Clinton County Justice Coordinating Commission
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AGENDA

DATE: **March 16, 2017**
TIME: 3:30 p.m.
LOCATION: Clinton Community College **Room 139**

I.	**Welcome and Introductions** Quorum Call & Approval of January 19, 2017 Minutes	*Dan Srp*
II.	**Financial Report**	*Margaret Kuhl*
III.	**Law Center Project Updates**	*Project Team*
IV.	**Sequential Intercept Model (SIM)** SIM Training report - Paul Phares, Director Community Support Program Robert Young Center - UnityPoint	*Paul Phares* *CCJCC Members who attended SIM training*
V.	**FY17 & FY18 Judicial Branch Budget**	*Judge Marlita Greve* *Kathy Gaylord*
VI.	**How to Open a New Institution (HONI)** NIC Team training April 3-6, 2017	*Margaret Kuhl* *Craig Eberhart*
VII.	**Committee Reports** Court Issues Jail Facility & Planning Mental Health/Substance Abuse Citizen Report	*Committee Chairs:* *Kelly Greenwalt* *Craig Eberhart* *Kim Ralston* *Carole Dunkin* *& Jennifer Graf*
VIII.	**Stepping Up -** A. Updates B. Proposed S.U. Iowa Summit - summer 2017, date TBD	*Margaret Kuhl*
IX.	**Crisis Intervention Team (CIT) training** March 20-24, 2017 - Johnson County, IA	*Margaret Kuhl*

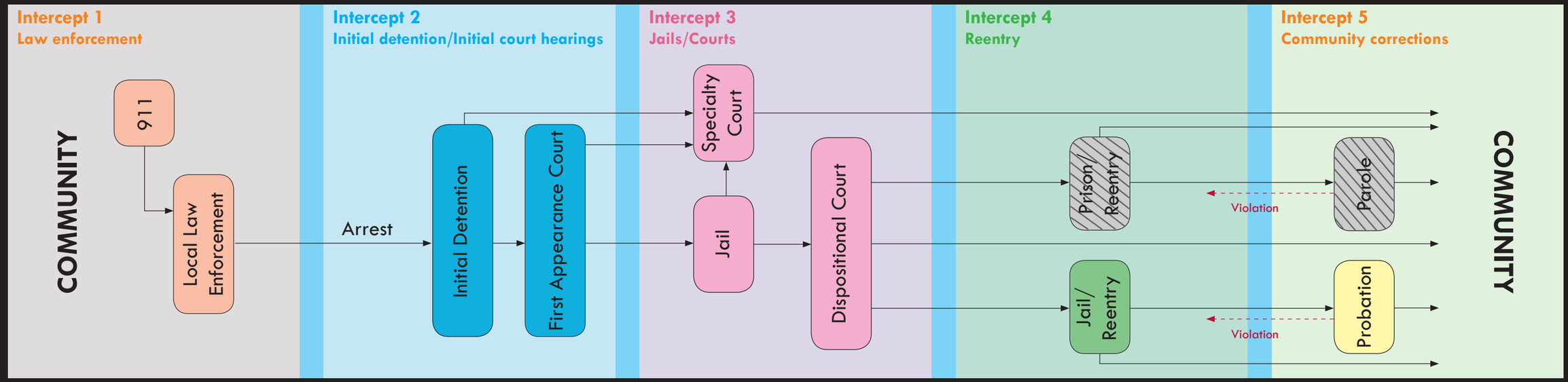
X.	**Open Forum:** A. Open discussion B. Agenda items for next meeting	*Dan Srp*
XI.	**Adjournment**	*Dan Srp*

Next meeting:
May 18, 2017 (3:30 P.M.)

Sequential Intercepts for Developing CJ–MH Partnerships

Action for System-Level Change

- Develop a comprehensive state plan for mental health/criminal justice collaboration
- Legislate task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with mental illness in the criminal justice system
- Take legislative action establishing jail diversion programs for people with mental illness
- Improve access to benefits through state-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for same prior to release
- Make housing for persons with mental illness and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Expand access to treatment; provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorders
- Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer advocacy
- Ensure constitutionally adequate services in jails and prisons for physical and mental health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed – with specific interventions for women, men, and veterans



Action Steps for Service-Level Change at Each Intercept

- ***911:*** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- ***Police:*** Train officers to respond to calls where mental illness may be a factor
- ***Documentation:*** Document police contacts with persons with mental illness
- ***Emergency/Crisis Response:*** Provide police-friendly drop off at local hospital, crisis unit, or triage center
- ***Follow Up:*** Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- ***Evaluation:*** Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement

