“Using the Sequential Intercept Model to Decriminalize Mental Illness”
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Travis Parker, M.S., L.I.M.H.P., C.P.C.-Program Area Director
Policy Research, Inc.-Delmar, NY
WELCOME BACK RECIDIVISTS!
Focus

Men and women with…

• Serious mental illness, and often
  • Co-occurring substance use disorders
  • Involved with the criminal justice system
Goals

• Promote and support **recovery**
• Provide **safety**, quality of life for all
• Keep out of jail, in **treatment**
• Provide **constitutionally adequate** treatment in jail
• Link to comprehensive, appropriate, and integrated community-based services
“I must here add, that in some few prisons are confined idiots and lunatics. No care is taken of them, although it is probable that by medicines, and proper regimen, some of them might be restored to their senses, and to usefulness in life.”

John Howard-Prison Reformer-1777
“Poor, uneducated people appear to use the police in the way that middle-class people use family doctors and clergy-men—that is, as the first port of call in time of trouble.”

62 YEARS AGO

“Policemen confront perversion, disorientation, misery, irresoluteness, and incompetence much more often than any other social agent.”

Jails and Mental Disorders

- 4% of the general population have SMI
- 17% of jail inmates have SMI
- 72% of those in jail with SMI have a co-occurring disorder

References:
National Survey of Drug Use & Health, 2017
Steadman, Osher, Robbins, Case, & Samuels, 2009
Teplin, 1990
Teplin, Abram, & McClelland, 1996
Abram, Teplin, & McClelland, 2003
Jails and Substance Use Disorders

- **80%** of arrestees tested positive for a drug
- **63%** of jail inmates have a **substance use disorder**
- **22%** have CODs
- **41%** have only SUDs
- Only **1 in 5** inmates receive drug treatment while incarcerated

Arrestee Drug Abuse Monitoring, 2013
Bronson, Zimmer, & Berzofsky, 2017
Wilson, Draine, Hadley, Metraux, & Evans, 2011
Prevalence of Trauma
## Trauma and the Justice System

<table>
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<tr>
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<td>88.6%</td>
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<tr>
<td>Total</td>
<td>92.2%</td>
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Improve integrated service delivery by promoting collaboration.
"It's time we face reality, my friends. ... We're not exactly rocket scientists."
Challenges to Collaboration

- Funding silos
- Limited resources create a competitive and/or protective environment
- System cultures
Enhancing Collaboration

- Cross-training
- Interagency agreements
  - Coordinate services
  - Communication
  - Information sharing (data)
  - Partnerships
- Success involves
  - Task forces
  - People with lived experiences
  - Boundary spanners/champions
Benefits of Effective Collaboration

Community Collaboration + Services Integration =

↑ Service retention
↑ Stability in the community
↑ Public safety
Collaboration

TASK FORCE COLLABORATION

Professionals + People with Lived Experiences + Family Members and Advocates

- Criminal Justice
- Mental Health
- Substance Use
- Social Services
- Entitlements
- Housing
- Veterans Services
- Health
Sequential Intercept Model

- People move through the criminal justice system in predictable ways
- Illustrates key points, or intercepts, to ensure:
  - Prompt access to treatment
  - Opportunities for diversion
  - Timely movement through the criminal justice system
  - Engagement with community resources
What is SIM Mapping?

- The Sequential Intercept Model can be used by communities to:
  - Transform fragmented systems
  - Assess gaps and opportunities
  - Identify where interventions are needed
  - Streamline duplicative efforts

Depicts how adults with behavioral health needs move through the criminal justice system.
The “Unsequential” Model

- Mental Health
- Substance Use
- Arrest
- Community
- Community Supervision
- Jail
- Initial Hearings
- Prison
- Reentry
- Courts
- Substance Use

Mental Health
Sequential Intercept Model

Community Services
- Crisis Lines
- Crisis Care Continuum

Law Enforcement
- 911
- Local Law Enforcement

Initial Detention/Initial Court Hearings
- Initial Detention
- First Court Appearance

Jails/Courts
- Specialty Court
- Dispositional Court

Reentry
- Prison Reentry
- Parole
- Jail Reentry
- Probation

Community Corrections
The Filter Model

0. Best Clinical Practices: The Ultimate Intercept

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

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

IV. Reentry from Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community

Munetz & Griffin, 2006
LE Roles: Warrior vs. Guardian

- Focus on preventative policing: “Absence of crime is not the final goal of law enforcement. Rather, it is the promotion of and protection of public safety while respecting the dignity and rights of all.”
- “Least harm” approach by all, not just specialized units
Crisis to Stabilization Care Continuum

