

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

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POLICY RESEARCH ASSOCIATES

Specialty Courts

Mental Health Courts	346*
Veterans Courts	166**
Drug Courts	1,438***
Other: DWI, DV	

*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
Prevalence Rates:	Men – 14.5% Women – 31%

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

Road Rage

Fighting

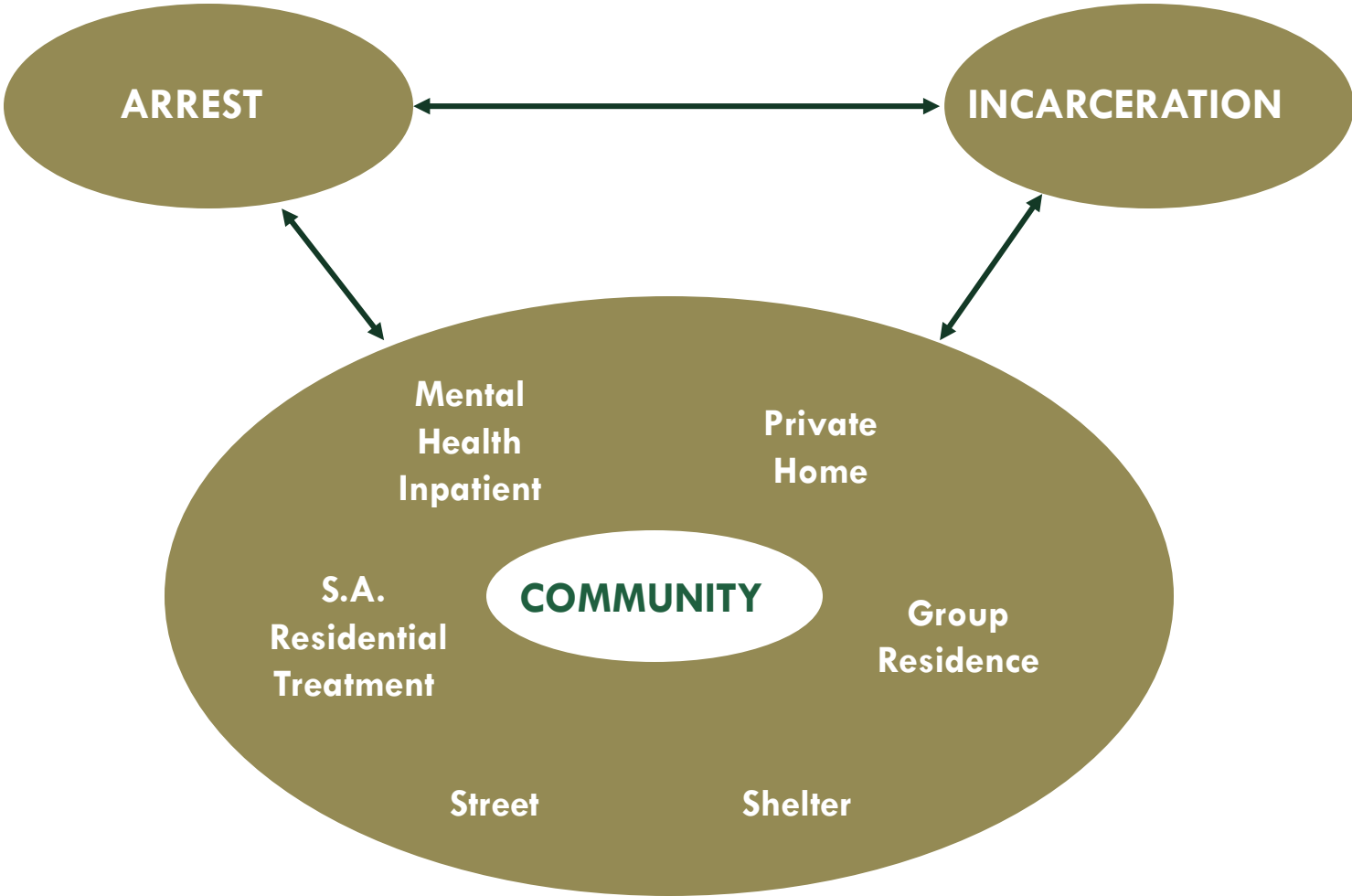
Drinking

Judge Questions Sentencing Guidelines





Repeated Cycles



