



Sequential Intercept Mapping

Lewis and Clark County, Montana

June 28-29, 2016

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Introduction:

Lewis and Clark County, with the support of the Montana Healthcare Foundation, contracted with Policy Research Associates (PRA) to develop behavioral health and criminal justice system maps focusing on the existing connections between behavioral health and criminal justice programs to identify resources, gaps and priorities in Lewis and Clark County.

Background:

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D. in conjunction with SAMHSA's GAINS Center,¹ has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Mapping is a one-day and a half workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the local criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has five primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention and Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population
4. Develop of an action plan to implement the priorities
5. Nurture cross system collaboration

The participants in the workshops represented multiple stakeholder systems including mental health, substance abuse treatment, health care, human services, corrections, advocates, individuals, law enforcement, health care (emergency department and inpatient acute psychiatric care), and the courts.

¹ Munetz, M., and Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

Patricia Griffin, PhD, Senior Consultant, and Dan Abreu, MS CRC LMHC, Senior Project Associate, for Policy Research Associates facilitated the workshop session.

Thirty-four (34) people attended the Lewis and Clark Sequential Intercept Mapping workshop.

Dr. Gary Mihelish, President of the Montana Alliance for Mental Illness (NAMI) welcomed participants to the workshop and introduced Lewis and Clark County Commissioner, Andy Hunthausen to introduce Lieutenant Governor Mike Cooney. Commissioner Hunthausen said that Lieutenant Governor Cooney represents “all that is good and right about government.” The Commissioner thanked participants for coming together to revamp the system to insure good care and that only people who need jail end up there. He noted that he is grateful for Lieutenant Governor Cooney’s advocacy and support in the Governor’s Office as well as in prior government positions in which he strategized to make things work and to promote good care with the tax payer in mind.

Mr. Cooney acknowledged Mr. Hunthausen expertise and years of advocacy and thanked Andy for the invitation. He also thanked participants for their service to persons with behavioral health issues who are most vulnerable when involved in the criminal justice system. He told the group that Montana is looking for ways to be smarter with criminal justice policy and is utilizing Justice Reinvestment strategies and using data to find out what works. Montana is working to expand services and is now implementing the Affordable Care Act (ACA) and Montana Department of Corrections is enrolling eligible individuals in Medicaid prior to release. Beyond enrollment, he noted that the DOC Clinical Services Director met with local Community Service Directors to ensure collaboration and develop reach-in engagement strategies. He concluded his remarks saying planning should focus on safety, protecting the vulnerable and respect for all involved parties.

On Day 2, Mike Batista, Director of the Montana Department of Corrections, addressed the group and noted that the Sequential Intercept Model made perfect sense with its emphasis on design, on program and on investment in partnerships. He noted the Montana Sentencing Commission provides the greatest opportunity in a long time to improve partnerships, investment and service design. Two Sentencing Commission recommendations are to focus on: 1) early intervention and front end services and 2) deferring prosecution and designing appropriate services to address offender needs.

Director Batista, highlighted system change principles which include: using evidence-based practices, focusing on high risk and high need individuals, using data to inform program design and response, focusing on people with service needs and developing or enhancing front end investment in community services.

Deb Matteucci, Executive Director of the Montana Board of Crime Control (MBCC), informed the group of an MBCC funded project to enhance jail offender management systems by making the DOC Offender Management Information System (OMIS) available to county jails at nominal cost. In addition an interface between OMIS and local Computer Assisted Dispatch (CAD) is being explored so that transition from arrest to detention will be seamless and will not require additional or redundant data entry. There are plans to develop 2-3 pilot sites by the end of 2016.

This report contains:

- Background regarding the workshop
- Agendas for each day
- Lewis and Clark Sequential Intercept Map developed by the participants
- Resources and Opportunities along with Gaps and Challenges identified by the participants for each Intercept
- Lewis and Clark County Priorities
- Action Plans developed during the workshop
- Recommendations
- Resources
- Appendices

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Sequential Intercept Mapping

AGENDA

Lewis and Clark County

June 28, 2016

- 8:00** **Registration and Networking**
- 8:30** **Openings**
- Welcome and Introductions
 - Lt. Governor Cooney
 - Overview of the Workshop
 - Workshop Focus, Goals, and Tasks
 - Collaboration: What's Happening Locally
- What Works!**
- Keys to Success
- The Sequential Intercept Model**
- The Basis of Cross-Systems Mapping
 - Five Key Points for Interception
- Cross-Systems Mapping**
- Creating a Local Map
 - Examining the Gaps and Opportunities
- Establishing Priorities**
- Identify Potential, Promising Areas for Modification Within the Existing System
 - Top Five List
 - Collaborating for Progress
- Wrap-Up**
- Review
- 4:30** **Adjourn**



Sequential Intercept Mapping

AGENDA

Lewis and Clark County

June 29, 2016

9:00

Opening

- Remarks --- Mike Batista, Director of the Montana Department of Corrections
- Preview of the Day

