

**SAMHSA'S  
GAINS**  
**Center for**  
**Behavioral Health and  
Justice Transformation**

# Sequential Intercept Mapping Springfield, MA

*June 11, 2015*

**Final Report**

Workshop date: March 4, 2015

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## Introduction:

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), is known nationally for its work in regard to people with behavioral health needs in the criminal justice system. On March 4, 2015, Dan Abreu and Travis Parker of SAMHSA's GAINS Center facilitated a Sequential Intercept Mapping workshop at the Hall of Justice in Springfield, MA.

## Background:

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.<sup>1</sup> in conjunction with the GAINS Center, 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, peers, family members, and many others.

Based on The Sequential Intercept Model, Sequential Intercept Mapping (SIM) is a 1-day workshop that develops a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system and identifies opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention and Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population

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<sup>1</sup> Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.



## *GAINS Sequential Intercept Mapping*

### AGENDA

Springfield, MA

March 4, 2015

**8:00 Registration and Networking**

**8:30 Openings**

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

#### **What Works!**

- Keys to Success

#### **The Sequential Intercept Model**

- The Basis of Cross-Systems Mapping
- Five Key Points for Interception

#### **Cross-Systems Mapping**

- Creating a Local Map
- Examining the Gaps and Opportunities

#### **Establishing Priorities**

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

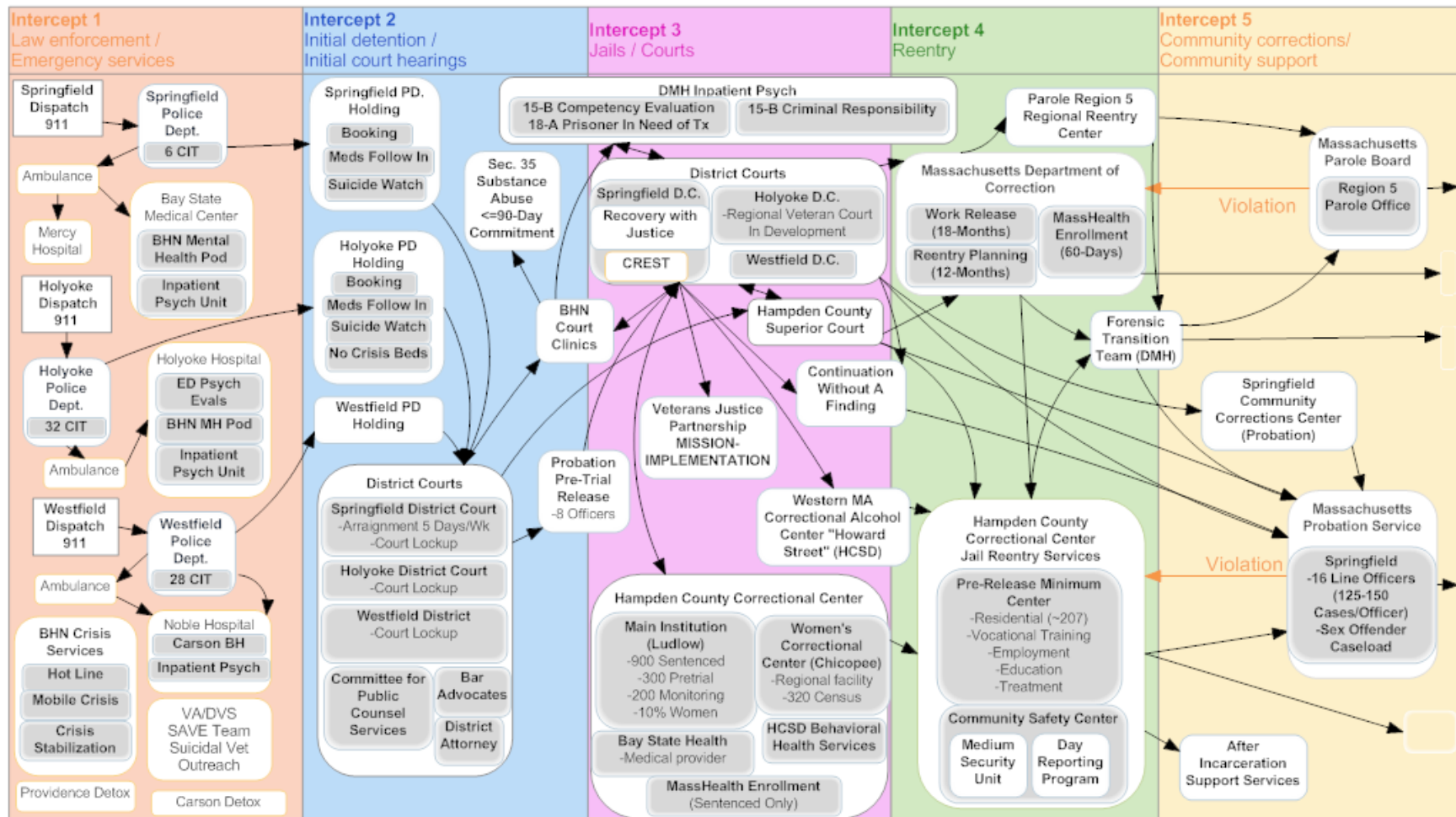
#### **Next Steps**

**4:30 Adjourn**

*There will be a 15 minute break mid-morning and mid-afternoon.*

*There will be break for lunch at approximately noon.*

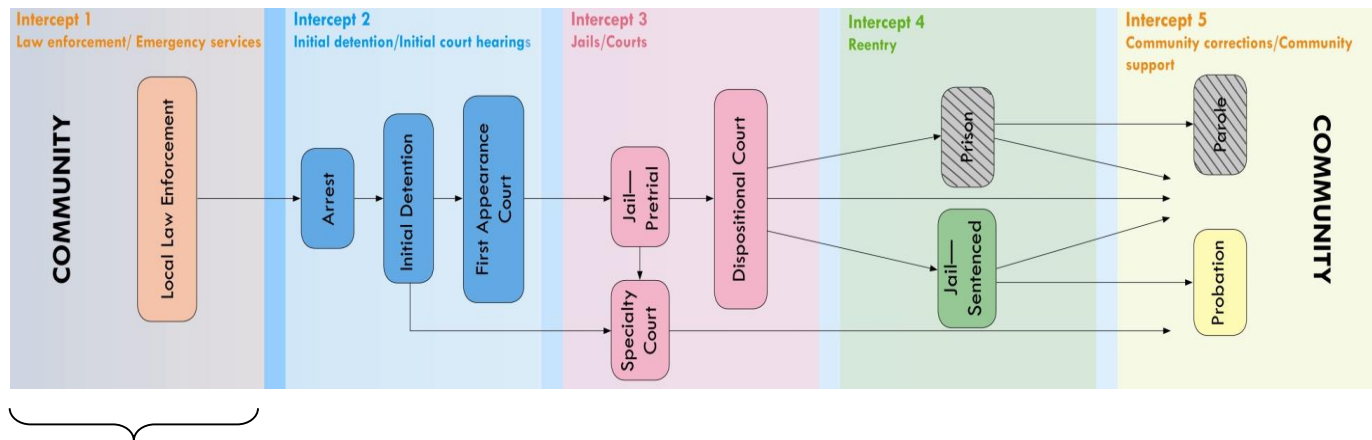
## Springfield Sequential Intercept Map



### Community Resources



# Intercept 1: Pre-arrest Diversion



## Resources

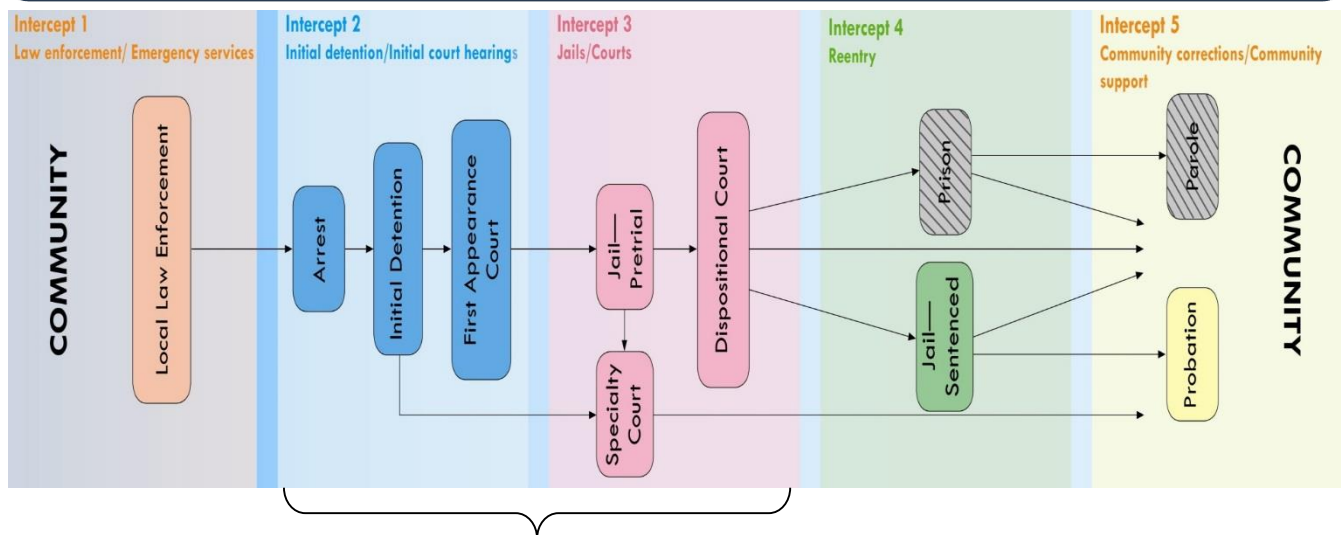
- Springfield Police Department is implementing the Hub + COR model.
- Holyoke, Westfield, and Springfield police departments have been awarded DMH grants to provide Crisis Intervention Team training and continue to train officers. All supervisors in the Westfield Police Department are trained in CIT. Holyoke and Westfield are implementing the CIT model, Springfield will be using the training to increase the knowledge of officers about mental health issues.
- Behavioral health units are operating in the major hospitals, including Holyoke Hospital, Bay State Medical Center, and Noble Hospital. BHN operates behavioral health pods in Holyoke Hospital and Bay State Medical Center.
- Holyoke Police Department's relationship with Noble Hospital has improved over time.
- The Department of Veteran Services' SAVE team operating for veterans who are in crisis.
- Counter Crime Continuum (C3) model in Springfield that represents a partnership between law enforcement agencies, local resident groups, business groups, and service providers.