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

Community Supervision

Initial Hearings

Arrest

Jail

Prison

Community

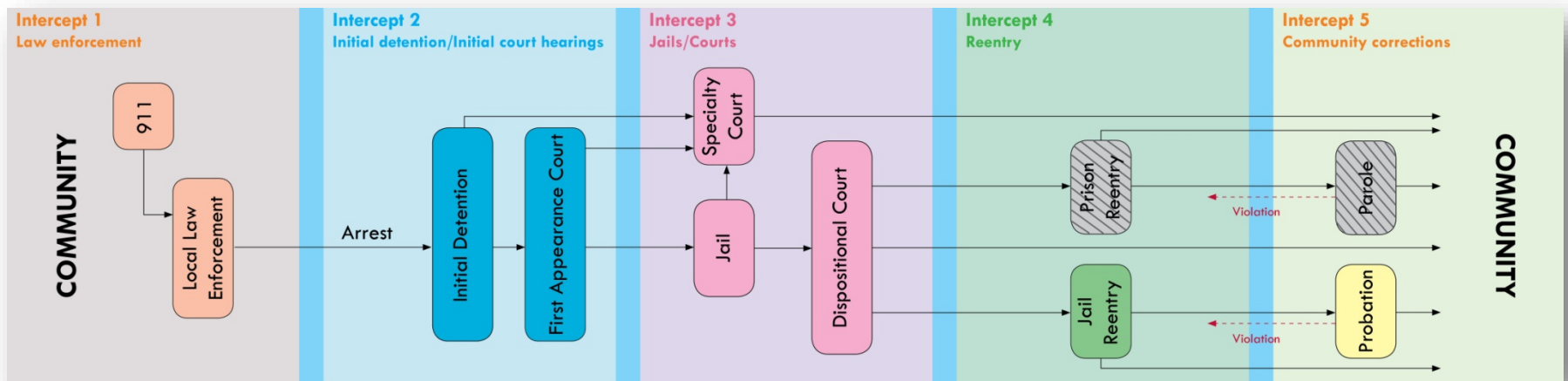
Courts

Mental
Health

Substance
Abuse

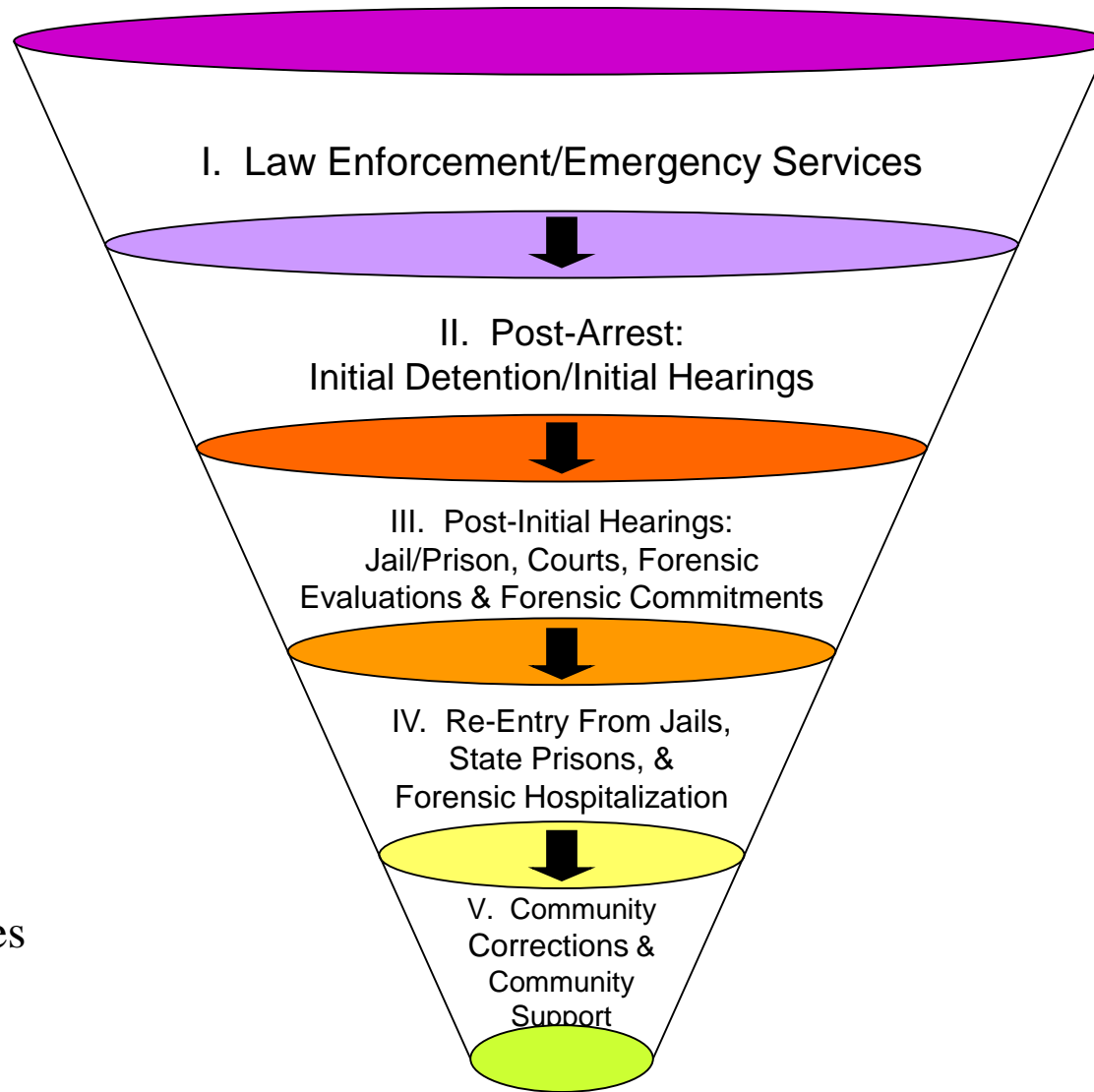
Reentry

Sequential Intercept Model



Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept

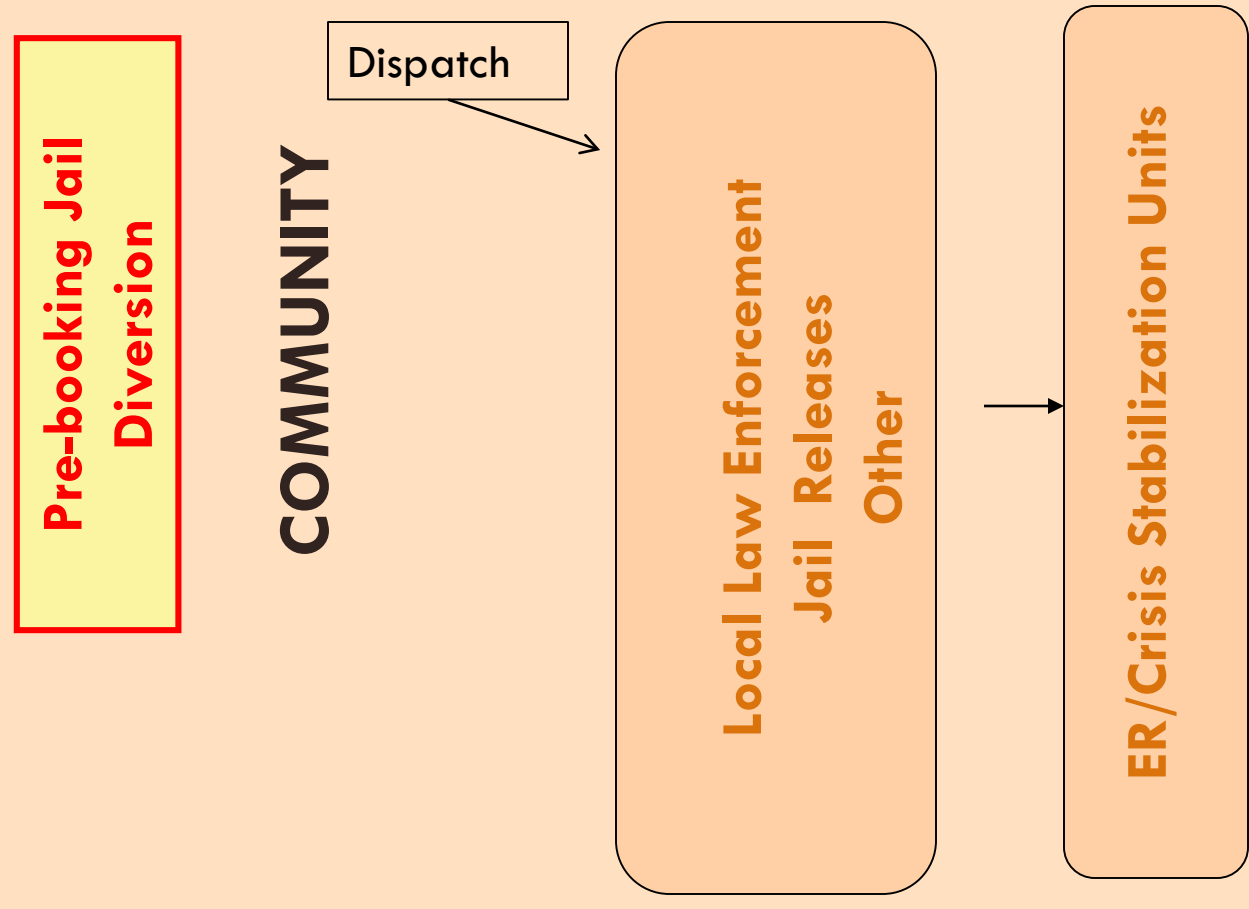


Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006



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