Review

- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

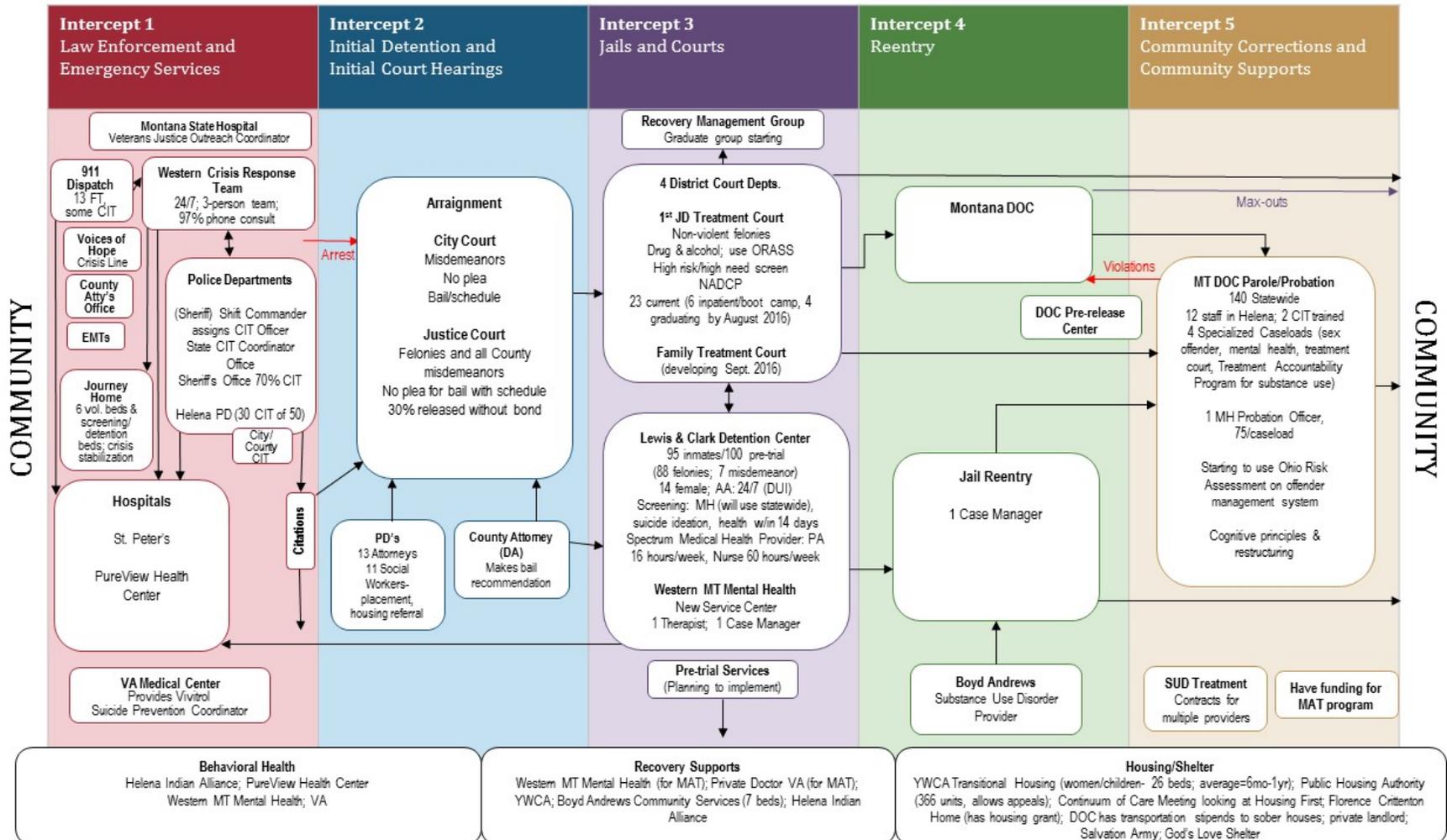
Next Steps

Summary and Closing

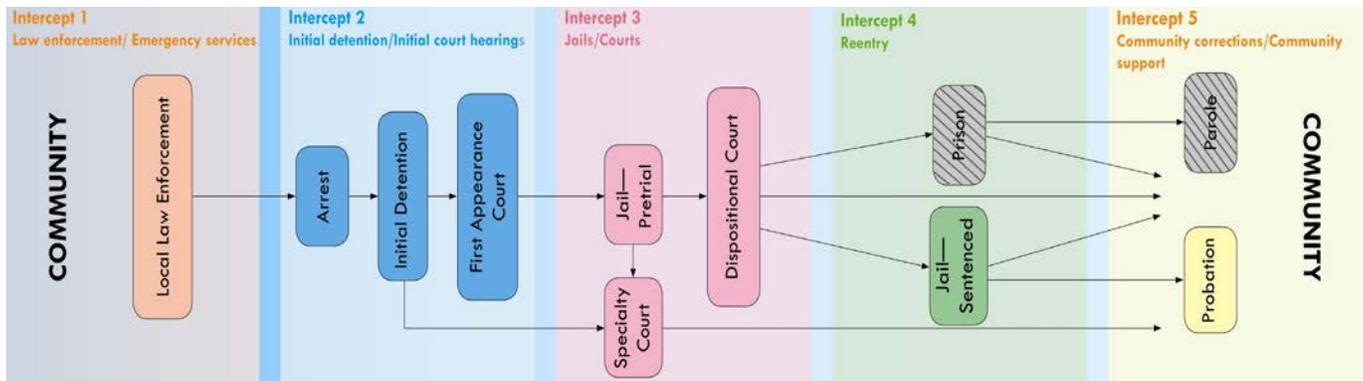
12:30

Adjourn

Lewis and Clark County Sequential Intercept Map



Intercept 1



- Law Enforcement Agencies in Lewis and Clark County include:
 - Helena Police Department
 - Lewis and Clark Sheriff's Office
 - East Helena Police Department
- 911 Dispatch Center
- The Lewis and Clark County Sheriff's Office is the chief law enforcement agency in Lewis and Clark County, Montana. It is comprised of sixty employees including sworn officers, detention officers and professional support staff. The Sheriff's Office provides general law enforcement, detention functions, rural fire support and search and rescue operations for the citizens of Lewis and Clark County in a service area of over two million acres. Additionally, this agency provides specialized regional services to the entire county and contract law enforcement to specific areas. The Sheriff, who is elected by the residents of Lewis and Clark County, is the chief executive officer of the agency. He and his command staff manage the day to day investigations, evidence management, civil process and a number of support operations necessary to provide full law enforcement coverage and services for Lewis and Clark County. Currently, the Sheriff's Office provides regional/resident law enforcement services in Lincoln and Augusta as well as contract law enforcement services at Canyon Ferry Lake during the summer. These services include general patrol services and the D.A.R.E. program, as well as any necessary investigative services. The patrol division currently consists of 27 sworn positions in two detachments. Three Deputies are assigned to our Sub-stations as resident deputies to serve the residents of Lincoln, Augusta and Wolf Creek. Two of these live in or around Lincoln and Augusta. The remaining 24 are assigned to the greater Helena Valley area and primarily serve the communities and neighborhoods around Helena, East Helena, Canyon Creek, Marysville, Birdseye, Baxendale, Lakeside, York, East and West Valley, and Canyon Ferry. Of these, Helena and East Helena have their own local police departments that the Sheriff's Office works closely with. The Sheriff's Office operates lake patrols around Canyon Ferry Lake. Patrol deputies also handle prisoner transports along with fielding calls for service and performing general patrol duties and traffic enforcement.

- Western Montana Mental Health is responsible for crisis services. In addition, The Center for Mental Health has been partnering to improve lives for over 40 years. Originally, the North Central Community Mental Health Center was established in 1974 to serve the nine county region from Great Falls to the Hi-Line. This wheat farming region is often referred to as "The Golden Triangle," so the Center became Golden Triangle Community Mental Health Center. In 1997 the Center began providing services to the Tri-County Area: Lewis and Clark, Broadwater, and Jefferson counties. Meagher County was added in 2005. This addition expanded the total service area to 10 counties, and the Center now serves over 4,000 clients in Central Montana. In Helena and the Tri-County area, the Center serves more than 1,700. The Behavioral Health Unit (BHU) at St. Peter's also provides related crisis services.
- Crisis Stabilization --- A non-secure (unlocked) short-term voluntary program designed to assist adults who are experiencing increased symptoms of mental illness and do not meet the criteria for inpatient psychiatric care. The program is also designed to meet the needs of adults who have co-occurring (chemical use and mental health) treatment needs. Individual and group services based upon a psycho-social rehabilitation model are provided in order to allow individuals to return home as soon as possible.
- Crisis Intervention Team: Helena is operated through the Helena Police Department and Lewis and Clark County Sheriff's Office).

Resources and Opportunities

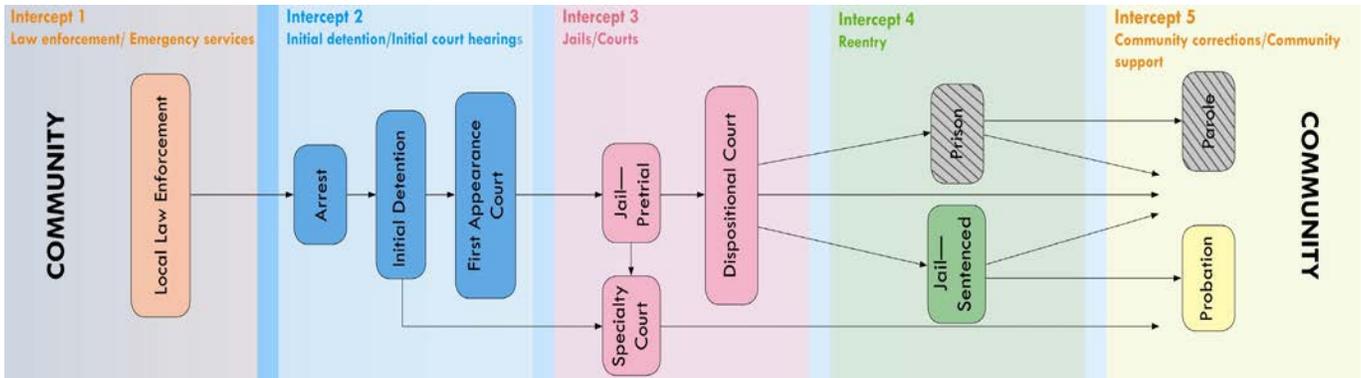
- Teleconference with Crisis Response Teams (CRT) (therapists with Western Montana Mental Health (WMMH))
- 13 full-time 911 staff, some with Crisis Intervention Team (CIT) training
 - Initiate calls to CRT
- CIT training exists for the Lewis and Clark Sheriff's Department (70%) and Helena Police Department and is a presence on most shifts
- CRT is 24/7
 - 3 people (on 4 days, off 3 days)
 - Divert, evaluation, phone consultation with the Sheriff's Department or Police Department
 - CRT goes to the hospital
- Journey Home looking at substance use clearance protocol/resources
 - 6 voluntary beds and 2 emergency detention beds
- Triage:
 - Physical health and behavioral health: BHU hospital
 - Substance use and behavioral health: Journey Home