- Mobile Crisis Outreach/Police co-response
- 24/7 Walk-in/Urgent Care w/connectivity
- ER Diversion and Peer Support/Navigators
- Crisis Stabilization – 16 beds, 3-5 days
- Crisis Residential – 18 beds, 10-14 days
- Crisis Respite – Apartment-style 30 days
- Transition Residential – Apartment-style 90 days
- Peer Respite Residential
- Critical Time Intervention: up to 9 months
# Crisis Stabilization Deep Dive: 2016

**Mecklenburg County (Charlotte), NC**

## Pre-Crisis (Preventive)
- **National Alliance on Mental Illness**
  Family and consumer education, resource information, and advocacy
- **Monarch Walk-in Clinic**
  Evaluations, medication management, therapy
- **Anuvia Prevention and Recovery Center**
  Detox Services
  24/7/365 Social Detox
- **Amara Wellness Walk-in Clinic**
  Evaluations, medication management, therapy
- **Promise Resource Network**
  Recovery Hub
- **Urban Ministry**
  Homeless diversion w/street outreach
- **Charlotte Community Based Outpatient Clinic**
  For Veterans
  Individual, group, family counseling
- **Charlotte Vet Center**
  Range of social and psychological services

## Crisis, Not Emergency
- **Davidson Lifeline**
  Crisis hotline, training
- **National Alliance on Mental Illness**
  Family/consumer education, resource recommendations, advocacy
  Family/consumer support thru crisis
- **Cardinal Innovations Call Center**
  Crisis referral/info 24/7/365
- **Mobile Crisis**
  24/7/365
  Assess, triage, refer
- **Monarch Walk-in Clinic**
  Evaluations, medication management, therapy
- **Amara Wellness Walk-in Clinic**
  Evaluations, medication management, therapy
- **Anuvia Prevention and Recovery Center**
  Detox Services
  24/7/365 Social Detox

## Emergency
- **911 Dispatch**
- Over 100 Telecommunicators
- 16-hr Crisis Intervention Team (CIT) training
- **Cardinal Innovations Call Center**
  Crisis referral/info 24/7/365
- **MEDIC**
  24/7/365
  Assess, triage, transport
- **Mobile Crisis**
  24/7/365
  Assess, triage, refer
- **Carolina Healthcare System**
  Behavioral Health – Charlotte
  24/7/365 Psychiatric Emergency Department
  Inpatient unit
  Observation unit
- **Behavioral Health – Davidson**
  Psychiatric hospital
- **Presbyterian Hospital**
  Acute Care Emergency Department
  Behavioral health beds
  Child/adolescents unit
- **Mobile Crisis**
  24/7/365
  Assess, triage, refer

## Post-Crisis or Emergency
- **National Alliance on Mental Illness**
  Family and consumer education, resource info, and advocacy
  Recommendations for on-going recovery support
- **Promise Resource Network**
  Recovery Hub
  Peer support transition from inpatient setting
- **Peer Bridger Program**
  Transition from Hospital and Jail
  Peer support transition from inpatient setting
- **HopeWay**
  Residential treatment
  Day treatment
  Two transitional living centers
- **Charlotte Community Based Outpatient Clinic**
  For Veterans
  Individual, group, family counseling
- **Charlotte Health Care Clinic**
  For Formerly Incarcerated Individuals
  Housing, employment, educational support; refer to mental health/substance abuse provider for appointments
- **Mecklenburg County Reentry Services**

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**Recovery Advocacy**
- Promise Resource Network; Mental Health America; National Alliance on Mental Illness
Law Enforcement/Emergency Services

• **Crisis Intervention Teams**
  - Community Partnership
  - 40 Hours Training
  - Accessible, responsive Crisis Care system

• **Co-Responder Model**
  - Mental health professionals employed by police department
  - LAPD MEU: CAMP, SMART; Triage Unit
  - Early Diversion: Boulder; Knoxville
  - Houston PD MH Division
  - Pima County MHIST

• **Off site support**
  - Telephone Support to on scene officers (Hawaii, Fort Worth)
  - Video Conference Support to on scene officers (Lincoln, NE, Springfield, MO)

• **Mobile mental health crisis teams**

• **Specialized EMS Response**
  - Ambulance/Fire specialized MH training/co-response (Atlanta, Wake Co, NC)
Intercept 0
Community Services

- Crisis Lines
- Crisis Care Continuum
- Hospitals

Intercept 1
Law Enforcement

- 911 Dispatch
- Local Law Enforcement
9-1-1: Asking Specifically About BH?