## Gaps

- Lack of law enforcement friendly-policies at centralized drop-off center. As an example, BHN has several of these needed services and could be supported to develop these protocols.

- Lack of a robust crisis response, including an absence of strategies to allow current ESP staff to be trained in co-response, protocols to allow for co-response, and an ER triage/crisis drop-off.
- Response times by mobile crisis need to be improved where co-response is possible.
- Lack of shelter beds for homeless men.
- There is a shortage of available inpatient psychiatric beds at local hospitals, detoxification beds, and residential drug treatment beds.
- Cross training is needed for providers and criminal justice agencies.
- Need to focus on high users of emergency services, including frequent police callers.

## Intercepts 2 and 3



## Resources

### Initial Detention/Initial Court Hearings

- Community-Based DMH Forensic Transition Team Services does jail in-reach for clients.
- Police departments permit prescribed medications to follow a person into the holding centers.
- Competency to Stand Trial evaluations are available every day at the Court Clinic.
- The Court Clinic will use BHN crisis response services where competency and criminal responsibility are not issues.

### Jails/Courts

- Not responsible and competency case go to Department of Mental Health facilities or Bridgewater State Hospital.
- Robust treatment services within the Hampden County Sheriff's Department.
- Holyoke District Court is establishing a regional Veterans Treatment Court.
- Post-adjudication Mental Health Court in Springfield.
- The CREST program expands the Mental Health Court population to co-occurring adults.
- Courts can sanction people to the Regional Community Corrections Center.
- MassHealth works with people to apply for entitlements.

## Gaps

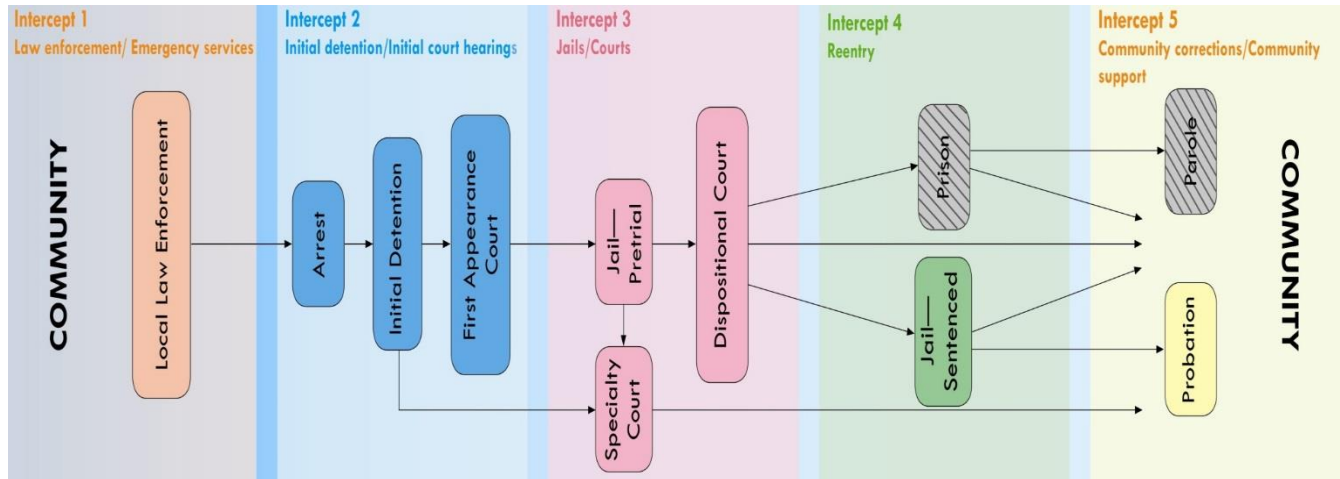
### Initial Detention/Initial Court Hearings

- Crisis in-reach into the police holding centers may not be as robust.
- Limited pre-trial staffing.
- Limited attention to mental health.
- Lack of mental health screening.
- Lack of mental health information available in a timely manner for defense counsel.
- Defense counsel lacks the ability to readily identify mental health issues/concerns.

### Jails/Courts

- Medication assisted treatment for maintenance therapy for substance use is not available in the jail.
- Howard Street has only 19 residential beds for women, and eligibility is restricted to specific classification/offense levels.
- 50/50 split between pretrial and sentenced inmates at the Hampden County Sheriff's Department. Longer court waits for case disposition.
- Lack of problem-solving courts for Holyoke and Westfield except for plans for a Veterans Treatment Court in that region.
- Lack of pre-adjudication alternatives to traditional case processing. The Mental Health Court is post-adjudication.

# Intercepts 4 and 5



## Resources

### Reentry

- DMH Forensic Transition Teams provide support for people leaving jail and prison.
- Community-Based Forensic Services can in-reach into the jail to work with clients.
- The local Reentry Center serves 120 people per day with 33 FTEs.
- Hampden County Sheriff's Department operates the Jail Pre-Release Center and the Community Safety Center, which include After Incarceration Support Services (AISS) and day reporting.
- 60 percent of people who use After Incarceration Support Services are not mandated to be there.
- Housing or housing assistance services are available through Community-Based Forensic Services, HRU, NAMI, and BHN.

### Community Corrections/Supports

- Probation and the Court Clinic have a productive working relationship.
- Gandara Center's Holyoke Recovery Support Center is available for persons with substance use disorders.

## Gaps

### Reentry

- Lack of bridge funding for services when people are released from jail or prison.
- Lack of housing options. Some people take up treatment beds when they need housing, not treatment.