- ***Screening:*** Screen for mental illness at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers
- ***Pre-trial Diversion:*** Maximize opportunities for pretrial release and assist defendants with mental illness in complying with conditions of pretrial diversion
- ***Service Linkage:*** Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate, prompt access to benefits, health care, and housing; IDDT is an essential evidence-based practice (EBP)

- ***Screening:*** Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- ***Court Coordination:*** Maximize potential for diversion in a mental health court or non-specialty court
- ***Service Linkage:*** Link to comprehensive services, including care coordination, access to medication, IDDT as appropriate, prompt access to benefits, health care, and housing
- ***Court Feedback:*** Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures
- ***Jail-Based Services:*** Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers

- ***Assess*** clinical and social needs and public safety risks; boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies
- ***Plan*** for treatment and services that address needs; GAINS Reentry Checklist (available from http://www.gainscenter.samhsa.gov/html/resources/reentry.asp) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, mental health and health services, benefits, and housing
- ***Identify*** required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams
- ***Coordinate*** transition plans to avoid gaps in care with community-based services

- ***Screening:*** Screen all individuals under community supervision for mental illness and co-occurring substance use disorders; link to necessary services
- ***Maintain a Community of Care:*** Connect individuals to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- ***Implement a Supervision Strategy:*** Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- ***Graduated Responses & Modification of Conditions of Supervision:*** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

The Sequential Intercept Model

Developed by Mark R. Munetz, MD, and Patricia A. Griffin, PhD, the Sequential Intercept Model provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with serious mental illness. Within the criminal justice system there are numerous intercept points — opportunities for linkage to services and for prevention of further penetration into the criminal justice system. Munetz and Griffin (2006) state:

> The Sequential Intercept Model … can help communities understand the big picture of interactions between the criminal justice and mental health systems, identify where to intercept individuals with mental illness as they move through the criminal justice system, suggest which populations might be targeted at each point of interception, highlight the likely decision makers who can authorize movement from the criminal justice system, and identify who needs to be at the table to develop interventions at each point of interception. By addressing the problem at the level of each sequential intercept, a community can develop targeted strategies to enhance effectiveness that can evolve over time.

The Sequential Intercept Model 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 over multiple systems, including mental health, substance abuse, law enforcement, pre-trial services, courts, jails, community corrections, housing, health, social services, and many others.

Sources

CMHS National GAINS Center. (2007). *Practical advice on jail diversion: Ten years of learnings on jail diversion from the CMHS National GAINS Center*. Delmar, NY: Author.

Council of State Governments Justice Center. (2008). *Improving responses to people with mental illnesses: The essential elements of a mental health court*. New York: Author.

Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57*(4), 544-549.

Osher, F., Steadman, H.J., & Barr, H. (2002). *A best practice approach to community re-entry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, NY: National GAINS Center.

www.consensusproject.org

www.reentrypolicy.org

www.mentalhealthcommission.gov

www.mentalhealthcommission.gov/subcommittee/Sub_Chairs.htm

Plan Health & Justice The Intercept

Three Major Responses for Every Community

Three Major Responses Are Needed:

1. **Diversion programs** to keep people with serious mental illness who do not need to be in the criminal justice system in the community.
2. **Institutional services** to provide constitutionally adequate services in correctional facilities for people with serious mental illness who need to be in the criminal justice system because of the severity of the crime.
3. **Reentry transition** programs to link people with serious mental illness to community-based services when they are discharged.

The Sequential Intercept Model has been used by numerous communities to help organize mental health service system transformation to meet the needs of people with mental illness involved with the criminal justice system. The model helps to assess where diversion activities may be developed, how institutions can better meet treatment needs, and when to begin activities to facilitate re-entry.

The GAINS Center

The CMHS National GAINS Center, a part of the CMHS Transformation Center, serves as a resource and technical assistance center for policy, planning, and coordination among the mental health, substance abuse, and criminal justice systems. The Center's initiatives focus on the transformation of local and state systems, jail diversion policy, and the documentation and promotion of evidence-based and promising practices in program development. The GAINS Center is funded by the Center for Mental Health Services and is operated by Policy Research Associates, Inc., of Delmar, NY.

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the CMHS National GAINS CENTER

CMHS National GAINS Center

Developing a Comprehensive for Mental Criminal Collaboration: Sequential Model

THE STEPPING UP INITIATIVE

STEPPING UP: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

THERE WAS A TIME WHEN NEWS OF JAILS serving more people with mental illnesses than in-patient treatment facilities was shocking. Now, it is not surprising to hear that jails across the nation serve an estimated 2 million people with serious mental illnesses each year[1]—almost three-quarters of whom also have substance use disorders[2]—or that the prevalence of people with serious mental illnesses in jails is three to six times higher than for the general population.[3] Once incarcerated, they tend to stay longer in jail and upon release are at a higher risk of returning than individuals without these disorders.

