Sequential Intercept Model Mapping Report for Kansas Southern Region

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April 5-6, 2023

Kansas South Regional SIM

Arkansas City, KS

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Final Report
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ACKNOWLEDGEMENTS

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RECOMMENDED CITATION

Policy Research Associates. (2023). *Sequential intercept model mapping report for Kansas Southern Region.* Delmar, NY: Policy Research Associates, Inc.

CONTENTS

Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] 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, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

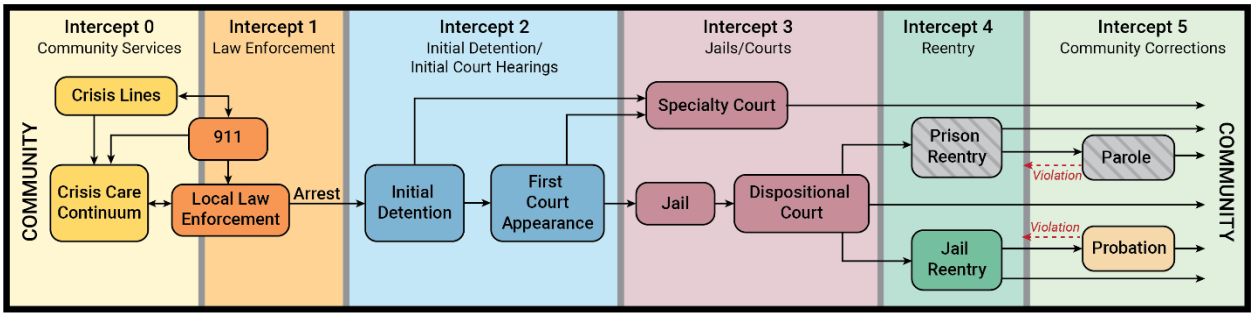
A Sequential Intercept Model mapping is a workshop to develop an understanding of how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention 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 six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps and resources 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.



[1] 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.

INTRODUCTION

On April 5-6, 2023, Policy Research Associates (PRA) convened a cross-system group of criminal justice and behavioral health system stakeholders in the South-East region of Kansas representing 10 Mental Health Catchment areas covering 25 counites for an in-person Sequential Intercept Model (SIM) Mapping Workshop. PRA delivered a presentation on the SIM and facilitated discussions focused on identifying available resources for responding to the needs of adults with mental and substance use disorders involved in the criminal justice system, as well as gaps in services. The discussions covered all intercepts of the SIM.

The ten Mental Health Catchment Areas invited to participate in the workshop include:

Catchment Area	CMHC	Catchment Area	CMHC
4	Crawford County Mental Health Center	17	Prairie View, Inc
5	Comcare	18	South Central Mental Health Counseling Center
8	Four County Mental Health Center	19	Southeast Kansas Mental Health Center
10	Horizons Mental Health Center	21	Spring River Mental Health and Wellness
14	Labette Center for Mental Health Services	22	Sumner County Mental Health Center

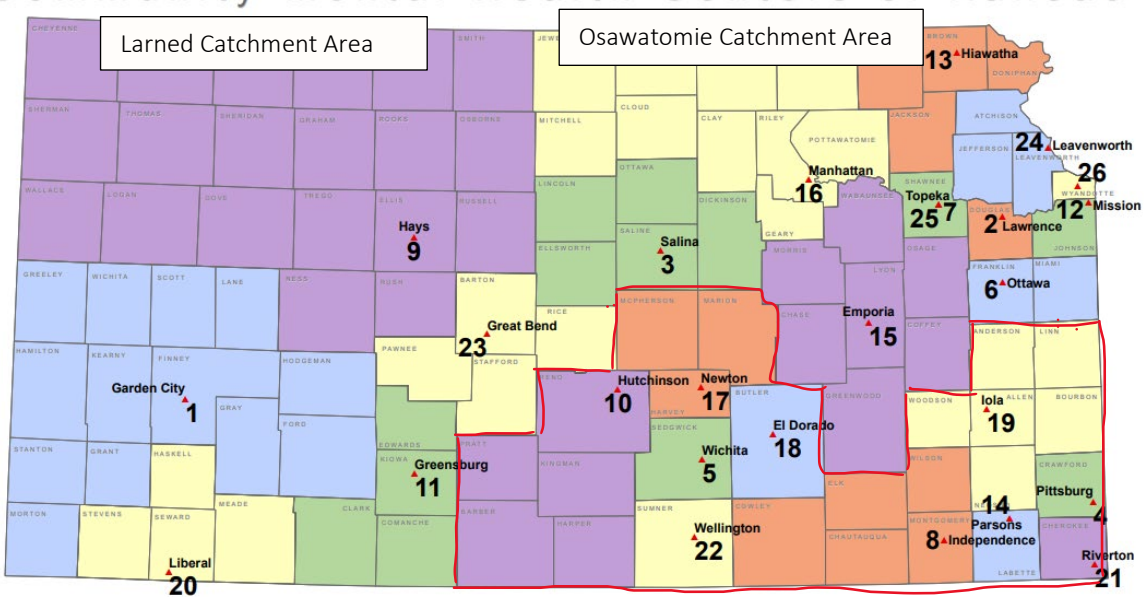
In addition, there were representatives from Bert Nash Community Mental Health Center.

Nearly twenty individuals representing service providers, law enforcement, Sheriffs, corrections officers, advocates, and peers were represented at this large cross county and mental health catchment area meeting. Given the large size of the catchment area that was the focus of the workshop, the discussions focused more broadly on higher-level resources, gaps in services, policy, and related challenges, and opportunities. A voting process was also used to provide participants with an opportunity to prioritize gaps in services that were identified during the workshop.

On the second day, workshop participants participated in breakout groups, and developed strategic action plans that outline next steps for beginning to address the top priority areas.

The following report was developed based on information gathered from participants during the meetings.

Community Mental Health Centers of Kansas



Locations of Community Mental Health Centers
Key to Map

1. **Compass Behavioral Health**
   Garden City – (620) 276-7689
   Counties Served: Finney, Ford, Grant, Gray, Greeley, Hamilton, Hodgeman, Kearney, Lane, Morton, Scott, Stanton, Wichita
   www.compassbh.org

2. **Bert Nash Community Mental Health Center Inc.**
   Lawrence – (785) 843-9192
   Counties Served: Douglas
   www.bertnash.org

3. **Central Kansas Mental Health Center**
   Salina – (785) 823-6322
   Counties Served: Dickinson, Ellsworth, Lincoln, Ottawa, Saline
   www.ckmhc.org

4. **Community Mental Health Center of Crawford County**
   Pittsburg – (620) 231-5141
   Counties Served: Crawford
   www.crawfordmentalhealth.org

5. **COMCARE of Sedgwick County**
   Wichita – (316) 660-7600
   Counties Served: Sedgwick
   www.sedgwickcounty.org/comcare

6. **Elizabeth Layton Center, Inc.**
   Ottawa – (785) 242-3780
   Counties Served: Franklin, Miami
   www.laytoncenter.org

7. **Family Service & Guidance Center**
   Topeka – (785) 232-5005
   Counties Served: Shawnee
   www.fsgctopeka.com

8. **Four County Mental Health Center**
   Independence – (620) 331-1748
   Counties Served: Chautauqua, Cowley, Elk, Montgomery, Wilson
   www.fourcounty.com

9. **High Plains Mental Health Center**
   Hays – (785) 628-2871 or (800) 432-0333
   Counties Served: Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Osborne, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Sherman, Smith, Thomas, Trego, Wallace
   www.highplainsmentalhealth.com

10. **Horizons Mental Health Center**
    Hutchinson – (620) 663-7595
    Counties Served: Barber, Harper, Kingman, Pratt, Reno
    www.hmhc.com

11. **Iroquois Center for Human Development Inc.**
    Greensburg – (620) 723-2272
    Counties Served: Clark, Comanche, Edwards, Kiowa
    www.irqcenter.com

12. **Johnson County Mental Health Center**
    Mission – (913) 715-5000
    Counties Served: Johnson
    https://www.jocogov.org/dept/mental-health/home

13. **Kanza Mental Health & Guidance Center**
    Hiawatha – (785) 742-7113
    Counties Served: Brown, Doniphan, Jackson, Nemaha
    www.kanzamhgc.org

14. **Labette Center for Mental Health Services**
    Parsons – (620) 421-3770
    Counties Served: Labette
    www.lcmhs.com

15. **CrossWinds Counseling & Wellness**
    Emporia – (620) 343-2211 or (800) 279-3645
    Counties Served: Chase, Coffey, Greenwood, Lyon, Morris, Osage, Wabaunsee
    www.crosswindsks.org

16. **Pawnee Mental Health Services**
    Manhattan – (785) 587-4300
    Counties Served: Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pottawatomie, Republic, Riley, Washington
    www.pawnee.org

17. **Prairie View, Inc.**
    Newton – (316) 284-6310
    Counties Served: Harvey, Marion, McPherson
    www.prairieview.org

18. **South Central Mental Health Counseling Center Inc.**
    Augusta – (316) 775-5491
    Counties Served: Butler
    www.scmhcc.org

19. **Southeast Kansas Mental Health Center**
    Iola – (620) 365-8641
    Counties Served: Allen, Anderson, Bourbon, Linn, Neosho, Woodson
    www.sekmhcenter.org

20. **Southwest Guidance Center**
    Liberal – (620) 624-8171
    Counties Served: Haskell, Meade, Seward, Stevens
    www.swguidance.org

21. **Spring River Mental Health & Wellness**
    Riverton – (620) 848-2300
    Counties Served: Cherokee
    www.srmhw.org

22. **Sumner County Mental Health Center**
    Wellington – (620) 326-7448
    Counties Served: Sumner
    www.sumnermentalhealth.org

23. **The Center for Counseling and Consultation**
    Great Bend – (620) 792-2544
    Counties Served: Barton, Pawnee, Rice, Stafford
    www.thecentergb.org

24. **The Guidance Center Inc.**
    Leavenworth – (913) 682-5118
    Counties Served: Atchison, Jefferson, Leavenworth
    www.theguidance-ctr.org

25. **Valeo Behavioral Healthcare**
    Topeka – (785) 233-1730
    Counties Served: Shawnee
    www.valeotopeka.org

26. **Wyandot Center for Community Behavioral Health Inc.**
    Kansas City – (913) 328-4600
    Counties Served: Wyandotte
    www.wyandotcenter.org

AGENDA

Kansas Regional Sequential Intercept Model Summit

April 5-6, 2023

Cowley County Community College (Arkansas City, Kansas)

AGENDA (DAY I)

8:30 a.m. – 9:00 a.m.	**Registration and Networking**
9:00 a.m. – 9:15 a.m.	**Welcome, Introductions, and Opening Remarks** • Audra Goldsmith, Senior Policy Analyst, Council of State Governments Justice Center
9:15 a.m. – 10:15 a.m.	**Sequential Intercept Model Presentation** • Regina Huerter, Senior Project Associate, Policy Research Associates • Kathleen Kemp, Senior Consultant, Policy Research Associates
10:15 a.m. – 10:30 a.m.	**BREAK**
10:30 a.m. – 12:00 p.m.	**Mapping Exercise**
12:00 p.m. – 12:30 p.m.	**WORKING LUNCH**
12:30 p.m. – 2:45 p.m.	**Mapping Exercise (continued)**
2:45 p.m. – 3:00 p.m.	**BREAK**
3:00 p.m. – 4:30 p.m.	**Identification of Priorities for Change**
4:30 p.m. – 5:00 p.m.	**Next Steps and Closing**

