UIC Academy for Policymakers
Webinar Transcript for *Jail Diversion Policy and Planning: Using the Sequential Intercept Model to Support Recovery for People Involved in the Criminal Justice System*

Recorded by Sam Shore

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Announcer: Thank you for visiting the University of Illinois at Chicago's Policy Academy. The following recording comes to you from the UIC Center on Integrated Health Care and Self-Directed Recovery. Visit our online Policy Academy to find information on policy issues that impact health promotion, self- direction, and employment for the behavioral health field.

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Hello. My name is Sam Shore. I am the Director of the UIC Policy Academy, a component of the University of Illinois at Chicago's Center on Integrated Health Care and Self-Directed Recovery. Our Center offers an online Policy Academy that contains free tools and resources for policy makers in the behavioral health field. These tools help inform policy makers who are interested in promoting wellness, self-direction, and employment for people who are recovering from mental illnesses. You can visit our Policy Academy on the web site where you found this webinar, at www.center4healthandsdc.org. Today, I'll be discussing an area of increasing concern and importance for public mental health stakeholders, that is, jail diversion for people with mental illness. This webinar introduces the Sequential Intercept Model. This approach helps mental health and criminal justice professionals assess and organize their efforts to avoid unnecessary involvement of people with mental illnesses in the criminal justice system.

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There are 6 learning objectives for this webinar. First, is increasing listeners' knowledge of jail diversion, their understanding of the Sequential Intercept Model, and their awareness of recovery-oriented policies and practices for people involved in the justice system. Another objective is to understand the importance of implementing evidence-based practices, including person-centered planning. Person-centered planning is a life and treatment planning process which is directed by the service recipient. It emphasizes individual responsibility, and recognizes people's strengths, preferences, and needs as they work on identifying personally meaningful goals.

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You may be familiar with the term jail diversion, but not have a clear understanding of what it entails or who it involves. It's important to know the underlying principles that drive the development of jail diversion initiatives. One is that people with mental illness should not be disproportionally represented in the jail population. In other words, all things being equal, there should not be a higher prevalence of people with mental illnesses in jails than are found in the general population. Currently, that is not the case. Additionally, once they're in jail, people with mental illness tend to stay much longer and cost much more than other inmates who are arrested for similar offenses. Costs are higher due to the expense of treating their mental illnesses. Another underlying principle is that people should not be arrested simply because they are displaying mental health symptoms. In these cases, diversion to treatment is far preferable. In fact, one objective of jail diversion is to divert people away from the justice system to community mental health services and supports whenever possible. For those who are not diverted, the goal is to substantially reduce the amount of time people are incarcerated and help them connect to needed community services once released. A third principle is that people with mental illness who commit a crime with criminal intent need to be held accountable within the justice system. This acknowledges that public safety remains paramount.

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So why is jail diversion important? First, involvement in the criminal justice system impedes a person's life in the community and challenges the pursuit of recovery. It has negative psychological impacts such as shame and humiliation. In concrete terms, there are also collateral impacts to having an arrest and conviction record. Having a record makes it more difficult for people to find and maintain housing and employment. In many cases, people's criminal records follow them for life, making community integration an ongoing challenge. Moreover, public benefits, such as Medicaid, often are disrupted when people are incarcerated, which has a negative financial impact and decreases the chances of getting good health care.

Secondly, jail diversion at the local and state levels are important also. Providing care for inmates with mental illnesses is difficult for under-resourced county jails, and it is very costly. Often, people decompensate and become incapable of participating in their own defense, which eventually results in their being determined to be incompetent to stand trial. At the state level, not diverting people early means that states must engage in competency restoration. This involves being transferred to a state mental health facility to be psychiatrically stabilized before being sent back to jail for adjudication. Because there are limited numbers of state hospital beds to accommodate restoration, and forensic commitments last longer, people end up waiting long periods of time in jail before they can enter the competency restoration process. The lengthy wait time has landed many states in court, facing lawsuits to reduce the amount of time prior to competency restoration. As a result, many states have expanded the number of state hospital beds, which has drained resources away from community mental health services. So, as you can see, there are many important reasons for providers, along with state and local governments, to do a better job of diverting individuals with mental illnesses away from the justice system.