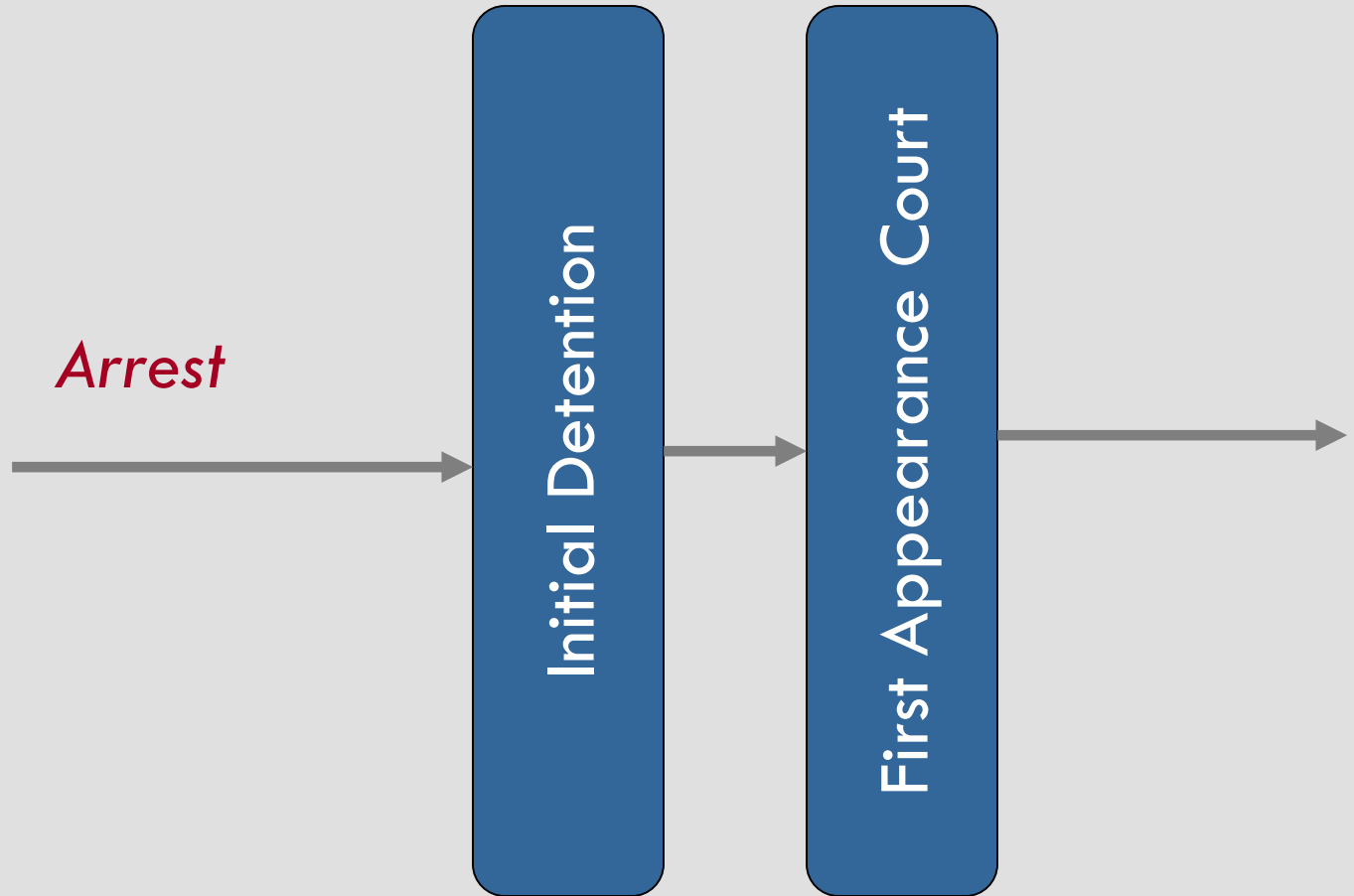
Service Linkage:
ICM/ACT
EBP's
Peer Bridging
Medical f/u
Trauma Specific
Services
Jail linkage

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	Name: _____		Detainee #: _____	Date: _____/_____/____	Time: _____ AM/PM
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 <u>ever</u> 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: _____

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:

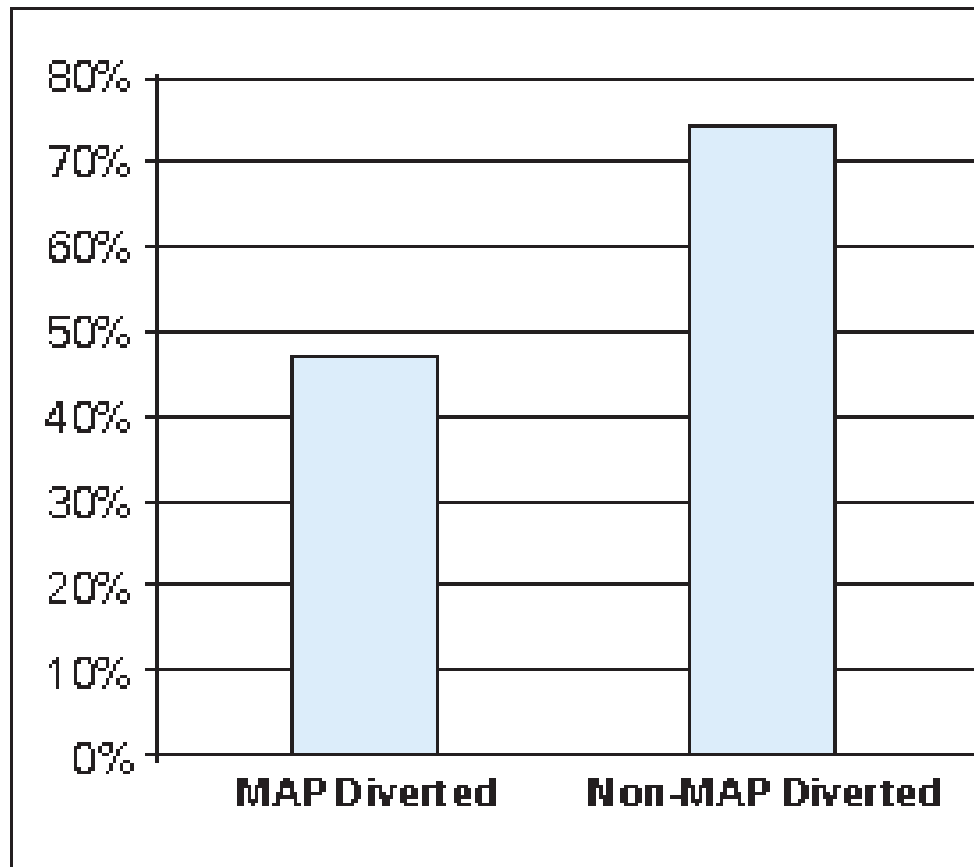
Arraignment Social Worker, Paralegal and Peer intern