AGENDA (DAY II)

9:00 a.m. – 9:15 a.m.	**Welcome and Preview of the Day** • Regina Huerter, Senior Project Associate, Policy Research Associates • Kathleen Kemp, Senior Consultant, Policy Research Associates
9:15 a.m. – 10:15 a.m.	**Facilitated Discussion: Priorities for Change**
10:15 a.m. – 10:30 a.m.	**BREAK**
10:30 a.m. – 12:30 p.m.	**Strategic Planning**
12:30 p.m. – 1:00 p.m.	**Report Outs and Next Steps**

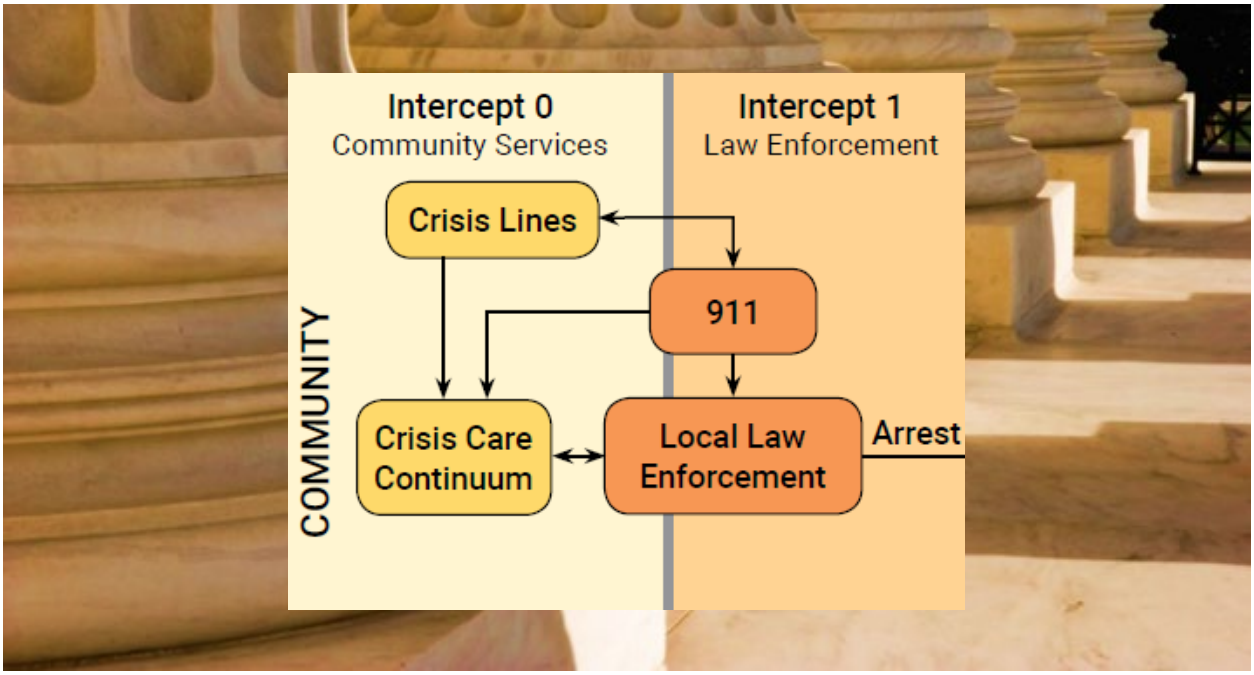
Resources and Gaps at Each Intercept

The facilitators work with the workshop participants to identify resources and gaps at each intercept. This catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.

This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide local, regional, and state planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.

STATEWIDE CONTEXT

THIS SIM WORKSHOP WAS THE SECOND OF THREE REGIONAL SIMS BEING CONDUCTED FOR THE KANSAS STEPPING UP TECHNICAL ASSISTANCE CENTER. THE FIRST OF THREE WAS CONDUCTED IN JUNE AND JULY 2022 IN THE WESTERN REGION. THE LAST WILL BE CONDUCTED IN THE NORTHEAST REGION IN JUNE 2023.



INTERCEPT 0 AND INTERCEPT 1

RESOURCES INTERCEPTS 1 AND 2

<u>Crisis Call Lines</u>

- There are 3 primary lifeline crisis contact centers in Kansas.
  - Comcare – Sedgwick County
  - Johnson County Mental Health for Johnson County
  - Kansas Suicide Prevention Headquarters (KSHPQ) (serves 103 of the Kansas 105 counties via Community Mental Health Center (CMHC) catchment areas).
- Crisis contact centers triage with Community Mental Health Centers (CMHC) to coordinate services, explain dispositions, and minimize story retelling.
  - Referrals from crisis centers can have same day screening through local CMHC's.

    - Connection can be made directly to a CMHC or other resources while the person is on the call, or through video capacity.
- Comcare serves Sedgewick County as the 988-lifeline center.
    - Answers 988 calls and local crisis hotline (316)-607 5000, operates 24/7.
    - Sedgwick County 911 center is integrating a person from the local hotline to be embedded in the dispatch center to help triage crisis/mental health calls when emergency response isn't necessary.
- Johnson County is embedding a clinician on the 911 dispatch team and is moving the 988-call center into the county dispatch office for Emergency Medical Services, Police Departments, and Fire Departments. Johnson County also has a local hotline.
- CMHC's operate local call lines.
    - If someone is in an urgent state of crisis, 988 should be called.
    - Participants reported that local hotlines are generally efficient in connecting persons to local resources.
- Kansas Department for Aging and Disability Services (KDADS) is working to modify funding structure to be able to offer peer warmline services more broadly.
- After-hours calls are contracted out to Healthsource Integrated Care Services (HIS) which provides statewide backup for 988 calls. https://healthsrc.org/
    - HIS also provides after hours support for 22-23 local CMHCs hotlines.
    - HIS dispatches Labette County mobile response team.
    - HIS dispatches Mobile Crisis Intervention (MCI) for adults but not youth as they go DCF or Carelon line.
- Statewide Family Crisis Line is operated by Carelon Behavioral Health.
    - Implemented due to litigation and specific to Department of Children and Families (DCF). The direct line is 833-441-2240.
    - CMHC's must go through Carelon Behavioral Health (formerly Beacon) to bill for child and family services.
    - When dispatch identifies that caller or subject person is under 21, it must get transferred to Carelon.

<u>911 and 988 Integration</u>

- There are 120 PSAPS (Public safety answers points/ 911 call centers) in Kansas.
    - 116 are considered statutory PSAPs
    - 3 are non-statutory PSAPs
    - 1 is a tribal PSAPs
    - KSHPQ/ KDADS has updated lists of all PSAPS across the state. Some websites may have inaccurate information.
- Kansas Suicide Prevention Headquarters (KSHPQ) has developed a generic Memorandum of Understanding (MOU), and generic policies that can be adapted to other jurisdictions to foster coordination between 911 and crisis lifeline centers.

- The MOU, signed-off on by Douglas County Commissioners, is being tested in Douglas County (~120,000 pop) as a 911-call diversion program.
    - Currently, 300-500 MENTAL HEALTH oriented calls to 911 dispatch per month; about 10% of their total calls.
    - Anticipated that about 90% of those calls will be transferred from 911 to 988.
    - Reported they are currently transferring about 1.4% of calls to LE from 988 to 911.
- Under this MOU, if a 911 operator determines there is no immediate medical need or criminal activity (and a few other criteria) they can forward the call to KSHPQ for further action.
    - KSPHQ and Douglas County produced a training video on the diversion process.
        - Hope is that other law enforcement agencies are likely to be less hesitant to adapt a new practice when evidence from Douglass County is available.
    - KSPHQ is working on a generic video in reference to what a dispatcher can expect when receiving a call from a 988 center.
    - UPDATE: Program went live May 22, 2023. KSHPQ and Dispatch were anticipating 90% of the mental health calls to dispatch would be eligible and would be transferred to KSPHQ. Reality is showing it to be far less. Meetings are taking place in August to discuss what is inhibiting dispatchers from utilizing the call transfer. Achievements and goals include a 90% answer rate since 988 roll- out.
        - Next goal is to get 90% of people who need in-person response the appropriate services.

- Sedgwick and Johnson Counties operate their own 988 and MCI services and are able to make direct crisis service connections.
- Comcare will have access to CAD (Computer-Aided Design) data and 911 call information in Sedgwick County.
    - Sedgwick County is documenting call data in electronic health record (EHR) at CMHC's, in addition to 911 required call disposition and summary data.
    - Sedgwick's pilot, funded by a 988 grant and a mobile crisis response grant, allowed for two full time clinicians within the 911 dispatch center to answer calls.
        - The collaboration is between Sedgwick County 911 dispatch and Comcare.
- The Butler County Sheriff follows SAMHSA's Playbook recommendations for PSAP/ 911 workflow and 988 connection guides in addition to the CSG 988 Behavioral Health guide.
- 988 connects directly to CMHC's.
    - Four County Mental Health Center (FCMHC) primarily connects to services in Cowley, and Montgomery, but also serves Elk, Wilson, and Chautauqua Counties.

    - Crawford County Mental Health Center
    - Spring River Mental Health and Wellness in Cherokee County
    - Comcare of Sedgwick County
    - Labette Center for Mental Health Services
    - Sumner Mental Health Center
    - Horizons Mental Health Center, serving Reno, Pratt, Barber, Kingman and Harper Counties.
    - Southeast Kansas Mental Health Center, serving Anderson, Linn, Woodson, Allen, Bourbon, Neosho Counties.
    - South Central Mental Health and Counseling Center
    - Prairie View, Inc.
    - Cross-system trainings are taking place between 988 and 911.
        - KSPHQ is in process of statewide suicide prevention training.
- Wyandotte County is building a crisis hotline call center.
- KDADS will be rolling out dispatch targeted Mental Health awareness training over the next 4 years through a grant they have secured.

Community Mental Health Centers (CMHC)

General CMHC information

- All Community Mental Health Centers either are or are moving toward being certified as a Certified Community Behavioral Health Clinic (CCBHC).
- Most CMHCs provide same-day access to services.
- Most CMHCs have some form of community-based crisis outreach services.
    - Mobile Crisis Intervention (MCI) billing is done in 15 min segments.
    - Clinicians conduct a crisis screen, and can conduct an intake for services, reconnect the individual with current or recent services, schedule an appointment, or initiate higher level crisis interventions.
    - Efforts are made to avoid hospitalization when appropriate and other resources are available.
- The state of Kansas (KDADs) just posted request for applications for Mobile Crisis Response Team (MCRT) 24/7 expansion.
    - Grant opportunity is available on KDADS website.
    - Available to all CMHCs.