- Role of EMTs

Gaps and Challenges

- 911 receives “sporadic” mental health training
- CIT has limited on-scene response
- There is no co-response with CIT
- Journey Home lacks medical clearance capacity; most individuals go through the emergency room first
- The pre-booking diversion process is not clear due to lack of data
- There are not yet CIT officers available for all shifts
- Officers wait four hours at St. Peter’s
- Substance use clearance = medical clearance?
- Police referral/diversion options are few
- The “biggest frustration” for law enforcement is how to connect people with resources
- There is a disconnect for individuals with suicidal ideation who are intoxicated
- Lack of detoxification strategies- no payment source

Intercepts 2 and 3



- Helena Municipal Court (formerly Helena City Court) is part of the state judicial system and enforces laws for the City of Helena and the Honorable Bob Wood presides. Helena Municipal Court processes all misdemeanor traffic, criminal and animal control offenses, city ordinances, orders of protection, and civil cases that occur within Helena City limits. It is the court wherein nearly all felony cases that occur within Lewis and Clark County are initially filed. Justice Court processes citations issued by:
 - Montana Highway Patrol
 - Lewis and Clark County Sheriff's Office;
 - Montana Fish, Wildlife and Parks Department
 - Motor Carrier Services of the Department of Transportation
 - Lewis and Clark County Animal Control Officer
 - State Department of Livestock
 - State Gambling Control Division
 - and in some cases the Helena Police Department.
- Justice Court is the judicial branch of the County
- The County Attorney's Office is responsible for the prosecution of criminal offenses committed within Lewis and Clark County. It represents the State of Montana in child abuse and child neglect cases, as well as juvenile court proceedings. The County Attorney serves as the attorney for County government, including all agencies and boards. The Civil Division handles involuntary commitments for those who are "seriously mentally ill" and assists the state with involuntary commitment for those who are "seriously developmentally disabled" who are residents of the county.
- The Criminal Division prosecutes felony offenses committed within Lewis and Clark County, and misdemeanor offenses committed within the county, but outside the City Of Helena. Generally, the office does not investigate criminal offenses and only prosecutes cases referred to it by law enforcement agencies such as the Lewis and Clark County Sheriff, the Helena City Police Department, the East Helena Police Department and the Montana Highway Patrol. In addition, the office accepts referrals of criminal matters from a variety of state and federal law enforcement agencies.

- On July 1, 2006 the Office of the State Public Defender assumed responsibility for statewide Public Defender Services, previously provided by cities and counties. These services are now provided statewide through Regional Offices of the State Public Defender. The mission of the Office of the State Public Defender is to ensure equal access to justice for the State's indigent and to provide appellate representation to indigent clients.
- The mission of the First Judicial District Treatment Court is to improve the overall quality of life in our community by providing a court supervised program for substance dependent offenders that will enhance public safety, reduce crime, foster healthy families, hold offenders accountable, reduce costs to our community and ultimately transform these offenders into positive, contributing members of our community.
- The First Judicial District Treatment Court is a court-supervised, comprehensive treatment program for non-violent offenders. The court is a voluntary program that includes regular court appearances before the treatment court judge. Treatment includes individual and group counseling and regular attendance at self-help meetings, provided through community based treatment providers. The treatment staff will also assist with obtaining education and skills assessments and will provide referrals for vocational training, education and/or job placement services. The program length, determined by each participant's progress, will be no less than one year.
- The Lewis and Clark County Sheriff's Office was established in 1865. The first Lewis and Clark County Jail was built in 1891 and was located at 15 North Ewing Street, which is now "The Myrna Loy Center" for the performing and media arts. This jail was in use until 1985 when the current Law Enforcement Center was built and located at 221 Breckenridge Street. The Law Enforcement Center has the Lewis and Clark County Detention Center on the second floor and offices on the main floor are shared with the Lewis and Clark County Sheriff's Office and Helena Police Department. The Law Enforcement Center is located next to the Lewis and Clark County Courthouse. The Lewis and Clark County Detention Center is designed to house fifty-eight (58) beds, but runs at an average daily population of eighty-two (82), responsible cost for 100+. There were 3,075 inmates booked into the detention center during the year of 2010. The detention center is supervised by a Deputy Sheriff Captain and staffed with twenty-five (25) Detention Officers, one (1) part-time Registered Nurse, (1) part-time Physician Assistant and two (2) Transport Officers.
- The Lewis and Clark County Detention Center is also responsible for testing for the 24/7 Sobriety Program.
- The Detention Center provides essential medical, dental, and mental health (psychiatric) services by professional staff in a manner consistent with accepted community standards for a correctional environment. The Detention Center uses a licensed and credentialed health care provider in its ambulatory care. For inmates with chronic or acute medical conditions, the Detention Center coordinates with medical referral centers providing advanced care. Health promotion is emphasized through counseling provided during examinations, education about the effects of medications, infectious disease prevention and education, and chronic care clinics for conditions such as cardiovascular disease, diabetes, and hypertension. The detention center contracts with SPECTRUM Medical Inc. affiliated with Benefits Health Systems out of Great Falls, Montana for all inmates' medical care. The county received grant funding to support a full time mental health professional and case worker at the detention center.

- The jail reports the following information about persons with mental illness served in the jail January through March 2016:

January	Mental Illness that was reported
194 inmates in jail	
65 males reported mental illness	January
39 females reported mental illness	BiPolar 19
	Depression 26
February	PTSD 14
154 inmates in jail	Schizophrena 4
28 males reported mental illness	Anxiety 17
13 females reported mental illness	ADHD 6
March	February
163 inmates in jail	BiPolar 12
41 males reported mental illness	Depression 23
18 females reported mental illness	PTSD 13
	Schizophrena 3
	Anxiety 13
	ADHD 7
	March
	BiPolar 24
	Depression 34
	PTSD 16
	Schizophrena 6
	Anxiety 17
	ADHD 4

- Jail Diversion staff work with inmates within the Lewis and Clark County Detention Center to meet their mental health needs while incarcerated and work with community agencies to reduce recidivism due to mental health issues. The jail diversion program has been demonstrated to decrease recidivism rates of individuals with mental health issues.