### Community Corrections/Supports

- High probation caseloads and few FTEs given the crucial role that probation plays in providing effective community supervision.
- Training on behavioral health issues for probation officers, including a need for trauma training.

## Priorities

- Centralized crisis drop off center (19)
- Increased affordable housing stock (19)
- Cross training systems partners (15)
- Trauma informed treatment and sensitivity across systems (8)
- More bridge funding from jail to community for people without insurance (7)
- More probation officers (6)
- More options for crisis other than calling police/Quick and coordinated response to crisis/Law enforcement-crisis response (6)
- Increased peer support (5)
- Greater implementation of technology and information—sharing (one-way/two-way) (4)
- Specialized training for probation (2)
- More non-medical detox (2)

## Quick Fixes

- Use DMH Mental Health Block grant dollars to support cross-training for probation.

## Existing Planning Groups

- Recovery for Justice Advisory Committee expanded to include MISSION-CREST
- Veterans Justice Partnership
- Counter Crime Continuum
- Sheriff's Regional Reentry Committee
- DMH Incident Report Review Committee

## Recommendations

Springfield and the neighboring communities of Holyoke and Westfield have made strong investments in back-end strategies and behavioral health services, such as the centers operated by the Hampden County Sheriff's Department and the forensic services funded by DMH and available through the Behavioral Health Network. Our recommendations for improving the community-based responses to adults with mental and substance use disorders in the justice system are to focus on the development of front-end strategies, cross-agency process improvement and information-sharing, and to increase opportunities for diversion at Intercepts II and III.

1. *At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental and substance use disorders through the criminal justice system in Springfield, Holyoke, and Westfield.*
  - a. Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the Hampden County Correctional Center, sentenced to the Massachusetts Department of Correction, placed on probation, etc. *See the Data Analysis/Matching publications in the Resources section.*
  - b. A mental health dashboard can also be developed for monitoring wait times in hospitals for people in a mental health crisis, transfer times from the emergency department to behavioral health pods, and mobile crisis response times and time-on-scene to determine whether procedures can be implemented to improve such responses.
  - c. These dashboard indicators can be employed by a regional planning and monitoring committee to better identify opportunities for programming and to determine where existing initiatives require an overhaul.
2. *Implement mental health, substance use, and suicide screening procedures at all stages of the criminal justice system, beginning with law enforcement at the point of booking into the holding area. A cross-agency effort to implement systematic and uniform screening procedures and establish response protocols is crucial for the purpose of maintaining safe and appropriate custody of such individuals, but also for planners to identify gaps in service.*
  - a. Many brief screening instruments designed for non-clinicians to administer, such as the Brief Jail Mental Health Screen, are available for public use (<http://gainscenter.samhsa.gov/pdfs/disorders/bjmhsform.pdf>).
  - b. One-way data transfers of jail census data to behavioral health entities (e.g., DMH, DPH) are invaluable methods for identifying current or known clients who have entered the justice system. Information on one type of system, the Illinois Jail Data Link initiative, is available through this link: <https://sisonline.dhs.state.il.us/jaillink/home.asp>.

3. *Expand the capacity of first responders to provide effective crisis response and improve the quality of the crisis care continuum in Springfield.*
  - a. Identify frequent users of behavioral health emergency services and frequent callers to 911 for behavioral health reasons who would benefit from a coordinated response. For example, the Case Assessment Management Program ([http://qpc.co.la.ca.us/cms1\\_080719.pdf](http://qpc.co.la.ca.us/cms1_080719.pdf)) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves. The Hub and COR model shows promise with regard to coordination and case reviews.
  - b. The region is already developing coordinated strategies for law enforcement and mobile crisis services with DMH grant funding to BHN and Springfield police with regard to CIT training and protocol development. Tightening linkages to Emergency Services Providers through planned joint responses to particular scene could further leverage resources for improved outcomes. Multiple, effective strategies in this area of collaboration include police-mobile crisis co-response where mobile crisis is called to the scene or co-response where mobile crisis or other mental health clinicians participate in ride-alongs. Crisis Intervention Team training can provide patrol officers with additional skills for de-escalating crisis situations. Peer response models that employ post-crisis follow-up, often as part of mobile crisis response, are valuable for establishing engagement in services. *See the 2015 Fact Sheet and 2014 report to learn about models of law enforcement emergency services collaboration across Massachusetts at <http://www.mass.gov/eohhs/gov/departments/dmh/forensic-services.html> and the Crisis Services publications in the Resources section.*
  - c. Establish a one-stop drop-off center for persons experiencing a mental health crisis or in need of detoxification services with a police-friendly “no wrong door” policy. Consider the array of resources that make an effective drop-off center, not limiting services to 72-hour crisis stabilization beds and non-medical detoxification beds. Consider pharmacy services, hospital diversion protocols, medical clearance, and partnerships with respite centers (including peer respite), medical detoxification, supported housing, residential treatment, and wraparound services. In addition, a behavioral health urgent care for persons who are not yet in need of stabilization services can further reduce emergency room visits and episodes of inpatient hospitalization. Any drop-off center with a no-wrong-door policy for law enforcement and which quickly transfer persons in crisis out of an officer’s custody will become an important resource for nearby law enforcement agencies.
4. *Establish greater alternatives to detention and pre-adjudication diversion options at Intercept II. Defendants who are remanded to pretrial detention often have worse outcomes than defendants who are released to the community pending the disposition of their criminal case.*
  - a. Pretrial release under supervision is an effective strategy for keeping defendants in the community who would otherwise be remanded to pretrial detention. These services could be expanded to have specialized caseloads for persons with serious mental illness or co-occurring

disorders. However, any increase in pretrial release services will require greater resources for the understaffed Massachusetts Probation Service in Springfield. Pretrial release could be a primary outlet for keeping people out of jail.