CMHCs in the SIM meeting

- Labette Center for Mental Health Services:
    - Crisis calls come through local CMHC line, 911, or 988-KSHPQ Lifeline.
    - Crisis intervention emergent response includes three levels: basic, intermediate, and advanced response.
        - Basic—peer services

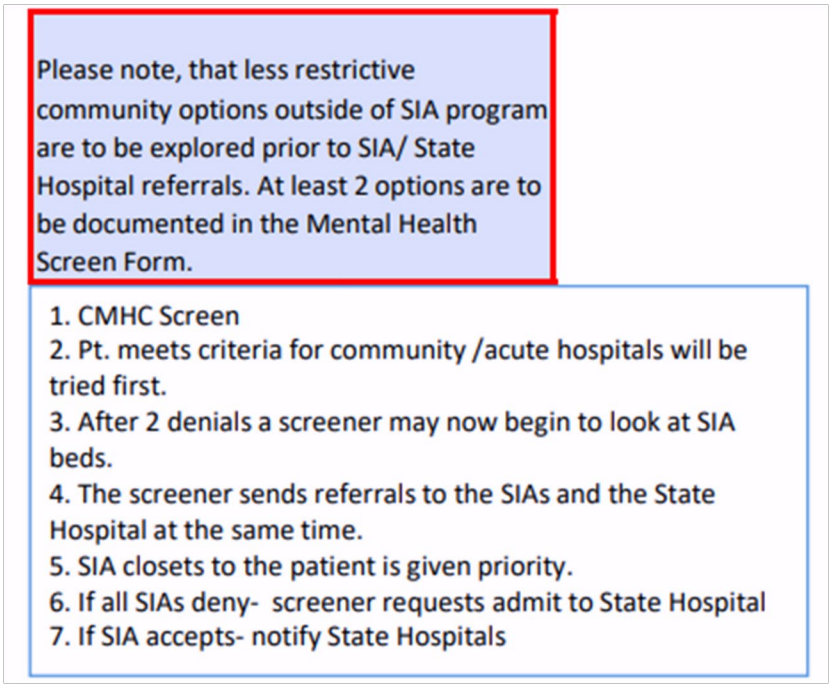
        - Intermediate— case manager
        - Advanced— clinician
            - MCI teams respond to calls at these levels depending on need of caller and presenting needs.
            - Law enforcement (LE) involvement depends on the nature of the call.
            - Labette County does not have a formal Mobile Crisis Intervention Team.
- Comcare (serving Sedgwick County)
    - Comcare has 5 full-time, master's level, designated Mobile Crisis Intervention (MCI) clinicians and 4 integrated care specialists as part of their crisis response services.
        - KDADS funding is being used to expand mobile crisis services with two more teams for 24/7 service provision.
        - Therapists on duty maybe asked to respond to mobile crisis requests if they have the capacity.
        - MCI has a 1-hour response time. To date, they have a 100% response rate within 1 hour.
    - The Integrated Care Team (ICT) is a co-responder model with law enforcement, crisis clinician, and EMS.
        - Wichita PD received funding to support embedded mental health clinicians.
        - There are 4 integrated care specialists (bachelor's level) and 4 clinicians to make a co-responder team available 24/7.
- Four County Mental Health Center
    - Serves Elk, Wilson, Chautauqua, Montgomery, and Cowley counties.
    - Acute crisis service clinicians
        - While not a formal mobile crisis team, crisis response clinicians are currently available in Montgomery and Cowley Counties on call 8-8pm.
        - Dispatch operation switches to Healthsource after hours.
        - Virtual co-response model, clinicians do not respond in the field often due to resources. An in-person clinician can be requested after the initial assessment.
        - First Responders may request clinician support on a case-by-case basis.
    - Walk-ins for crisis services are accepted (Emergency Department (ED) or PD).
    - FCMHC also goes to ED's and jails to provide services.
- Spring River Mental Health and Wellness (Cherokee County)
    - Has an MCI team and an Assertive Community Treatment (ACT) team. No housing is directly attached to the ACT team.
    - MCI Team includes clinician and case manager.
        - Operates primarily during business hours.

        - Responds to calls from LE, schools, and across all locations in the catchment area.
        - Clinicians do a 5-day rotation on call for telehealth or mobile response when Healthsource doesn't have the capacity to respond within one-hour.
            - On-call schedule kept up to date daily.
    - ACT team preparing to go 24/7.
        - Training and prep in progress; target is May 1st.
        - 10 clients currently receiving ACT services.
- Bert Nash Community Mental Health Center
    - Mobile Response Team (MRT) team which is part of the 911-diversion program.
        - It took 2 years to get decision maker buy-in to establish the 988-diversion program. The MOU, as previously reported was recently signed.
    - As MRT teams become more operationalized and communicate between programs is more familiar, the referrals from 988-CMHC MRT services can happen more consistently and with a clearer pathway.
        - Currently, 988 cannot dispatch services directly but a pilot is testing the efficacy of bypassing the CMHC, who currently dispatches MRT.
    - Kansas Suicide Prevention HQ (KSPHQ) can see, and is analyzing response data (e.g. response time).

<u>Bed Availability, State Hospital, and SIA Services</u>

- HealthSource Bed Board. http://bedcount.healthsrc.org/
    - Agencies and bed types are provided. Includes:
        - Sobering beds, social detox, intermediate SUD, inpatient psychiatric, reintegration, nursing facility for mental health, crisis stabilization units, youth/age ranges, SIA, qualified residential treatment program, geropsychiatric, and state hospital beds.
- Kansas has two state psychiatric hospitals:
    - Osawatomie serves this Eastern half of the state. There has been a moratorium on voluntary admissions.
    - Larned serves the Western half of the state.
- State Institutional Alternative (SIA)
    - https://kdads.ks.gov/state-hospitals-and-institutions/state-institution-alternatives-(sias)
    - FAQ:https://kdads.ks.gov/docs/librariesprovider17/state-hospitals/sia/faqs/faqs.pdf?sfvrsn=934d7199_6
    - There are hospitals designated as SIAs in the state.
        - SIAs were created to be an alternative setting for individuals who meet the criteria State Hospital criteria and voluntarily agree to be admitted.

- State hospitals necessitate medical clearance or specified lab or documentation, while SIA's don't *always* necessitate medical clearance.
- SIA designated hospitals are paid a per diem rate for each patient day instead of the regular Medicaid rate.
    - Regular beds are paid through insurance or private payments.
    - Private insurance may also pay for SIA designated beds.
    - Weekly "commissioner reports" and Quarterly and Cumulative SIA Reports provide information regarding bed usage and payor source. https://kdads.ks.gov/state-hospitals-and-institutions/state-institution-alternatives-(sias)
- SIAs define patent population they are able to serve.
- To be admitted to a state hospital a person must be denied for an acute treatment bed in a regional SIA hospital, twice before admitted for state hospital for voluntary services. The process can be found here: https://kdads.ks.gov/docs/librariesprovider17/state-hospitals/sia/general/adult-admission-through-discharge.pdf?sfvrsn=4ddcd231_3.
- Specific directions copied directly from the KDADs website are:



SIA Designated Hospitals (KDADS website 8/11/23)			
Hospital/Provider	Location	Population Served	Admitting
Cottonwood Springs	Olathe		Yes
Newton Medical Center (NMC)	Newton	Geriatric	Yes

Prairie View	Newton	Adult	Yes
Mitchel County Medical Center	Beloit	Adult Geriatric	Yes
Anew Health	Shawnee	Adult Geriatric	Yes
South Central Kansas Medical Center (SCK)	Arkansas	Adult Geriatric	No Closed
Hutchinson Medical Center	Hutchinson	Adult	No
Ascension Via Christi	Wichita	Youth Adult	Yes
Camber Children's Mental Health	Kansas City Wichita, Hays	Youth	Yes

<u>Law Enforcement and First Responders</u>

- Crisis Intervention Team (CIT) and training is highly regarded with resources aimed at a response team, and not just training. They in essence become a co-response model.
    - Cowley County/ Arkansas City
        - Every officer has completed the 40-hour CIT training course.
        - CIT including a dedicated clinical co-responder and dedicated officer.
            - Referral-based and call-out base.
            - 20% of the law enforcement workforce is trained in CIT and able to respond to calls 24/7.
            - Co-response clinicians are employed by Four County Mental Health but are assigned within Arkansas City.
                - Technically the officers cannot respond outside of the city without specific permission, but the clinicians can.
        - Arkansas City is aiming to train everyone in CIT, Mental Health First Aid (MHFA), and Youth Mental Health First Aid (Y-MHFA).
        - There is a county-wide youth suicide prevention grant.
        - The CIT response teams have had a measurable positive impact on getting services to the local homeless population.
        - Data is collected and analyzed to track progress.
            - Data shows the program is successful in connecting people to services, getting people benefits, and in some cases, finding housing.
            - Officers with strong community relationships are able to leverage co-response model resources more successfully and more likely to provide human resources.
    - Sedgwick County

        - Integrated Care Team (ICT-1) consists of EMS, a clinician, and Wichita PD.
        - The team is self-dispatched with 4 additional teams in development.
        - Training and team include persons with lived experience.
    - Butler County
        - An 8-hour CIT training is provided twice a year.
        - A sergeant delivers the full 40-hour training. Sergeants receive this level of training.
        - Enrollment is voluntary.
    - KLETC Kansas Law Enforcement Training Center
        - Provides an extended, training academy (12 to 17 weeks) in which several days are dedicated to Mental Health calls.
        - KLETC does not administer CIT training.
        - MHFA used to be taught in the academy, but now behavioral health trainings have expanded.

Substance Use Treatment Services

- SB123 provides limited financial support for substance use disorders evaluations. CMHCs can use these funds to cover the cost for appropriate evaluations. Referrals for evaluations may be made through probation and community corrections officers. Telehealth services are permitted. https://sentencing.ks.gov/sb-123
- Four County Mental Health Center
    - Offers outpatient and inpatient treatment for qualified individuals.
    - A grant can be used to pay for crisis staff to provide a SUD evaluation through mobile crisis resources. Mental health and substance use disorder evaluations can also be provided in county jails in the FCMHC catchment area.
- Johnson County Mental Health Center
    - Has a withdrawal management facility.
        - Medical withdrawal is available for alcohol and opiate use disorders.
        - Social withdrawal management is available for amphetamines.
        - People are admitted regardless of when their last use took place.
- Reno County Correctional Facility has policies and procedures for Medicines for Opioid Use Disorder (MOUD) in jail.
- Sedgwick County
    - Sedgwick County Detention Facility mental health services are provided by Comcare CMHC.
    - Sedgwick County Jail has limited MOUD protocols.
    - The Addiction Treatment Center, located in Wichita provides social model withdrawal management.
    - The Substance Abuse Center of Kansas Crossover Recovery Facility has funding for MOUD.

    - Some providers in Sedgwick County offer MOUD but it must be paid for out of pocket.
- Crawford County jail has a provider that is expected to begin offering MOUD in May of 2023.
    - Previously referred clients to Bourbon County jail for MOUD.
- The Matrix Model, a contingency management model, is generally available across CMHCs as an treatment strategy for persons living with Methamphetamine Use Disorder (MAUD) and other stimulants.
- CMHCs reported providing dual-diagnosis therapy (mental health and substance use).
- CMHC providers identified how to fund MOUD within a community:
    - Federal grants are available for police departments, cities, and counties.
    - These efforts are typically not led by CMHC's, but their buy in and collaboration is necessary.
    - The Stepping Up TA Center can assist with helping counties and CMHC's strategies and access resources.

Collection and Sharing of Data

- The following data is typically tracked and shared with CMHC's and law enforcement:
    - Rudimentary data received from lifeline administrator.
    - Stripped, di-identified data.
    - 988 status report with 5 years of data reported.
    - Mental Health admission rates to hospitals.
- Technical Assistance needs can be addressed through the Stepping Up TA Center.