- Does this call involve anyone with mental health issues?
  - If **No**, proceed with call-slip processing
  - If **Yes**, the following questions are to be asked and the responses added to the call-slip:
    - Does the individual appear to pose a danger to him/herself or others?
    - Does the person possess or have access to weapons?
    - Are you aware of the person’s MH or SA history?
Crisis Intervention Team (CIT)

- Police-to-Community Partnerships: bridges gap between police response and BH care
  - Law enforcement, behavioral health care providers, persons with behavioral health challenges, family members, and members of the community
- 40-hour training program of police-based first responder crisis intervention
  - Understanding behavioral health
  - Developing empathy
  - Navigating community resources
  - Learning de-escalation skills
  - Applying tools practically
- Easily accessible and responsive behavioral health crisis system

Developed in 1988 by the Memphis Police Department in conjunction with the University of Memphis and the local chapter of National Alliance for Mental Illness
But…No Good Deed Goes Unpunished

- Person does not meet commitment criteria
- Behavior problem, not mental illness
- Medical problem, not mental illness
- Substance use problem, not mental illness
- Person needs detoxification first
- Person needs medical clearance first
- No health care coverage
- No beds available – “on divert”
- CIT to what?
Essential Elements for Police Diversion

- Central drop off
  - Co-location with SUD services
- Police-friendly policies
  - No refusal policy
  - Streamlined intake
- Legal foundation
  - Criminal code
  - Civil code
- Cross-training
  - Ride-alongs
- Community linkages
  - Case management
  - Care coordination
  - Co-response or warm hand-off
  - Post-crisis stabilization and follow-up services
Diversion Equation in Intercepts 0/1

What First Responders Do Differently

What Treatment Providers Do Differently

System Change
They work together differently
Intercept 0 and 1 Common Gaps

• Lack of Crisis Stabilization Units and continuum of crisis services, including detox
• Lack of sufficient Mobile Crisis Response
• Lack of MH or CIT training for 911 Dispatch
Intercept 2
Initial Detention/Initial Court Hearings

- Initial Detention
- First Court Appearance
Importance of Intercept 2 Diversion

2013 study of pretrial detention in Kentucky (N=155,000)

- When held **2-3 days**, low-risk defendants **40% more likely** to commit crimes before trial
- When held **8-14 days**, low-risk defendants are **51% more likely** to commit crimes 2 years after case disposition

*Detention of low and moderate risk defendants increases their rates of new crimes*
NACo Analysis of Jail Populations

- 87% of jails are owned by counties
- 67% of confined jail population is pretrial
- 40% of jails use a risk assessment
- 60% of jail population assessed “low risk” among jails that use risk assessments
Intercept 2 Essential Elements

- Identification and screening
- Court-based clinician
- Recovery-based engagement
- Proportional response
Sample Mental Health Screens

- Brief Jail Mental Health Screen (BJMHS)
  - Designed for correctional officers to administer at booking
- Correctional Mental Health Screen (CMHS)
  - Separate versions for male and female inmates
- Mental Health Screening Form III (MHSF-III)
  - Designed for people being admitted into substance use treatment
Brief Jail Mental Health Screen

- 3 minutes at booking by corrections officer
- 8 yes/no questions
- General, not specific mental illness
- Referral rate: 11%
  - Men: 73%
  - Women: 61%

Steadman et al. (2005)
Recommended Substance Use Screens

- Texas Christian University Drug Screen-V
  - Past 12-month use based on DSM-V criteria; 17 items
  - Consider combining with the AUDIT for alcohol use

- Simple Screening Instrument for Substance Abuse
  - Past 6-month alcohol and drug use; 16 items
  - Considering combining with the AUDIT for alcohol use

- Alcohol, Smoking, and Substance Involvement Screening Test
  - Screens for lifetime use, current use, severity of use, and risk of IV use. Available from the World Health Organization and NIDA.
Substance Use Screenings, Assessments, and Interventions

- SAMHSA’s Screening & Assessment of Co-Occurring Disorders in the Justice System (2016)

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - SAMHSA’s Systems-Level Implementation of SBIRT (2013)
Suicide Prevention Screening

- Safety Planning
  - Warning signs
  - Coping strategies
  - Identify social supports
  - Link to MH care
  - Minimize barriers to treatment
  - Remove access to means
- 1-hour brief intervention
Traumatic Brain Injury (TBI) Screening

In your lifetime, have you ever...

