

# **GOVERNOR'S BEHAVIORAL HEALTH SERVICES PLANNING COUNCIL UPDATE**



## **JUSTICE INVOLVED YOUTH AND ADULTS – SUBCOMMITTEE REPORT**

**2020**

Report presented to:  
Governor's Behavioral Health Services Planning Council

Prepared by:

J Ted Jester, Co- Chair  
Bill Persinger, Co-Chair  
Charles Bartlett, KDADS, Liaison to GBHSPC  
Andrea Clark, KDADS, Liaison to JIYA Subcommittee  
Members of the Justice Involved Youth and Adults Subcommittee

## **INTRODUCTION**

The interface between the behavioral health and criminal justice systems is substantial. The increased involvement of people with mental illness in the criminal justice system remains a difficulty for both state and local governments.

The JIYA Subcommittee convenes constituents at a policy level to carry out the vision and mission with the intent to promote actions for state level change through policy recommendations and planning.

### **JUSTICE INVOLVED YOUTH AND ADULTS SUBCOMMITTEE CHARTER**

1. Develop a strategic plan to identify goals and objectives for state level change through policy and planning.
2. Formulate and prioritize strategies to achieve objectives of the strategic plan.
3. Implement strategies through workgroups, including timeline for completion.
5. Issue annual policy recommendations and planning to the Secretary from the Departments for Aging and Disability Services (KDADS), Children and Families (DCF), and Corrections (KDOC).

### **VISION AND MISSION**

The vision and mission of the JIYA is as follows:

#### ***Vision***

Justice involved Youth and Adults with behavioral health needs will achieve recovery.

#### ***Mission***

To promote a recovery oriented system of care for individuals with behavioral health needs in or at risk for involvement in the justice system through policy recommendations and planning focused on prevention, diversion, treatment and reentry.

## **MEMBERSHIP**

Charles Bartlett, *KDADS, Liaison to GBHSPC*

Jennifer Beery, *DCF*

Mike Brouwer, *Douglas County Sheriff's Office*

Ashley Brown, *DCF*

Gary Bunting, *Under Sheriff, Douglas County*

Harold Casey, *Executive Director, Substance Abuse Center of KS*

Andrea Clark, *KDADS, Liaison to JIYA Subcommittee*

Bill Cochran, *Chief, Topeka Police Department*

Wes Cole, *GBHSPC Liaison*

Dale Coleman, *Under Sheriff, Ford County*

Hope Cooper, *Deputy Secretary, KDOC*

Letitia Ferwalt, *Johnson County DA's office*

Mike Fonkert, *Kansas Appleseed*

Jessica Harvey

Jeffrey Herrig, *Sheriff, Jefferson County*

Jason Hess, *Executive Director, Heartland RADAC*

Jennifer Hornback, *Principal, Hazel Grove Elementary, KCK*

Sandy Horton, *Kansas Sheriff's Association*

J Ted Jester, *Johnson County Department of Corrections*

Ed Klumpp, *Kansas Sheriff's Association*

Brandi Lane, *Johnson County Mental Health*

Dantia MacDonald

Bill Persinger, *Executive Director, Valeo Behavioral Health*

Michelle Pickert

Usha Reddi, *Honorable Mayor, Manhattan, KS*

Sherrie Vaughn, *Executive Director, NAMI Kansas*

Susan Wallace

## **SUBCOMMITTEE AND WORKGROUP SUMMARIES**

### MENTAL HEALTH SERVICES IN KANSAS JAILS

Following a request by the Kansas Legislature, the Legislative Division of Post Audit (LPA) completed a review of the local jail and mental health system. The resulting report, “Community Mental Health: Evaluating Mental Health Systems in Local Jails,” was released in April of 2018. Following an in-depth survey of conditions and services offered by local jails in Kansas to those with mental health needs, the report concluded that Kansas would benefit from an integrated statewide plan and more consistent collaboration between community mental health centers and local jails. The Legislative Division of Post Audit recommended that the Kansas Department for Aging and Disability Services (KDADS) should develop and present a statewide plan to the Kansas Legislature for consideration by July 2020. Through FY 2020, the Justice Involved Youth and Adults Subcommittee (JIYA) participated in a collaboration with KDADS Behavioral Health Services Commission to create recommendations for shaping the statewide plan.

JIYA members along with members of the Kansas Sheriffs’ Association, the Kansas Association of Chiefs of Police, the Kansas Department of Corrections, and the Association of Community Mental Health Centers of Kansas (ACMHCK) to participate in a Mental Health in Kansas Jails workgroup.

The task was to make recommendations that addresses the following six parts:

1. The types of mental health services that should be available to inmates in Kansas jails.
2. What agencies or entities should be responsible for providing necessary mental health services to inmates.
3. What and how much mental health training should be provided to all jail staff statewide.
4. What resources are needed to fund the services and training that are determined necessary.
5. Mechanisms for jails and community mental health centers to better coordinates services before inmates are released from jail.
6. What statutory changes may be required to implement the statewide plan.

In summary, the following recommendations were incorporated in a statewide plan delivered to the Legislative Division of Post Audit in May of 2020.