The human toll—and its cost to taxpayers—is staggering. Jails spend two to three times more on adults with mental illnesses that require intervention than on people without those needs,[4] yet often do not see improvements in recidivism or recovery. Despite counties' tremendous efforts to address this problem, they are often thwarted by significant obstacles, such as coordinating multiple systems and operating with minimal resources. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in missed opportunities to link them to treatment, tragic outcomes, inefficient use of funding, and failure to improve public safety.

The National Initiative

Recognizing the critical role local and state officials play in supporting change, the National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, and the American Psychiatric Foundation (APF) have come together to lead a national initiative to help advance counties' efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails. With support from the U.S. Justice Department's Bureau of Justice Assistance, the initiative will build on the many innovative and proven practices being implemented across the country. The initiative engages a diverse group of organizations with expertise on these issues, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people with mental illnesses and their families, mental health and substance use program directors, and other stakeholders.

The initiative is about creating a long-term, national movement—not a moment in time—to raise awareness of the factors contributing to the over-representation of people with mental illnesses in jails, and then using practices and strategies that work to drive those numbers down. The initiative has two key components:

1. **A CALL TO ACTION** demonstrating strong county and state leadership and a shared commitment to a multi-step planning process that can achieve concrete results for jails in counties of all sizes.

   The Call to Action is more than a vague promise for reform; it focuses on developing an actionable plan that can be used to achieve county and state system changes. As part of this Call to Action, county elected officials are being asked to pass a resolution and work with other leaders (e.g., the sheriff, district attorney, treatment providers, and state policymakers), people with mental illnesses and their advocates, and other stakeholders on the following six actions:

   - **Convene or draw on a diverse team** of leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.

- **Collect and review prevalence numbers and assess individuals' needs** to better identify adults entering jails with mental illnesses and their recidivism risk, and use that baseline information to guide decision making at the system, program, and case levels.
- **Examine treatment and service capacity** to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders, and identify state and local policy and funding barriers to minimizing contact with the justice system and providing treatment and supports in the community.
- **Develop a plan** with measurable outcomes that draws on the jail assessment and prevalence data and the examination of available treatment and service capacity, while considering identified barriers.
- **Implement research-based approaches** that advance the plan.
- **Create a process to track progress** using data and information systems, and to report on successes.

In addition to county leaders, national and state associations, criminal justice and behavioral health professionals, state and local policymakers, others with jail authority, and individuals committed to reducing the number of people with mental illnesses in jails should sign on to the Call to Action. Stepping Up participants will receive an online toolkit keyed to the six actions, with a series of exercises and related distance-learning opportunities, peer-to-peer exchanges, and key resources from initiative partners.[5] The online toolkit will include self-assessment checklists and information to assist participants working in counties in identifying how much progress they have already made and a planning template to help county teams develop data-driven strategies that are tailored to local needs.

2. **A NATIONAL SUMMIT** to advance county-led plans to reduce the number of people with mental illnesses in jails.

   Supported by the American Psychiatric Foundation, a summit will be convened in the spring of 2016 in Washington, DC, that includes counties that have signed on to the Call to Action, as well as state officials and community stakeholders such as criminal justice professionals, treatment providers, people with mental illnesses and their advocates, and other subject-matter experts. The summit will help counties advance their plans and measure progress, and identify a core group of counties that are poised to lead others in their regions. Follow-up assistance will be provided to participants to help refine strategies that can be used in counties across the nation. After the 2016 summit, participants will be notified of potential opportunities for sites to be selected for more intensive assistance through federal and private grant programs.

Although much of the initiative focuses on county efforts, states will be engaged at every step to ensure that their legislative mandates, policies, and resource-allocation decisions do not create barriers to plan implementation.

To learn more about the initiative or to join the Call to Action, go to StepUpTogether.org.

Endnotes

1. Steadman, Henry, et al., "Prevalence of Serious Mental Illness among Jail Inmates." *Psychiatric Services* 60, no. 6 (2009): 761–765. These numbers refer to jail admissions. Even greater numbers of individuals have mental illnesses that are not "serious" mental illnesses, but still require resource-intensive responses.
2. Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036–1045.
3. Steadman, Henry, et al., "Prevalence of Serious Mental Illness among Jail Inmates."
4. See, e.g., Swanson, Jeffery, et al., *Costs of Criminal Justice Involvement in Connecticut: Final Report* (Durham: Duke University School of Medicine, 2011).
5. Among the key partners are the National Alliance on Mental Illness; Major County Sheriffs' Association; National Association of County Behavioral Health & Developmental Disability Directors; National Association of State Alcohol and Drug Abuse Directors; National Association of State Mental Health Program Directors; National Council for Behavioral Health; National Sheriffs' Association; and Policy Research Associates.