- b. Given that Probation is understaffed, a non-probation option is necessary for defendants with serious mental illness or co-occurring disorders as an alternative to detention or as a form of pre-adjudication diversion. Community-based providers could develop programs to manage and deliver services to:
  - i. Defendants with serious mental illness or co-occurring disorders with pending cases who are released to the program as an alternative to detention. These may be cases where the charges are too serious to dismiss but where the individuals would benefit from community-based services.
  - ii. Persons whose cases are dismissed or where prosecution is declined on the condition that the person participate in community-based services. These may be cases involving minor charges, first-time offenders, or persons who are “well-known” to the justice system and where continued prosecution is not expected to reduce subsequent justice involvement. The CASES Transitional Case Management (<http://www.cases.org/articles/TCMProgramBrief.pdf>) and the Manhattan Arraignment Diversion Program (<http://gainscenter.samhsa.gov/cms-assets/documents/96362-788132.map-program-brief.pdf>) are two examples.
5. *Consider additional problem-solving court options for defendants with mental and/or substance use disorders who are facing significant sentences. Presently, the only operating problem-solving court is the Recovery with Justice mental health court (with the CREST expansion) in the Springfield District Court. A regional Veterans Treatment Court is being implemented in the Holyoke District Court. As the Trial Court works on its strategic plan for expanding specialty courts across the Commonwealth, a continued step would be for its court-led committee to continue to examine the volume of cases that would be eligible for various problem-solving courts, should they be implemented, such as mental health courts (outside of Springfield), drug courts, DUI courts, and reentry courts.*
6. *Continue to include and build upon the work of the family members who have shown significant interest and effectiveness in collaborating to improve the continuum of criminal justice/behavioral health services. Many communities have found family members and consumers to be the most effective “voices” in helping to bring increased resources to the community. Pilot projects for family engagement with courts are occurring in Bristol County as examples to be borrowed from by Springfield and surrounding areas.*
7. *Expand forensic peer support to promote recovery for criminal justice-involved populations, from crisis-response strategies to reentry. Many communities have found that peer specialists with a personal history of involvement in the mental health and criminal justice systems have been effective in engaging individuals who have previously resisted traditional behavioral health services. BHN is already engaging MISSION-CREST peers who work tirelessly supporting individuals who both are in the justice system but also need services related to health and wellness.*

8. *Explore additional wet and dry housing options (short-term and long-term) for people with mental and/or substance use disorders involved with the criminal justice system. Housing is essential for successful reentry.*

a. Two groups are doing interesting work to develop housing alternatives for this population:

- i. The Corporation for Supportive Housing's Frequent Users Initiative has been implemented in a number of cities and states across the country to foster innovative cross-system strategies to improve quality of life and reduce public costs among persons whose complex, unmet needs result in frequent engagement with emergency health, shelter and correctional services. These programs identify and target a small group of individuals whose overlapping health and mental health needs place them at high risk of repeated, costly and avoidable involvement with correctional and crisis care systems. The Corporation leverages local partnerships and community-based services linked with housing to improve outcomes at a reduced public cost for the frequent user population.
- ii. The New York City Departments of Correction and Homeless Services, with assistance from the Department of Health and Mental Hygiene and the New York City Housing Authority have implemented the Frequent Users of Jail and Shelter Initiative. Initial results show that the average number of days in jail decrease by 52% among housed participants, while jail days actually increased for members of a comparison group.
- iii. The 100,000 Homes initiative is a coalition of agencies to permanently house 100,000 chronically homeless individuals using a housing first approach. (<http://100khomes.org/>)

## RESOURCES

### Crisis Resources

- Mental Health First Aid - The National Council for Community Behavioral Health offers a Mental Health First Aid 8-hour course which can be offered in one 8-hour block or in multiple sessions. The training provides more flexibility in training delivery, especially for smaller jurisdictions. While not as intensive as CIT training, the training does include improving skills in identifying mental illness, de-escalation and referral to resources. <http://www.mentalhealthfirstaid.org/cs/>
- Crisis Intervention Team International and The Council of State Governments Justice Center's "Essential Elements of Police-Based Response" emphasize that beyond training, police-based crisis response programs require partnerships with community crisis and emergency providers to provide for a quick response to police based referrals, coordinated protocols that allow for timely screening and triage of persons in behavioral health crisis.
- National Association of Counties. *Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems*.  
<http://www.naco.org/newsroom/pubs/Documents/Health,%20Human%20Services%20and%20Justice/CrisisCarePublication.pdf>
- CSG Justice Center. *Statewide Law Enforcement/Mental Health Efforts*.  
[https://www.bja.gov/Publications/CSG\\_StatewideLEMH.pdf](https://www.bja.gov/Publications/CSG_StatewideLEMH.pdf)
- *Mental Health Substance Abuse Crisis Services Redesign Brief* - May 2010 (Appendix 2)
- SAMHSA. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*.  
<http://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/SMA14-4848>