GAPS INTERCEPTS 1 AND 2

911 and 988 Integration

- Recognizing that 911 call centers, also known as Point Safety Answering Point (PSAPs), are independent, it still may be helpful for the State, or a collaborative effort between PSAPs, 988 and CMHC's to develop dispatch policies or guidance for call handoff between 911 and 988 to improve statewide consistency in response, data collection and analysis, and resource utilization.
    - Counties like Butler are seeking to bridge the gap between current service provision, 911 and future 988 integration.
    - Participants provided the following insights:
        - There is a need to build trust, policy, and protocols between 911, law enforcement, 988 providers and mental health providers. Liability of the 911 call center was raised as a central concern if the mental health provider does not respond in a timely manner.

        - Lack of standardized call protocols to determine behavioral health needs.
        - Dispatchers lack training in behavioral health and are reluctant to identify calls as a mental health calls because "they are not clinicians".
        - Nature codes are not analyzed, and data is not collected about the actual nature of the call once responders are on scene. Both could be used to understand how many calls could be or were diverted. Analysis could also be used to identify common locations for particular calls which could be used to make the case for deflection and diversion opportunities.
    - Dispatchers need training on behavioral health and dispatching to calls where behavioral health is likely.
        - How to Use 988 to Respond to Behavioral Health Crisis Calls - CSG Justice Center - CSG Justice Center
    - Opportunities
        - Determine dispatch codes for future data collection rather than retroactive data collection through all historical data.
        - Use historical data to set protocols and determine coding parameters for the future.
- KHSPQ doesn't know which of the 103 counties they serve are interested in 988 and 911 coordination, and development of 911/ call diversion program.

Crisis Call Lines

- Gaps in services are become very evident during nighttime hours. Both access to care, and coordination between agencies is lacking, especially during overnight hours.
    - After hours, contact with referral sources and services is done through e-mail and is not necessarily a warm handoff.
    - CMHC's often experience attrition making it difficult to cover shifts.
    - There are very few options for individuals who need crisis services, but has escalated, or combative behavior.
- Comcare
    - Headquarters covers 988 text and chat, but it is not 24/7 yet (8am-10pm) every day.
        - Chats roll into national backup network during off hours (10pm-8am).
        - This is a service delivery barrier, as national backup response is not familiar with local resources, and it limits triage and warm handoff opportunities.
- There are limited if any designated services for transition aged youth (18–24-year-olds).
- Rural and frontier communities resource limitations.
    - KDADS trying to be intentional about bridging gaps and being collaborative with rural and frontier communities.

    - Funding is less of an issue than staffing.
    - Noted that it would be helpful to have information on "how" to do some of the innovative work in Douglas, Johnson and Sedgwick counties are doing (basic components, policies, lessons learned) vs hearing reports about the outcomes of the work.
    - Rural and frontier communities need to have flexibility to identify core services, and tailor and scale innovations for their community.
- A statewide pathway, crisis call center, for routing crisis calls has not established.
    - The ability to dispatch directly through is 988 not statewide yet.

<u>Staffing, Mobile Crisis. and Peer Support</u>

- Staffing shortages are impacting service delivery and program implementation.
    - Implementation of Certified Community Behavioral Health Clinics (CCBHC) model requires 24/7 Mobile Crisis Intervention (MCI) teams.
    - Staffing services, especially 24/7 crisis services in frontier and rural communities is very challenging.
- State rules are not current with how peer services are utilized throughout the country. Some rules are very limiting and problematic. CMHCs utilize peer support specialists but the peer support provider manual necessitates an *active treatment plan* which they wouldn't have if they aren't actively receiving services from a CCBHC.
- Un-tapped potential for peer support to fill gaps in MCI services.
    - Need to capture additional funding that comes with CCBHC model.

<u>State Hospitals, SIAs and Winfield Hospital</u>

- Currently there is a moratorium on voluntary admissions to reduce loads on Osawatomie State Psychiatric Hospitals.
- Locations of SIA designated hospitals do not provide statewide access to acute care especially for rural and frontier communities.
- The existing process for admission to a SIA, or state hospital is difficult and cumbersome to facilitate in a timely manner. The following outline of the process to access the state hospital or SIA was provided:
    - Initial screen, a 13-plus page document, takes at least an hour to complete. The hospitalization screen is completed by a Qualified Mental Health Provider (QMHP).
    - The screen information is given to Healthsource where a tracking number is assigned.
        - Healthsource supervises the process pursuant to a contract through the State Hospital Commission.
    - Outreach to hospitals for available beds begins.
    - Directions are to use HealthSource Bed Board; however, the bed board does not appear to be up to date by all parties.

    - State Hospitals require medical clearance from an emergency department and labs prior to being eligible for services. Reported that state hospitals will not review hospitalization screens without lab reports.
    - A person must be denied by two local, less restrictive resources before becoming SIA eligible.
        - If a resource takes longer than four hours to process the screen it is considered a denial.
        - If there is no response from an acute facility within 30-minutes, it is considered a denial.
    - If denied, the case manager or clinician then must try another hospital which can potentially take up to another four-hours. It is common to have at least 8-hours elapse before admittance to a hospital setting.
        - During this time the person is still being held in an emergency department even though they are medically cleared.
- Some hospitals require law enforcement be present throughout the entire process while others do not.
    - In Butler County, they must be present if the person is being held in a mental health crisis facility or emergency department.
    - In Crawford County, there is no statutory requirement.
    - In some places, it is up to the discretion of a judge.
    - People cannot be forced to stay for a 24/7 hold, so sometimes, disorderly conduct charges are used to hold people.
        - These charges are frequently dropped after a bed has opened and the person can be admitted to a mental health hospital.
        - These processes take law enforcement officers off of the street. There is a need for hospital security services to fill this supervision gap so that officers can return to their duties.
- The Crawford County Sheriff's Office does not have a jail, but the police department has created a holding area where when needed, individuals may stay during a crisis in the absence of other services.
- The drawn-out processes to access acute care create barriers to treatment and create situations that force people into further crisis and criminalizes mental illness.
    - Stabilization centers present an opportunity to meet this gap by providing appropriate settings for holding people who are waiting to be admitted to a hospital and has further potential to reduce law enforcement involvement.
- (Butler County/ South Central) Winfield Hospital is closing.
    - Winfield Hospital has been a critical access point in crisis care. When needed, it used to hold people temporarily as an intermediary pitstop before Wichita.

- In Butler County, people are screened after a care and treatment plan has been issued, law enforcement has picked them up, and their family has petitioned for care and treatment by the county while they wait in jail.
    - These community petitions happen at least monthly in Butler County but reported to be less common in other regions.

Law Enforcement and First Responders

- Cowley County/ Arkansas City
    - Police have limited resources to manage individuals experiencing homelessness and SUD issues.
    - The county lacks the infrastructure to allow officers to deflect individuals to services.
    - Law enforcement officers are required to stay with a person in the hospital (ED or admitted) who is under Police Protective Custody (PPC). The typical hold is less than 23-hours but can be longer.
- Wichita PD and EMS training
    - Some general mental health awareness training is provided through Mental Health First Aid (MHFA).
    - EMS providers invited to participate in MHFA training but not mandated.
- Kansas CIT Association (KCITA)
    - Inconsistency in CIT curriculum delivery between agencies throughout state.
    - Without mandates it is difficult to measure how many officers are CIT trained (although POST certification data may contain information), identify training challenges, or how to standardize the training.

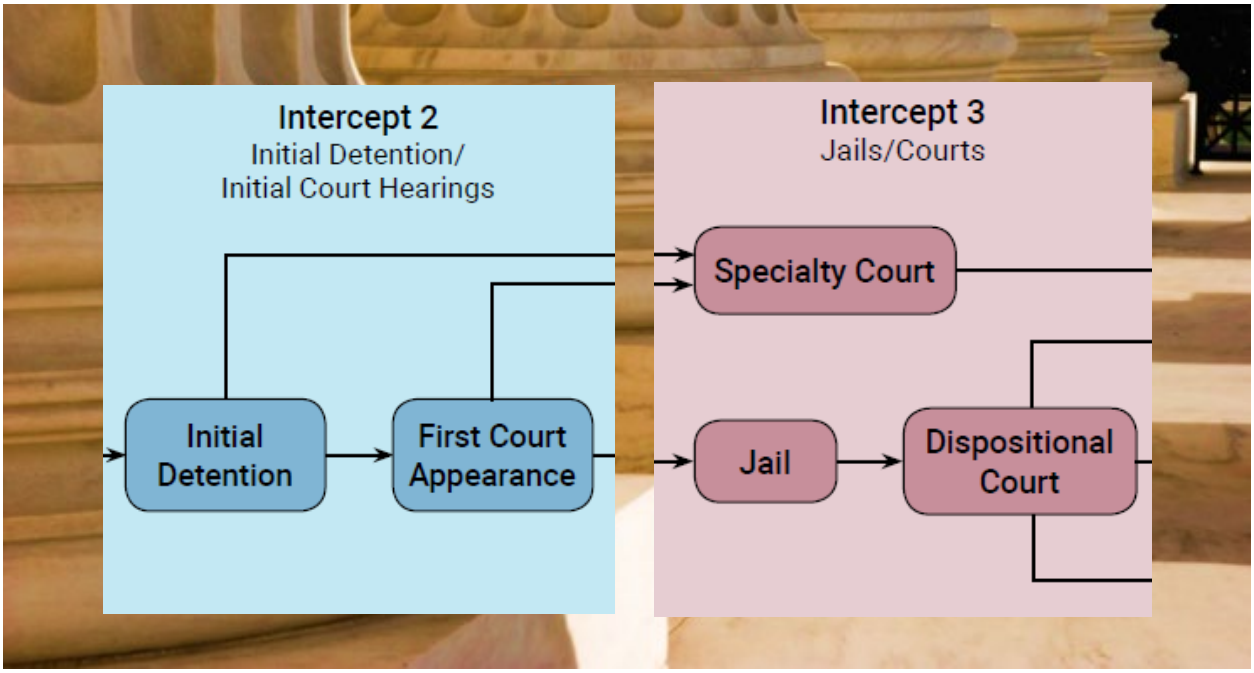
Behavioral Health Services

- Some jurisdictions and providers have limitations on how long ago a person last used a substance to be eligible for services. This imposes barriers to treatment for people who struggle with routine substance misuse.
    - Some private facilities only accept certain substances and have a smaller variety of service offerings. This can be a challenge for individuals living with poly-substance misuse or co-occurring conditions.
- In some communities, CMHC's turn away people with co-occurring mental health, substance misuse, brain injury, and intellectual and developmental disabilities (IDD). Similarly, IDD providers do not have the training and confidence to provide services to individuals with serious mental illness or high substance misuse.
    - KDADS is advocating for expanded cross-training and services.
- Access to substance use care through SIA or State Hospitals:

    - Osawatomie State Hospital can provide social model withdrawal management services; however, law enforcement is required to provide transportation to and from the hospital. This places an undue burden on law enforcement resources.
    - State hospitals do not provide medical services including medical withdrawal management.
- Access to Medications for Opioid Use Disorder (MOUD) is limited.
    - Access to methadone is very limited.
    - Access to suboxone, or just buprenorphine has improved. There are some CMHC's considering offering suboxone.
    - Labette County has buprenorphine and suboxone providers.
    - Sedgwick County has all forms of MOUD available; however, individuals are financially responsible and must provide their own transportation.
    - Spring River / Cherokee County is experiencing challenges in retaining MOUD providers.
        - There are contracts with Novatel, a telehealth and telepsychiatry provider, for Suboxone.
- CMHC staff are typically not trained specifically around amphetamine use disorders despite a high prevalence of methamphetamine use in Kansas. Likely that persons with poly-methamphetamine and opioid use disorder are largely just being treated for OUD.