Resources and Opportunities

- Citizens Advisory Council (CAC) to make recommendations for justice court regarding bond
 - Can refer to pre-trial services

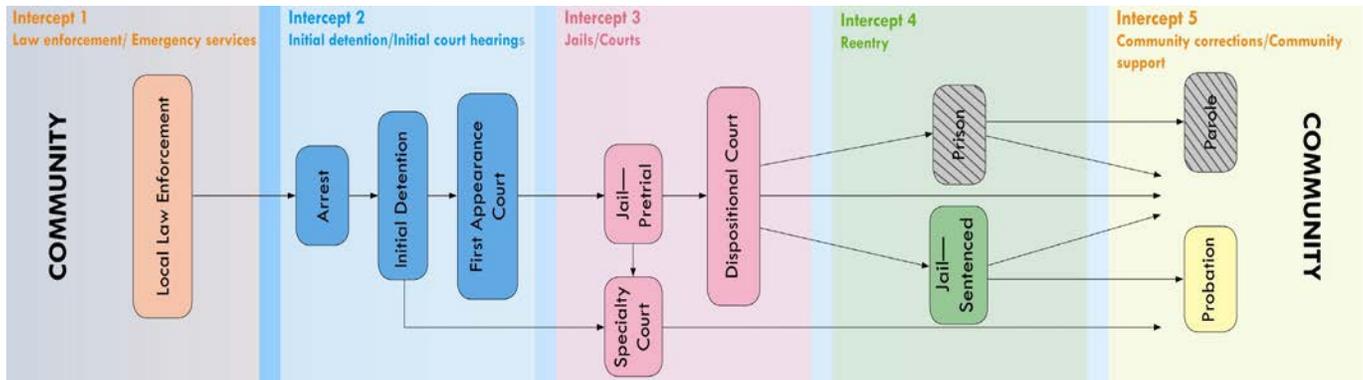
- New service: assessment now, will do monitoring later, works with Probation, can work with community behavioral health
- Need data regarding the number of people pending disposition not in jail
- Match the warrant list against the CMH database?
 - Give a number to project out possibilities for diversion
 - Could match against veterans' re-entry search service?
- Pre-trial services (new program under construction)
- CAC wants to reevaluate it being under Detention Center
 - Would like to see it independent
 - Look at Gallatin County model
 - Want to grow it as much as possible
- The Treatment Court three-year grant is for 30; the Judge prefers 25
 - The State is committed to sustain the program
- Monthly operational meetings to review cases
- Public defender's Social Workers get referrals from attorneys and Probation
- Self-report study indicates that 40% report mental health problems
- ACLU report has some jail data
- Applied for a Family Treatment Court federal grant, and hope to hear by the end of September
 - Recovery Management Group for Treatment Court graduates
- Treatment Court has evaluation funding

Gaps

- Jail overcrowding has resulted in increases in "tickets" (notice to appear)
 - Affects all potential arrestees, including those with mental health problems
 - Felony cases going to jail
- Average bail: \$7,000
- Unsupervised releases
 - Perception that County has a high failure to appear- warrant list
- Could have three initial appearance hearings for the same felony case

- Limits in mental health funded treatment for individuals in Treatment Court
- A number of people in jail are there because they can't pay bail (the County pays)
- Most people in jail are pre-trial; very few are sentenced
- People can wait a long time to go to trial
- People entering jail may not report a mental health problem but report taking mental health medication
- The Jail Therapist position has been open since April 2016; also trying to fill a Jail Case Manager position- this individual will be doing the continuity of care into and out of jail
 - Interviewing now
 - Need to find ways to sustain these positions; both positions are funded by a state grant on an annual basis
- Continuity of medication from community
 - CRT can do evaluations after hours, but do not prescribe medication
- Jail is limited by the Department of Corrections formulary
- Some concerns that jail treatment staff are reluctant to prescribe for some individuals
 - Spectrum will not share information with public defenders
- Need for an evaluator/evaluation for Treatment Court; need to make an evaluation public
- The VA Medical Center has a suicide prevention coordinator

Intercepts 4 and 5



- Lewis and Clark County Probation Office --- Montana Department of Corrections
- NAMI of Lewis and Clark County
- PureView – Outreach Coordinator
- Services Available in Lewis and Clark County
 - Children’s Case Management
 - Day Treatment
 - Adult Therapeutic Aide
 - Adult Case Management
 - PACT- Program for Assertive Community Treatment
 - Outpatient Therapy
 - Outpatient Medical Services
 - Veteran’s Affairs
 - Case Management Veteran’s Affairs
 - Adult Foster Care
 - Group Homes
 - Psychiatry Services
 - Medication management
 - Drop-in Center

Resources and Opportunities

- The jail Case Manager position is available to do some re-entry work
- Within the Treatment Court, CMH can provide medication for two weeks
 - DOC has funding to pay for medication for people in supervision (Probation can arrange)
- Jail provides five days of medication and a prescription upon release
- The VA of Montana provides Vivitrol

- Journey Home is beginning Medication Assisted Treatment (MAT)
- State Re-entry Group
- There are two CIT-trained individuals within Probation, and they are interested in receiving more CIT training
- CMH has several Mental Health First Aid instructors
- There is interest in developing cross-Intercept data
- There is one Mental Health Probation Officer with a caseload of 75
- The ORASS assessment is used by DOC and Probation and Parole
- There are 12 Probation and Parole staff in Helena
- Specialized caseloads:
 - Mental Health, Treatment Court, Treatment Accountability Program (sanction for substance use disorders)
- Cognitive principles and restructuring- may adopt Thinking for Change curriculum
- Probation funding is available for treatment

Gaps and Challenges

- It can take six months to get medication in the community- Treatment Court experience
- Significant increase in revocations in last year- new criminal charges (meth, opioids)
- Medicaid suspension began in Montana in the last month
- Individuals are released without a driver's license or Social Security card, so they cannot get into Federal buildings and cannot get community mental health services or employment
- Some providers do not take Medicaid
- Lack of timely access to care
- Lack of residential treatment
- Lack of substance abuse services
- The public safety community is not familiar with Mental Health First Aid, but is interested
- The group homes are full
- Lack of Housing First

Quick Fixes

- Mental Health First Aid will distribute contact information for trainers listed
- VA referrals by police treatment- Bob McCabe
- Address gaps in aftercare medication for people leaving the jail
 - Get specifics of what is actually happening
 - Develop a list of people in detention center with Severe Mental Illness and/or receiving psychotropic medication in last two months
 - Capt. Grimmis will ask SPRETRUM
 - Put in place a working committee to address issue
 - Capt. Grimmis will call for a meeting by the end of July

Planning Groups

- Criminal Justice Coordinating Council
- Citizens Advisory Board
- Local Advisory Committee
- Monthly operations meeting

Housing

- YWCA Transitional Housing
 - Women and children- 26 beds
 - Less than two years; average is six months to one year
- Public Housing Authority
 - Allows appeals; often approved
- Continuity of Care meeting on Housing First
- Florence Crittenton has a HUD Housing First grant
- DOC has stipends for transition rent
 - Several sober houses

- Boyd Andrews: 7 beds
- Private landlords
- Religious organizations with housing
 - 20 private landlords- Charlie Carson
 - Salvation Army- male, female, family, God's love shelter
- VA grant per diem
- HUD VASH
- Volunteer of America

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Priorities for Change (as determined by mapping participants)