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

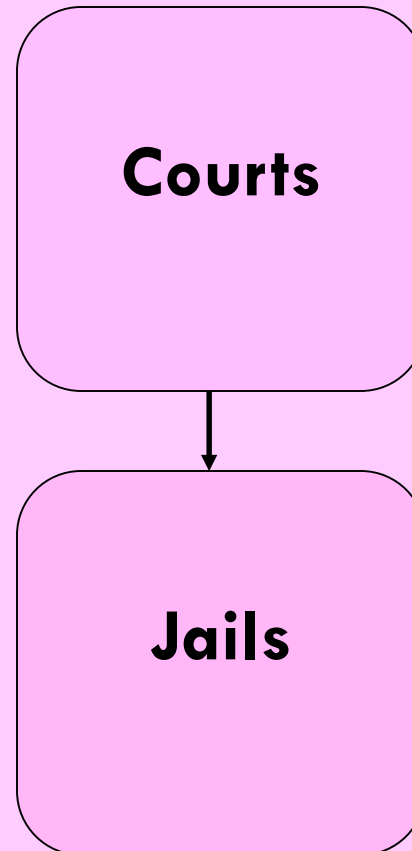
**Specialty
Courts?**

**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

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*Goodale, et. al., 2013

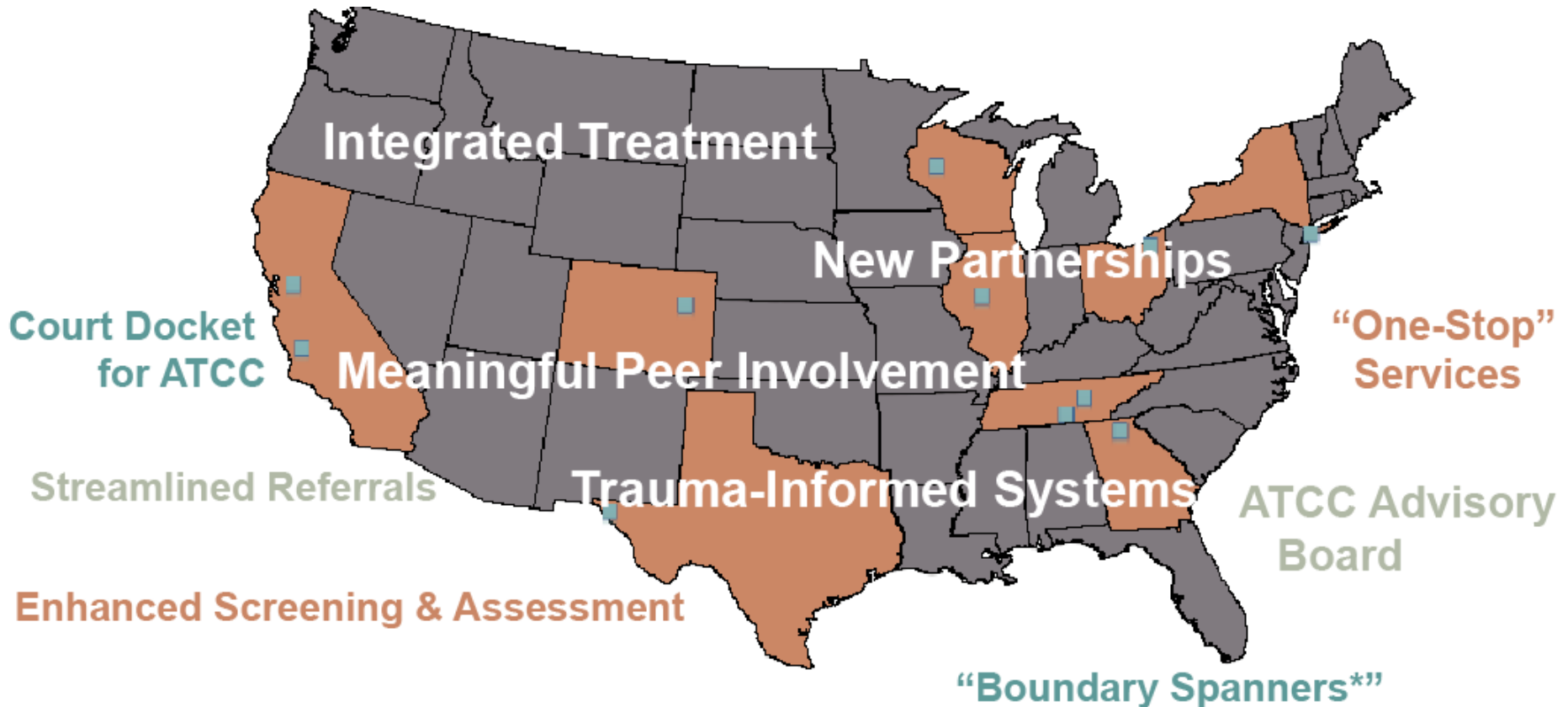
**McGuire, et. al., 2013

***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

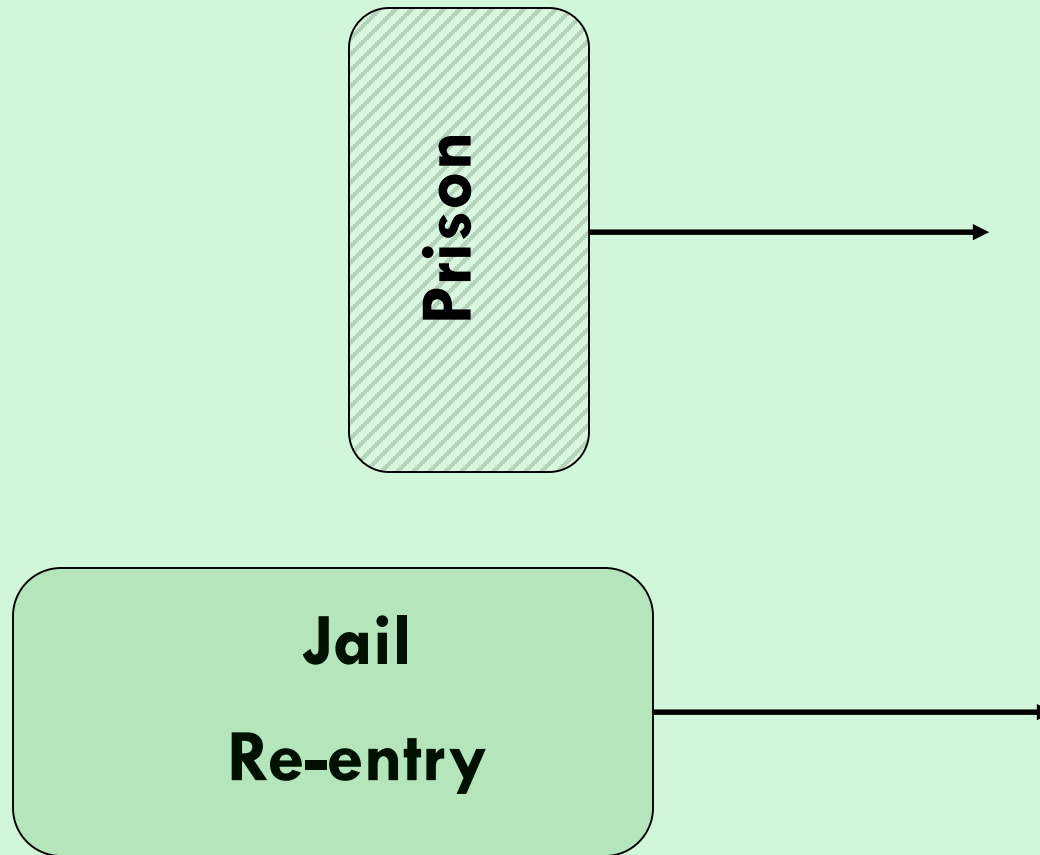
How are the ATCCs Doing?