<u>Collection and Sharing of Data</u>

- Data collection, analysis and data sharing is inconsistent across providers.
    - Need for common definitions and shared language between providers, law enforcement, 911, 988 and others of key terms including what a "crisis" is.
    - Need to operationalize informal, and formal systems of information sharing.



INTERCEPT 2 AND INTERCEPT 3

RESOURCES INTERCEPTS 2 AND 3

Jail Services

- Butler County Jail:
  - Butler County Jail has a capacity of 235, averages 185. About 45% of the population is on medication.
    - Average length of stay, 6 months to a year.
    - Up to 130 are held for US Marshalls.
  - Three intake questionnaires are conducted at initial screening.
    - Mental Health, Suicide, and Prison Rape Elimination Act (PREA)
  - Recently implemented NAMI programming that is receiving high participation.
  - The jail is looking to improve the quality of the food served.
  - Programming:
    - New support group for sexual abuse among women
    - High school education programs
    - Standard religious services
  - Access to MOUD is on a case-by case basis. Generally, OUD patients are treated with suboxone but there are gaps in continuing their treatment after release as there is a gap in services in the community.
- Cowley County Jail
  - Publishes list of people in custody online.

    - There is a jail transition specialist.
    - Parole also conducts a mental health screen and informally tracks transition planning.
- Sedgwick County Jail (2022 data)
    - Average daily population is 1477.
    - Average length of stay is 25 days.
- The Labette police department has a "lockup" where individuals charged with a misdemeanor may be held if they are not in the jail. AJA (americanjail.org)
    - It is not a jail but more of a holding area pre-jail. Individuals may be there prior to arraignment. If the initial case process is longer than a couple of days, they are sent to the county jail. A medical check sheet is used as are suicide prevention screening procedures. Nurses are not onsite.

Jail Medical, Medications and Formulary

- Butler County Jail
    - Medical provider is currently ACH.
    - People receiving medication can leave with whatever they have left in their bubble pack.
        - Families cannot bring their medication from outside in if it doesn't match the jails formulary or cannot be verified.
        - Current medical provider has limited formulary especially for psychotropic medications, resulting in lapse in medicine continuity.
- Cowley County Jail
    - Dr. Cooper is the medical provider.
        - Facility has full time nurses.
        - Telehealth being used.
        - Cowley County Jail contracts to take overflow from Sedgwick County Jail; 30 beds.
        - Four County CMHC may be called if the detainee is in a mental health crisis instead of Sedgwick County CMHC.

Familiar Faces to Jails and the Criminal Legal System

- There are some efforts to identify and provide services to individuals who are often involved in the justice system, and in jail. This population is often referred to as "familiar faces".
- Assertive Community Treatment (ACT) teams are generally used to provide wrap-around services to individuals who are known to have frequent involvement with the criminal justice system.
    - Four County CMHC

        - Offers case management, working with collaboration District Attorneys' and Judges to provide additional services and create diversion opportunities.
        - Familiar face populations are part of the target group served by FCMHC ACT teams.
    - Spring River CMHC
        - Assertive Community Treatment (ACT) team engages people who are familiar faces including wrap-around services.
            - Desired staffing is 10 FTE's but currently the treatment team has 5.5 staff.
    - Comcare of Sedgwick County
        - Needs more ACT teams, existing teams are at capacity and not taking referrals currently.
    - Community Mental Health Center of Crawford County
        - Agencies are developing familiar faces lists and tracking between institutions.
- UniteUs
    - The UniteUs platform was mentioned at the workshop. It provides software that can assist with identifying the individuals who may need additional services.
    - Partnered with 10 federally qualified health centers (FQHC) with the goal of hoping to connect folks to services and increase utilization access.

Diversion Opportunities

- Based on the level, type of court involvement, diversion opportunities may be managed by pre-trial officers, court service officers and community supervision officers.
- Kansas uses the LSI/CMI assessment and Women's Risk Needs Assessment (WRNA) as part of the risk-need-responsivity principle.
    - Scores determine conditions of bond release and supervision.
    - These assessments are used throughout probation and KDOC for the entirety of a person's system involvement.
    - The initial screen must be conducted within 45 days of detainment, then six months later, and then annually.

Specialty Courts

- Three counties reported having Specialty Courts in their Districts:
    - Drug Courts: Cowley (19thJD), Sedgwick (18th JD), Reno (27th JD).
    - Statewide, location of specialty courts can be found at: https://www.kscourts.org/KSCourts/media/KsCourts/Trial%20court%20programs/Kansas-Specialty-Courts.pdf

Data Collection and Sharing

- The Sedgwick County Jail sends a daily list of intakes to Comcare and list of current active patients.
    - Comcare can use the information to identify common clients and outreach to them to facilitate continuum of care.
- DOC parole officers have access to the jail booking lists.

GAPS INTERCEPT 2 AND 3

Jail Services

- Medication consistency and continuity is a challenge across jails.
    - MOUD protocols are not standardized and vary greatly among jails.
    - Medication formularies across jails are limited especially for psychotropic medications.
- When jails house individuals from another county, the local CMHC maybe providing care, but they don't get reimbursed for the services.
- The Shawnee, Johnson, Sedgwick, Wyandotte, and sometimes Saline jails are at maximum capacity and outsource their population overflow to other jails.
    - Moving individuals to other counties is often necessary for the county jail and inmate population management, however, it can be very difficult for detainee's natural support systems to maintain contact with loved ones.
    - Greenwood jail sends high-risk inmates to Butler County. Greenwood jail has roughly 20 beds.
    - Butler County Jail identified there are concerns about the scope of jail medical services being provided.
- Community providers typically are not notified when someone is in jail or lockup.
    - They are usually only notified if the person is already under probation or parole supervision or depending on how much the provider engages with law enforcement or is tied to jail services.

Peer Services and Supports

- Across the jails and court systems peer services are underutilized.

Pre-trial Services

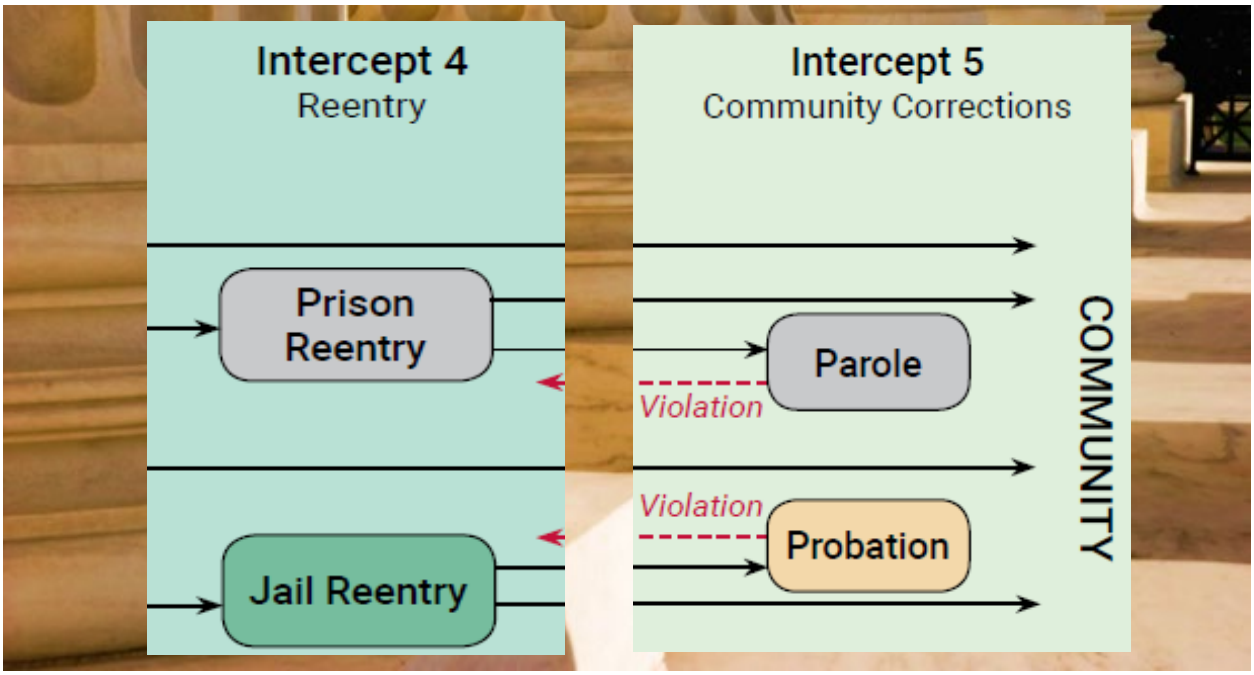
- It is not clear if, or how the LSI/CMI and WRNA screens are used including how they are used to identify low-risk or potential diversion cases.
- The impact of cash bail is not clear regarding length of stay in jail when individuals are otherwise eligible for pre-trial release.

Specialty Courts

- Drug courts use the Matrix Model including contingency planning for methamphetamine use disorders (MAUD), unfortunately, most amphetamine users are not consistently offered or actively enrolled in a treatment court so they may not be engaged in services.
- Treatment courts are not available across all counties.

Data and Strategies

- Jails and justice systems are not collecting data about the demographics of those who are or are not eligible for bond. And if eligible for bond who is not released and why.
    - There are no formal jail population review processes taking place.
- There are few formal diversion efforts taking place post-booking, pre-plea or at sentencing. There is a lack of data and information regarding diversion including types of diversion, eligibility, completions, and population demographics.
- Opportunities for collaboration between criminal legal system, jails and CMHCs are lacking. There are opportunities for information sharing including actively sharing daily booking and release data with CMHC's.
- There are many opportunities identify and create strategies that address "familiar face" populations.
    - Data about who is in jail and why is not being analyzed and used to inform diversion and release/transition strategies.
    - There are minimal options to divert and serve individuals living with complex needs.
    - Limited housing options for individuals who have been unhoused or underhoused.
    - Limited housing for co-occurring substance use disorders, mental health issues, and registered sex offenders.
    - Some individuals may qualify for mental health nursing facilities, but they have limited beds and are selective on accepting people.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES INTERCEPTS 4 AND 5

Jail-to-Community Reentry

- Four County Mental Health Center employs a jail transition specialist.
    - Coordination between the FC-CMHC transition specialist, FC-CMHC co-responder or MCI is taking place.
- Labette County Jail employes a community reentry manager.
    - Reentry manager coordinates with probation and parole on individuals identified as living with serious mental illness (SMI).
    - Providers are often terminating clients prior to incarceration making it challenging to re-start care.
- Crawford County has a jail liaison/ therapist in jail who helps with care coordination.
    - Unclear if there is coordination between jail reentry and co-responders or MCI.
- In jails located where Comcare provides services, they will be placing a mental health liaison in jails to be able to screen and connect folks to services post-release.
        - Still testing efficacy of the position.
        - Currently in 7 prison facilities to coordinate care at reentry.
- Transportation
    - In some counties local churches provide transportation services. UniteUs is often used as a place to search for transportation services.
    - In some places the VFW provides transportation services.

    - Spring River Mental Health and Wellness has released a RF for transportation services.
- Johnson County has transitional housing support.

Probation and Parole

- Larger agencies have specialized caseloads for people with substance use disorders, mental health challenges, and sex offenders.
- Mental Health First Aid training has been promoted across the state to help train probation and parole officers.