1. Been hospitalized or treated in an emergency room following an injury to your head or neck?

2. Injured your head or neck in a car accident or from crashing some other moving vehicle, like a bicycle, motorcycle, or ATV?

3. Injured your fall or from being hit by something?

4. Injured your head or neck in a fight, from being hit by someone, or from being shaken violently?

5. Been nearby when an explosion or blast occurred?
Identification and Referral of Veterans

Veterans Reentry Search Service (VRSS)
VA’s web-based system to allow prison, jail, and court staff to quickly and accurately identify Veterans among their inmate populations
https://vrss.va.gov/

Veteran Justice Outreach (VJO) Program
Site Specific Info
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<td>JAIL LOCATION: SANTA RTA:</td>
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<td>DAYTIME MEDICATIONS:</td>
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<td>NIGHTTIME MEDICATIONS:</td>
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<td>PRIOR ADVERSE MEDICATION EFFECTS (e.g., side effects, allergies, poor efficacy):</td>
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<td>IS SUICIDE OR VIOLENCE A CONCERN? ( ) No ( ) Yes ( ) If Yes, Why?</td>
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Gaps at Intercept 2

- Lack of diversion opportunities
- Lack of specialized supervision for people with mental disorders on pretrial supervision
- Lack of multiple mental health screening strategies
Intercept 3
Jails/Courts

Specialty Court

Jail → Dispositional Court
Jails and Courts

- In-jail Services
  - Assessment of in-custody needs
  - Access to medications, MH services, and SU services
  - Communication with community-based providers

- Specialty/Treatment Courts
  - Drug/DUI courts, mental health courts, veterans court, DV, Tribal Wellness courts, reentry courts, etc.
Using Criminal Charges as Treatment Leverage

• Pre-plea: diversion to services in lieu of further case processing

• Post-plea: deferred or modified sentence, often to treatment court
Consequences Courts Must Consider

- Employment/Ban the Box
- Housing
- Voting
- Driver’s License
- Student Loans
- Temporary Assistance for Needy Families
- Food Stamps
# Treatment Courts (NADCP, 2016)

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<td>Mental Health Court</td>
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<td>Family Drug Court</td>
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<td>Veterans Treatment Court</td>
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<td>DWI Court</td>
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<tr>
<td>Tribal Healing to Wellness Court</td>
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Common Gaps at Intercept 3

- Jails
  - Lack of screening for veterans/military service
  - Medication continuity
  - Off-formulary medication
  - Insufficient data about the SMI population with the jail census

- Courts
  - Over reliance on treatment courts
  - Treatment courts limited to post-conviction models
  - Only misdemeanor or only felony models
  - Co-occurring disorders not understood
Intercept 4
Reentry

Prison
Reentry

Jail
Reentry
Reentry is a Matter of Life and Death

• Study of 30,000 prisoners released in Washington State (2007)
  • 443 died during follow-up period of 1.9 years
    • Death rate 3.5 times higher than general population
  • Primary causes of death
    • Drug overdose (71% of deaths)
    • Other: heart disease, homicide, and suicide

• Post-release death by suicide nearly 3 times higher than jail deaths

BJS Statistics, August 2015, NCJ 248756
Facility-to-Community Transition

Reentry Framework

- Reentry begins at facility entry
- Sort the facility population by risk and need. Focus on medium-high risk persons
- Use a validated risk/need screening tool for criminogenic needs and “check list” for transitional needs
- Focus on addressing stability needs in the first 24 hours, 1 week, 3 months and 9 months

Reentry Models

- Refer out
- Reach in
- Transitional reentry
- $40 and a 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)

- 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)
Case Management is Critical

Multiple Needs
- Mental health
- Medications
- Housing
- Substance abuse
- Health
- Income support/benefits
- Food/clothing
- Transportation
- Other (often used for child care needs of women)

Multiple Systems
- MH Services
- SA Services
- Health Services
- Food, Clothing
- Medicaid
- SSA
- Veteran Benefits
- Parole/Probation
- Housing
- Transportation
The APIC Model of Transition Planning

**Assess**
Assess the inmate’s clinical, social needs, and public safety risks

**Plan**
Plan for the treatment & services required to address the inmate’s needs

**Identify**
Identify required community & correctional programs responsible for post-release services

**Coordinate**
Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services
APIC Model Transition Guidelines

• SAMHSA’s 10 guidelines for effective transition planning based on the APIC model

• Best practices of APIC model
## Medication-Assisted Treatment (MAT)

