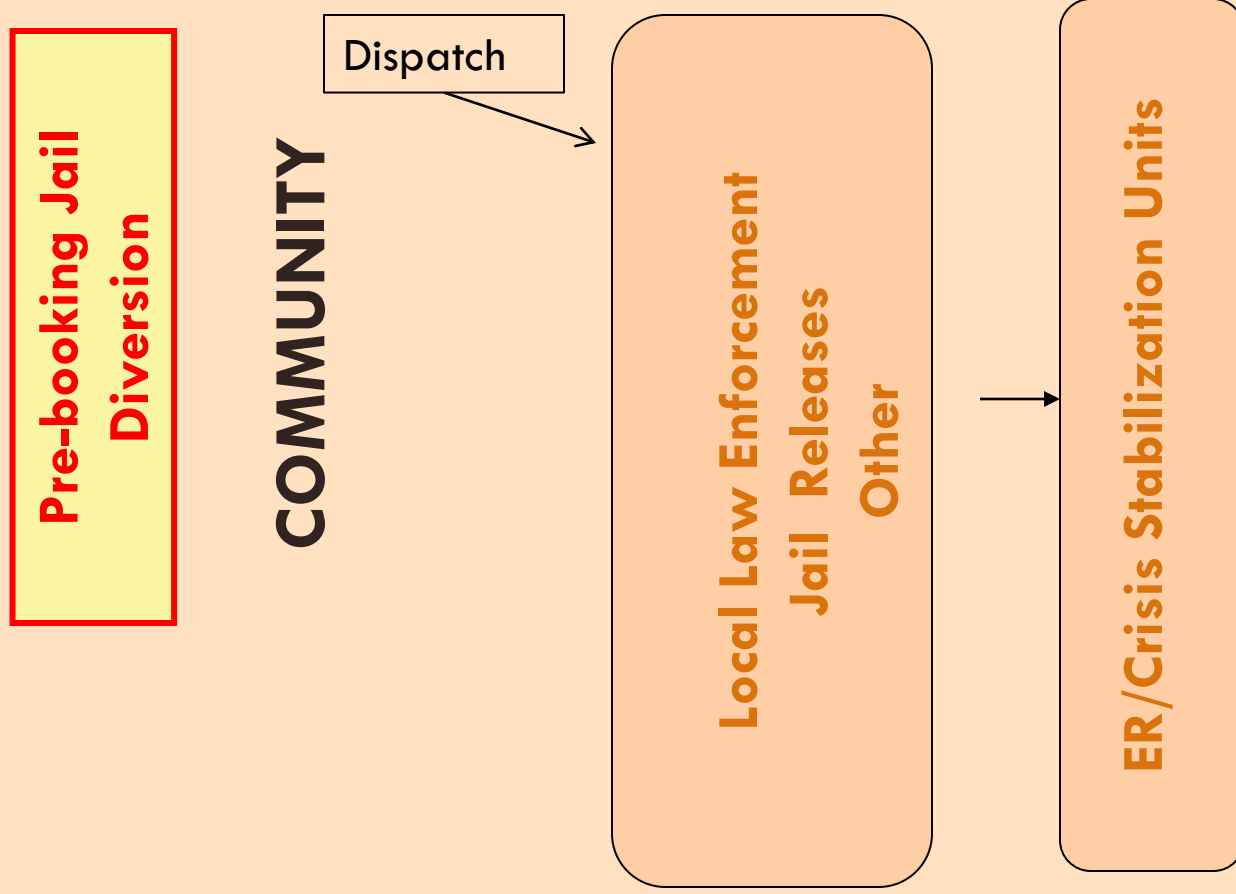
## Best Clinical Practices: The Ultimate Intercept



Munetz & Griffin:  
Psychiatric Services  
57: 544–549, 2006

# Intercept 1

Law enforcement / Emergency services -  
Transition



# Law Enforcement/Emergency Services

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



# Benefits of CIT

## ■ Memphis

- Decreased injuries 40%
- Reduced TACT (like SWAT) 50%

## ■ Albuquerque

- Fewer than 10% SMI arrested
- Injuries reduced to 1% calls
- Decrease SWAT by 58%

## ■ Miami Dade

- Reduction in wrongful death suits

## ■ Las Vegas

- More appropriate use of force
- Reduced injuries to citizens and police

## ■ Orange County, FL

- Central Receiving Center
- Officer turnaround time <10 minutes



# 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

# Intercept 1

Law enforcement / Emergency services -

Transition

**Pre-booking Jail  
Diversion**

## COMMUNITY

Local Law Enforcement  
Jail Releases  
Other



ER/Crisis Stabilization Units



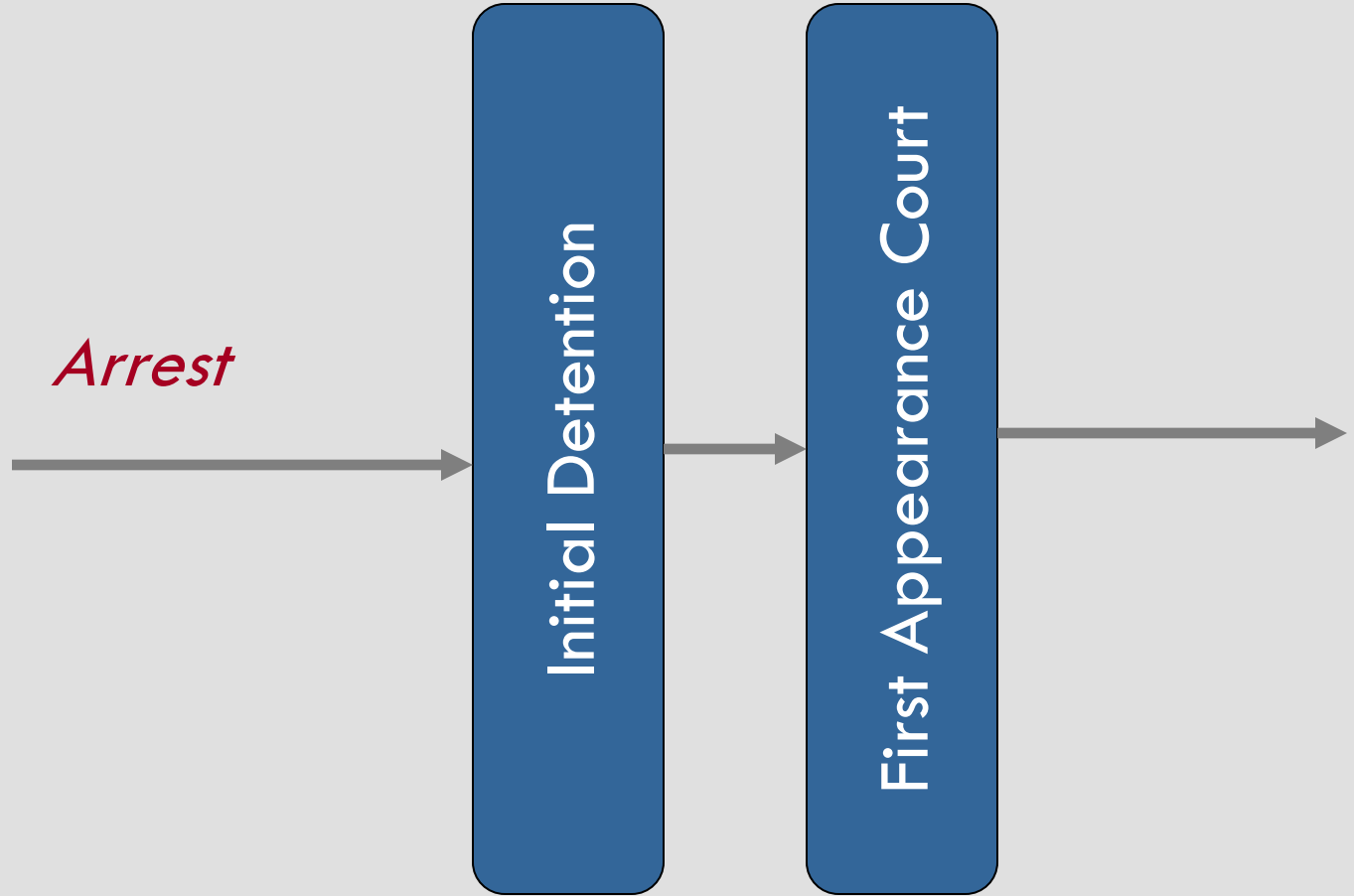
**Service Linkage:**  
ICM/ACT  
EBP's  
Peer Bridging  
Medical f/u  
Trauma Specific  
Services  
Jail linkage