GAPS INTERCEPT 4 AND 5

Medications at Release

- Medication costs to detained individuals is generally $10/day and if the individual cannot pay, they will still get medications, however, with a negative balance on their "books," the individual cannot take their remaining medications with them at release. In some jurisdictions, this also includes individuals who don't have their court fines paid.
- It is hard to get an emergency appointment for prescription at release.
- If individuals are released with medication, it is often only what is remaining in the "Bubble Pack" meaning that some may be released with only a day or two of medications.
    - Parole sometimes brings jail providers samples of medications to get their clients stabilized.

Community Reentry

- Most jurisdictions do not have jail transition specialists.
- Transportation:
    - Transportation is an issue for most jurisdictions for access to care and reentry or transitions from facilities.
    - Gaps in transportation can impact whether people get to stabilization beds on time.
    - In general, Medicaid requires three days advance notice which is not always possible.
    - Cowley County uses "Connections" a private agency for some transportation needs.
        - Connections is a form of public transport but requires reservations 24-hours in advance.
        - The service is covered by Medicaid but only for medical appointments, not to or from probation.
    - Four County Mental Health Center may help with emergent transport.

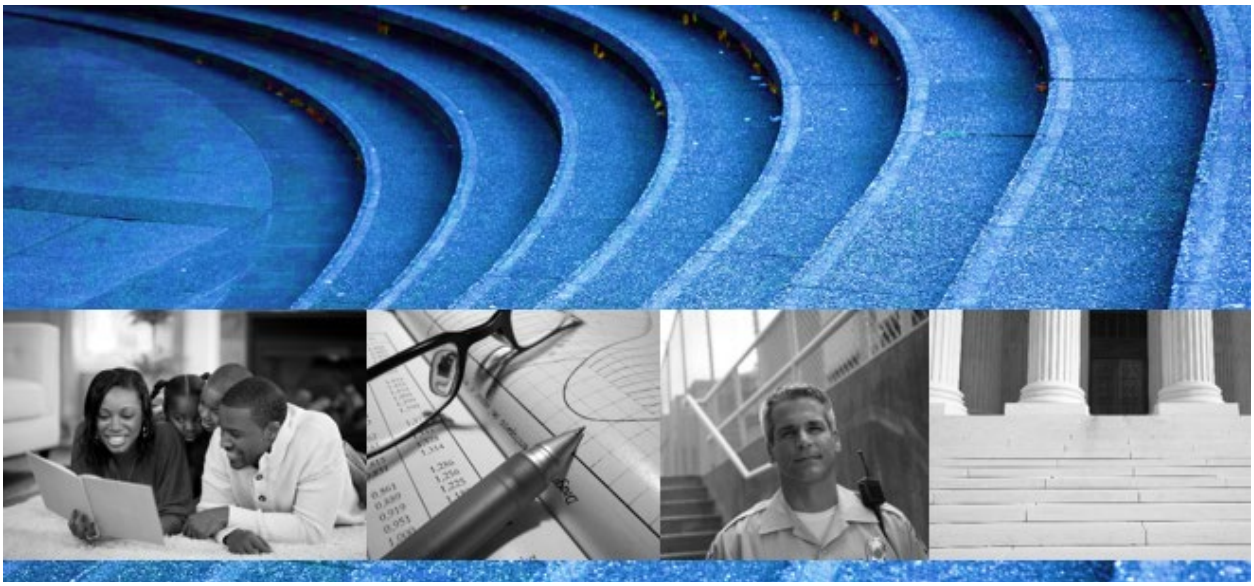
        - If CMHC's provide transportation, they must absorb the cost, but they do it to ensure that people have adequate care.
- Across the region, and state there are gaps in connecting people to housing.
    - Lack of housing continuum including transitional housing, permanent supportive housing (PSH), sober living and recovery housing.
        - Cowley County reported a lack of Oxford Houses (only has two for males).
- Peer services are not integrated across the justice system or providers.
- The timing of getting into services can take weeks after release.
    - Calling the local crisis line will often get people connected to services faster.
- Case management challenges
    - Case managers are tied to agencies so when people are no longer receiving services from those agencies, they lose their case manager.

<u>Probation</u>

- Specialized training varies among agencies. There is no state standard for adult officers, but there is for juvenile officers.

<u>Data and Strategy Development</u>

- CMHCs who have a co-responders and jail liaisons hopefully decrease any wait time on getting access to services. Data is not being collected or analyzed to know the effect of co-responders and jail liaisons and reentry or transition services.



PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on April 6, 2023.

We encourage CMHCs or other local entities to identify local coordinating bodies or individuals to lead this work.

Rank	# Votes	Priority
1	10	Increase buy-in across justice and service partners to improve systems and outcomes. o Work with Stepping Up to organize delivery of care and resources.
2	7	Improve utilization peer support services, remove barriers especially at intercepts 0/1 but across the intercepts. o Pay peers appropriate rate to provide services. o Provide access to workforce support and self-care support
3	6 TIE	Facilitate care coordination and access to resources across transitions: Technology, person, and policy. o Emphasis on pre/post release resource connections; release coordinators, community advocates—providing folks with resources at reentry from jail or hospital and managing transitions. o Reduce instances of people sitting in jail awaiting treatment.

		Increase the number of and access of crisis beds, stabilization units o CSU—walk in, anyone, less than 24-hour stay, o Crisis intervention centers (CICs) including LE ease of access, involuntary holds, and use as diversion units from hospital and jail.
4	5	Implementing policies and procedures to divert MH calls from 911 to 988. o Training for call takers: behavioral health, disabilities. o Embedded Clinicians o Data tracking – nature codes, outcomes
5	4 TIE	Increase access to Mobile crisis across all counties.
		Streamline policies and procedures for SIA's.
6	3 TIE	Standardize data capturing /collection and sharing and analysis and utilization across all intercepts.
		Increase capacity and numbers of crisis support specialists, or peers to provide support or transport when appropriate.
		Cultivating a culture of shared language across systems and agencies to bridge the cultural gaps and create opportunities for cross-training and collaboration.
7	2	Institutionalize behavioral health criminal justice workgroups within jurisdictions. o Multi-branch community of practice (one workgroup per jurisdiction); also regional representation. o Create local, court specific system coordination work groups. i. Explore treatment courts within each jurisdiction. ii. Support Crawford County treatment court development.
8	1	Improve access and availability of MAT/ general treatment / evidence-based substance use treatment.
9	0	Create equitable opportunities for employment regardless of community with special attention to self-care resources.

STRATEGIC ACTION PLANS

Priority Area 1: Increase buy-in across justice and service providers to improve systems (Stepping Up)				
Objective		Action Steps	Who	When
1.	Facilitate collaborative conversations across systems	a) Take inventory of existing coalitions and initiatives to engage b) Understand goals and outcomes between each coalition, the gaps between coalitions, and identify what stakeholders and community partners are missing from conversations c) Have one-on-one conversations and outreach with appropriate stakeholders to engage and integrate this work into an existing coalition or start a new workgroup	Champions or community leaders	Summer 2023
2.	Form a working steering committee where this work can take place	a) Identify coordinator to drive this work b) Identify the need for a regional coordinator for rural and frontier areas c) Schedule and plan ongoing and consistent meeting times	Identified coordinator	Summer/Fall 2023
3.	Prioritize county needs by identifying available services and gaps	a) Review most recent county assessment or SIM report to use as priorities. b) Brainstorm service, policy, and procedures to implement and enhance	The formed (Stepping Up) group	Fall 2023

4.	Form a county or regional strategic plan when appropriate	a) Utilize peers to model services, policies, and procedures identified as priorities b) Identify funding sources to uplift identified programs and services c) Evaluate outcomes of priorities implemented over time	The formed (Stepping Up) group	Fall 2023

Priority Area 2: Utilize peer services more and decrease barriers to peer services, especially at intercepts 0/1 and include workforce self-care.				
Objective		Action Steps	Who	When
1.	How to reach people with lived experience.	a) Pay studies to raise" buy in" b) Pamphlets or information provided in areas where these individuals frequent c) conversations for recommendations with community partners (success stories)	shelters, case managers, supervision agencies (PO, CSO, ISO), churches, peers	a) 1 year b) Ongoing with reassessment c) Ongoing with reassessment
2.	Change regulations and barriers to the hiring process	a) research and identify which regulations/ licensing standards are inhibiting hiring b) data and advocacy at policy level identifying hiring stipulations or policies that could prevent or deter peers from applying c) take action and communicate these barriers/challenge thoughts	CMHC's/ mental health centers	a) 60 days b) one year with reassessment c) 60 days d) Ongoing
3.	Decreasing stigma	a) Offering and seeking out specialized trainings in mental health b) Conferences, media c) Increasing buy in in police departments, jails, community partners, and among the public d) Shared recovery	Peers, emergency departments, stakeholders, decision makers	Indefinite

Priority Area 3: Facilitate care coordination and access to resources across transitions (tech, person, policy)				
Objective		Action Steps	Who	When
1.	Stabilize individuals in the community Jail acute care age-child-adult communities education individual justice plan housing/ family structure disability rights center of Kansas	a) identify at-risk individuals pre-transition; Brief jail mental health screen b) identify risks, strengths, and needs; LIS-RMI/ pattern c) parole /mental health connection d) overlap services; WRAP training e) workforce shift away from quantity to quality (prison) f) culture- training on both sides g) data- common technology, HIPPAA, policy	sheriff department share jail list MHC staff view web All	Daily

QUICK FIXES/LOW-HANGING FRUIT

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

- Connect Laura Brake (KDADS) and Audra Goldsmith (Stepping Up/ CSG) on PSAP cites.
- Connect Kirk Vernon (KS Suicide Prevention, Douglass County) and Audra Goldsmith to invite each other to their meetings (Stepping Up TA Center, and KSPHQ).

PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large, specific, or in-depth to address during the workshop.

- Resources for transition aged youth (ages 18-24) was identified as a large gap across the region, and state.

RECOMMENDATIONS

The Kansas Southern Region has a number of exemplary programs that address criminal justice/behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed.

1. **Develop strategies to provide cross-system learning collaborative opportunities.**

   Participants identified multiple program development needs with solutions being piloted in one or more Kansas counties that provide an opportunity to learn between communities but that also may need adaptation when applied to urban, rural, or frontier contexts. A cross-community learning needs survey of partners including, jail, magistrates and judges, probation might help to develop and target the focus of a re-occurring learning collaborative. One example that came up during the SIM mapping was around the Douglas County 911-call diversion pilot program as a program other counties may be interested in learning from and adapting to meet their local needs.

   To raise general awareness, holding a cross-community collaborative on a re-occurring basis to inform partners about the SIM workshop priorities and recommendations may expand awareness of urgent issues, provide an opportunity to solicit input for on-going planning and improve networking and collaboration among partners across the counties.

2. At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal legal system locally.

   Improving cross-system data collection and integration is key to identifying high-user populations, justifying expansion of programs, and measuring program outcomes and success.

Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

It is important for each organization to define terms initially, so there is a common definition developed of what populations/issues communities/organizations are trying to understand. Learn from each system how that data point is collected, coded and stored. Seek common identifiers to match populations.

Data collection does not have to be overly complicated. For example, some 911 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a "warm handoff" or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

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 jail, sentenced to prison, placed on probation, etc.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.
Consider joining the Arnold Foundation and National Association of Counties (NACo) Data-Driven Justice Initiative (DDJ). The publication "Data-Driven Justice Playbook: How to Develop a System of Diversion" provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the *Information Sharing/Data Analysis and Matching* publications in the Resources section.