Rank	Priority	Priority Vote	General Vote	Total
1	Develop a county information system that criminal justice agencies feed into. <ul style="list-style-type: none"> • Hire 1 FTE to coordinate data integration • Develop system performance indicators 	15	4	19
2	Expand Affordable and safe housing options <ul style="list-style-type: none"> • Explore the Quixote Village Model 	0	11	11
3	New Detention Center <ul style="list-style-type: none"> • Space for all this good work 	4	5	9
3	Implement jail case manager and therapist positions and Detention Facility Coordinator <ul style="list-style-type: none"> • Determine why using CM's and address 	3	6	9
4	Expand detox options	1	5	6
5	Develop public education/awareness. Increase awareness of CJ System and BH <ul style="list-style-type: none"> • Engage and inform the public to get their support • City and County government need formal education • Link to Montana Justice Reinvestment • Focus on cost savings, recidivism reduction and public health outcomes 	0	5	5
6	Implement evidence-base pre-trial services -develop data driven performance measures	1	2	3
6	Strengthen links between crisis and detention and Law Enforcement <ul style="list-style-type: none"> • CRT response with LE • CRT Expansion 	1	2	3
7	Mental Health 1 st Aid Training Identify who should be trained Strategy to track who has been trained	0	3	3
8	Develop a Resource Directory <ul style="list-style-type: none"> • Build on work of the MSU-Cody • One stop shop • Maintain an update directory 	0	2	2
8	Expand treatment capacity Providers and prescribers Providers who take Medicaid and Medicare	0	2	2
9	Expand evidence based risk assessment for jail detainees Implement for misdemeanors and early felonies in Municipal and Justice Court	0	1	1
9	CJ Coordinating Council needs staff adjustments <ul style="list-style-type: none"> • Support CJCC efforts and move them forward 	0	0	1
9	Enhance CIT <ul style="list-style-type: none"> • Explore adding CIT training to POST 			
9	Develop a liaison to /from Native American community to focus on the CJ/BH intersections	0	1	1

Rank	Priority	Priority Vote	General Vote	Total
	Continue to improve communication and shared responsibility between county and state			0
	Address gaps in aftercare medications			0
	Strengthen early identification for children and youth			0
	Formalize ways for case managers and liaisons to strengthen “warm hand offs” <ul style="list-style-type: none"> • Look at Bozeman’s systems navigators 			0

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Lewis and Clark County Action Plan

Priority: Moving Forward			
Objective	Action Step	Who	When
Report summarizing results of mapping workshop	<ul style="list-style-type: none"> • First draft of Action Plan 	PRA to Laura Erikson who will share with other participants	7/7/16
	<ul style="list-style-type: none"> • Participant List • First draft of the report • Smaller subcommittee of LAC to review our report • LAC subcommittee and other workshop participants will provide feedback to county who will compile and provide to PRA • PRA to finalize report 	<p>Laura to participants</p> <p>PRA to Laura</p> <p>LAC</p>	By 7/29/16
Follow up meeting	<ul style="list-style-type: none"> • Commissioner Andy Hunthausen to call next meeting 	Commissioner Hunthausen	
Encourage leadership and action by the Criminal Justice Coordinating Council	<ul style="list-style-type: none"> • Support buy-in of these efforts by judiciary <ul style="list-style-type: none"> ○ Consider bringing in judges who have been leaders in other localities: Judge Steve Leifman of Miami-Dade County, Judge Goss, other possibilities? • Develop staff support for CJCC • Submit grant application to Montana Healthcare Foundation 		

		Laura Erikson	mid-August
Encourage and support citizen input	<ul style="list-style-type: none"> • Build on work of Citizens Advisory Council (CAC) 		
Develop staff position(s) to support the work of the CJCC	<ul style="list-style-type: none"> • 		
Build on Stepping Up Partnership	<ul style="list-style-type: none"> • Resolution has been passed • At County Commissioners, LAC (MH Advisory Council) to take the lead 	LAC	
Integrate this work with the work of the LAC	<ul style="list-style-type: none"> • LAC's current priorities: <ul style="list-style-type: none"> ○ Protocol for community commitments ○ Suicide <ul style="list-style-type: none"> ▪ Incorporate MHFA training ○ Housing ○ Crisis from point of view of law enforcement <ul style="list-style-type: none"> ▪ Incorporate work of priority from this workshop • Develop smaller subcommittee of LAC to review the report from this workshop • Include the work from the mapping workshop as part of the regular agenda of the LAC going forward 	LAC New committee LAC LAC	Begins in September
Connect with other key players in broader system who are interested in same priorities	<ul style="list-style-type: none"> • Early Identification • Housing Continuum of Care 		
As city and county look at System Redesign of larger criminal justice system, build on the work of this mapping workshop focusing specifically on the justice-involved behavioral	<ul style="list-style-type: none"> • Are there Intercept 0 changes/interventions that can be made? • Can we shorten the time in jail for the behavioral health population? Specifically for those with severe mental illness? Those with substance use disorders? • Explore deferred prosecution options 		

health population	<ul style="list-style-type: none"> • Build on successes of what is already working 		
Develop Performance Indicators for the behavioral health and criminal justice systems to determine if progress is being made with this work going forward	<ul style="list-style-type: none"> • Develop a committee • First meeting to lay issues on the table and develop open dialogue with SPECTRUM • Second meeting to follow up with SPECTRUM to see what they can do • Explore Outcome Measures developed in Salt Lake County as part of their Stepping Up Initiative: <ul style="list-style-type: none"> ○ Decrease the number of people with mental illness being admitted to jail ○ Decrease time people with mental illness spend in jail ○ Increase linkage to community services for people with mental illness as they leave jail ○ Decrease returns to jail for people with mental illness 	Capt. Jason Grimmis, Molly, SPECTRUM, Jaden	

❖ Priority Area 1: Develop a County Information System that incorporates information from criminal justice agencies			
Group Action Planning			
Objective	Action Step	Who	When

1.1	<p>DOC Offender Management Information System ---- "Platform"</p> <p>Jail Based Module</p> <p>With a bridge to MA eligibility; including suspension</p> <p>In development: application for MA</p> <p>Validated risk assessment for BH (MH and SA) and suicide</p> <p>Piloting in 2 counties (counties already chosen)</p>	<p>County next steps:</p> <ul style="list-style-type: none"> • Determine costs for mapping to patrol and dispatch • Startup grant • Develop an understanding of costs to start • Develop a plan to sustain: <ul style="list-style-type: none"> ○ Primary cost is hosting data ○ Deb has funds now ○ Need estimates for future 		
1.3	<p>Hire 1 FTE staff person to coordinate data integration</p>	<ul style="list-style-type: none"> • • 		
1.4	<p>Develop system performance</p>	<ul style="list-style-type: none"> • 		

	indicators			
1.5	Use the data to “tell our story”	<ul style="list-style-type: none"> • • 		

Priority Area 2: Implement jail case manager and therapist positions along with Detention Facility Coordinator				
Group Action Planning				
Objective	Action Step	Who	When	
2.1	Implement case manager position	<ul style="list-style-type: none"> • Determine why lost case managers in the past and address those issues • 		
2.2	Implement jail therapist position	<ul style="list-style-type: none"> • 		
2.3	Implement Detention Facility Coordinator position	<ul style="list-style-type: none"> • 		
2.4	Examine Bozeman’s Systems Navigators	<ul style="list-style-type: none"> • 		

Priority Area 3: Develop a new Detention Center				
Group Action Planning				
Objective	Action Step	Who	When	

3.1	Incorporate space for “all this good work”	<ul style="list-style-type: none"> • • 		
3.2	Develop strategies to more effectively get the message out	<ul style="list-style-type: none"> • 		