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How does one get started with effective jail diversion? Before going into detail on the "how to," I want to state another key principle. The best jail diversion is a high quality, accessible community mental health system. Let me repeat, the best jail diversion is a high quality, accessible community mental health system. I refer to this as Intercept 0, and will explain what that means in just a few minutes. Unfortunately, a high quality, accessible community mental health system is rarely available in our country. Such a system is one that uses evidence-based practices, offering the intensity and type of services that people need. Even when high quality community mental health systems are available, they typically lack resources to serve everyone who needs them, which limits their accessibility. Because resources are so limited, collaboration between the mental health and criminal justice systems is essential to make sure that people are best served and money isn't wasted. Typically, however, these two systems operate in very different ways and serve different missions. Mental health systems focus on recovery outcomes and quality of life, while criminal justice systems focus on public safety. Having said that, these are not necessarily in conflict, which I'll talk about later in the webinar. The Sequential Intercept Model, or SIM, is a conceptual model that provides a framework for the two systems to collaborate and solve a common problem. This problem is the over-representation of people with mental illnesses in the justice system when treatment is a better option.

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SIM was developed by Drs. Mark Munetz and Patricia Griffin, in conjunction with the GAINS Center for Behavioral Health and Justice Transformation. SIM has been used by people in many county and state systems to map resources, identify gaps, and create action plans to improve jail diversion systems. SIM takes advantage of the fact that movement through the criminal justice system follows a logical sequence that provides multiple points to intercept and divert individuals into mental health services. It identifies 5 key intercept points. Intercept 1 occurs when people first become involved with law enforcement. Intercept 2 is the point when people are initially detained and have their first court hearing. Intercept 3 occurs when people are held in jail and go to court. Intercept 4 happens when people are serving their sentences and preparing to reenter the community. Intercept 5 occurs when people are released from incarceration to community supervision under parole or probation. In what follows, I'll discuss these intercepts in more detail. I'll also suggest policies and practices that can be used at the system- and service levels, along with ideas for staff development.

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Earlier, I referred to Intercept 0, which is a high quality, accessible mental health system. Intercept 0 is the best way to practice jail diversion because it delivers effective, evidence-based treatment with clinical and social support to recover from mental illness. Intercept 0 includes Supported Housing, Supported Employment, assistance in acquiring benefits such as Medicaid, and integrated dual disorder treatment for those with co-occurring mental illness and substance use disorders. This ideal system incorporates person-centered planning and self-directed care. Its interventions are based on the individual's readiness to change and stage of recovery. It provides integrated primary and behavioral health care, and treats the whole person. This system makes

extensive use of peer support to inspire hope, develop recovery plans, and provide encouragement to pursue a path of recovery. Unfortunately, because such comprehensive systems rarely exist, people become unnecessarily involved in the justice system due to the impact of mental illness and unmet needs.

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People with mental illnesses often become involved with law enforcement due to their psychiatric symptoms and unmet needs. Behaviors which appear bizarre or threatening to others often result in contact with law enforcement. Crimes committed in an effort to survive, such as trespassing in search of a place to sleep or shoplifting when someone is hungry and has no money, can result in a call to 911. In SIM, this is Intercept 1. In many of these cases, the mental health system is best equipped to provide the clinical and social supports the person needs. Public safety would then be maintained, and further involvement with law enforcement would not be necessary. To make this happen, state and local governments could require and support interagency planning and coordination among mental health, criminal justice, and social service systems. While it's always best to have sufficient financial resources to make system improvements, there's always room to improve using existing resources. For instance, at the service level, many communities have developed Crisis Intervention Teams. These are units within law enforcement that employ officers who have been trained to respond to calls involving mental illness. In other situations, multidisciplinary teams have been created to be co-responders to calls where a person with mental illness is involved. These teams usually include mental health professionals and law enforcement officers. More recently, emergency medical technicians have been included on the teams. An example is found in Colorado Springs with its Community Response Team. The dual-focus of these teams is on both public safety and the safety and well-being of the person with mental illness. Another service-level intervention is the creation of "police-friendly" drop-off centers. These are programs designed to receive people needing mental health care who are dropped off by police officers as an alternative to arrest. Without such centers, officers have no choice but to take people to jail or spend hours transporting them to a hospital emergency department and waiting for them to be evaluated. A drop-off center allows officers to quickly return to the streets to conduct the primary mission of law enforcement, which is ensuring public safety.

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Intercept 1 requires new staff competencies for both law enforcement and mental health professionals. One of these is training of 911 dispatchers to recognize calls that involve a person with mental health problems to ensure that the situation is referred to the appropriate teams. Another competency is training law enforcement and emergency medical technicians to deal effectively with people who have mental health conditions without escalating the situation. On the other side of the coin, mental health professionals need to learn to work with first-responders and understand the protocols to follow when participating as members of first-response teams. For instance, in the Law Enforcement Assisted Diversion or LEAD program there are explicit core principles for the policing role as well as the case management role that frame the tasks each team member must play.

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Intercept 2 is when law enforcement has detained someone, and taken him or her to a detention facility where charging decisions are made. At this stage, it's important to conduct good screening for mental health and substance use issues, as well as criminogenic risk assessment. Criminogenic assessment is designed to determine the risk of reoffending should the person be released. It can be factored into decisions the court will make about bringing charges or referring people to mental health or other specialty courts. Standardized screening and assessment tools are available for use at this Intercept.