- ✓ 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**

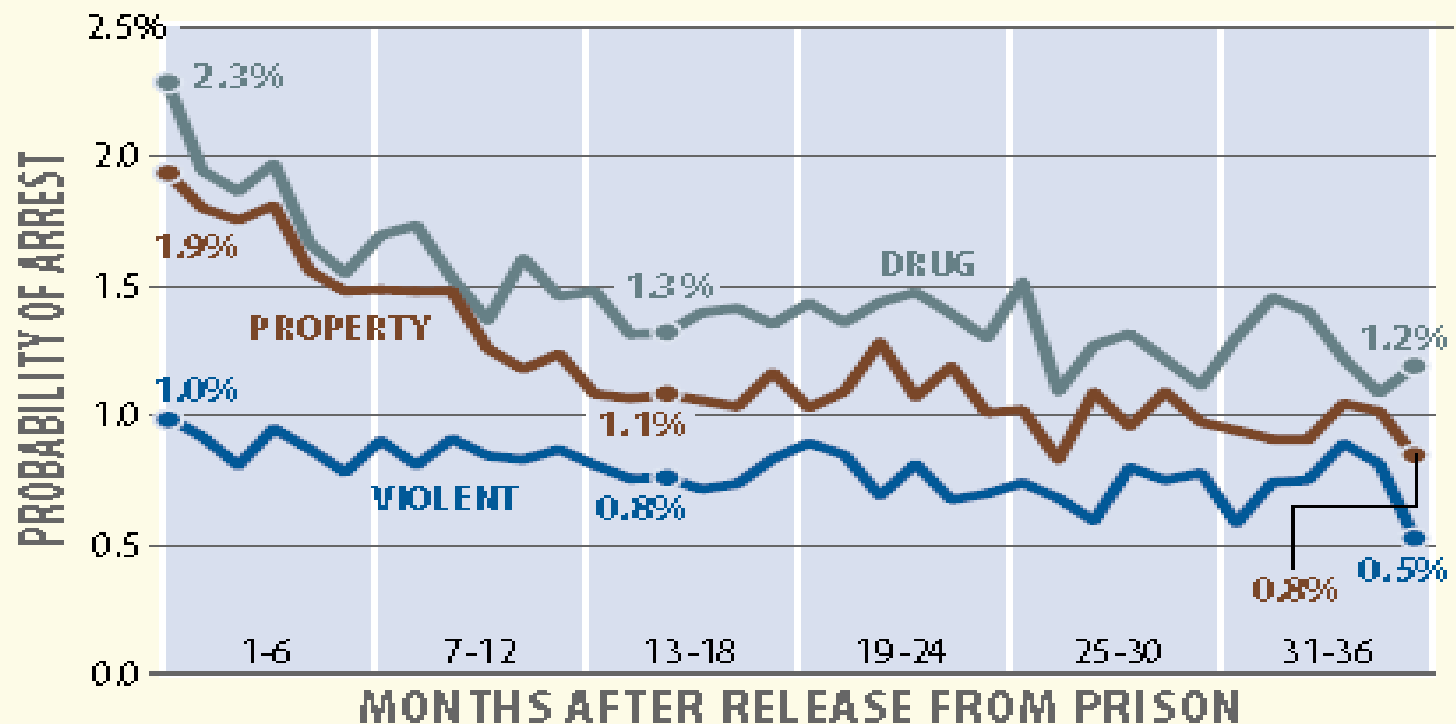
In reach/follow-up studies

- 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"/> Dis-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 Dates)		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?				Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detainee refused <input type="checkbox"/> incomplete for other reasons <input type="checkbox"/>		Court referred before plan completed <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

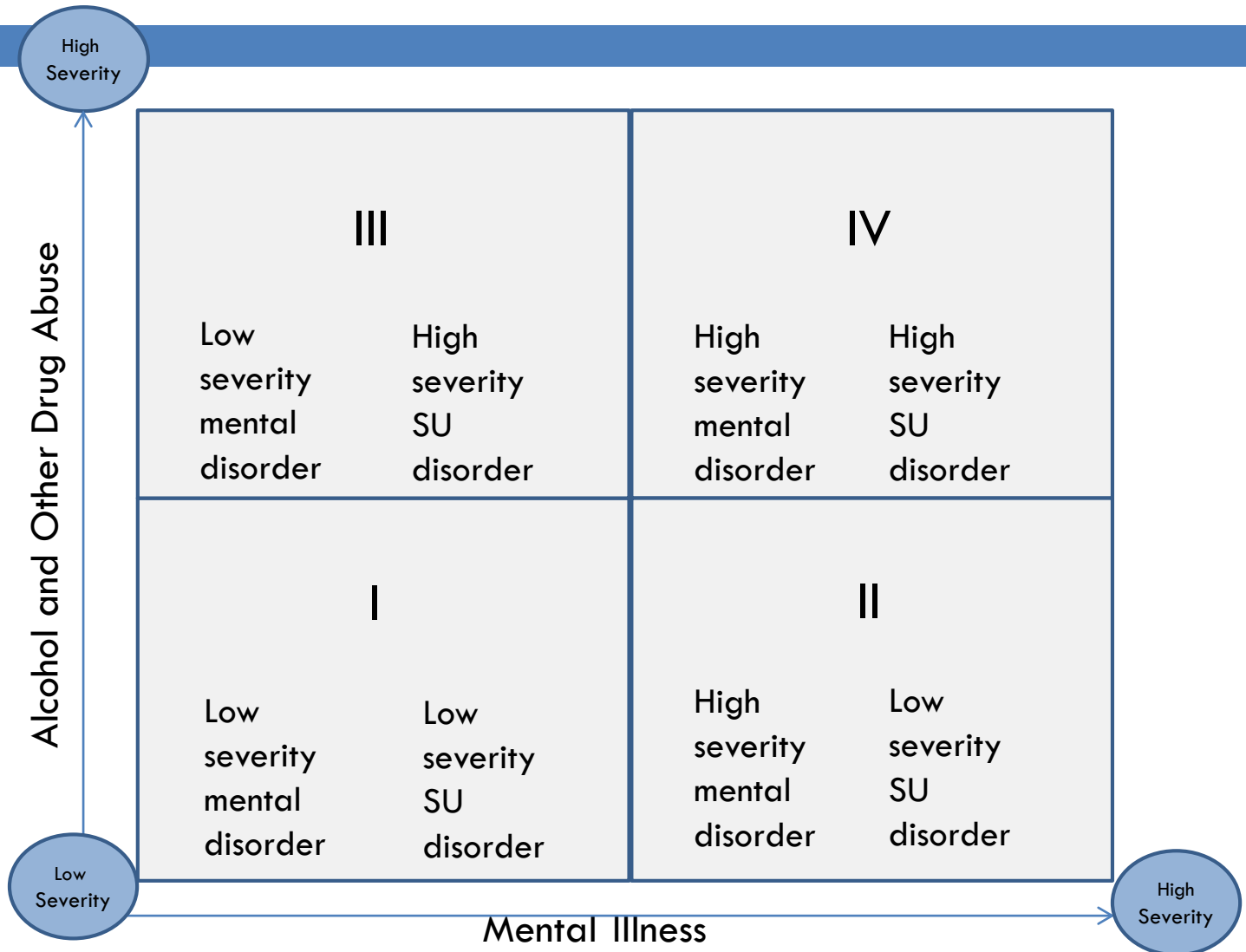
Key Assessment Issues

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

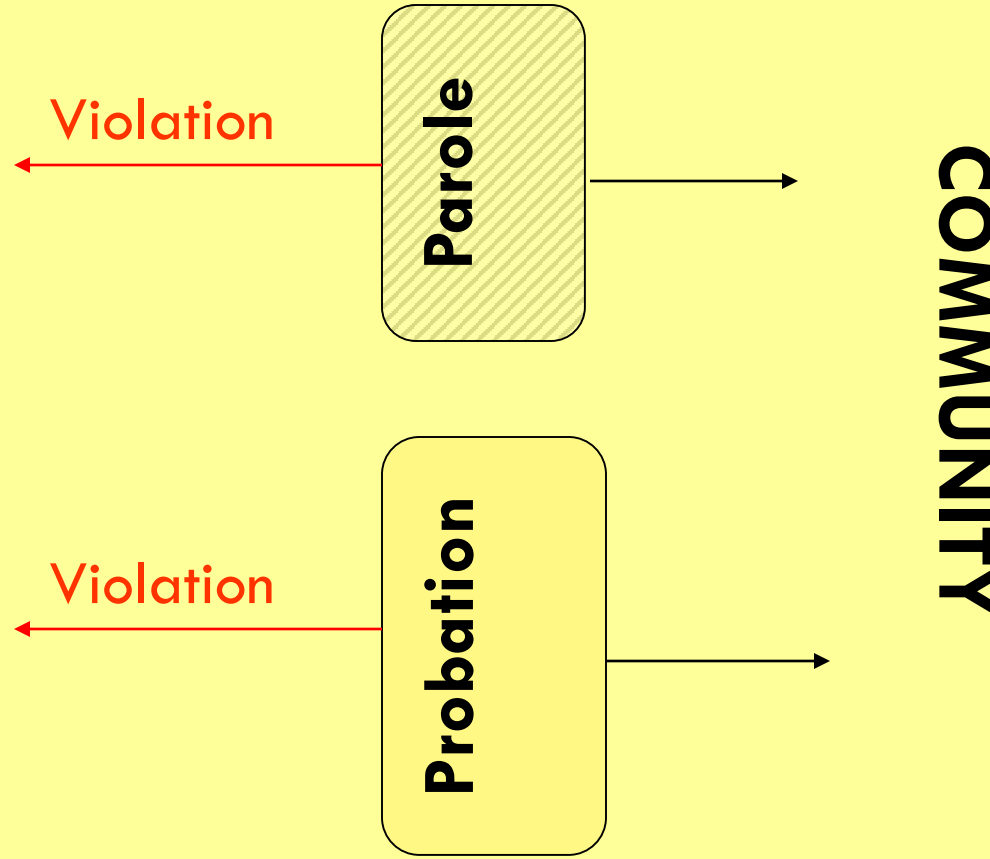
Factor	Dynamic Need
History of antisocial behavior	Build noncriminal alternative behavior in risky situations
Antisocial personality pattern	Build problem-solving skills, self-management skills, anger management, and coping skills
Antisocial cognition	Reduce antisocial cognition, recognized risky thinking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