3. Develop staff training opportunities and interventions for Transition Age Youth.

Transition Age Youth (TAY), refers to youth age 16-24 who are in transition from state custody, foster care, or at risk for not successfully transitioning to independent adulthood. Other terms for this population may include Disconnected Youth, Opportunity Youth, Homeless Youth or Vulnerable Youth. The specific focus of this recommendation will be informed by the data recommendation above. For example, data on TAY demographics, mental health and substance use diagnoses, 911/988 calls, recidivism rates, technical violations, proportion of jail populations, etc. can help inform where training and intervention efforts might be focused and with what interventions.

In general, services for TAY involves coordination between human services (family, foster, TANF, treatment facilities, etc.), the juvenile justice system, education (public and private/alternative school) homeless/housing services, and child and adolescence health, mental health, and substance use providers. It includes supportive systems to meet basic needs including community and faith-based agencies, public and private recreation providers, lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LQBTQIA) providers, youth development agencies, vocational services and higher education, and workforce providers.

General TAY Resources can be found in these websites:

- California Institute for Behavioral Health Solutions
- American Youth Policy Forum has numerous reports available including topics such as Education, Achievement Gaps, High School Redesign, Dropout Prevention, Social Emotional Learning, Community Engagement, and Juvenile Delinquency.
- The Youth.Gov site provides a variety of tools, data and resources focused on TAY.
- Youth Advocate Programs, Inc. provides a strong structure to consider TAY programs. It covers core elements of positive youth development including Safety, Stability, Mastery, Social Connectedness, and Meaningful Access to Relevant Resources.
    - Their TAY Program is based on Community Engagement with a Trustworthy Advocate, Holistic Assessment, Individualized Service Plans, 24/7 Crisis Availability and Safety Planning, Coaching to Develop Core Life Skills, Meaningful Access to Relevant Resources and Building Social Connectedness.
- The Annie E Casey Foundation has various initiatives to help improve the lives of children and families, including resources on developing two-generation programming.
    - The Jim Casey Youth Opportunities Initiative works to ensure that young people—primarily those ages 14 through 25—make successful transitions from foster care to adulthood.
- The U.S. Department of Health and Human Services Administration for Children and Families' (ACF) Family and Youth Services Bureau provides resources for runaway and homeless youth.
- A 2015 letter provided by the Administration for Children and Families (ACF) was released regarding federal partnerships between the U.S. Department of Health and Human Services and the U.S. Department of Education
- ACF's National Youth in Transition Database Data Briefs and Services and Outcomes Reports are quality resources for grant applications.

Runaway and Homeless Youth

- Runaway and Homeless Youth Training and Technical Assistance Center's (RHYTTAC) Evidence-Based Practice/Program Registries Reference Sheet offers descriptions of several registries where you can find evidence-based programs/practices for your program.
- The Corporation for Supportive Housing's TAY Triage Tool is a tool to identify homeless Transition Age Youth most in need of permanent supportive housing.

TAY Workforce and Educational Resources

- Working for America Institute's Youth and Career Pathways resources
- Capital Workforce Partners' resources concerning preparing youths for the workforce
- ACF's Children's Bureau's report on a workforce training program for disadvantaged young adults
- Find affordable online colleges

Human Trafficking Resource

- ACF's Office on Trafficking in Persons

Young Adult Courts

- Young Adult Courts, based on a collaborative court model, are being developed in areas including California and Brooklyn.
    - The Brooklyn Young Adult Court seeks to provide meaningful alternatives to conventional prosecution for young people, ages 16 to 24, charged with misdemeanors.
- The American Bar Association has created a young adult resolution known as 109B.
- The Superior Court of California County of San Francisco's Young Adult Court
    - San Francisco Young Adult Court Evaluation

4. **Expand substance use disorder (SUD) identification and treatment Medication-Assisted Treatment options across the intercepts.**

Participants identified SUD treatment capacity and access as a significant gap. The facilitators note the following SUD initiatives and encourage stakeholders to expand and integrate SUD initiatives with other initiatives described in this report. Also consider police diversion-to treatment strategies such as Law Enforcement Assisted Diversion (LEAD), if the program does not already exist locally.

- The 2016 SAMHSA publication, Screening and Assessment of Co-occurring Disorders in the Justice System developed by Roger Peters and the SAMHSA GAINS Center (see *Screening and Assessment* section of the Resources), provides an overview of screening and assessment and treatment of individuals with co-occurring disorders in the criminal legal system. In addition, Screening and Assessment instruments for mental illness, substance use, co-occurring disorders, treatment motivation and trauma/PTSD.

- The SAMHSA publication, Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 4 SAMHSA Tip 45, provides communities with guidance on a continuum of inpatient and outpatient care for detoxification services and identifies best practices.

- The San Diego Serial Inebriate Program is a nationally recognized program to offer services to a chronic inebriate population.

- The 2016 21st Century Cures Act offers significant funding opportunities to address the Opioid Crisis. When the SIM is applied to the Cures Act, communities can more easily examine the funding and programmatic opportunities offered by both HHS and DOJ funding streams. PRA developed a matrix to depict the funding source and program initiatives as they fall across the six Intercepts. It also indicates which Intercept a particular initiative falls into and whether an initiative spans multiple Intercepts.

Jails and prisons are increasingly utilizing Medication-Assisted Treatment (MAT) at the point of reentry. See the *Medication-Assisted Treatment* section of the Resources. Review current Medication-Assisted Treatment (MAT) processes in the community and jail for a continuum of options. Some jails are only giving Vivitrol or Suboxone to women who are pregnant, which does not reflect the full continuum of MAT. Communities should ensure support, especially peer support, to help persons maintain MAT and their recovery. Consider a collective impact process to bring together harm reduction, prevention, treatment, and enforcement strategies.

- Strategies may include treatment on demand, police follow-up and referral to services, a resource center, harm reduction/syringe exchange, and/or first responders trained in and carrying Naloxone.
- In the jail, this may include screening for use and withdrawal, withdrawal management on Buprenorphine, maintenance dosing and induction on Methadone and Buprenorphine paired with appropriate psychoeducational classes, peer support in the facility and upon release, and providing Naloxone to individuals reentering the community.

Several curricula can be helpful to use within the facility. See Jail-Based Substance Abuse Treatment Literature Review for details.

- General cognitive curricula such as Thinking for a Change (TFC) and Moral Reconation Therapy (MRT) are effective but can be lengthy to administer.
- The SMART Recovery curriculum is shorter in length to administer. InsideOut is a SMART Recovery program for substance abuse treatment in correctional settings.

5. **Improve health care outcomes and reduce recidivism for people with mental and substance use disorders through increased jail services and a jail reentry program.**

Communities can improve public safety and public health outcomes by providing robust transition planning services, particularly to those with mental and substance use disorders. At a minimum, transition planning services should be offered to the sentenced population prior to release from the jail. Transition planning services can be provided by dedicated jail staff or by community-based providers who reach into the jail (or ideally by both). The Transition from Jail to Community (TJC) Initiative, developed by the Urban Institute and National Institute of Corrections, provides a clear structure for transition planning as well as an online learning

toolkit. Also refer to the Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison (Blandford and Osher, 2013) and the Implementation Guide (SAMHSA, 2017).

Reentering individuals with mental health disorders should ideally be released with four weeks of medications, a prescription for refill of psychotropic medications, and an appointment with a prescriber. Reentry from jail is an opportune time to connect people with mental disorders to community-based services.

A critical element of transition planning is improving access to Medicaid and Social Security benefits for persons released from jail and prison. Medicaid suspension or cancellation while individuals are incarcerated is a barrier to recovery. The Affordable Care Act has expanded access to Medicaid, yet communities across the country have lagged in enrolling justice-involved individuals in Medicaid. In April 2023, the Centers for Medicare and Medicaid Services (CMS) released groundbreaking new reentry guidance, offering states a roadmap for using Medicaid to strengthen health care at reentry and improve people's health and wellbeing as they leave prison and jail. Using Medicaid coverage to improve continuity of health care between carceral and community settings can help ensure that people have the resources they need to return to their communities healthy and whole. Additional strategies include providing jail-based or diversion health personnel with access to the local Medicaid database to promptly identify enrollees and insure continuation of coverage. Social Security Disability (SSD) and Social Security Supplemental Income (SSI) provide medical benefits and income which can improve access to housing and other services. Social Security Outreach Access and Recovery training (SOAR) can also improve successful enrollments and reduce approval times from months to as soon as 60 days.

It is also important to expand, coordinate, and connect reentry services to community supervision. Explore developing a Reentry Council or integrating current efforts into the work of existing workgroups such as a CJCC. Related issues to address can include fair housing, "ban the box," and educating employers about hiring individuals with criminal history backgrounds.

Communities may explore national models of faith-based involvement and the use of formerly incarcerated persons as mentors in reentry services. Two programs recommended for further exploration are Mission Behind Bars and Beyond and the Offender Alumni Association of Birmingham, Alabama.

See also *Reentry* in the Resources section later in this report.

RESOURCES

Competence Evaluation and Restoration

- Policy Research Associates. Competence to Stand Trial Microsite.
- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.
- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.
- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.
- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.

    - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.
- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) 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.

Brain Injury

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

Housing

- The Council of State Governments Justice Center. (2021). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health.
- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- 100,000 Homes. Housing First Self-Assessment.
- Community Solutions. Built for Zero.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.
    - Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.

- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

Information Sharing/Data Analysis and Matching

- Center for Policing Equity. (2020). Toolkit for Equitable Public Safety.
- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.
    - ASAM 2020 Focused Update.

    - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.
- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
    - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
    - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
    - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arraignment Diversion

- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.
- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Procedural Justice

- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
- American Bar Association. (2016). Criminal Justice Standards on Mental Health.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

- Mathematica. (2021). Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation.
- Law360. (2021). Data Collection Is Crucial For Equity In Diversion Programs.
- Chicago Beyond. (2018). Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders.
- National Academies of Sciences, Engineering, and Medicine. (2021). Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief.
- Substance Abuse and Mental Health Services Administration. (2015) TIP 59: Improving Cultural Competence.
- SAMHSA's Program to Achieve Wellness. Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview.
- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.
- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
- Vera Institute of Justice. (2015). A Prosecutor's Guide for Advancing Racial Equity.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
- Substance Abuse and Mental Health Services Administration. (2020). After Incarceration: A Guide to Helping Women Reenter the Community.
- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
- The Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822.

Sequential Intercept Model

- Policy Research Associates. The Sequential Intercept Model Microsite.
- Munetz, M.R., and 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.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). The Sequential Intercept Model and Criminal Justice. New York: Oxford University Press.
- Urban Institute. (2018). Using the Sequential Intercept Model to Guide Local Reform.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. Psychiatric Services, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

Trauma and Trauma-Informed Care

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma Informed Judicial Practice.
- SAMHSA's GAINS Center. (2011). Trauma-Specific Interventions for Justice-Involved Individuals.
- National Resource Center on Justice-Involved Women. (2015). Jail Tip Sheets on Justice-Involved Women.
- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.

Veterans

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.