**Other Assistance:**  
Medication Access  
Benefits  
Housing  
Information Sharing

# Intercept 2

## Initial detention/Initial court hearings

**Post-Booking  
Diversion  
Options**  
After arrest  
has been  
made



# Key Screening Partners

- Public Defenders/Defense Bar
- Pre-trial Services
- Jail Intake
- VJO's

# Booking/Initial Appearance

- **Post-booking jail diversion (arraignment)**
  - Pre-trial release
  - Deferred prosecution
- **Screening**
  - Use of management information systems
  - Identify (pre-trial services/probation, Legal Aid)
  - Link/Re-link to community services

# Brief Jail Mental Health Screen

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

**BRIEF JAIL MENTAL HEALTH SCREEN**

Name: \_\_\_\_\_ Detainee #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ AM/PM

Section 1

Section 2

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

Section 3 (Optional)

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

Language barrier  Under the influence of drugs/alcohol

Difficulty understanding questions  Other: specify: \_\_\_\_\_

Non-cooperative

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

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

Not Referred

Referred on \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_\_

Person completing screen \_\_\_\_\_

INSTRUCTIONS ON REVERSE

©2005 Policy Research Associates, Inc.

Steadman et al. (2005)



# **Manhattan Arraignment Diversion Project**

# MAP Project Model

## Target Population:

- a. Facing arraignment on misdemeanor charges
- b. Client has mental illness

## Project Staffing:

Arraignment Social Worker, Paralegal and Peer intern

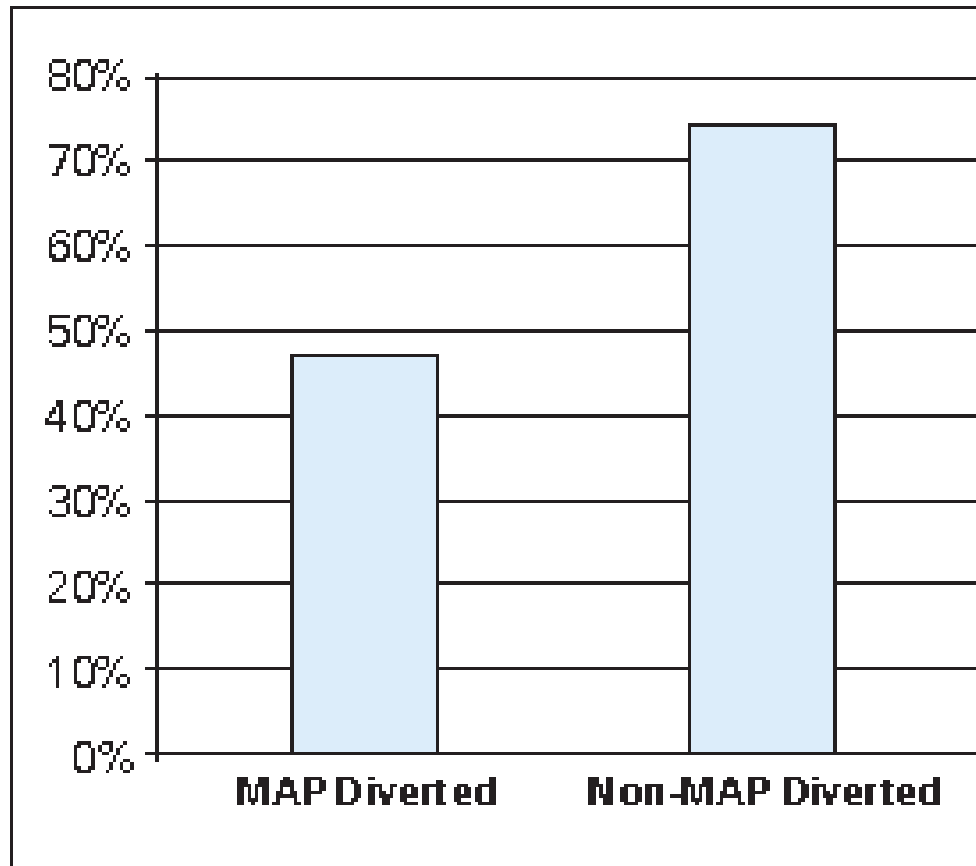
Team with LAS attorneys in day arraignment shifts

Monday – Friday



# MAP Arrests: Diverted v. Non Diverted

**Figure 1. Proportion Arrested 1 Year Post-MAP**



# Intercept 3 Jails / Courts

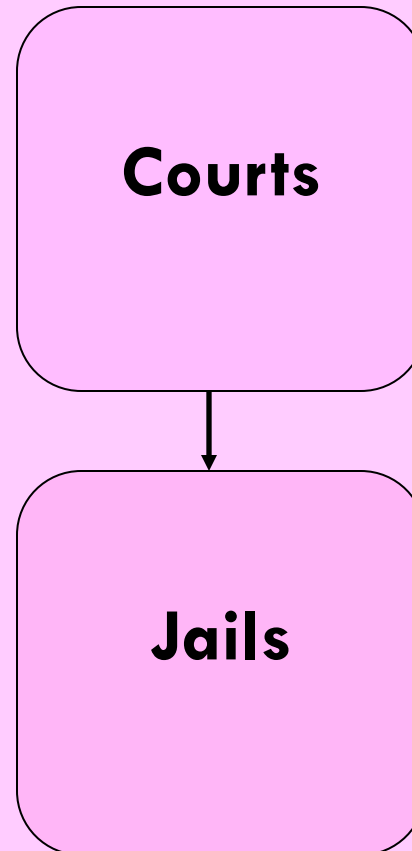
**Specialty  
Courts?**

**Other Court  
Programs**

**Jail-Based  
Diversion  
Programs**

**&**

**Jail Mental  
Health Services**



# Jails & Courts

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

# Specialty Courts

<b>Mental Health Courts</b>	<b>346*</b>
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\*Goodale, et. al., 2013