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.

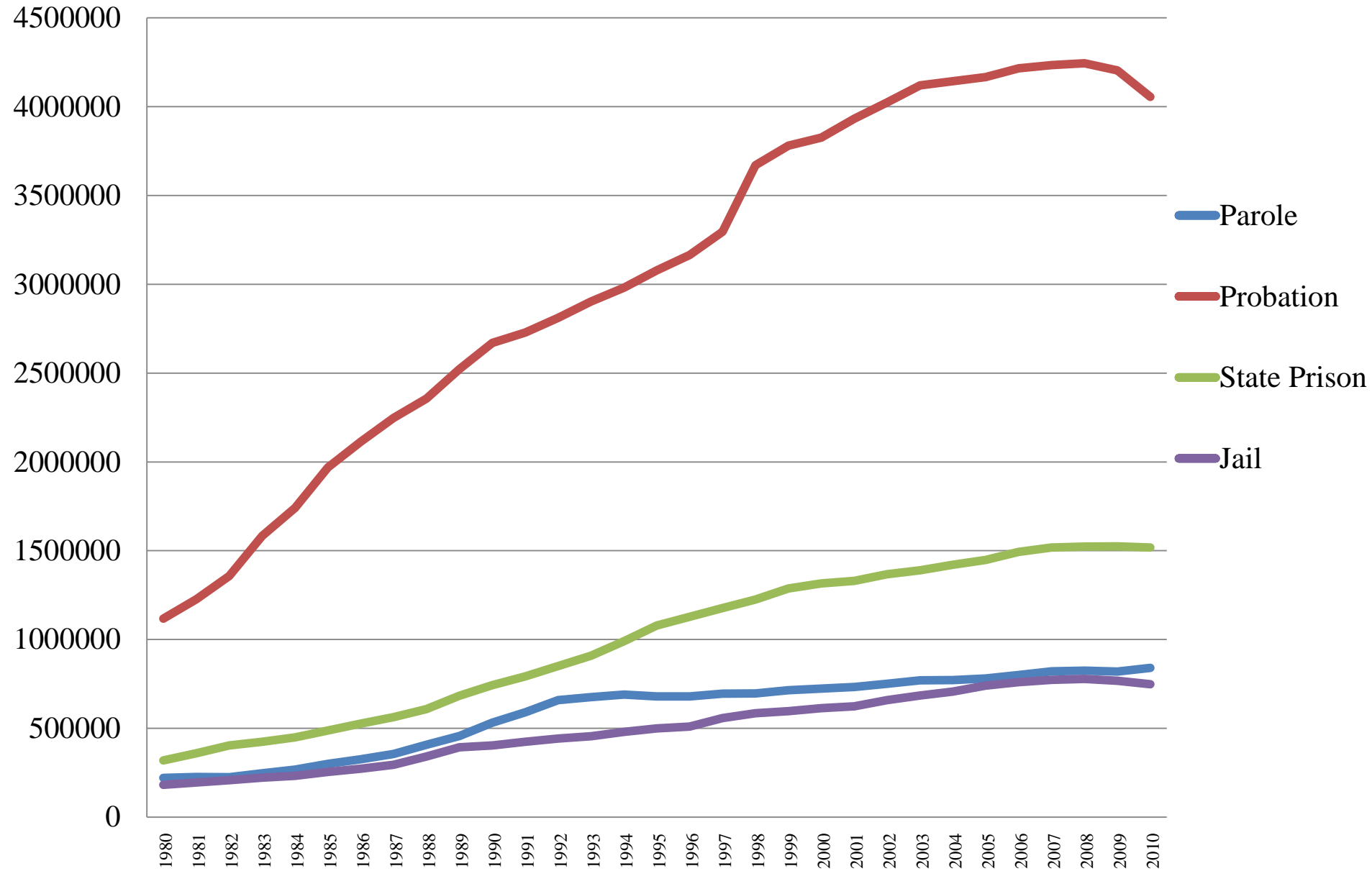


Intercept 5

Community corrections / Community support



Adult Correctional Population 1980-2010



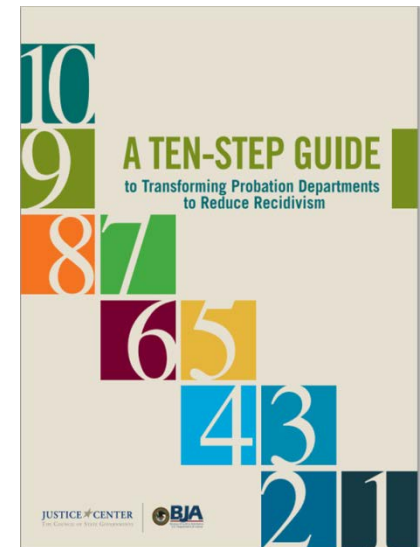
Specialized Caseloads: Promising Practice?

- **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

58

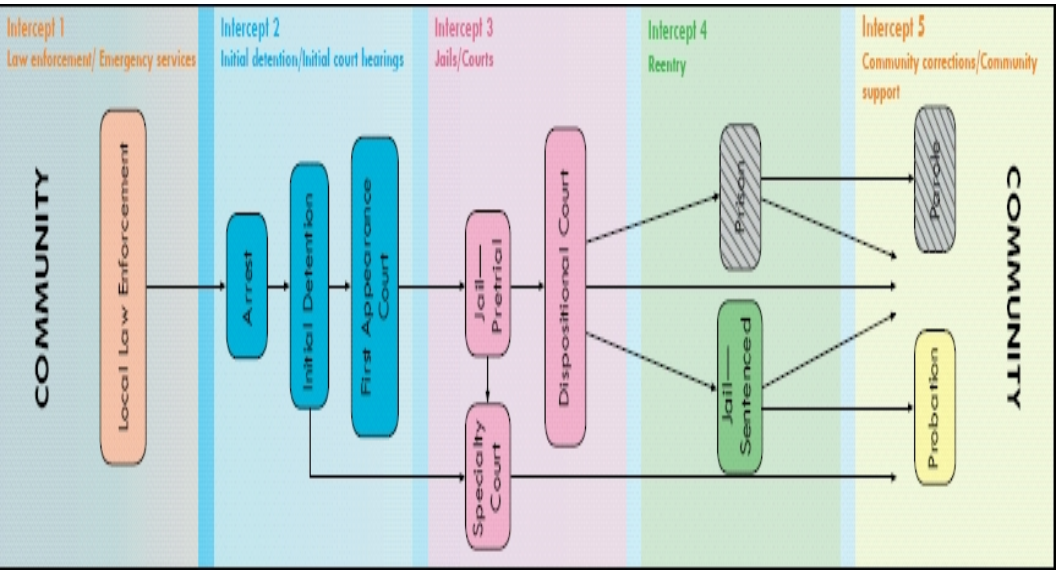
- Felony probation revocations declined by 20 percent.
- Felony technical revocations fell by 48 percent—the largest reduction in the five most populous counties in Texas, and nearly 10 times the statewide reduction of 5 percent.
- The decreased number of technical revocations averted \$4.8 million in 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

