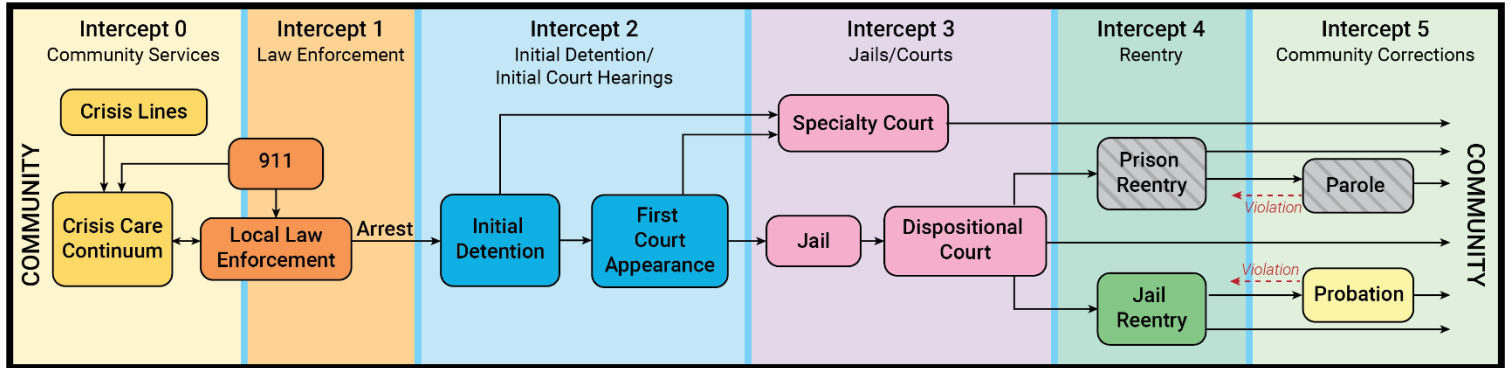


# The Sequential Intercept Model



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<p><b>Intercept 0</b></p>	<p><b><u>Increase Access to Community Mental Health Services</u></b></p>
<p>Community Services</p>	<p><b>Long-term Supportive Housing:</b> Increase funding for Housing with Supports for Adults with Serious Mental Illness and Bridges Housing.</p>
<p>Crisis Lines</p>	<p><b>Ensure Access to Proper Levels of Care:</b> 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><b>Provider Rates:</b> Stabilize mental health reimbursement rates across providers and locations and create incentives for high needs and complex services.</p>
	<p><b>Address Workforce Shortages:</b> 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.</p>
	<p><b>Increase Coordination of Information Sharing Across Systems:</b> 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><b><u>Expand Mobile Crisis Team Use and Collaboration</u></b></p>
	<p><b>Centralized Access to Mobile Crisis Teams:</b> Minnesota recently expanded the <b>**Crisis</b> number to all counties. 911 should also play an integral role in referring people to crisis services (see below, Intercept 1).</p>
	<p><b>Co-responder Models:</b> 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><b>Tablets and Telehealth:</b> Provide tablets and telehealth services so law enforcement can connect quickly with mobile crisis teams.</p> <p><b>Peer Specialist Co-responders:</b> 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><b><u>Increase Pre-Arrest Diversion Programs and Collaborations</u></b></p> <p><b>911 Warm Handoff to Mobile Crisis Team:</b> 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.</p> <p><b>Stearns County CAT Team:</b> 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><b>West and South St. Paul Mental Health Coordinated Response:</b> 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><b><u>Increase Law Enforcement Mental Health and Crisis Training</u></b></p> <p><b>Mental Health and Crisis Training:</b> 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><b>Online CIT Training:</b> 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.</p>
<p>Intercept 2</p> <p>Initial Detention</p> <p>Initial Court Hearings</p>	<p><b><u>Increase Pre-Trial Diversion</u></b></p> <p><b>The Yellow Line Project:</b> 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>Intercept 2</p> <p>Initial Detention</p> <p>Initial Court Hearings</p>	<p><b>Require Mental Health Assessments:</b> 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><b>Bail Reform:</b> 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>Intercept 3</p> <p>Jails</p> <p>Courts</p>	<p><b><u>Expand and Ensure Jail Care</u></b></p> <p><b>Stearns County Jail Collaboration:</b> 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><b>Incentivize Community Mental Health Provider Partnerships in Jails:</b> 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><b>Medication Assisted Treatment (MAT):</b> 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><b>Enforce Jarvis Orders (Court Ordered Involuntary Medication) in Jails:</b> Jails should create policies to ensure that formularies and medical providers will administer injectables and medication under Jarvis orders.</p> <p><b><u>Increase Court Education and Expand Treatment Courts</u></b></p> <p><b>Court Education:</b> 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><b>Forensic Navigators:</b> 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</p>

<p>Intercept 3</p> <p>Jails</p> <p>Courts</p>	<p>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><b>Expand Treatment Courts:</b> 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><b>Forensic Examiner Report Templates:</b> 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.</p> <p><b><u>Make Evaluation Process More Efficient</u></b></p> <p><b>Pre-Screening:</b> 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><b>Create Rule 20 Specific Dockets:</b> 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 <b>Rapid Evaluation Process</b> 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 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><b>Fourth District Same Day Evaluations Pilot:</b> 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.</p> <p><b>Video Evaluations and Hearings:</b> 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><b>Information Sharing Order:</b> 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><b><u>Increase Re-Entry Planning and Services Coordination</u></b></p> <p><b>Jail Social Workers, Mental Health Coordinators, and Re-Entry Specialists:</b> 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 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>Intercept 5</p> <p>Community Corrections</p>	<p><b><u>Reduce Recidivism</u></b></p> <p><b>Warrants:</b> 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>