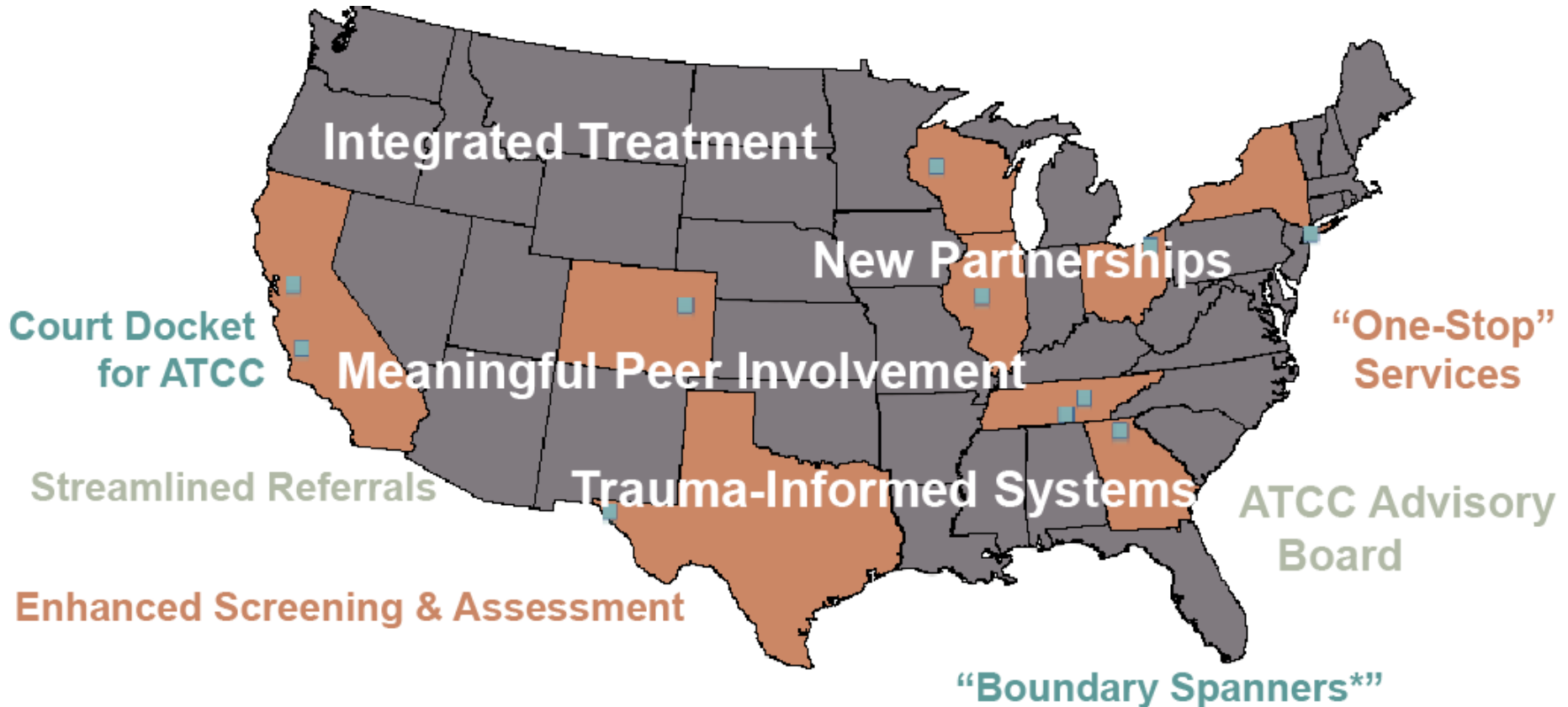
\*\*McGuire, et. al., 2013

\*\*\*NADCP

# Drug Courts v. MH Court

Program Component	Drug Courts	MHC
Charges	Drug related crimes	Varied crimes
Monitoring	Drug testing	Not central focus
Treatment Plan	Structure/routinized; sanctioning grid	Individualized, flexible, >use of incentives
Role of advocates	Minimal	NAMI other peer specialists
Service delivery	Independent treatment programs	Contract with community agencies, varied services
Expectations	Sobriety, school, job, court fees	Few fees, case management, multiple supports

# Adult Treatment Court Collaborative



*\*A boundary spanner is someone who navigates among the different systems and agencies to achieve common goals.*

# SAMHSA's Goals for ATCCs

- Systems Transformation – coordinated system of judicial intervention combined with community-based services that are consumer & recovery-oriented, evidence-based, & quality-driven
- Provide services to individuals with any type of behavioral health problem, including COD, to receive treatment and recovery support services as part of a judicial collaborative
- Expand services to more clients and enhance services to new and existing clients
- Trauma-informed justice system
- Inclusion of peers in the ATCC process

# How are the ATCCs Doing?

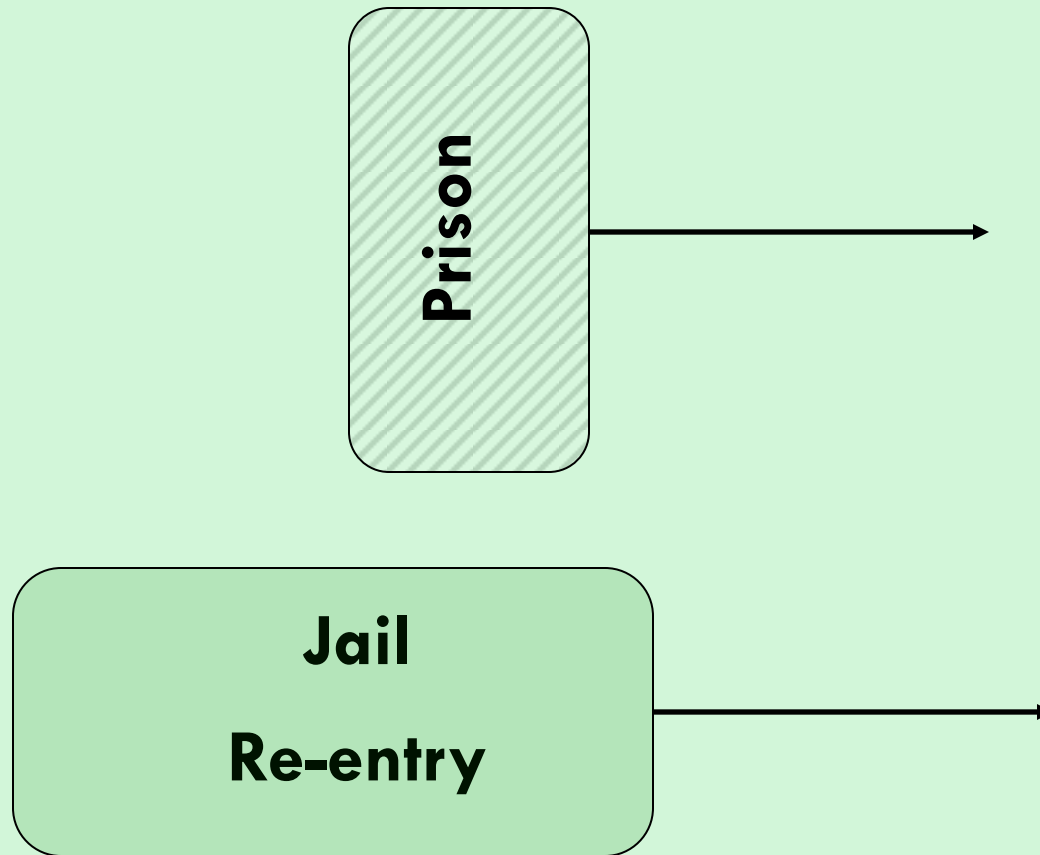


- ✓ Significant improvements in coordination among partners
- ✓ Blending of “cultures” of drug & mental health courts & philosophies
- ✓ Expansion of EBPs available in treatment courts
- ✓ Role of judicial leadership
- ✓ Increased awareness of the role of trauma in justice system
- ✓ Integration of peers into ATCC from advisory to paid employees