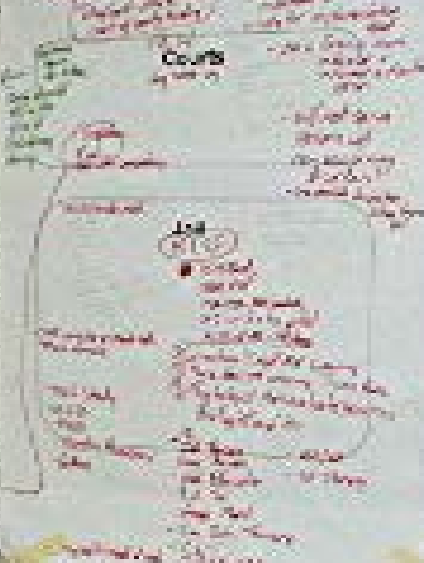
MENTAL HEALTH	SUBSTANCE ABUSE	CRIMINAL JUSTICE	CONSUMERS	SUPPORT SERVICES	OTHERS
Community-based	Community-based treatment public and private programs	Law enforcement	People with mental illness	Case management	Elected officials
Mental health centers	Case management	Jail: administrators & health services	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

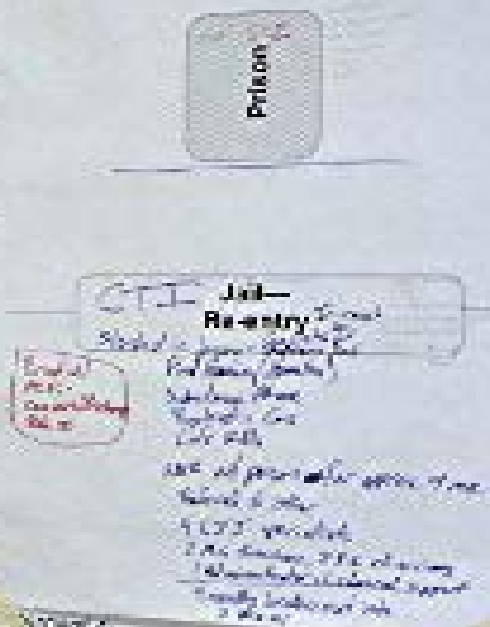


- Planning Kit
- Community Collaboration Questionnaire
- Conference calls
- Gather data
- Research the community

