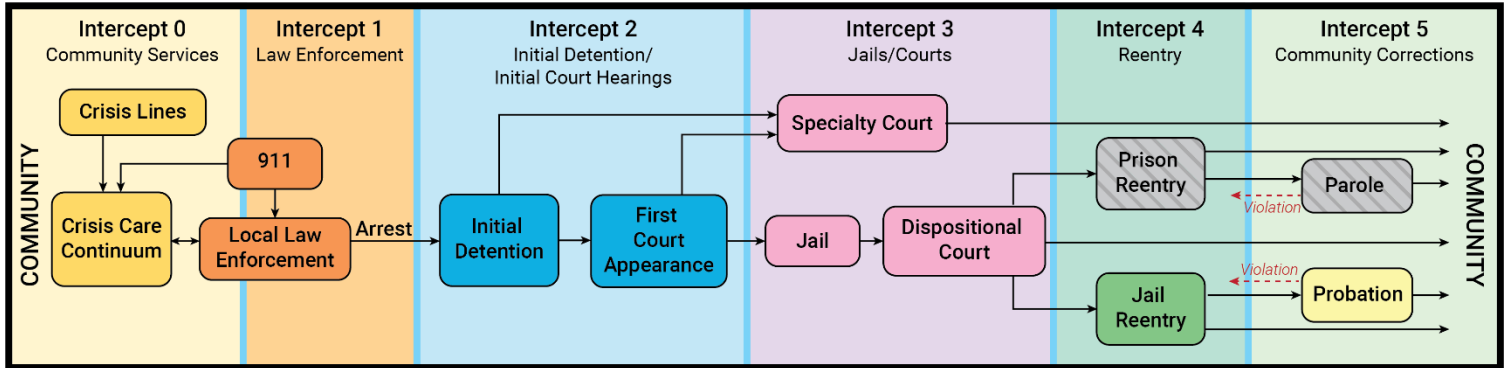


The Sequential Intercept Model



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<p>Intercept 0</p>	<p><u>Increase Access to Community Mental Health Services</u></p>
<p>Community Services</p>	<p>Long-term Supportive Housing: Increase funding for Housing with Supports for Adults with Serious Mental Illness and Bridges Housing.</p>
<p>Crisis Lines</p>	<p>Ensure Access to Proper Levels of Care: People living with mental illnesses need timely access to the correct level of care including, crisis homes, IRTS, and secure facilities for high-needs and forensic patients.</p>
<p>Crisis Care Continuum</p>	<p>Provider Rates: Stabilize mental health reimbursement rates across providers and locations and create incentives for high needs and complex services.</p>
	<p>Address Workforce Shortages: Beltrami County has used grant funds to provide scholarships to students in mental health fields as incentive to work in their community. Other incentives can come in the forms of loan forgiveness and alternative licensing for culturally competent and diverse professionals. <u>What is required for mobile crisis team staff? How to address crisis team workforce?</u></p>
	<p>Increase Coordination of Information Sharing Across Systems: Create standard practices for releasing records and medication information when patients transition across systems, i.e. from jails to state operated facilities, etc.</p>
	<p><u>Expand Mobile Crisis Team Use and Collaboration</u></p>
	<p>Centralized Access to Mobile Crisis Teams: Minnesota recently expanded the **Crisis number to all counties. 911 should also play an integral role in referring people to crisis services (see below, Intercept 1).</p>
	<p>Co-responder Models: Some law enforcement agencies contract with community mental health providers or county social services to have social workers and members of mobile crisis teams</p>