# Intercept 4

## Reentry



# Post Release Risk of Death

(January 2007 New England Journal of Medicine)

- 30,237 Washington State Prison releases
- 443 died during average follow up of 1.9 years
- Death rate 3.5 times higher than general population
- Within first 2 weeks of release, death rate 12.7 times higher for inmates with SMI
- Drug overdose leading cause of death, then heart disease, homicide and suicide

# Brad H Case

- Class action filed by 5 inmates released from Riker's Island Jail in NYC
- Alleged that the City violated state mental hygiene law and agency regulation in releasing inmates with mental illness from jail without discharge planning services
- In July of 2000, the NYS Supreme Court ordered NYC to provide adequate discharge planning for the class
- Finding was upheld on appeal to the Appellate Division, First Department
- Settlement agreement signed April 2, 2003

# Re-Entry Models

- **Refer Out**
  - Institution staff refer to community agencies
- **Reach In**
  - Providers come in for intake (CT, MA, OK, PA, MI, AL)
- **Transition Re-Entry**
  - Shared responsibility (NY, TX)
- **Let the Other Guy Do It**
  - Parole/Probation (CA, BOP)
- **\$40 and Bus Ticket**

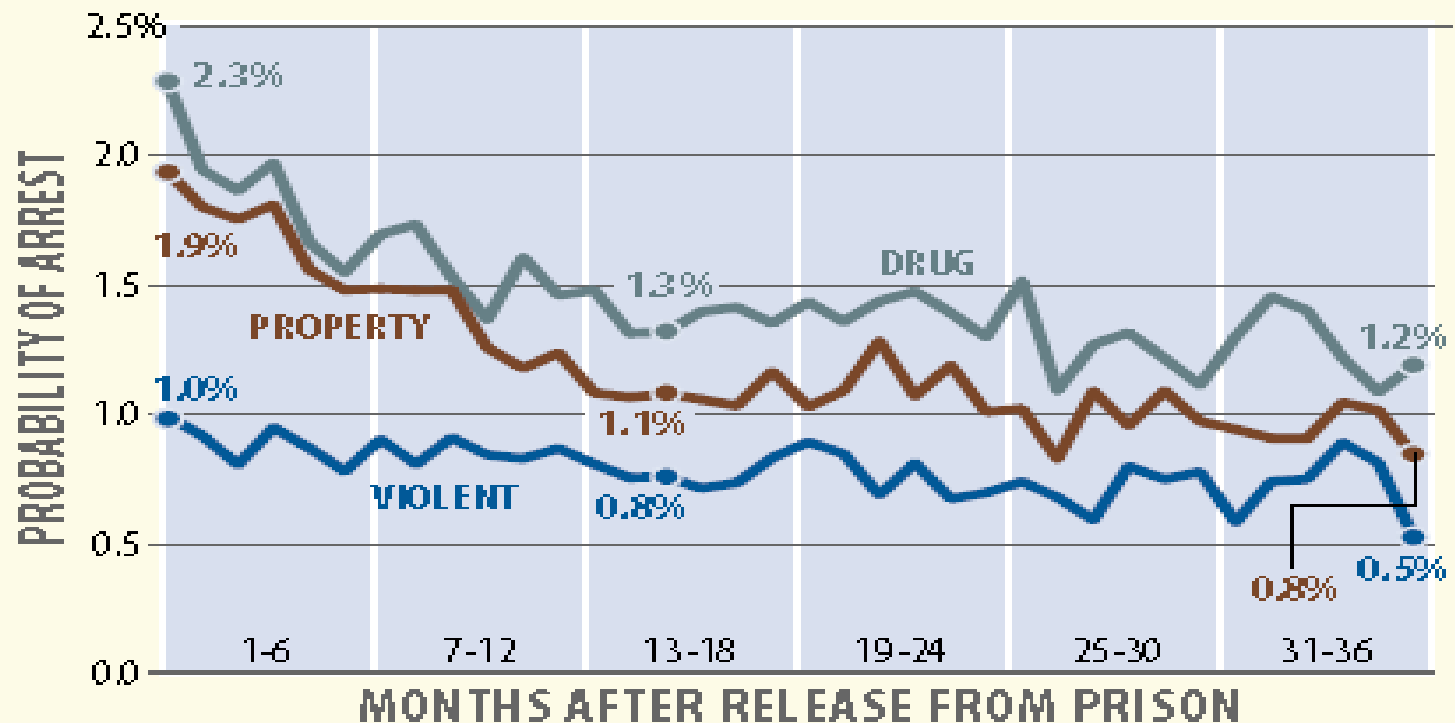
# In reach/follow-up studies

- Keeping post discharge f/u appts. lowered readmission (Nelson, Marusih, Axler, 2000)
- 98.1% of inpatients who spoke to outpatient clinician prior release kept appt. v. 63% (Olfson, et. al. 1998)
- Linkage factors: communication between inpt. and outpt. staff, patient contact with outpt. provider prior to release, family (Boyer, et. al. 2000)
- Pre-release assessment at California prisons improved: Parole Outpatient Clinic attendance and lowered 12 mo. RTC and resulted in cost savings (Farabee, 2006)
- Harris County TX jail in reach: “self-release” are six times less likely to show up for their primary care appointment on release (Buck, Brown, & Hickey, 2011)

# Transition Services Critical

## RISK OF ARREST HIGHEST IN FIRST MONTHS AFTER PRISON

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



NOTE: Probabilities adjusted for time off the street

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

# Case Managers Essential

# GAINS Re-Entry Checklist

- Based on APIC
- Assist jails in re-entry planning
- Quadruplicate – central record
- Inmates potential needs
- Steps taken

GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs					
Detainee's Name Last First M.		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth mo dd yy	Today's Date mo dd yy	Jail ID # SSN#
Name of Facility	Name of Person Completing Form and Phone Number	Current Status <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	Date of Admission mo dd yy	Projected Release Date mo dd yy	
Potential Needs in Community After Release	Steps Taken by Jail Staff and Date(s)	Detainee's Final Plan & Contact Information for Referrals			
Mental Health Services <input type="checkbox"/>					
Psychotropic Medications <input type="checkbox"/>					
Housing <input type="checkbox"/>					
Substance Abuse Services <input type="checkbox"/>					
Health Care <input type="checkbox"/>					
Health Care Benefits <input type="checkbox"/>					
Income Support/Benefits <input type="checkbox"/>					
Food/Clothing <input type="checkbox"/>					
Transportation <input type="checkbox"/>					
Other <input type="checkbox"/>					
Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		Court referred before plan completed <input type="checkbox"/>		Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detainee refused <input type="checkbox"/>		Incomplete for other reasons <input type="checkbox"/>		Specify: _____	
Facility Use					



# The Patient Protection and Affordable Care Act of 2010 (ACA)

## Major Features as of January 1, 2014

- Newly eligible recipients:
  - ▣ 100% federal pay (2014 – 2016)
  - ▣ 95 % (2017)
  - ▣ 94% (2018)
  - ▣ 93% (2019)
  - ▣ 90% (2020 on)