### Trauma Resources

- *Essential Components of Trauma Informed Judicial Practice* describes what every judge needs to know about trauma. [http://www.nasmhpd.org/docs/NCTIC/JudgesEssential\\_5%201%202013finaldraft.pdf](http://www.nasmhpd.org/docs/NCTIC/JudgesEssential_5%201%202013finaldraft.pdf)
- *Trauma Specific Interventions for Justice Involved Individuals*.  
<http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf>

## Peer Resources

- *Involving Peers in Criminal Justice and Problem-Solving Collaboratives.*
- <http://gainscenter.samhsa.gov/cms-assets/documents/62304-42605.peersupportfactsweb.pdf>
- *Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists.*  
<http://www.mhselfhelp.org/storage/resources/tu-clearinghouse/webinars/ForensicPeerGAINSCenter%201.pdf>
- *Overcoming Legal Impediments to Hiring Forensic Peer Specialists.*  
[http://gainscenter.samhsa.gov/peer\\_resources/pdfs/Miller\\_Massaro\\_Overcoming.pdf](http://gainscenter.samhsa.gov/peer_resources/pdfs/Miller_Massaro_Overcoming.pdf)
- *LA NAMI Medication Forms:* [LA NAMI Medication Form - English](#) | [LA NAMI Medication Form - Spanish](#)

## Veteran Resources

- *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.* [http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS\\_Report.pdf](http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf)
- Justice for Vets, The National Clearinghouse for Veterans Treatment Courts at the National Association of Drug Court Professionals. *Ten Key Components of Veterans Treatment Courts.*  
<http://justiceforvets.org/sites/default/files/files/Ten%20Key%20Components%20of%20Veterans%20Treatment%20Courts%20.pdf>

## Screening and Assessment

- *Screening and Assessment of Co-Occurring Disorders in the Justice System.*  
[http://gainscenter.samhsa.gov/topical\\_resources/cooccurring.asp](http://gainscenter.samhsa.gov/topical_resources/cooccurring.asp)
- *Validation of the Brief Jail Mental Health Screen.*  
[http://gainscenter.samhsa.gov/pdfs/jail\\_diversion/Psychiatric\\_Services\\_BJMHS.pdf](http://gainscenter.samhsa.gov/pdfs/jail_diversion/Psychiatric_Services_BJMHS.pdf)

## Data Analysis/Matching

- Urban Institute. *Justice Reinvestment at the Local Level Planning and Implementation Guide.*  
<http://www.urban.org/publications/412233.html>

- *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois* (Appendix 3)
- The Council of State Governments. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism*. <http://csgjusticecenter.org/corrections/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/>
- New Orleans Health Department. *New Orleans Mental Health Dashboard*. <http://www.nola.gov/getattachment/Health/Data-and-Publications/NO-Behavioral-Health-Dashboard-4-05-15.pdf/>
- Pennsylvania Commission on Crime and Delinquency. *Criminal Justice Advisory Board Data Dashboards*. <http://www.pacjabdash.net/Home/tabid/1853/Default.aspx>

## APPENDIX INDEX

1. Sequential Intercept Mapping Workshop Participant List (March 4, 2015)
2. Texas Mental Health Substance Abuse Crisis Services Redesign Brief
3. Jail Data Link Frequent Users: A Data Matching Initiative in Illinois

## GAINS Sequential Intercept Mapping Workshop

### Participant List

Name	Title	Agency
Alisha Khoury-Bouche	Clinical Case Manager, Family Intervention & Support Services	Phoenix House
Attorney Martin	Attorney	
Ayorkor Gaba	Senior Project Director	UMass Medical School
Ben Cluff	Veteran Services Coordinator	MA Department of Public Health
Bill Miller	Executive Director	Friends of the Homeless
Brain Elliott	Sargeant	Springfield Police Department
Charles Groce	The Honorable Judge	Springfield District Court
Clara Garland		Community-Based Flexible Supports
David Smelson	Vice Chair, Clinical Research (Psychiatry)	UMass Medical School
Debra Pinals	Assistant Commissioner of Forensic Mental Health	MA Department of Mental Health
Dominique Decoster	Public Defender	Hampden County
Donald Frank	Criminal Defense Attorney	Frank Law Offices
Donna Bernardi-Agnes	Clinical Director	Hampden County Sheriff's Department
Erin Levesque	RLC Hampden County Coordinator	Western Mass Recovery Learning Center
Hank Mathieu	Forensic Transition Team Supervisor	Forensic Transition Team
Jack Fitzgerald	Assistant Superintendent of Hampden HOC	Hampden County Sheriff's Department
Jack Morganstern	Probation Chief	Springfield District Court
Jaime Maldonado	Outpatient Services Division Director	Gandara Center
Jennifer Dugan	Site Officer	MA Department of Mental Health
Jennifer Fitzgerald	First ADA	Hampden County District Attorney
Jennifer Seivers	Clinical Coordinator, Driver Alcohol Education Program	Behavioral Health Network
John Barber	Area Forensic Director	MA Department of Mental Health
John Nolen	Public Defender	Committee for Public Counsel Services
Julie Schwager	Vice President, Adult Services	Center for Human Development
Karen Pressman	Director, Planning & Development	MA Department of Public Health
Kate Hildreth-Fortin	Director of Emergency Services	Behavioral Health Network
Kevin Kearney	Regional Program Manager	Community Corrections
Kristina Hurley	Full-time Peer Support Specialist	Behavioral Health Network
Lori Harriman	Women's Correctional Center	Hampden County Sheriff's Department
Manuel Reyes	Lieutenant	Holyoke Police Department
Marie Demarey	VJOC	U. S. Department of Veterans Affairs
Mary Casey	Part-time Peer Support Specialist	Behavioral Health Network
Matthew Leone	Emergency Services	Behavioral Health Network
Melissa Verner	Forensic Pact Program Director	Behavioral Health Network
Michael LaCroix	Crisis Intervention Team Coordinator	Westfield Police Department
Michael Stein		MA Department of Mental Health
Neiswanger or designee	Chief	Holyoke Police Department
Nelida Kuilan	HIV/HCV Prevention Supervisor	Tapestry Health
Olga Orbe	RWJ Full-time Case Manager	Behavioral Health Network
Richard McKeown	Director	Behavioral Health Network
Rose Mok	Part-time Case Manager	Behavioral Health Network
Roshani Vanmali	Clinical Research Assistant	UMass Medical School
Ruth Jacobson-Hardy	Regional Director	MA Department of Public Health
Sally Johnson Van Wright	AISS Program Director	Hampden County Sheriff's Department
Terry O'Neil	Asst. Chief of Probation	Springfield District Court
Tom Moriarty	Director of Community Services	MA Department of Mental Health
Tracy Mineo	Substance Abuse Counselor	Behavioral Health Network
Welli Yeh	Program Director, Adult Court Clinics	Behavioral Health Network
William Schwarz	Crime Analysis Director	Springfield Police Department