At the system-level, state and local governments can provide the statutory and regulatory framework to make sure that screening and assessment tools are used, so that people can be diverted whenever possible. At the service-level, continued use of these tools, and integration of the findings, should occur in treatment planning. Also, the use of peer support specialists, trained in working with justice-involved individuals, is a useful way of motivating people to choose recovery and have hope. Intercepting people at this stage is a great opportunity to avoid a conviction and engage people in services before they experience the collateral impacts I mentioned earlier. If people are diverted or released, it also saves local government the cost of housing and treating them in jail for the extended period of time that they're likely to be there.

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Intercept 2 also requires the development of new staff competencies. For example, detention staff should be trained in the use of standardized screening and assessment tools, as well as motivational interviewing techniques and the interventions to recommend at different stages of motivation. It is also useful to train judges and other court staff in how to use the findings of the assessments and make them aware of evidence-based interventions that can be effective for detainees. An often-overlooked area of training for mental health practitioners is how to deliver services that modify criminogenic risk factors. For example, cognitive behavioral programs currently used by criminal justice practitioners can also be used by mental health professionals to help people reduce their risk of re-incarceration. Examples include Thinking for a Change and Reasoning and Rehabilitation. These are curriculms provided in group settings that target criminogenic risk factors.

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Intercept 3 is the point at which individuals have been charged with an offence and decisions about disposition of the case are being made. The person is typically incarcerated and is receiving services in jail. These services are required to be at a reasonably high standard, which is referred to as a "constitutional level of care." This includes access to needed medical services. At the system-level, state monitoring of conditions in the jail typically occurs. It's important to provide this kind of monitoring and support, so that jails maintain high quality services, including mental health treatment. Intercept 3 is the point where decisions are made to use specialty mental health courts, or other specialty mental health dockets. State and local governments can authorize, encourage, and fund the costs of these courts. These specialty courts typically involve a team of court and behavioral health treatment staff who work with individuals

and their attorneys to make recommendations to the judge about the best course of action for treatment. At the service-level, mental health professionals have been embedded into the jail and court staffing structure. They then act as integral team members, serving the mental health needs of detainees. According to the Council of State Governments' Justice Center, mental health courts have expanded from just 4 in 1997 to over 300 today. The Justice Center has a wealth of resources for implementing and improving mental health courts. As with previous Intercepts, use of specially trained peer support staff are a great component to have in place. Staff competency development should focus on training in screening and assessment, use of evidence-based practices, and current standards for mental health care, including the use of psychiatric medications.

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Intercept 4 is the stage where individuals have been incarcerated and are being prepared for release back into the community. The transition from jail to the community is often challenging. It is most successful when comprehensive services exist in the community, with strong linkages between service providers and justice settings to ensure continuity of care. Here, too, state and local governments can provide the statutory framework that requires high levels of service coordination, creating a comprehensive system of care. At the service-level, it is important to have staff trained in providing effective discharge planning, based on comprehensive risk and relapse assessment. It is also important to have interagency agreements in place for the coordination and delivery of care. The Partnership for Active Community Engagement is an example in Colorado where the judge, law enforcement, probation, community mental health and public health department work collaboratively to ensure that reentry is successful for participants with mental illness. Staff competencies required at this Intercept include training in the use of risk assessment, how to match needs with targeted interventions, and person-centered planning geared to the needs of people who have had justice involvement.

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At Intercept 5, the individual has been released from incarceration and is under community supervision, called probation or parole. It is particularly useful for community supervision staff to have small specialized caseloads consisting of people with mental health disorders so as to have sufficient time to work closely with individuals who are reintegrating back into their communities. State and local governments can play an important role in establishing and funding specialized caseloads. At the service-level, it is important to conduct ongoing risk assessments and target services to address risk behaviors that can lead to re-incarceration. Community supervision can be graduated based on individual needs. As in other intercepts, the use of peer support and interagency agreements for comprehensive, coordinated care are important to people's recovery. Staff competencies include mental health training for community supervision officers, training in motivational interviewing and matching stages-of-change to interventions, as well as person-centered planning.

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We hope this webinar has helped you understand the importance of jail diversion in supporting recovery from mental illness. We encourage you to explore the resources and web links shown on this slide about the Sequential Intercept Model, and many of the strategies and tools that I described. If you still have questions, you can request free technical assistance from our Center, which we offer on a time-limited basis. Call us at 312.355.1696 or click the “free technical assistance” button on the web page for the UIC Academy for Policymakers.

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Annoucer: Thank you for listening. You can obtain additional Policy Academy information and resources, or download a transcript, by visiting the Center’s web site.