Priority Area 4: Develop public education/awareness efforts to increase understanding of criminal justice and behavioral health systems				
Group Action Planning				
Objective		Action Step	Who	When
4.1	Engage and inform public to get their support	<ul style="list-style-type: none"> • 		
4.2	Provide education/training for City and County government	<ul style="list-style-type: none"> • 		
4.3	Link to Montana Justice Reinvestment initiative	<ul style="list-style-type: none"> • 		
4.4	Meet with newspaper staff	<ul style="list-style-type: none"> • Share information about this initiative 	Gary Mihelish, Eric Bryson, Commissioner Good Geise, Molly , Sheriff, Commissioner Hunthausen, Mignon Waterman	By end of July
4.5	Focus on cost savings, reduction of criminal	<ul style="list-style-type: none"> • 		

	recidivism, and public health outcomes			
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Priority Area 5a: Implement evidence-based Pretrial Services and Pretrial Release				
Committee: Capt. Jason Grimmis, Pretrial Services staff of Detention Center, Jenny Kaleczyc, John Wilkinson, and Annette Carter				
Group Action Planning				
Objective		Action Step	Who	When
5.1	First meeting to review the issue	<ul style="list-style-type: none"> • Capt. Grimmis will meet with Pretrial Services staff and John • Get updated on current status • Take a look at risk assessment tool being used • Consider what it will take to get the pretrial services initiative progressing further 	Capt. Grimmis	
5.2	Examine what other Montana Counties are doing for pretrial	<ul style="list-style-type: none"> • 		
5.3	Include Initial Appearance judges in discussion	<ul style="list-style-type: none"> • 		
5.4	Build on the work Annette Carter currently does reviewing the jail census for those on probation/warrant/"pretrial status"	<ul style="list-style-type: none"> • Now looking to screen and develop a viable release plan that helps maintain sobriety • Invite others to join: Social worker in Public Defenders Office, 		Tuesday at 10 a.m. in Annette Carter's office

		others		
5.5	Develop data driven performance measures	•		
5.6	For the long term, consider where pretrial services will be housed	•		

Priority Area 5b: Strengthen links between Crisis Services and Law Enforcement along with EMTs

Group Action Planning

Objective	Action Step	Who	When
5.7 Put protocols in place as soon as possible	<ul style="list-style-type: none"> Email others to be involved Duplicate Bozeman protocols HB33 Funds crisis/jail diversion state funds look at this process consider applying 	Natalie to: <ul style="list-style-type: none"> Operations Manager Prescriber Sheriff Helena Police Department 	
5.8 Expand Crisis Response Team capacity	•		

Priority Area 6: Provide Mental Health First Aid Training to Public Safety staff and others

Committee: Jill, Melanie, Michele, Annette

Group Action Planning

Objective		Action Step	Who	When
6.1	Identify who should be trained	•		
6.2	Track who has been trained	•		

Priority Area 7a: Develop a Resource Directory of Community Resources

Group Action Planning

Objective		Action Step	Who	When
7.1	Build on work of MSU-Cody staff	•		
7.2	Make this a “one stop shop”	•		
7.3	Develop a strategy to keep this directory updated	•		

Priority Area 7b: Expand treatment capacity in the county

Group Action Planning

Objective		Action Step	Who	When
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7.4	Focus on providers and prescribers	•		
7.5	Focus on providers who take Medicaid and Medicare	•		

Priority Area (unranked): Strengthen early identification and intervention for children and youth				
Group Action Planning				
Objective		Action Step	Who	When
	Develop better understanding of youth in detention center	<ul style="list-style-type: none"> Get age data from the detention center: Who comes to jail, why, and how long they stay 		
	Build on the work County Commissioners currently fund for community supports and early intervention	•		
	Engage Childhood Council	<ul style="list-style-type: none"> Develop a position to sustain their efforts 		
	Build on work of ACES and Trauma Informed Care Initiative	<ul style="list-style-type: none"> Take advantage of available training Engage Elevate Helena Affiliate 	Trina is a trainer Rebecca Harvest @Youthhome	

Recommendations

1. Formalize Behavioral Health and Criminal Justice planning efforts.

Current planning for Behavioral Health and Criminal Justice initiatives is divided among the Criminal Justice Coordinating Council (CJCC), the Local Advisory Board (LAC) and the Citizens Advisory Board (CAB). In addition, there is a monthly operations meeting attended by department heads or representatives. While there is ample discussion among the various groups, there does not appear to be a cohesive planning structure which promotes prioritizing issues and developing Action Planning to address the issues. The roles of the various committees must be clearly delineated and responsibility assigned to address priorities and develop Action Steps.

Creating a Behavioral Health Criminal Justice Coordinator position, may also help focus efforts on more formal planning and program development.

2. Improve coordination between the Police CIT Teams, hospitals, Journey Home and the Crisis Response Team.

While there are many elements of a Crisis Continuum of Care (<http://store.samhsa.gov/shin/content/SMA14-4848/SMA14-4848.pdf>) : CIT Officers, a Crisis Response Team, Crisis Stabilization Center (Journey Home) their remains fragmentation in functioning, partly due to design and partly to funding. Since medical clearance is required before someone can be brought to Journey Home, law enforcement must first transport to local hospitals resulting in hours spent in emergency rooms waiting for medical clearance.

Solutions depend partially on funding, partially on policy or possibly legislative change and availability and deployment of medical personnel.

Suggestion to address the issues are:

- Add capacity for medical clearance at Journey Home
- Allow EMT's who respond to provide medical clearance
- Add Psychiatric Emergency component at local hospitals to accelerate medical clearance and provide short term (24 hour) assessment and stabilization and triage.
- Expand capacity of the CRT Team to develop co-response capacity with law enforcement and provide additional capacity to provide post ER room engagement with services
- Consider developing telehealth capacity to guide and assist law enforcement response in remote locations. Remington, A. (2016). *Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection* (Appendix 1)
- Consider development of Peer Respite component to provide for both respite placement to avoid crisis or to provide additional time to transition from emergency or crisis services (<https://www.power2u.org/downloads/Peer-Respite-Toolkit.pdf>)

3. Develop more formal and coordinated screening and diversion strategies for Arraignment Diversion (Intercept 2) and pre plea diversion (Intercept 3)

There is a lack of formal screening and diversion strategies at arraignment and at the jail. Discussion suggested screening for mental health issues and veteran's issues was not consistent and formal screening tools were not being utilized. Formalizing screening protocols at arraignment and at the jail is the first step in expanding and implementing diversion strategies.

Many screens, such as the Brief Jail Mental Health Screen, are in the public domain (<http://gainscenter.samhsa.gov/pdfs/disorders/bjmhsform.pdf>).

Additional brief mental health screens include the

- i. Correctional Mental Health Screen: <http://www.asca.net/system/assets/attachments/2639/MHScreen-Men082806.pdf?1300974667>
- ii. Mental Health Screening Form III: <http://www.ncbi.nlm.nih.gov/books/NBK64187/>

Brief alcohol and drug screens include the

- iii. Texas Christian University Drug Screen V: <http://ibr.tcu.edu/wp-content/uploads/2014/11/TCUDS-V-sg-v.Sept14.pdf>
- iv. Simple Screening Instrument for Substance Abuse: <http://www.ncbi.nlm.nih.gov/books/NBK64187/>
- v. Alcohol, Smoking and Substance Involvement Screening Test: http://www.who.int/substance_abuse/activities/assist/en/

Guidelines for Screening for Veteran status can be found in Appendix 2.

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, "Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders in the Criminal Justice System", <http://store.samhsa.gov/product/Municipal-Courts-An-Effective-Tool-for-Diverting-People-with-Mental-and-Substance-Use-Disorders-from-the-Criminal-Justice-System/All-New-Products/SMA15-4929>. The monograph identifies 4 essential elements of arraignment diversion programs. Improving screening, clinical assessment and engagement at diversion may also help address the failure to appear cases with behavioral health disorders who are released without referral or follow-up. Two program briefs, CASES brief, MAP brief which describe arraignment diversion programs can be found in Appendix 3 and 4.