<p>Intercept 0</p> <p>Community Services</p> <p>Crisis Lines</p> <p>Crisis Care Continuum</p>	<p>respond to calls with law enforcement officers to assist in crisis situations and deflect or divert people.</p> <p>Tablets and Telehealth: Provide tablets and telehealth services so law enforcement can connect quickly with mobile crisis teams.</p> <p>Peer Specialist Co-responders: Peer specialists are individuals with lived experience recovering from a mental illness who have been certified by the state to offer support and encouragement for people with mental illnesses. Peer specialists can co-respond with law enforcement to offer an unarmed and de-escalating presence that is often more effective in mental health crises.</p>
<p>Intercept 1</p> <p>Law Enforcement</p> <p>Dispatch</p>	<p><u>Increase Pre-Arrest Diversion Programs and Collaborations</u></p> <p>911 Warm Handoff to Mobile Crisis Team: 911 dispatch should be trained to understand and recognize mental health crisis situations that do not require law enforcement and dispatch mobile crisis teams. Ramsey County has implemented this approach. <u>Crises team at BHD should be reviewing the model and identify specific resources, strengths and concerns regarding this level.</u></p> <p>Stearns County CAT Team: Multi-agency team of law enforcement and social services meets weekly to discuss high utilizers and strategize to sustainably meet high needs and reduce justice involvement. The CAT Team has streamlined information sharing across systems.</p> <p>West and South St. Paul Mental Health Coordinated Response: Community Engagement Officers from the police department work together with a Dakota County Social Worker to follow up with clients after a crisis to connect them to services in a less heightened environment.</p> <p><u>Duluth Mental Health Unit:</u> Social Worker and LADC on staff of Duluth Police with streamlined information sharing across systems. <u>Are the social worker and LADC Police staff or contracted by the county?</u></p> <p><u>Increase Law Enforcement Mental Health and Crisis Training</u></p> <p>Mental Health and Crisis Training: Law enforcement should be trained to understand mental illnesses and trained in de-escalation techniques, ideally the full 40-hour Crisis Intervention Training (CIT). Amend POST Board licensing requirements to require 4 of the current 16 hours of “Crisis Response, Conflict Management, and Cultural Diversity” training to be crisis intervention and mental health crisis training. The POST Board should work with DHS and mental health stakeholders to create a list of approved entities and scenario based training courses, and the board should provide a report to the legislature documenting the use of training funds, compliance with standards, and evaluations of the effectiveness of training.</p> <p>Online CIT Training: Continue implementing online CIT training for law enforcement agencies that would suffer staffing issues if officers take the full 5-day, 40-hour course. Any online course should still require in-person scenario training. This is also a great option for 911 dispatch to be trained. <u>How will we facilitate and measure cultural and developmental responsiveness of the law enforcement officials. The whole aspect of DMC should be kept in consideration while analyzing this model.</u></p>

<p>Intercept 2</p> <p>Initial Detention</p> <p>Initial Court Hearings</p>	<p><u>Increase Pre-Trial Diversion</u></p> <p>The Yellow Line Project: Embeds a social worker to screen individuals <i>pre-booking</i> to divert and connect them to services. The project works closely with the mobile crisis team and can coordinate services pre-arrest and follow up with incarcerated individuals.</p> <p>Require Mental Health Assessments: All jails are required to perform a mental health screen at booking but follow up and care varies greatly if someone scores positive on a mental health screen. Jails should be required to provide assessments if someone scores positive on a mental health screen that includes timely referral to treatment.</p> <p><u>Why are we only focusing on mental health screening, what about SUD screening. Also a lot thought should go in when identifying these screening tools to ensure we are aware and address racial biases that might impact screening process and outcomes.</u></p> <p>Bail Reform: No one should be detained pre-trial based on their ability to pay a cash bail. California has multiple programs where families are organized to advocate for the pre-trial release of their loved ones, and leaders from these programs have been in conversation with some Minnesota stakeholders. Defendants in custody typically have worse outcomes in their cases and a defendant living with a mental illness may experience an interruption in treatment that may greatly affect their competence at trial. New Jersey has passed comprehensive bail reform that assumes release unless the prosecutor can prove safety risk and they have seen pre-trial detention go down significantly. St. Louis County has an Intensive Pretrial Release Program, but they still struggle with interruptions in insurance and access to treatment for their clients.</p> <p><u>Minnesota Pretrial Assessment Tool (MnPAT):</u> Mandated tool to access pretrial diversion.</p>
<p>Intercept 3</p> <p>Jails</p> <p>Courts</p>	<p><u>Expand and Ensure Jail Care</u></p> <p>Stearns County Jail Collaboration: CentraCare, Central Minnesota Mental Health Center and the county jail collaborate to maintain a continuum of care before booking, during incarceration, and after release.</p> <p>Incentivize Community Mental Health Provider Partnerships in Jails: Utilizing community mental health providers in jail treatment increases access to a seamless continuum of care, including case management, therapy, and better medication management upon release from a jail facility. Even if jails contract with private health care providers, mental health should have its own dedicated division and providers and should collaborate with community providers to ensure medication continuation during and after incarceration.</p> <p>Medication Assisted Treatment (MAT): Medical providers in jails should be trained to continue MAT during and after incarceration. St. Louis County has received a grant to pilot a MAT planning initiative in their jail.</p> <p>Enforce Jarvis Orders (Court Ordered Involuntary Medication) in Jails: Jails should create policies to ensure that formularies and medical providers will administer injectables and medication under Jarvis orders. <u>Add Long acting injectables.</u></p>