1. Implement the national Stepping Up Initiative across the state to reduce the number of mentally ill people in jails. Johnson County, Douglas County, and Reno County have been participating since the Stepping Up Initiative inception in 2015 with great success.
2. Kansas Stepping Up Technical Assistance Center, an 18-month collaboration with the Council of State Governments-Justice Center to support communities across the state through one-on-one onsite and distance training, group trainings, coaching from local and national experts, and access to resources and technical guidance on the intersection of mental health and the justice system.

3. Adopt the six core services the National Commission on Correctional Health Care's 2015 Standards for Mental Health Services in Correctional Facilities as identified in the LPA report; Suicide Prevention Program, Mental Health Screening, Mental Health Assessment and Evaluation, Medication, Treatment, and Discharge Planning.
4. Fund and support a jail liaison. The Jail Liaison is a designated representative from the local CMHC who will work directly with inmates and jail staff to assist with accessing information and resources and provide the supportive services and follow up for treatment and discharge to the community.

To see the full report and all recommendations, please visit <https://www.kdads.ks.gov/commissions/behavioral-health>

To learn more about the Stepping Up Initiative, please go to this site: <https://stepuptogether.org/>

#### TOP PRIORITIES & RECOMMENDATIONS:

##### Immediate

1. Fund and support as recommended the statewide plan: Mental Health Services In Kansas Jails
2. Funding our state hospitals in order to increase/maximize bed capacity
3. Funding of regional crisis stabilization centers, both for adults and juveniles

##### Longer-Term

4. Crisis Intervention Training (CIT) funding and support
  - a. Support for incorporating training officers on juvenile and family crises and responses
  - b. CIT "Lite" for rural and frontier law enforcement agencies in lieu of the 40-hour course
    - i. Mental Health First Aid or other appropriate 8-hour course
    - ii. Take training to them
5. Sequential Intercept Mapping (SIM)
  - a. KDADS help facilitate process with jurisdictions across the state
  - b. Identify strengths and gaps
  - c. Information can be used by JIYA and KDADS for future priorities and funding

To learn more about Sequential Intercept Mapping (SIM) please see the addendum to this report entitled "SIM One Pager".

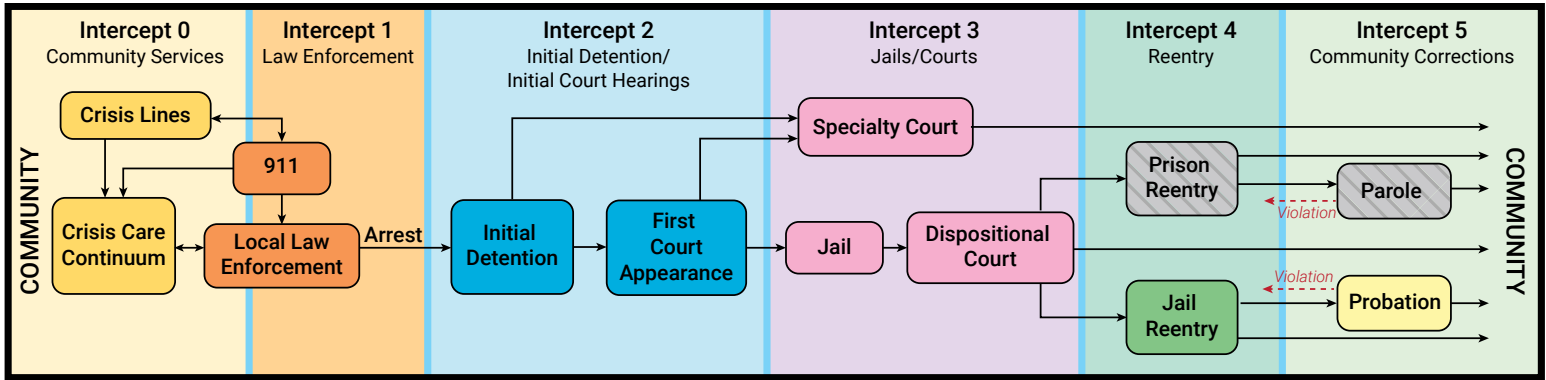
## FY 2021 TASKS

- JIYA members to serve on the Kansas Stepping Up Technical Assistance Center Oversight Committee
- Continue to follow the Kansas Criminal Justice Reform Commission (KCJRC) and various subcommittees; anticipating working with KDADS and/or KDOC where possible on policy development and programs based on recommendations for reform
- Assist KDADS with any short-term projects or tasks needed in support of the statewide plan referenced in this report, the aforementioned “top priorities and recommendations”, or on any other ad hoc basis deemed necessary

## SUMMARY

In summary, the JIYA Subcommittee, through its diverse members of the subcommittee and workgroups, provides a unique avenue for members to come together to collaborate, analyze, and create recommendations for the GBHSPC. A continuing role and mission of the JIYA should be to monitor the work of other groups and make sure that important issues show up in their work. Also, our JIYA role should continue to be to encourage communication and coordination of the work of the various groups, as well as being a sort of clearinghouse and a resource to the KDADS Secretary and her team as they build policy.