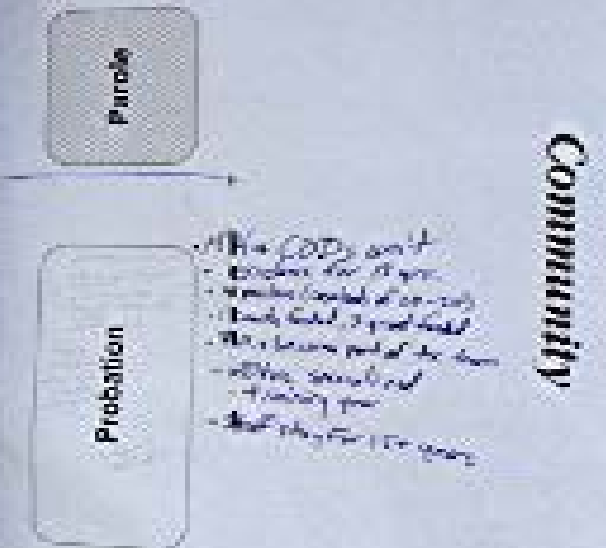
Intercept 3
Jail / Courts



Intercept 4
Re-entry



Intercept 5
Community connections / Community support



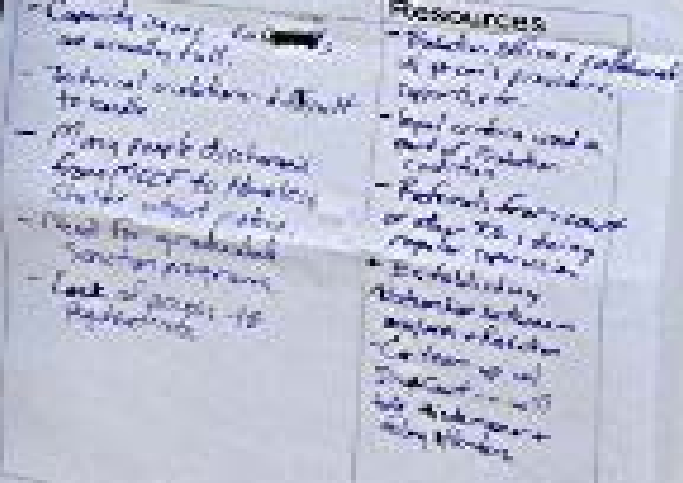
Intercept 3
Jail / Courts



Intercept 4
Re-entry



Intercept 5
Community Connections / Supports



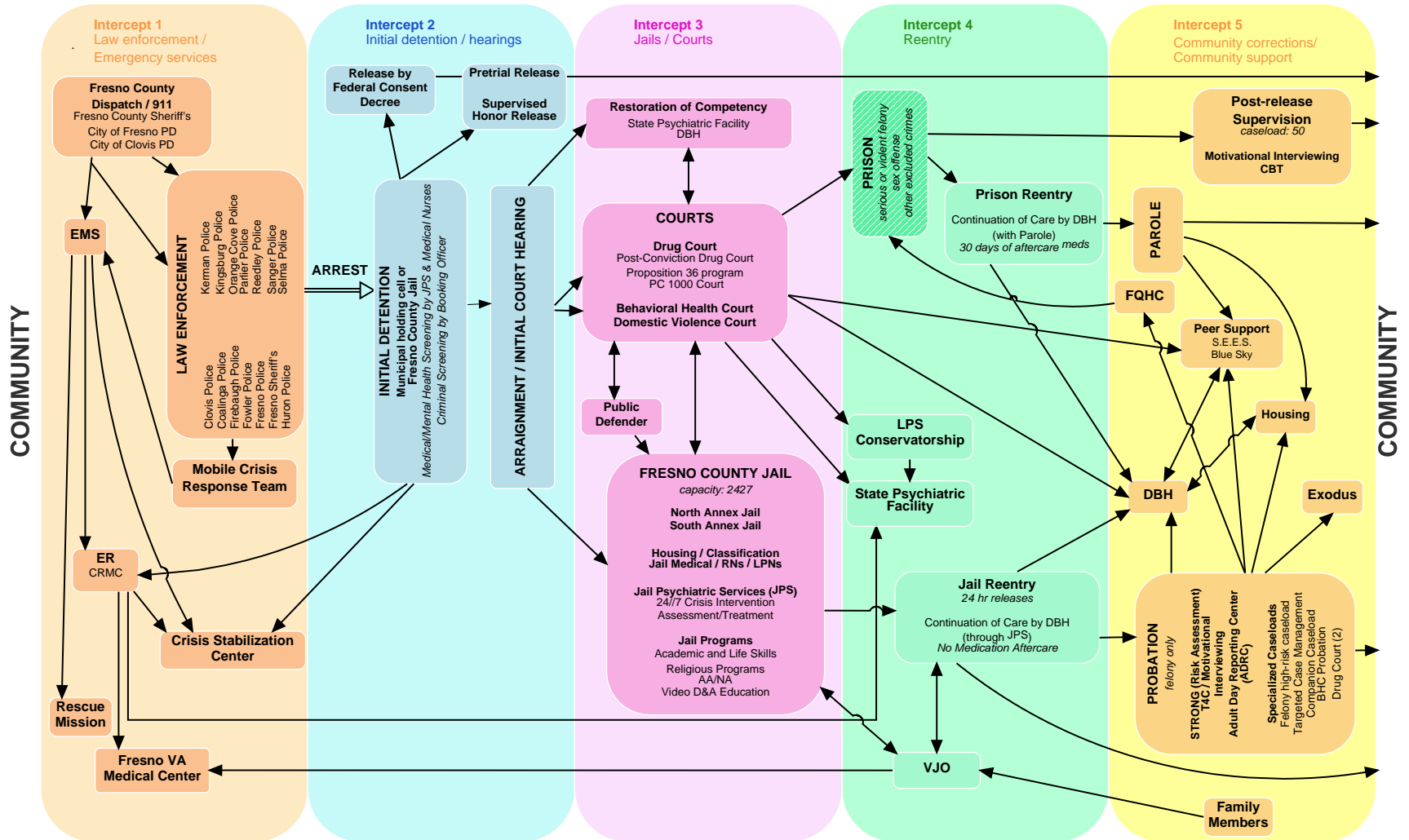
Action Planning

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"> Get a number of groups interested in this issue together to pool resources Give them the information and direction to be able to lead Approach the Jaff's faith-based volunteers about being involved 		
1.2	Discuss Issue with CJAB	<ul style="list-style-type: none"> Perhaps raise issue in Executive Committee meeting in May -- Judge Walsh Consider asking CJAB to contract with consultant Consider requesting funding from PCCB -- perhaps a CJAB enhancement fund grant Look at money available right now (Cumberland County, for example) 	CJAB -- Alaina Ingels	
1.3	Begin educating landlords to provide housing for this population	<ul style="list-style-type: none"> Get County endorsement and leadership Identify landlords willing to work with this population Examine the work Allegheny County is doing working with landlords (outreach to landlords, 24/7 support) Discuss Issue in Housing Authority meeting at the end of the month <ul style="list-style-type: none"> Ascertain Housing Authority's willingness to take leadership role, given history of working with developing housing for people with severe mental illness Timing is good to approach landlords given the large amount of available commercial and residential space Look at Diana Myers and Associates' work in the state 	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"> Local Housing Options Teams (LHOT) Develop buy-in from local housing authority 		
1.5	Inventory what is now available	<ul style="list-style-type: none"> Start with a review of what data is available across the systems Tracy as a contact person (had a grant) Identify groups/organizations that are open to renting to this population 		

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

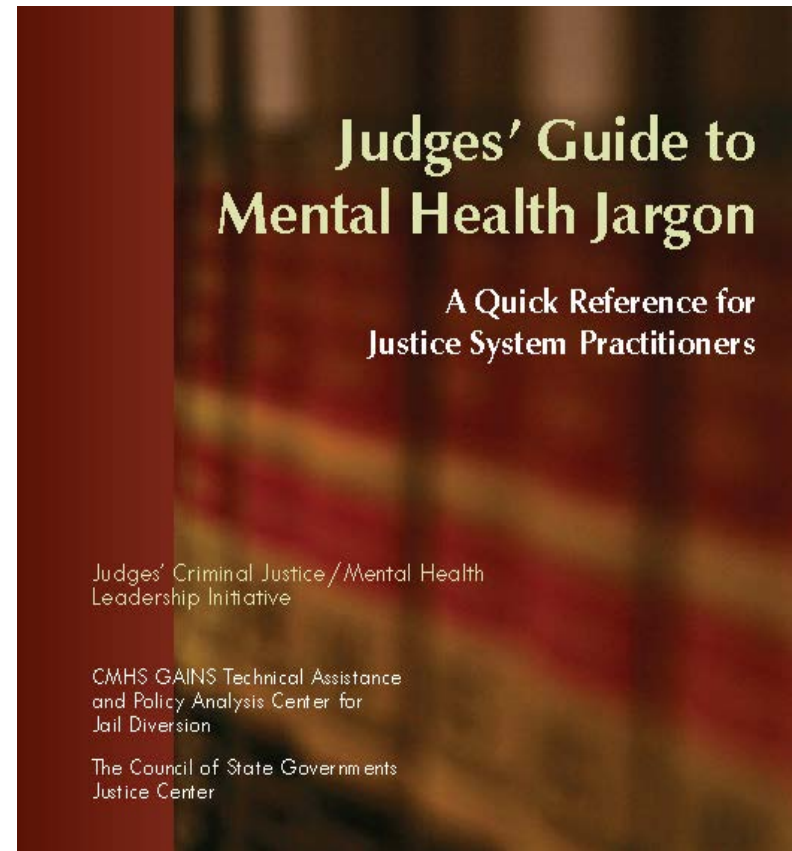
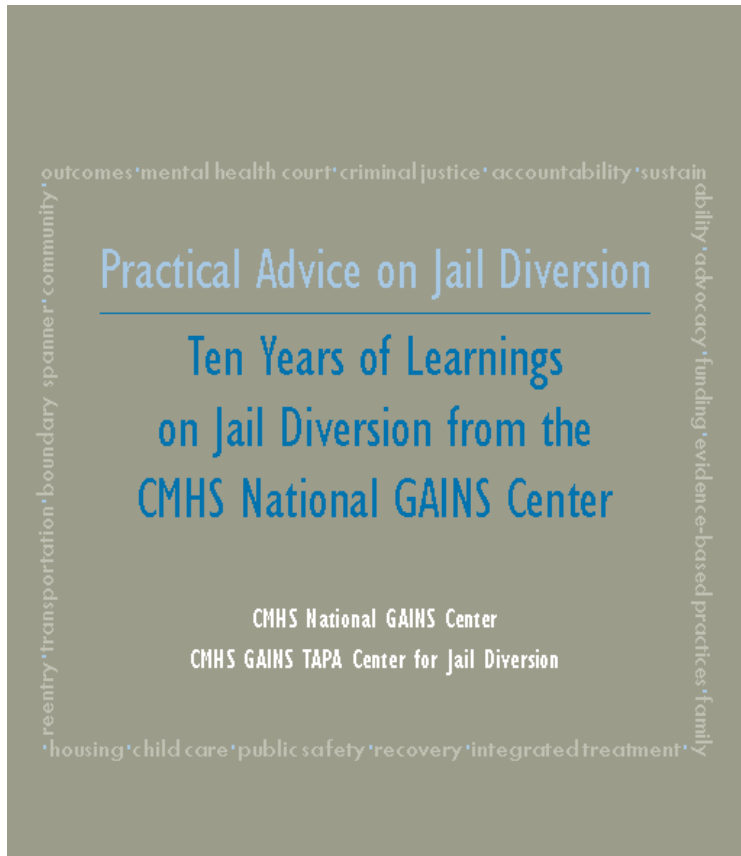
Nebraska

- 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>