<p>Intercept 3</p> <p>Jails</p> <p>Courts</p>	<p><u>Increase Court Education and Expand Treatment Courts</u></p> <p>Court Education: Judges and attorneys should have a basic understanding of mental illnesses and the components of the mental health system. This should allow for greater access to treatment when judges make important decisions about bail and release and decrease decompensation in jail and subsequent incompetence.</p> <p>Forensic Navigators: In response to the class action lawsuit about detaining people found incompetent, Washington state legislation has created “Forensic Navigators” who are essentially forensic case managers for people who have been referred for a competency evaluation. They assist people in navigating treatment and outpatient competency restoration and act as liaisons to the court to make information sharing easier and advocate for diversion when possible. Missouri also has a statewide Community Mental Health Liaison program that works between the justice system and mental health system. Peer Specialists are particularly effective in these roles.</p> <p>Expand Treatment Courts: Mental health and drug courts can be expanded as avenues for people to access treatment instead of incarceration. Treatment courts must be implemented with care, so that criminal charges do not exacerbate a person’s situation and so that pleading guilty to a crime is not a primary way to receive treatment.</p> <p>Forensic Examiner Report Templates: The State Court Administrator should establish a policy that requires all Mandated Services examiner reports to be filed using a pre-determined examiner report template. The template should provide readers with a consistent format and headers, use common language, list statutorily required questions, but provide flexibility for examiners to provide additional information as necessary. <u>I do not see this as resolving quality issues at all. Because the issues can present differently in every case it needs to be flexible enough to allow individualization. In the past templates provided were redundant and made the report more cumbersome. I would just want to make sure there is examiner input on the creation of such templates and adequate flexibility to allow for individualization.</u></p> <p><u>Make Evaluation Process More Efficient</u></p> <p>Pre-Screening: St. Louis County has reduced costs and backups in the system by screening people by a trusted forensic examiner before ordering a full evaluation.</p> <p>Create Rule 20 Specific Dockets: Multnomah County in Oregon has a specialized docket for defendants at risk for being found incompetent. Individuals can be referred from the jail streamlining the process. The centralization of the docket allows for greater expertise in attorneys and judges and better results for people who may be found incompetent. The docket has a standing staff meeting to coordinate decisions for defendants often including social service workers and health care providers to discuss the possible best environment if a person needs to be restored to competency. The staff meeting also reassures prosecutors that defendants will be engaged with treatment if charges are dismissed. Multnomah County also created a Rapid Evaluation Process where the county uses funds to reserve regular slots for trusted forensic examiners to perform competency evaluations and return reports within two weeks. They have also created orders and</p>
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<p>Intercept 3</p> <p>Jails</p> <p>Courts</p>	<p>trained staff to quicken data and record sharing across agencies. The process has seen a reduction in jail stays waiting for evaluations from an average of 30 days to 5 days.</p> <p>Fourth District Same Day Evaluations Pilot: The Fourth Judicial District ran a pilot program maintaining an on call forensic examiner to conduct Rule 20 assessments for people charged with misdemeanors the same day a judge ordered the evaluation. The program saw significant cost savings and reductions jail stays and time to disposition. <u>We are looking to broaden the program but have encountered difficulties. Because of the highly adversarial nature of our system, attorneys are contesting cases more frequently in recent months. Most frequently the cases do not actually go to contested hearing, and if the contested hearing is held the finding is generally consistent with the opinion of the examiner. However, the frequent setting of contested hearings jeopardizes the program as it results in significant prep time for examiners and examiners begin to refer more cases to the “regular” process out of an excess of caution. In large or more adversarial counties it is more difficult to get attorney buy-in. This is especially true in MN as we do not have automatic commitment stemming from a finding of incompetence. As a result, there is more incentive to contest the examiner opinion. There needs to be some mechanism to reinforce a collaborative approach in counties where the CA’ and PD’s have a more adversarial relationship. This works in some more collaborative setting. Harder in very adversarial metro area counties.</u></p> <p>Video Evaluations and Hearings: In some rural areas transport for evaluations comes at great cost both financially and to the wellbeing of the defendant. Evaluations and court hearings through ITV can be used in appropriate settings to reduce this cost.</p> <p>Information Sharing Order: Dakota County Social Services worked with the District Court to create a specialized order that requires county case managers to be notified of any criminal court hearings to allow for greater communication and advocacy and to avoid interruption of treatment.</p>
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<p>Intercept 4</p> <p>Reentry</p>	<p><u>Increase Re-Entry Planning and Services Coordination</u></p> <p>Jail Social Workers, Mental Health Coordinators, and Re-Entry Specialists: The Region 5+ Comprehensive Re-Entry Program has put a social worker in the jail of every county jail in the region (Cass, Crow Wing, Morrison, Todd, Wadena, Aitkin) to provide screening, <u>diversion</u>, and early intervention as well as re-entry planning to reduce recidivism and increase connection to treatment. Dakota County has a Mental Health Coordinator and Carlton County has a Community Based Coordinator that work in the jails. Many jails have Re-Entry Assistance Programs and some partner with Community Mental Health Centers like the Human Development Center in Lake County. These programs should be especially focused on re-enrolling people in MA and connecting people to housing services.</p> <p><u>I agree with the design but critical emphasis needs to be on Intercept 0 and 1. If we fail on Intercept 0 and 1 then obviously we need those processes in Intercepts 2, 3, and 4. On Intercept 4 our prisons have a reentry process that must be coordinated not just with community resources but also start as soon as entry is made into prison. Our Minnesota Correctional Facilities (MCF's) need to be thought of as Minnesota Transitional Facilities focused on getting the person back into the community in a safe and transformative way whether the person is spending 3 months or 10 years in the facility. We need to keep our eyes on the goal of restoration from day one.</u></p>
<p>Intercept 5</p> <p>Community Corrections</p>	<p><u>Reduce Recidivism</u></p> <p>Warrants: If someone misses a court date, they will likely be issued an arrest warrant. Being re-arrested for failure to appear in court can interrupt a person's treatment and increase the likelihood that they may decompensate in jail. Often warrants are issued by mail, which can be an unreliable way to contact a person with a serious mental illness. Some counties have had success in offering text reminders of court dates, but many innovations could still be explored.</p> <p><u>Mental Health Probation</u></p> <p><u>On Intercept 5 we can work and assist during supervision after release but it shouldn't drop off after the end of probation or supervised release. (In Minnesota we have supervised release rather than parole). Non-correctional transition requires just as much if not more support.</u></p>