The planned probation pre-trial unit of the Lewis and Clark County Sheriff's Office can be an important partner in screening and identifying potential diversion both at arraignment and at the jail for later diversion candidates to minimize jail time and expedite entry into diversion programs. Examine the role of the social worker in the Public Defender's Office to be more central in screening and initiating referrals for diversion programs. Shelby Co. TN, Travis Co. Texas and Legal Aid in NYC, have Public Defender run diversion programs.

4. In planning for the new jail, address specific program needs of persons with behavioral health disorder.

Lewis and Clark County has a great opportunity to develop a jail that addresses both custody and program needs of persons with health behavioral health disorders.

- Consider a behavioral health planning subcommittee to make recommendations to the jail planning committee.
 - Insure screening for behavioral health disorders using formal screening tools. (See Recommendation #3) for a list of screening tools.
 - Insure screening for veterans' status at booking. The proper question, "Have you ever served in the military?" should be included in booking protocols. (Appendix 2).
 - Consider utilizing the Department of Veterans Affairs Veterans Reentry Search Service (VRSS) (Appendix 5). This service allows jails to match their data base to the Department of Defense data base to identify individuals with military experience. For jails/prisons that participate, identification of veterans has increased by 30%.
 - Include Screening for Native Americans. The CSG Montana Justice Reinvestment Report indicate the Native Americans are overrepresented in the Criminal Justice system. Though participants did not perceive an over representation in Lewis and Clark County, there were no formal screening procedures established and no data available to make a definitive finding.
 - In selecting health care providers insure the following:
 - Jail health/behavioral health services can participate in community health information exchanges and policy and procedure insure adequate exchange of health information between the community and the jail health provider. (*Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies* <http://www.cochs.org/files/HIT-paper/technology-continuity-care-nine-case-studies.pdf>)
 - (*Jails and Health Information Technology: A Framework for Creating Connectivity* http://www.cochs.org/files/HIT-paper/cochs_health_it_case_study.pdf)
 - Insure jail formulary includes medication commonly provided by community behavioral health agencies and that policy and procedures be developed to address off formulary medication needs.
 - Insure staffing capacity (this can also be done by in-reach DSS staff or community staff dedicated to transition planning) to enroll individuals in Medicaid to insure prompt access to medication and services upon release. Insure local Medicaid is involved in planning for prompt processing of Medicaid applications
5. Explore strategies to address housing and improve collaboration with the Housing Authority and to develop and expand housing options.

Housing was the # 2 ranked priority. Housing First strategies were not generally used to target high need individuals for housing. While there is a Continuum of Care Committee, there has not been focus on the justice involved population. Communities around the country have begun to

develop more formal approaches to housing development, including use of the Housing First model. The 100,000 Home Initiative identifies key steps for communities to take to expand housing options for persons with mental illness (see <http://100khomes.org/resources/housing-first-self-assessment>). The following resources are suggested to guide strategy development:

- 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>
 - Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. (2012). Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities. *Journal of Forensic Psychology Practice*, 12, 382–408.
 - Tsemberis, S. (2010). *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. Center City, MN: Hazelden Press.
 - Stefancic, A., Henwood, B. F., Melton, H., Shin, S. M., Lawrence-Gomez, R., and Tsemberis, S. (2013). Implementing Housing First in Rural Areas: Pathways Vermont, *American Journal of Public Health*, 103, 206–209.
 - An Alliance for Health Reform Toolkit:
http://www.allhealth.org/publications/Disparities_in_health_care/Health-and-Housing-Toolkit_168.pdf
 - Housing First Self-Assessment:
<http://100khomes.org/sites/default/files/Housing%20First%20Self%20Assessment%20Tool%20FINAL%2010.31.13.pdf>
 - Shifting the Focus from Criminalization to Housing:
<http://homelessnesslaw.org/2016/07/shifting-the-focus-from-criminalization-to-housing/>
 - Lehman, M.H., Brown, C.A., Frost, L.E., Hickey, J.S., and Buck, D.S. (2012). Integrated Primary and Behavioral Health Care in Patient-Centered Medical Homes for Jail Releasees with Mental Illness. *Criminal Justice and Behavior*, published online.
6. Expand use of the SOAR initiative to the justice involved populations.
- Expanding the SOAR initiative to the justice involved population is likely to improve access to treatment, improve access to housing and lower recidivism as has been documented in Miami-Dade County and Oklahoma. See Resources section for a list of SOAR resources.

Resources

Crisis Response and Law Enforcement

- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness*.
<http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponseToPersonsWithMentalIllnessSummit.pdf>
- International Association of Chiefs of Police. *Improving Officer Response to Persons with Mental Illness and Other Disabilities*. http://www.theiacp.org/Portals/0/pdfs/IACP_Responding_to_MI.pdf
- CIT International, Inc. - <http://www.citinternational.org>
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model*.
<http://saskbprc.com/index.php/2014-08-25-20-54-50/the-hub-cor-model>
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide*.
<http://www.sprc.org/sites/sprc.org/files/LawEnforcement.pdf>
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions*. https://www.bjatrainng.org/sites/default/files/naloxone/Police%20OOD%20FAQ_0.pdf
- National Association of Counties. *Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems*.
<http://www.naco.org/newsroom/pubs/Documents/Health,%20Human%20Services%20and%20Justice/CrisisCarePublication.pdf>
- SAMHSA. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*.
<http://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/SMA14-4848>

Data Analysis/Matching/Frequent Users

- Stepping Up Initiative. <https://stepuptogether.org/updates/county-teams-work-to-make-stepping-up-initiative-a-movement-not-a-moment-at-national-summit>
- The Council of State Governments Justice Center. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism*. <http://csgjusticecenter.org/corrections/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/>
- New Orleans Health Department. *New Orleans Mental Health Dashboard*.
<http://www.nola.gov/getattachment/Health/Data-and-Publications/NO-Behavioral-Health-Dashboard-4-05-15.pdf/>
- Center for Supportive Housing FUSE Resource Center. Supportive housing initiatives for super utilizers (frequent users) of jails, hospitals, healthcare, emergency shelters and other public systems.
<http://www.csh.org/fuse>

- National Governors Association. *Using Data to Better Serve the Most Complex Patients*. <http://www.nga.org/files/live/sites/NGA/files/pdf/2015/1509UsingDataBetterServeComplexPatients.pdf>

Diversion

- GAINS Center. Practical Advice on Jail Diversion: Ten Years of Learnings. <http://www.prainc.com/wp-content/uploads/2015/10/practical-advice-jail-diversion-ten-years-learnings-cmhs-national-gains-center.pdf> [Stepping Up Initiative](#)
- SAMHSA's GAINS Center. Municipal Courts: An Effective Tool for Diverting People with Mental Illness and Substance Use Disorder from the Criminal Justice System. <http://store.samhsa.gov/product/Municipal-Courts-An-Effective-Tool-for-Diverting-People-with-Mental-and-Substance-Use-Disorders-from-the-Criminal-Justice-System/All-New-Products/SMA15-4929S>

Mental Health First Aid

- Illinois General Assembly. *Public Act 098-0195: "Illinois Mental Health First Aid Training Act."* <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0195>
- Mental Health First Aid <http://www.mentalhealthfirstaid.org/cs/>. See modules for Public Safety and Military, Veterans, and Family Members.
- Pennsylvania Mental Health and Justice Center of Excellence. *City of Philadelphia Mental Health First Aid Initiative*. http://www.pacenterofexcellence.pitt.edu/documents/Session10_Piloting_the_Public_Safety_Version_of_MH_FA.ppt