### FDA–approved Medication for Substance Use Treatment and Tobacco Cessation

| Medications for **Alcohol** Dependence | Naltrexone (ReVia®, Vivitrol®, Depade®)  
Disulfiram (Antabuse®)  
Acamprosate Calcium (Campral®) |
|--------------------------------------|-----------------------------------------------------------------------------------|
| Medications for **Opioid** Dependence | Methadone  
Buprenorphine (Suboxone®, Subutex®, and Zubsolv®)  
Naltrexone (ReVia®, Vivitrol®, Depade®)  |
| Medications for **Smoking** Cessation | Varenicline (Chantix®)  
Bupropion (Zyban® and Wellbutrin®)  
Nicotine Replacement Therapy (NRT) |

SAMHSA and HRSA Integrated Solutions [http://www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment)
Public Benefits

- Medicaid suspension/termination
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
GAINS Re-Entry Checklist

- Based on APIC model
- Assist jails in re-entry planning
- Quadruplicate form
- Surveys inmate’s potential needs
- Steps taken to address
GAINS Re-entry Checklist Domains

- Mental health services
- Psychotropic medications
- Housing
- Substance abuse services
- Health care

- Healthcare benefits
- Income support/benefits
- Food/clothing
- Transportation
- Other (often used for child care needs of women)
RNR

- Risk – Chance of future criminal activity
- Need – Target changeable risk factors for crime
- Responsivity –
  - General – Learning style of offenders generally
  - Specific – Specific characteristics of individual
RNR Model: Risk-Need-Responsivity

Major Risk Factors for Recidivism: Central Eight

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

**Moderate Four**
*Can Be Protective Factors*
- Family circumstances
- School/Work
- Leisure/Recreation
- Substance Abuse
Common Gaps at Intercept 4

- Timing is everything…
  - Insufficient medications or prescriptions upon release
  - Lack of Medicaid/SSI enrollment
  - Insufficient connection to community-based services
  - Court releases
  - Transportation
  - Treatment providers who can meet needs
Intercept 5
Community Corrections/
Community Supports

Parole

Probation

Violation
Violation
6.9 Million Under Correctional Supervision

- Probation: 55%
- Prison: 22%
- Jail: 11%
- Parole: 12%
Specialized Caseloads: Promising Practice

- Rely on an effective partnership between supervising probation officers and treatment providers

- Benefits
  - Improves linkage to services
  - Improves functioning
  - Reduces risk of violation

- Probation best practices: validated assessment tools, training for officers, including Motivational Interviewing and building cognitive skills, case planning, & a focus on criminogenic risks
Probation Resources
Peers/Recovery Support

- Improves quality of life
- Strengthens engagement and satisfaction with services/supports
- Enhances whole health, including chronic conditions like diabetes
- Decreases hospitalizations and inpatient days
- Reduces the overall cost of services

Peer support empowers people to make the best decisions for them and to strive towards their goals in their communities.
Components of WRAP Plans

- Daily Maintenance Plan
- Triggers
- Early Warning Signs
- When Things are Breaking Down
- Crisis Plan and Post Crisis

- Hope
- Personal Responsibility
- Education
- Self-advocacy
- Support
Stable Housing is Treatment

BUILDING A STRONG CONTINUUM OF HOUSING RESOURCES

Affordable Rental Housing  Home Ownership

Rapid Re-Housing Permanent Supportive Housing Transitional Housing

Emergency Shelter
Common Gaps at Intercept 5

- Alternatives to technical violation
- Caseloads
  - Lack of specialized caseloads
  - Caseloads with high ratios of probationers to officer
- Housing
- Behavioral health providers
  - Lack of agreements on what information is shared with probation
  - Implementation of RNR strategies
  - Medication Assisted Treatment access
Cross-Intercept Gaps

- Lack of a formal planning structure and coordination
- Information sharing and data integration
- Cross-training
- Evidence-based practices
- Trauma-informed approaches and trauma-specific treatment

- Cross-system screening for military service
- Integrated health services and healthcare reform
- Integration of peer services
- Housing, transportation, employment
- Data, Data, Data
Community Corrections & Community Support

Law Enforcement/Emergency Services

Community Re-Entry

Booking/Initial Appearance

Jails, Courts

Access to Appropriate Services

Munetz & Griffin, 2006
Why add more to do’s

- Justice involved behavioral health populations are
  - Heavy healthcare utilizers
  - At risk for earlier illness and death
  - At risk of deepening exposure to criminal justice

- Moving people from each intercept point and into treatment are critical steps