## Crisis Services

The Department of State Health Services (DSHS) funds 37 LMHAs and NorthSTAR to provide an array of ongoing and crisis services to individuals with mental illness. Laws and rules governing DSHS and the delivery of mental health services require LMHAs and NorthSTAR to provide crisis screening and assessment. Newly appropriated funds enhanced the response to individuals in crisis.

### **The 80<sup>th</sup> Legislature**

\$82 million was appropriated for the FY 08-09 biennium for improving the response to mental health and substance abuse crises. A majority of the funds were divided among the state's Local Mental Health Authorities (LMHAs) and added to existing contracts. The first priority for this portion of the funds was to support a rapid community response to offset utilization of emergency rooms or more restrictive settings.

#### **Crisis Funds**

- **Crisis Hotline Services**
  - Continuously available 24 hours per day, seven days per week
  - All 37 LMHAs and NorthSTAR have or contract with crisis hotlines that are accredited by the American Association of Suicidology (AAS)
- **Mobile Crisis Outreach Teams (MCOT)**
  - Operate in conjunction with crisis hotlines
  - Respond at the crisis site or a safe location in the community
  - All 37 LMHAs and NorthSTAR have MCOT teams
  - More limited coverage in some rural communities

\$17.6 million dollars of the initial appropriation was designated as community investment funds. The funds allowed communities to develop or expand local alternatives to incarceration or State hospitalization. Funds were awarded on a competitive basis to communities able to contribute at least 25% in matching resources. Sufficient funds were not available to provide expansion in all communities served by the LMHAs and NorthSTAR.

#### **Competitive Funds Projects**

- **Crisis Stabilization Units (CSU)**
  - Provide immediate access to emergency psychiatric care and short-term residential treatment for acute symptoms
  - Two CSUs were funded
- **Extended Observation Units**
  - Provide 23-48 hours of observation and treatment for psychiatric stabilization
  - Three extended observation units were funded
- **Crisis Residential Services**
  - Provide from 1-14 days crisis services in a clinically staffed, safe residential setting for individuals with some risk of harm to self or others
  - Four crisis residential units were funded
- **Crisis Respite Services**

- Provide from 8 hours up to 30 days of short-term, crisis care for individuals with low risk of harm to self or others
- Seven crisis respite units were funded
- **Crisis Step-Down Stabilization in Hospital Setting**
  - Provides from 3-10 days of psychiatric stabilization in a psychiatrically staffed local hospital setting
  - Six local step-down stabilization beds were funded
- **Outpatient Competency Restoration Services**
  - Provide community treatment to individuals with mental illness involved in the legal system
  - Reduces unnecessary burdens on jails and state psychiatric hospitals
  - Provides psychiatric stabilization and participant training in courtroom skills and behavior
  - Four Outpatient Competency Restoration projects were funded

### **The 81st Legislature**

\$53 million was appropriated for the FY 2010-2011 biennium for transitional and intensive ongoing services.

- **Transitional Services**
  - Provides linkage between existing services and individuals with serious mental illness not linked with ongoing care
  - Provides temporary assistance and stability for up to 90 days
  - Adults may be homeless, in need of substance abuse treatment and primary health care, involved in the criminal justice system, or experiencing multiple psychiatric hospitalizations
- **Intensive Ongoing Services for Children and Adults**
  - Provides team-based Psychosocial Rehabilitation services and Assertive Community Treatment (ACT) services (Service Package 3 and Service Package 4) to engage high need adults in recovery-oriented services
  - Provides intensive, wraparound services that are recovery-oriented to address the child's mental health needs
  - Expands availability of ongoing services for persons entering mental health services as a result of a crisis encounter, hospitalization, or incarceration

# Jail Data Link Frequent Users

## A Data Matching Initiative in Illinois

### Overview of the Initiative

The Corporation for Supportive Housing (CSH) has funded the expansion of a data matching initiative at Cook County Jail designed to identify users of both Cook County Jail and the State of Illinois Division of Mental Health (DMH).