Reentry

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. <http://gainscenter.samhsa.gov/cms-assets/documents/147845-318300.guidelines-document.pdf>
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies* <http://www.cochs.org/files/HIT-paper/technology-continuity-care-nine-case-studies.pdf>
- SAMHSA's Reentry Resources for Individuals, Providers, Communities, and States. http://www.samhsa.gov/sites/default/files/topics/criminal_juvenile_justice/reentry-resources-for-consumers-providers-communities-states.pdf
- U.S. Department of Justice Reentry work
 - Inaugural National Reentry Week <http://ojp.gov/ojpblog/reentry-bridging-gaps.htm>

- Corrections and Reentry Practice Outcomes at CrimeSolutions.gov
<http://www.crimesolutions.gov/TopicDetails.aspx?ID=2>
- Center for Faith-Based and Neighborhood Partnerships
<http://ojp.gov/fbnp/reentry.htm>
- Council of State Government Justice Center Reentry Resource Center:
<https://csgjusticecenter.org/nrrc/publications/about-the-national-reentry-resource-center/>

Screening and Assessment

- SAMHSA's GAINS Center. *Screening and Assessment of Co-Occurring Disorders in the Justice System*.
<http://store.samhsa.gov/product/Screening-and-Assessment-of-Co-occurring-Disorders-in-the-Justice-System/SMA15-4930>
- Brief Jail Mental Health Screen. <http://www.prainc.com/resources/criminal-justice/>
 - Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822.

Recovery and Peers - Forensic

- SAMHSA's GAINS Center. *Involving Peers in Criminal Justice and Problem-Solving Collaboratives*.
<http://gainscenter.samhsa.gov/cms-assets/documents/62304-42605.peersupportfactsweb.pdf>
- SAMHSA's GAINS Center. *Overcoming Legal Impediments to Hiring Forensic Peer Specialists*.
<http://www.prainc.com/wp-content/uploads/2015/10/overcoming-legal-impdiments-hiring-forensic-peer-specialists.pdf>
- SAMHSA's GAINS Center (2008). *Peer Support Within Criminal Justice Settings: The Role of Forensic Peers Specialists*. <http://www.prainc.com/wp-content/uploads/2015/10/peer-support-criminal-justice-settings-role-forensic-peer-specialists.pdf>
- Policy Research Associates (2015). *Championing Peer Integration*. <http://www.prainc.com/championing-peer-integration-success>
- NAMI California. *Inmate Medication Information Forms*: [LA NAMI Medication Form - English](#) | [LA NAMI Medication Form - Spanish](#)
- Lincoln Police Department Crisis Referral Program.
<http://www.scattergoodfoundation.org/innovideas/mental-health-association-nebraska#.V1GW5Fc4nsF>
 - Keya House. <http://www.mha-ne.org/keya/?gclid=CPTLpZGERSYCFRc8gQodW00leA>
- Bringing Recovery Supports to Scale TA Center Strategy (BRSS TACS). <http://www.samhsa.gov/brss-tacs>
 - <http://www.samhsa.gov/brss-tacs/webinars>

Sequential Intercept Model

- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549. <http://ps.psychiatryonline.org/doi/10.1176/ps.2006.57.4.544>
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press. <https://global.oup.com/academic/product/the-sequential-intercept-model-and-criminal-justice-9780199826759?cc=usandlang=enand>
- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model*. <http://gainscenter.samhsa.gov/cms-assets/documents/145789-100379.bh-sim-brochure.pdf>

SOAR --- SSI/SSDI Outreach, Access and Recovery

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- Information regarding SOAR for justice-involved persons can be found here: <https://soarworks.prainc.com/topics/criminal-justice>
- The online SOAR training portal can be found here: <http://soarworks.prainc.com/course/ssisdi-outreach-access-and-recovery-soar-online-training>
- The SOAR Works contact for <https://soarworks.prainc.com/states/montana>

Trauma-Informed Care

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. *Essential Components of Trauma Informed Judicial Practice*. http://www.nasmhpd.org/docs/NCTIC/JudgesEssential_5%201%202013finaldraft.pdf
- SAMHSA's GAINS Center. *Trauma Specific Interventions for Justice Involved Individuals*. <http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf>
- SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. <http://gainscenter.samhsa.gov/cms-assets/documents/200917-603321.sma14-4884.pdf>

Tribal

- Bureau of Justice Assistance. *Risk Need Responsivity: Turning Principles into Practice for Tribal Probation Personnel*. <https://www.appa-net.org/eweb/docs/APPA/pubs/RNRTPTPP.pdf>

- Center for Court Innovation. *State and Tribal Courts: Strategies for Bridging the Divide*. <http://www.courtinnovation.org/sites/default/files/documents/StateAndTribalCourts.pdf>
- State Health Reform Assistance Network. *Implications of Health Reform for American Indian and Alaska Native Populations*. <http://www.rwjf.org/en/library/research/2012/02/implications-of-health-reform-for-american-indian-and-alaska-nat.html>
- National Tribal Judicial Center. *Walking on Common Ground: Tribal-State-Federal Justice System Relationships*. <https://www.walkingoncommonground.org/files/Background%20%20WOCG%202010.pdf>
- Bureau of Justice Assistance. *Improving the Administration of Justice in Tribal Communities through Information Sharing and Resource Sharing*. https://www.bja.gov/Publications/APPA_TribalInfoResourceSharing.pdf
- Bureau of Justice Assistance. *Tribal Probation: An Overview for Tribal Court Judges*. <https://www.appa-net.org/eweb/docs/appa/pubs/TPOTCJ.pdf>
- Office of Justice Programs. *Healing to Wellness Courts: A Preliminary Overview of Tribal Drug Courts*. <http://www.tribal-institute.org/download/heal.pdf>

Veterans

- SAMHSA's GAINS Center. *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions*. http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf
- Justice for Vets. *Ten Key Components of Veterans Treatment Courts*. <http://justiceforvets.org/sites/default/files/files/Ten%20Key%20Components%20of%20Veterans%20Treatment%20Courts%20.pdf>

- Department of Veterans Affairs Veterans Re-entry Search Service (VRSS)

At the request of the former Secretary of Veterans Affairs (VA), Eric Shinseki, the Homeless Program Office developed an automated system called Veteran Re-entry Search Service (VRSS) to locate Veterans who are currently incarcerated in federal, state, city and county correctional facilities, or who are represented as defendants on court dockets. There are approximately 1,295 federal and state, 3,000 city/county correctional facilities, and 3,000 to 4,000 courts in the United States (US), but no automated method to identify charged, convicted, or incarcerated Veterans. Through comparison of records from Correctional Facilities and Court Systems and the Veterans Affairs/Department of Defense Identity Repository (VADIR), VRSS will be used to identify Veterans incarcerated or under supervision in the courts. User Guide can be found at:

https://vrss.va.gov/vrss_userguide.pdf

APPENDIX INDEX

Appendix 1 Sequential Intercept Mapping Workshop Participant List

Appendix 2 Remington, A.A. (2016). *Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection.*

Appendix 3 SAMHSA's GAINS Center. (2008). *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.*

Appendix 4 CASES. (2011). *Transitional Care Management Program: New York County Misdemeanor Diversion Program for People with Mental Illness.*

Appendix 5 Policy Research Associates. (2013). *Creating an Indigent Defense Diversion Team: The Manhattan Arraignment Diversion Project.*

Appendix 6 Department of Veterans Affairs. (2014). *VA's Veterans Justice Outreach Program: Services for Veterans Involved in the Justice System.*