## The Sequential Intercept Model



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## Key Issues at Each Intercept

### Intercept 0

**Mobile crisis outreach teams and co-responders.** Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis or co-respond to a police encounter.

**Emergency department diversion.** Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.

**Police-behavioral health collaborations.** Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.

### Intercept 1

**Dispatcher training.** Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

**Specialized police responses.** Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.

**Intervening with frequent utilizers and providing follow-up after the crisis.** Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.

### Intercept 2

**Screening for mental and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

**Data-matching initiatives between the jail and community-based behavioral health providers.**

**Pretrial supervision and diversion services to reduce episodes of incarceration.** Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

### Intercept 3

**Treatment courts for high-risk/high-need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.

**Jail-based programming and health care services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.

**Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.**

### Intercept 4

**Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

**Medication and prescription access upon release from jail or prison.** Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.

**Warm hand-offs from corrections to providers increase engagement in services.** Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

### Intercept 5

**Specialized community supervision caseloads of people with mental disorders.**

**MAT for substance use disorders.** MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.

**Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to justice-involved individuals as access to mental and substance use treatment services. Removing criminal justice-specific barriers to access is critical.

## Best Practices Across the Intercepts

**Cross-systems collaboration and coordination of initiatives.** Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.

**Routine identification of people with mental and substance use disorders.** Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessment as warranted.

**Access to treatment for mental and substance use disorders.** Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.

**Linkage to benefits to support treatment success, including Medicaid and Social Security.** People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.

**Information sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness service providers.** Information-sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

## History and Impact of the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. (PRA). The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

After years of refinement and testing, several versions of the model emerged. The “linear” depiction of the model found in this publication was first conceptualized by Dr. Steadman of PRA in 2004<sup>1</sup> through his leadership of a National Institute of Mental Health-funded Small Business Innovative Research grant awarded to PRA. The linear SIM model was first published by PRA in 2005<sup>2</sup> through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The “filter” and “revolving door” versions of the model were formally introduced in a 2006 article in the peer-reviewed journal *Psychiatric Services* authored by Drs. Munetz and Griffin.<sup>3</sup> A full history of the development of the SIM can be found in the book *The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness*.<sup>4</sup>

With funding from the National Institute of Mental Health, PRA developed the linear version of the SIM as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system by people with mental and substance use disorders. Through this grant, PRA, working with Dr. Griffin and others, produced an interactive, facilitated workshop based on the linear version of the SIM to assist cities and counties in determining how people with mental and substance use disorders flow from the community into the criminal justice system and eventually return to the community.

During the mapping process, the community stakeholders are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by community stakeholders.

Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act,<sup>5</sup> the 114th Congress of the United States of America identified the SIM, specifically the mapping workshop, as a means for promoting community-based strategies to reduce the justice system involvement of people with mental and substance use disorders. SAMHSA has supported community-based strategies to improve public health and public safety outcomes for justice-involved people with mental and substance use disorders through SIM mapping workshop national solicitations and by providing SIM mapping workshops as technical assistance to its criminal justice and behavioral health grant programs. In addition, the Bureau of Justice Assistance has supported the SIM mapping workshop by including it as a priority for the Justice and Mental Health Collaboration Program grants.

With the advent of Intercept 0, the SIM continues to increase its utility as a strategic planning tool for communities who want to address the justice involvement of people with mental and substance use disorders.<sup>6</sup>

1 Steadman, H.J. (2007). *NIMH SBIR Adult Cross-Training Curriculum (AXT) Project – Phase II final report*. Delmar, NY: Policy Research Associates. (Technical report submitted to NIMH on 3/27/07.)

2 National GAINS Center. (2005). *Developing a comprehensive state plan for mental health and criminal justice collaboration*. Delmar, NY: Author.

3 Munetz, M.R., & Griffin, P.A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57, 544-549. DOI: 10.1176/ps.2006.57.4.544

4 Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., & Schubert, C.A. (Eds.). (2015). *The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness*. New York: Oxford University Press. DOI: 10.1093/med:psych/9780199826759.001.0001

5 21st Century Cures Act, Pub. L. 114-255, Title XIV, Subtitle B, Section 14021, codified as amended at 41 U.S.C. 3797aa, Title I, Section 2991

6 Abreu, D., Parker, T.W., Noether, C.D., Steadman, H.J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35, 380-395. DOI: 10.1002/bsl.2300

## SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation serves as a resource and technical assistance center for policy, planning, and coordination among the mental health, substance use, and criminal justice systems. The GAINS Center's initiatives focus on the transformation of local and state systems, jail diversion policy, and the documentation and promotion of evidence-based and promising practices in program development. The GAINS Center is funded by the Substance Abuse and Mental Health Services Administration. It is operated by Policy Research Associates, Inc., in Delmar, New York.

# SAMHSA

Substance Abuse and Mental Health  
Services Administration

SAMHSA's GAINS Center  
Policy Research Associates, Inc.

345 Delaware Ave  
Delmar, NY 12054

p. (800) 311-4246  
e. gains@prainc.com

<https://www.samhsa.gov/gains-center>