# The Promise of Health Care Reform

- Near universal coverage for low income adults

Today: 1 person in 10 appearing in court has insurance



2014: 9 people in 10 in court will be eligible for insurance



- Address gaps in services
- Eliminate long waiting lists
  - Developing unified systems with single point of access to care – improve outcomes, increase competitive position
- Ending piecemeal approach to public funding

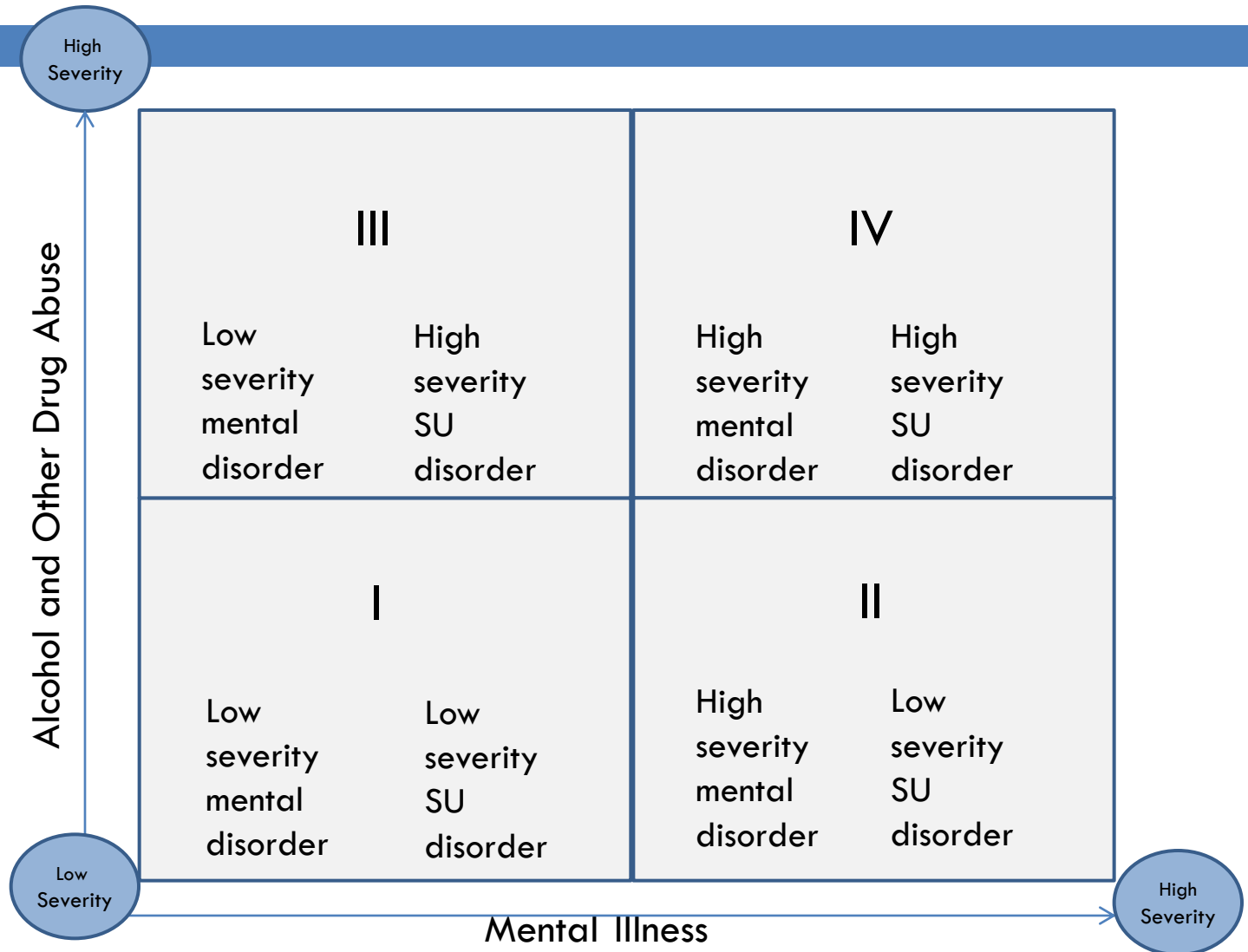
# Key Assessment Issues

Co-Occurring Disorders

Trauma

Risk/Needs Assessment

# Quadrant Model for Prioritizing Offender COD Services



Source: Adapted from a figure developed by the NASADAD and NASMHPD, 1999

**Risk-Need-Responsivity  
Model for Offender  
Assessment and  
Rehabilitation  
2007-06**

James Bonta  
Public Safety Canada

D. A. Andrews  
Carleton University

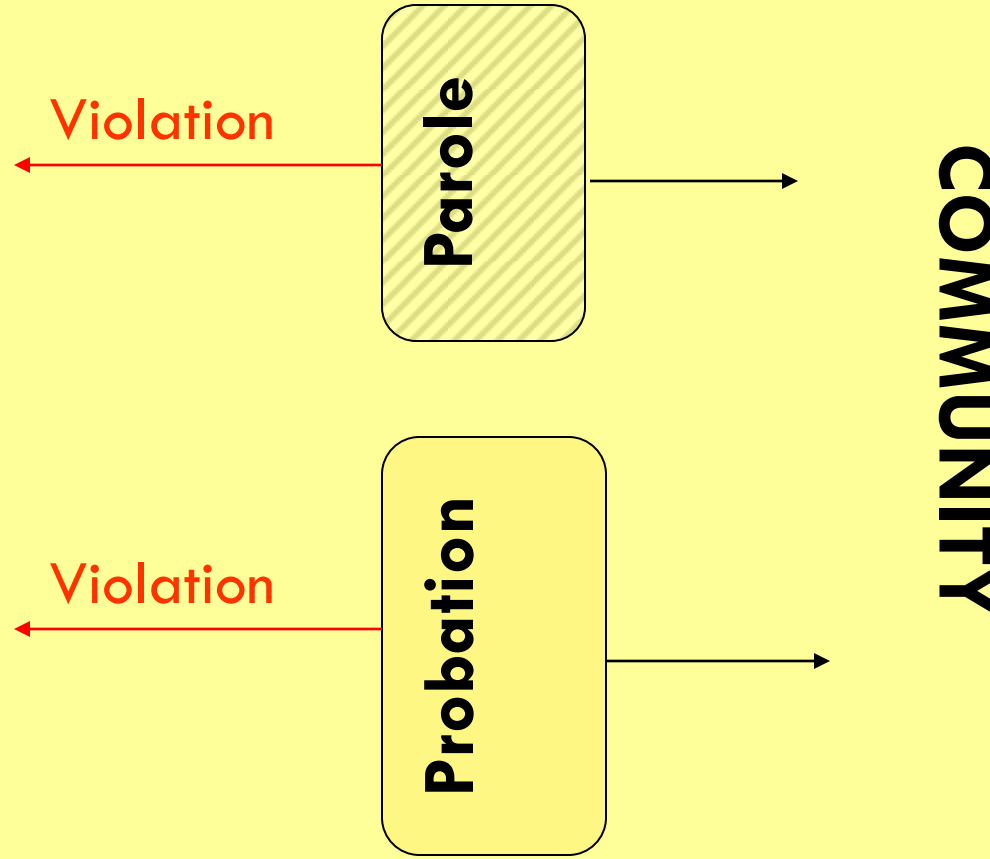
# The Central Eight Risk Factors for Criminal Recidivism