Additional Comments:

My main concern about the use of this model with the task force, and any recommendations that could come from this, is related to scope. When I read the duties of the task force, it seems that many of the items you listed are well beyond the boundaries of our charge. The problem with asking the group to weigh in on broader areas of reform is that this group hasn't studied (nor was asked to study) the larger issues. Other representatives aren't present who should be if broader system review is being considered.

Each intercept has numerous angles to be explored and it seems inappropriate to insert programs and strategies throughout the system without careful consideration and review. I would argue that counties should not support any of the items without an in-depth review. Stakeholders should understand which target population- of MI and of type of offence/public safety risk, applies to each. They should understand the cost of the model and what outcomes have been found with each. And unintended consequences is a really important consideration.

We have advanced many of the things listed- but we did so under careful review and in an effort to address a larger systemic problem that what the task force is charged with considering. This feels like "scope creep" and I would hope that the work of this group is clear, deliberate and high quality.

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The Sequential Intercept model is a good model for communities and counties to be looking at as they address reforms to their criminal justice system yet it does seem out of scope for the Competency Restoration Task Force to make some specific recommendations regarding this model. I do think it could be stated that Districts/Counties could utilize SIM as a comprehensive system map to better address and identify the needs of individuals with behavioral health needs who are at risk or involved in the criminal justice system.