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

Dan Abreu, MS CRC LMHC
# Specialty Courts

<table>
<thead>
<tr>
<th>Specialty Courts</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Courts</td>
<td>346*</td>
</tr>
<tr>
<td>Veterans Courts</td>
<td>166**</td>
</tr>
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<td>1,438***</td>
</tr>
<tr>
<td>Other: DWI, DV</td>
<td></td>
</tr>
</tbody>
</table>

*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
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%

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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alcohol Abuse/Dependence</td>
<td>Drug Abuse/Dependence</td>
<td>Alcohol Abuse/Dependence</td>
<td>Drug Abuse/Dependence</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>59%</td>
<td>42%</td>
<td>56%</td>
<td>60%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>56%</td>
<td>26%</td>
<td>37%</td>
<td>57%</td>
</tr>
<tr>
<td>Mania</td>
<td>33%</td>
<td>24%</td>
<td>39%</td>
<td>64%</td>
</tr>
<tr>
<td>Any Severe Disorder</td>
<td>58%</td>
<td>33%</td>
<td>40%</td>
<td>60%</td>
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</tbody>
</table>

Detainees with severe mental disorder plus either alcohol or drug abuse/dependence = 72% = 72%

## Justice Involved Persons and Trauma

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

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

ARREST --> INCARCERATION

Mental Health Inpatient
S.A. Residential Treatment
Street
Private Home
Group Residence
Shelter

COMMUNITY
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

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

III. Post-Initial Hearings: Jail/Prison, Courts, Forensic Evaluations & Forensic Commitments

IV. Re-Entry From Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community Support

Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006
Intercept 1
Law enforcement / Emergency services - Transition

COMMUNITY

Pre-booking Jail Diversion

Dispatch

Local Law Enforcement
Jail Releases
Other

ER/Crisis Stabilization Units
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

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

Pre-booking Jail Diversion
Intercept 2

Initial detention/Initial court hearings

Arrest

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%

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

- MAP Diverted: 40%
- Non-MAP Diverted: 80%
Intercept 3 Jails / Courts

- Specialty Courts?
- Other Court Programs
- Jail-Based Diversion Programs
- & Jail Mental Health Services

Courts

Jails
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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***NADCP
## Drug Courts v. MH Court

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

Prison

Jail
Re-entry
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
Case Managers Essential
GAINS Re-Entry Checklist

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

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

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

Intercept 5
Community corrections / Community support
Adult Correctional Population 1980-2010

- Parole
- Probation
- State Prison
- Jail
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

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

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

#### Franklin County, Pennsylvania: 2009

**Priority Area 1: Housing**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Step</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Engage and use community resources that may be interested in this issue</td>
<td>- Get a number of groups interested in this issue together to pool resources</td>
<td>- Give them the information and direction to be able to lead</td>
</tr>
<tr>
<td>1.2</td>
<td>Discuss issue with CJAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Begin educating landlords to provide housing for this population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>Coordinate county agencies and various groups working separately on these issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Inventory what is now available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

Practical Advice on Jail Diversion

Ten Years of Learnings on Jail Diversion from the CMHS National GAINS Center

http://gainscenter.samhsa.gov