Factor	Dynamic Need
<b>History of antisocial behavior</b>	<b>Build noncriminal alternative behavior in risky situations</b>
<b>Antisocial personality pattern</b>	<b>Build problem-solving skills, self-management skills, anger management, and coping skills</b>
<b>Antisocial cognition</b>	<b>Reduce antisocial cognition, recognized risky thinking and feeling, build up alternative less risky thinking and feeling, adopt a reform and/or anticriminal identity</b>
<b>Antisocial attitudes</b>	<b>Reduce association with criminal others, enhance association with anticriminal others</b>
<b>Family and/or marital</b>	<b>Reduce conflict, build positive relationships, enhance monitoring and supervision</b>
<b>School and/or work</b>	<b>Enhance performance, rewards, and satisfactions</b>
<b>Leisure and/or recreation</b>	<b>Enhance involvement, rewards, and satisfactions</b>
<b>Substance abuse</b>	<b>Reduce substance abuse, reduce the personal and interpersonal supports for substance-oriented behavior, enhance alternatives to drug abuse</b>

*Adapted from: Andrews DA, Bonta J, Wormith J: The recent past and near future of risk and/or need assessment. Crime and Delinquency 52:7-27, 2006.*

# Intercept 5

## Community corrections / Community support



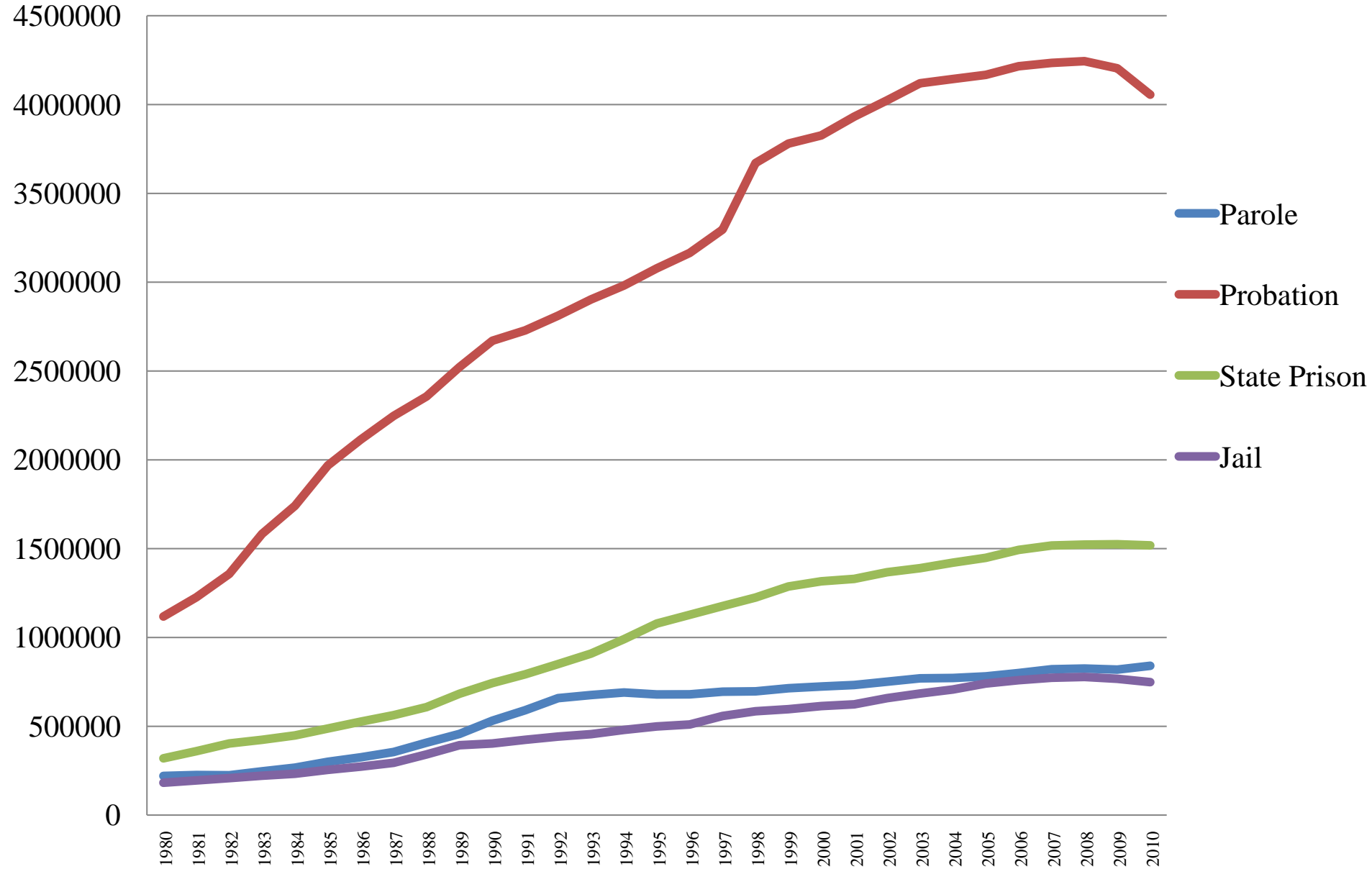
# Community Supervision

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# Adult Correctional Population 1980-2010





search ID: grin935

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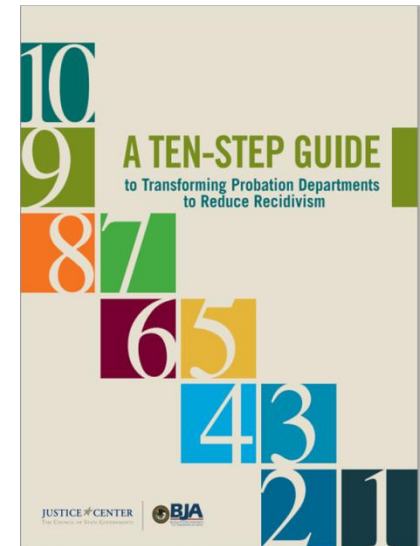
# Specialized Caseloads: Promising Practice?