This is a secure internet based database that assists communities in identifying frequent users of multiple systems to assist them in coordinating and leveraging scarce resources more effectively. Jail Data Link helps staff at a county jail to identify jail detainees who have had past contact with the state mental health system for purposes of discharge planning. This system allows both the jail staff and partnering case managers at community agencies to know when their current clients are in the jail. Jail Data Link, which began in Cook County in 1999, has expanded to four other counties as a result of funding provided by the Illinois Criminal Justice Information Authority and will expand to three additional counties in 2009. In 2008 the Proviso Mental Health Commission funded a dedicated case manager to work exclusively with the project and serve the residents of Proviso Township.

### Target Population for Data Link Initiatives

This project targets people currently in a county jail who have had contact with the Illinois Division of Mental Health.

- **Jail Data Link – Cook County:** Identifies on a daily basis detainees who have had documented inpatient/outpatient services with the Illinois Division of Mental Health. Participating agencies sign a data sharing agreement for this project.
- **Jail Data Link – Cook County Frequent Users:** Identifies those current detainees from the Cook County Jail census who have at least two previous State of Illinois psychiatric inpatient hospitalizations and at least two jail stays. This will assist the jail staff in targeting new housing resources as a part of a federally funded research project beginning in 2008.
- **Jail Data Link – Expansion:** The Illinois Criminal Justice Information Authority provided funding to expand the project to Will, Peoria, Jefferson and Marion Counties, and the Proviso Mental Health Commission for Proviso Township residents.

### Legal Basis for the Data Matching Initiative

Effective January 1, 2000, the Illinois General Assembly adopted **Public Act 91-0536** which modified the Mental Health and Developmental Disabilities Administrative Act. This act allows the Division of Mental Health, community agencies funded by DMH, and any Illinois county jail to disclose a recipient's record or communications, without consent, to each other, for the purpose of admission, treatment, planning, or discharge. No records may be disclosed to a county jail unless the Department has entered into a written agreement with the specific county jail. Effective July 12, 2005, the Illinois General Assembly also adopted **Public Act 094-0182**, which further modifies the Mental Health and Developmental Disabilities Administrative Act to allow sharing between the Illinois Department of Corrections and DMH.

Using this exception, individual prisons or jails are able to send their entire roster electronically to DMH. Prison and jail information is publically available. DMH matches this information against their own roster and notifies the Department of Corrections Discharge Planning Unit of matches between the two systems along with information about past history and/or involvement with community agencies for purposes of locating appropriate aftercare services.

### Sample Data at a Demo Web Site

DMH has designed a password protected web site to post the results of the match and make those results accessible to the Illinois Department of Corrections facility. Community agencies are also able to view the names of their own clients if they have entered into a departmental agreement to use the site.

In addition, DMH set up a demo web site using encrypted data to show how the data match web site works. Use the web site link below and enter the User ID, Password, and PIN number to see sample data for the Returning Home Initiative.

- <https://sisonline.dhs.state.il.us/JailLink/demo.html>
  - UserID: cshdemo
  - Password: cshdemo
  - PIN: 1234

## Program Partners and Funding Sources

- **CSH's Returning Home Initiative:** Utilizing funding from the Robert Wood Johnson Foundation, provided \$25,000 towards programming and support for the creation of the Jail Data Link Frequent Users application.
- **Illinois Department of Mental Health:** Administering and financing on-going mental health services and providing secure internet database resource and maintenance.
- **Cermak Health Services:** Providing mental health services and supervision inside the jail facility.
- **Cook County Sheriff's Office:** Assisting with data integration and coordination.
- **Community Mental Health Agencies:** Fourteen (14) agencies statewide are entering and receiving data.
- **Illinois Criminal Justice Authority:** Provided funding for the Jail Data Link Expansion of data technology to three additional counties, as well as initial funding for three additional case managers and the project's evaluation and research through the University of Illinois.
- **Proviso Township Mental Health Commission (708 Board):** Supported Cook County Jail Data Link Expansion into Proviso Township by funding a full-time case manager.
- **University of Illinois:** Performing ongoing evaluation and research

## Partnership Between Criminal Justice and Other Public Systems

Cook County Jail and Cermak Health Service have a long history of partnerships with the Illinois Department of Mental Health Services. Pilot projects, including the Thresholds Justice Project and the Felony Mental Health Court of Cook County, have received recognition for developing alternatives to the criminal justice system. Examining the systematic and targeted use of housing as an intervention is a logical extension of this previous work.

## Managing the Partnership

CSH is the primary coordinator of a large federal research project studying the effects of permanent supportive housing on reducing recidivism and emergency costs of frequent users of Cook County Jail and the Illinois Department of Mental Health System. In order to facilitate this project, CSH funded the development of a new version of Jail Data Link to find the most frequent users of the jail and mental health inpatient system to augment an earlier version of Data Link in targeting subsidized housing and supportive mental health services.

## About CSH and the Returning Home Initiative

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations, please see [www.csh.org/contactus](http://www.csh.org/contactus).

CSH's national *Returning Home Initiative* aims to end the cycle of incarceration and homelessness that thousands of people face by engaging the criminal justice systems and integrating the efforts of housing, human service, corrections, and other agencies. *Returning Home* focuses on better serving people with histories of homelessness and incarceration by placing them to supportive housing.



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