APPENDIX

Appendix 1 Sequential Intercept Mapping Workshop Participant List

Appendix 2 Community Self Assessment

Appendix 1

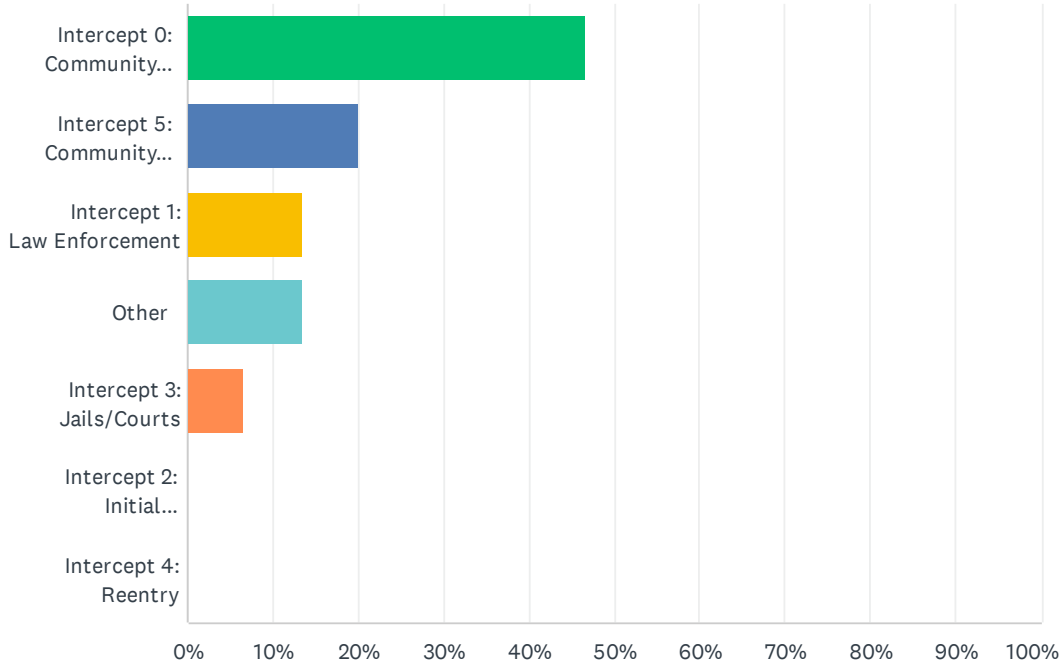
First Name	Last Name	Email	City	County	State	Agency/Organization	Title or Field
Alecia	Mertz	amertz@fourcounty.com	Cowley	Cowlet	KS	Four County MHC	
Audra	Goldsmith	agoldsmith@csg.org	Cheney		KS		
Brooks	Robertson	brooks@ksphq.org	Lawrence	Douglas	KS	Kansas Suicide Prevention Headquarters	Behavioral Health Liaison
Chanel	Stroud	chanel.stroud@ks.gov	Winfield	Cowley	KS	Kansas Department of Corrections	Adult Services Regional Contact
Dennis	Dodd	ddodd@parsonspd.com	Parsons	Labette	KS	Parsons Police Department	Deputy Chief of Police
Jaime	Lovell	jlovell@fourcounty.com	Winfield	Cowley	KS	Four County Mental Health	Crisis Co-Responder
Jeffrey	Burch	jeffrey.burch@cmhccc.org	Pittsburg	Crawford	KS	Crawford County Mental Health Center	Clinical Psychologist
Jennifer	Wilson	jennifer.wilson@sedgwick.gov	Wichita	United States	KS	COMCARE of Sedgwick County	Director of Crisis Services
Kevin	Inmon	kevin.inmon@uniteus.com	statewide	Statewide	statewide	Unite Us	Network Development Executive
Kirk	Vernon	kirk@ksphq.org	Lawrence	Douglas	KS	Kansas Suicide Prevention Headquarters	911 & Law Enforcement Liaison
Larry	Reynolds	lreynolds@bucoks.com	El Dorado	Butler	KS	Butler County Detention Facility	Detention Administrator

Peggy	Beck	pbeck@srmhw.org	Riverton	Cherokee	KS	Spring River Mental Health and Wellness	Adult Services Director
Robert	Queen	Robert@lcmhs.com	Parsons	KS	KS	Labette Center for Mental Health Services	CSS Director
Robert	DeLeon	robert.deleon@uniteus.com	Garden City	Finney	KS	Unite Us	Senior Community Engagement Manager
Ronda	Melton	rmelton@fourcounty.com	Winfield	Cowley	KS	Four County Mental Health Center	Crisis and Community Outreach Clinician
Sheila	Peil	speil@fourcounty.com	Winfield	Cowley	KS	Four County Mental Health Center	Crisis Coordinator
Wenhan	Cheok	wenhan.cheok@sedgwick.gov	Wichita	Sedgwick	KS	ComCare	Mental Health Program Manager
Shelby	Burns	sburns@bucoks.com	El Dorado	Butler	KS	Butler County Detention Facility	
Laura	Brake	laura.brake@ks.gov				KDADS	

Appendix 2

Q4 Where on the Sequential Intercept Model is your role most related?

Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Intercept 0: Community Services	46.67%	7
Intercept 5: Community Corrections	20.00%	3
Intercept 1: Law Enforcement	13.33%	2
Other	13.33%	2
Intercept 3: Jails/Courts	6.67%	1
Intercept 2: Initial Detention/Initial Court Hearings	0.00%	0
Intercept 4: Reentry	0.00%	0
TOTAL		15

Q6 Please indicate your level of agreement with the following statements about your community.

Answered: 14 Skipped: 1

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	0.00% 0	0.00% 0	0.00% 0	21.43% 3	78.57% 11	0.00% 0	14	4.79
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	0.00% 0	0.00% 0	35.71% 5	50.00% 7	0.00% 0	14.29% 2	14	3.93
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	7.14% 1	7.14% 1	21.43% 3	50.00% 7	0.00% 0	14.29% 2	14	3.71
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	0.00% 0	14.29% 2	35.71% 5	35.71% 5	0.00% 0	14.29% 2	14	3.64
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	14.29% 2	7.14% 1	14.29% 2	50.00% 7	7.14% 1	7.14% 1	14	3.50
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	7.14% 1	21.43% 3	21.43% 3	28.57% 4	7.14% 1	14.29% 2	14	3.50
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	7.14% 1	21.43% 3	14.29% 2	42.86% 6	0.00% 0	14.29% 2	14	3.50

Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	7.14% 1	14.29% 2	21.43% 3	42.86% 6	7.14% 1	7.14% 1	14	3.50
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	0.00% 0	14.29% 2	35.71% 5	50.00% 7	0.00% 0	0.00% 0	14	3.36
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	7.14% 1	28.57% 4	14.29% 2	35.71% 5	0.00% 0	14.29% 2	14	3.36
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	7.14% 1	42.86% 6	14.29% 2	21.43% 3	0.00% 0	14.29% 2	14	3.07
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	0.00% 0	50.00% 7	14.29% 2	28.57% 4	0.00% 0	7.14% 1	14	3.00

Q7 Please indicate your level of agreement with the following statements about your community.

Answered: 14 Skipped: 1

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	0.00% 0	7.14% 1	14.29% 2	28.57% 4	21.43% 3	28.57% 4	14	4.50
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	0.00% 0	0.00% 0	14.29% 2	64.29% 9	14.29% 2	7.14% 1	14	4.14
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	7.14% 1	21.43% 3	0.00% 0	50.00% 7	0.00% 0	21.43% 3	14	3.79
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	7.14% 1	7.14% 1	14.29% 2	50.00% 7	14.29% 2	7.14% 1	14	3.79
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	7.14% 1	14.29% 2	21.43% 3	42.86% 6	0.00% 0	14.29% 2	14	3.57
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	7.14% 1	21.43% 3	0.00% 0	57.14% 8	7.14% 1	7.14% 1	14	3.57
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	7.14% 1	21.43% 3	14.29% 2	35.71% 5	7.14% 1	14.29% 2	14	3.57
Regular data-matching between criminal justice	14.29% 2	14.29% 2	14.29% 2	28.57% 4	14.29% 2	14.29% 2	14	3.57

agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.								
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	7.14% 1	28.57% 4	21.43% 3	14.29% 2	7.14% 1	21.43% 3	14	3.50
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	7.14% 1	28.57% 4	21.43% 3	21.43% 3	0.00% 0	21.43% 3	14	3.43
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	7.14% 1	28.57% 4	21.43% 3	28.57% 4	0.00% 0	14.29% 2	14	3.29

Q8 Please indicate your level of agreement with the following statements about your community.

Answered: 14 Skipped: 1

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	7.14% 1	21.43% 3	7.14% 1	21.43% 3	0.00% 0	42.86% 6	14	4.14
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	7.14% 1	14.29% 2	14.29% 2	28.57% 4	0.00% 0	35.71% 5	14	4.07
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	0.00% 0	7.14% 1	28.57% 4	35.71% 5	14.29% 2	14.29% 2	14	4.00
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	7.14% 1	7.14% 1	14.29% 2	35.71% 5	21.43% 3	14.29% 2	14	4.00
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	7.14% 1	14.29% 2	35.71% 5	21.43% 3	0.00% 0	21.43% 3	14	3.57
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	7.14% 1	21.43% 3	28.57% 4	21.43% 3	7.14% 1	14.29% 2	14	3.43
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	7.14% 1	28.57% 4	7.14% 1	42.86% 6	0.00% 0	14.29% 2	14	3.43
Strategies to intervene with justice-involved adults with mental disorders and substance	7.14% 1	21.43% 3	35.71% 5	14.29% 2	0.00% 0	21.43% 3	14	3.43

use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.								
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	7.14% 1	28.57% 4	28.57% 4	14.29% 2	0.00% 0	21.43% 3	14	3.36
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	7.14% 1	21.43% 3	42.86% 6	7.14% 1	0.00% 0	21.43% 3	14	3.36
There are adequate crisis services to meet the needs of people experiencing mental health crises.	21.43% 3	28.57% 4	0.00% 0	21.43% 3	21.43% 3	7.14% 1	14	3.14
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	7.14% 1	35.71% 5	21.43% 3	21.43% 3	0.00% 0	14.29% 2	14	3.14
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	7.14% 1	35.71% 5	21.43% 3	28.57% 4	0.00% 0	7.14% 1	14	3.00
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	7.14% 1	50.00% 7	7.14% 1	21.43% 3	0.00% 0	14.29% 2	14	3.00

Q9 Please indicate your level of agreement with the following statements about your community.

Answered: 14 Skipped: 1

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	0.00% 0	21.43% 3	21.43% 3	21.43% 3	0.00% 0	35.71% 5	14	4.07
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	0.00% 0	14.29% 2	14.29% 2	50.00% 7	7.14% 1	14.29% 2	14	3.93
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	0.00% 0	14.29% 2	14.29% 2	57.14% 8	7.14% 1	7.14% 1	14	3.79
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	0.00% 0	21.43% 3	14.29% 2	42.86% 6	14.29% 2	7.14% 1	14	3.71
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	0.00% 0	21.43% 3	28.57% 4	28.57% 4	0.00% 0	21.43% 3	14	3.71
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	7.14% 1	7.14% 1	21.43% 3	57.14% 8	0.00% 0	7.14% 1	14	3.57

Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	0.00% 0	21.43% 3	14.29% 2	57.14% 8	0.00% 0	7.14% 1	14	3.57
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	0.00% 0	35.71% 5	7.14% 1	50.00% 7	0.00% 0	7.14% 1	14	3.36
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	7.14% 1	35.71% 5	28.57% 4	14.29% 2	0.00% 0	14.29% 2	14	3.07

Q10 Additional Comments?

Answered: 1 Skipped: 14

#	RESPONSES	DATE
1	None at this time.	3/28/2023 10:30 AM