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

# Travis County's Experience

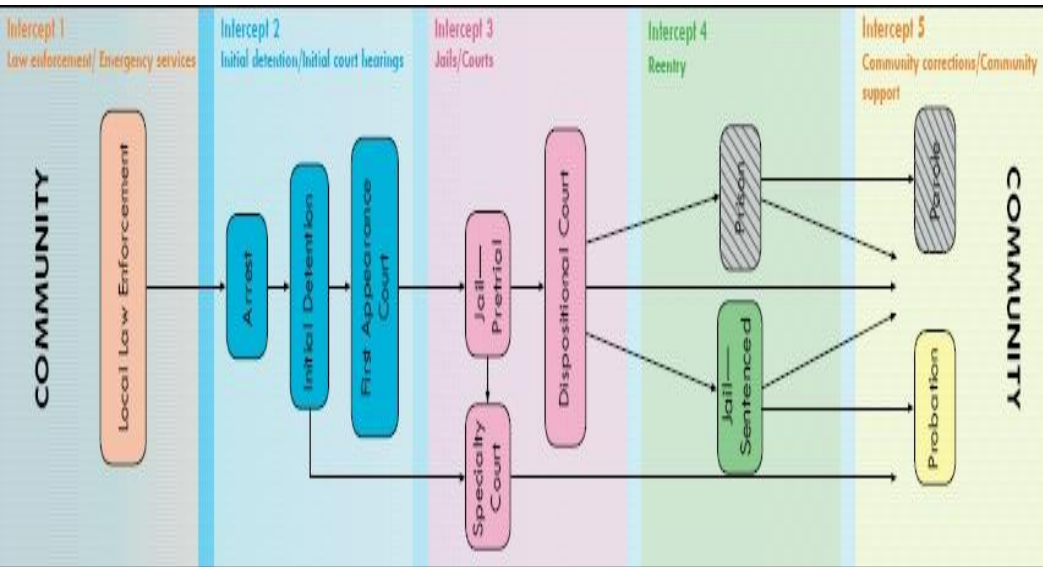
60

- Felony probation revocations declined by 20 percent.
- Felony technical revocations fell by 48 percent—the largest reduction in the five most populous counties in Texas, and nearly 10 times the statewide reduction of 5 percent.
- The decreased number of technical revocations averted \$4.8 million in state incarceration costs.
- The one-year re-arrest rate for probationers fell by 17 percent.



# Using the SIM

# Sequential Intercept Mapping



## Inventory:

- ☑ Procedures
- ☑ Services
- ☑ Gaps
- ☑ Opportunities
- ☑ *Priorities*

## Who to Invite – Sample Services and Roles

MENTAL HEALTH	SUBSTANCE ABUSE	CRIMINAL JUSTICE	CONSUMERS	SUPPORT SERVICES	OTHERS
Community-based	Community-based treatment public and private programs	Law enforcement	People with mental illness	Case management	Elected officials
Mental health centers	Case management	Jail: administrators & health services	People with co-occurring disorders	Housing	Social services; Medicaid/Medicare
Clinics	Detoxification programs	Probation and/or parole departments	People with lived experiences with the criminal justice system	Peers programs	Social Security Administration (entitlements)
Behavioral health HMO's	Residential treatment programs	Diversion programs	Family members	Mutual support programs	Cultural organizations
		Community corrections	Advocacy programs		Faith-based organizations
		Courts: Judges District Attorney Public Defender/ Defense Attorneys Pre-trial Services Mental Health, Drug or Other Specialty Court	Consumer run programs		Employment programs

# Pre-Workshop Activities



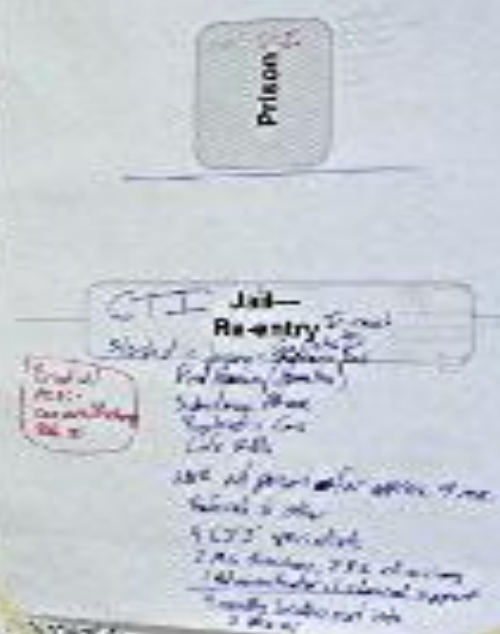
- Planning Kit
- Community Collaboration Questionnaire
- Conference calls
- Gather data
- Research the community



**Intercept 3**  
Jails / Courts



**Intercept 4**  
Re-entry



**Intercept 5**  
Community corrections / Community support



**Community**

**Intercept 3**  
Jails / Courts



**Intercept 4**  
Re-entry



**Intercept 5**  
Community Corrections / Supports





# Action Planning

Franklin County, Pennsylvania: 2009 ACTION Report

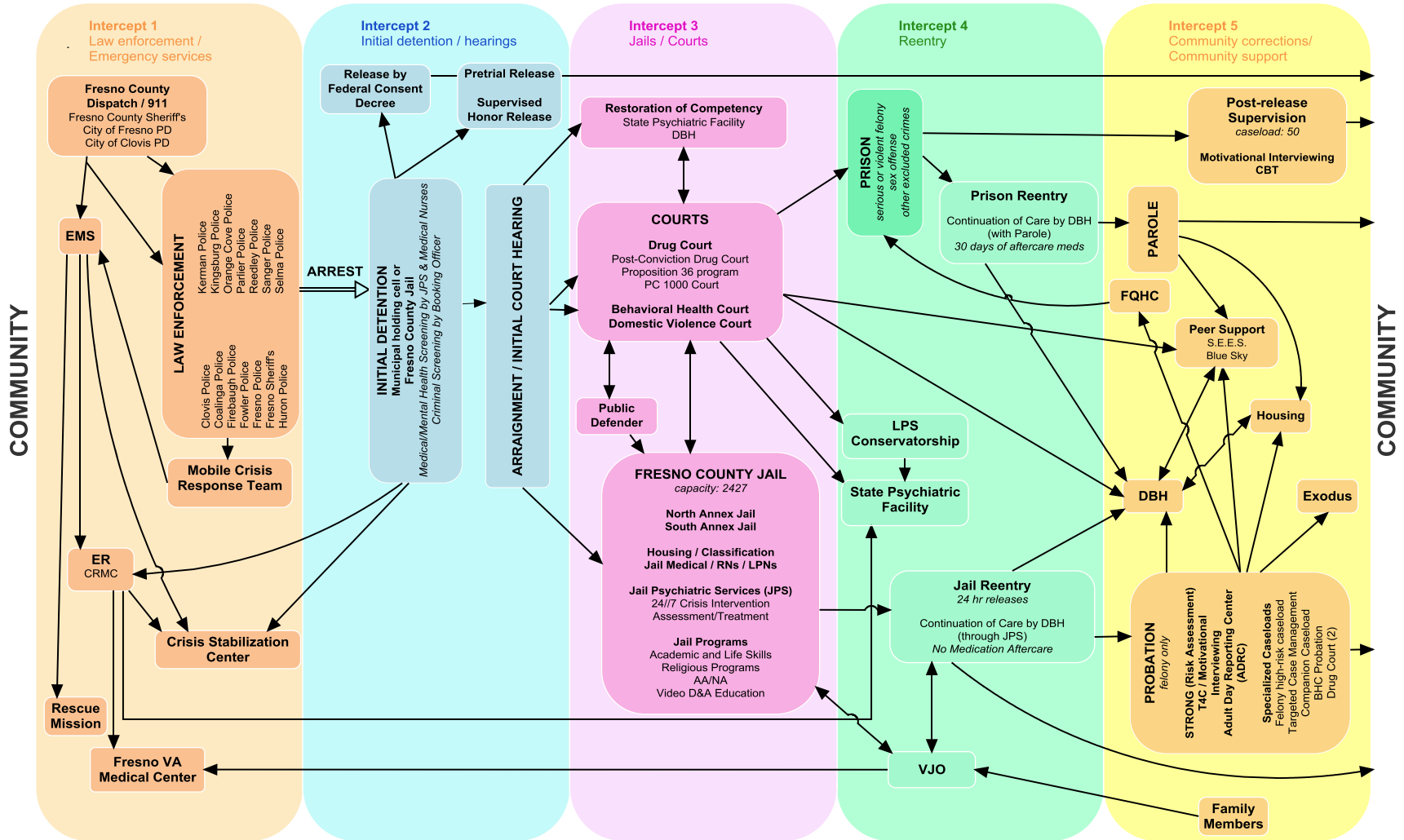


## Franklin County, Pennsylvania: 2009

### Priority Area 1: Housing

Objective	Action Step	Who	When
1.1 Engage and use community resources that may be interested in this issue	<ul style="list-style-type: none"> <li>Get a number of groups interested in this issue together to pool resources</li> <li>Give them the information and direction to be able to lead</li> <li>Approach the Jaff's faith-based volunteers about being involved</li> </ul>		
1.2 Discuss Issue with CJAB	<ul style="list-style-type: none"> <li>Perhaps raise issue in Executive Committee meeting in May -- Judge Walsh</li> <li>Consider asking CJAB to contract with consultant</li> <li>Consider requesting funding from PCCB -- perhaps a CJAB enhancement fund grant</li> <li>Look at money available right now (Cumberland County, for example)</li> </ul>	CJAB -- Alaina Ingels	
1.3 Begin educating landlords to provide housing for this population	<ul style="list-style-type: none"> <li>Get County endorsement and leadership</li> <li>Identify landlords willing to work with this population</li> <li>Examine the work Allegheny County is doing working with landlords (outreach to landlords, 247 support)</li> <li>Discuss Issue in Housing Authority meeting at the end of the month                             <ul style="list-style-type: none"> <li>Ascertain Housing Authority's willingness to take leadership role, given history of working with developing housing for people with severe mental illness</li> </ul> </li> <li>Timing is good to approach landlords given the large amount of available commercial and residential space</li> <li>Look at Diana Myers and Associates' work in the state</li> </ul>	Kim -- Raise Issue with Housing Authority in meeting scheduled the end of April	
1.4 Coordinate county agencies and various groups working separately on these issues	<ul style="list-style-type: none"> <li>Local Housing Options Teams (LHOT)</li> <li>Develop buy-in from local housing authority</li> </ul>		
1.5 Inventory what is now available	<ul style="list-style-type: none"> <li>Start with a review of what data is available across the systems</li> <li>Tracy as a contact person (had a grant)</li> <li>Identify groups/organizations that are open to renting to this population</li> </ul>		

# Mapping the System



# Workshop Outcomes



- Better communication between the VA and Law Enforcement
- Sharing existing resource documents
- Improving communication with judges
- Providing medication to persons released to Community Corrections Programs
- Improve Jail Screening

# State Outcomes

## Washington

- 5 Intercept Business Plan
- CIT Expansion
- New legislation expanding CIT officer discretion
- Legislation facilitating expansion of crisis stabilization centers

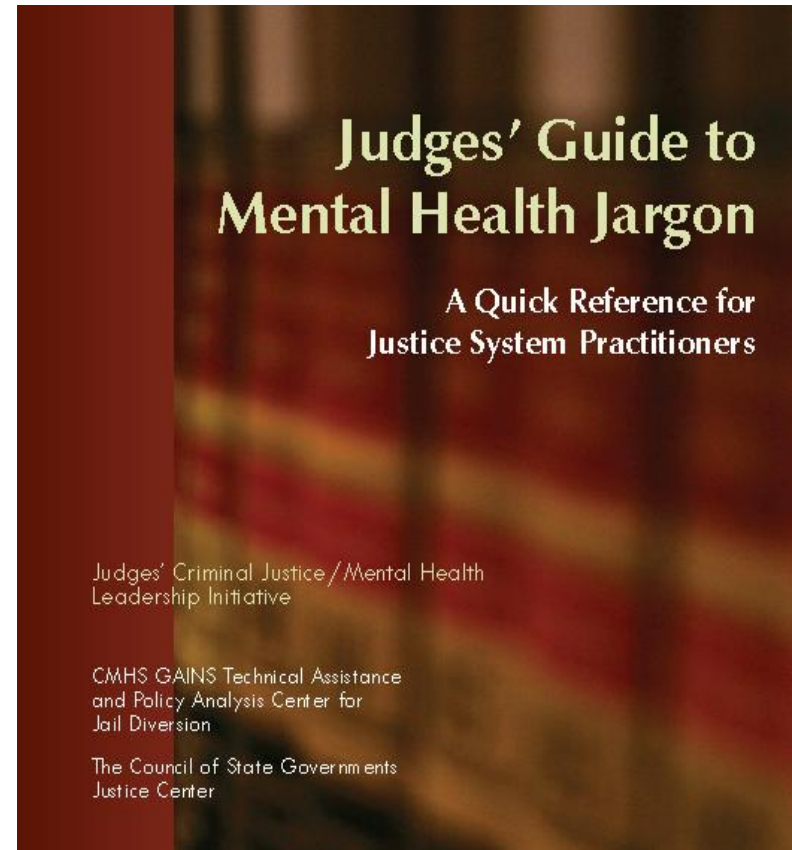
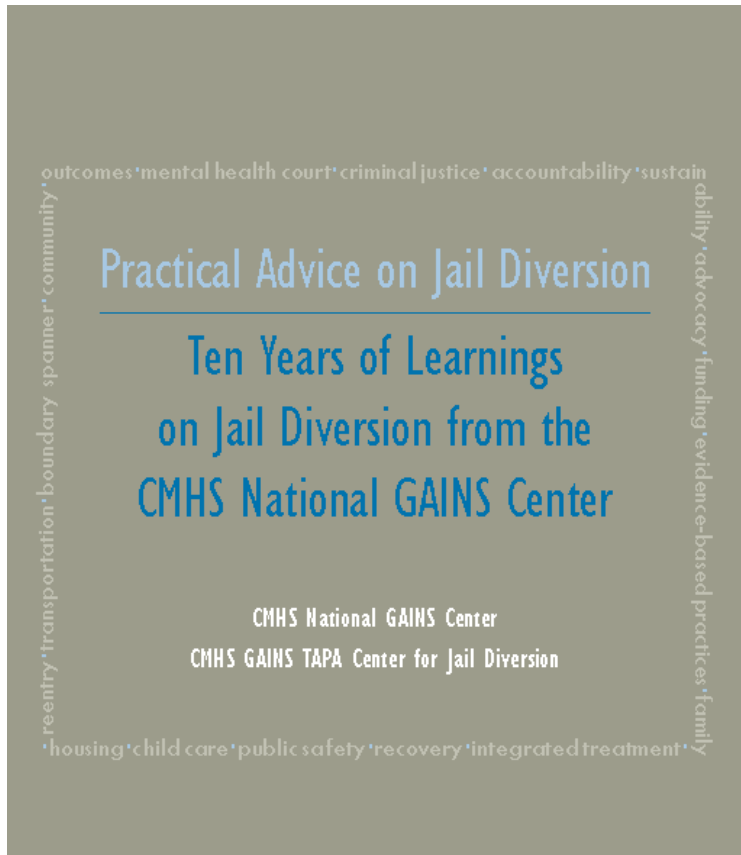
## Nebraska

- Development of Statewide Task Force

## Illinois

- Increased involvement of forensic consumers in statewide and local initiatives
- CCOE Formed
- Improvement in jail mental health services

# Resources



<http://gainscenter.samhsa.gov>