

Systems Mapping & Action Planning



Transforming Services
for Persons with Mental Illness in
Contact with the Criminal Justice System

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Transforming Services for Persons with Mental Illnesses in Contact with the Criminal Justice System

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* workshop held in Durham County, NC on February 7 and 8, 2019. The workshop was sponsored by the Durham County Stepping Up Initiative and hosted by the Criminal Justice Resource Center (CJRC). This report includes background information about the workshop, a summary of the findings, the sequential intercept map, action planning matrices, and recommendations and resources for Durham County to consider.

Background

The Durham County Stepping Up Initiative and other local stakeholders requested the *Sequential Intercept Mapping* workshop to provide assistance to Durham County with:

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

The participants in the workshops included 26 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Dr. Tonya Van Deinse from the University of North Carolina at Chapel Hill and Dr. Megan Pruette of Duke University facilitated the workshop sessions.

Objectives of the Sequential Intercept Mapping Exercise

The *Sequential Intercept Mapping Exercise* has three primary objectives:

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

The Durham County Sequential Intercept Map created during the workshop can be found in this report on page 4.

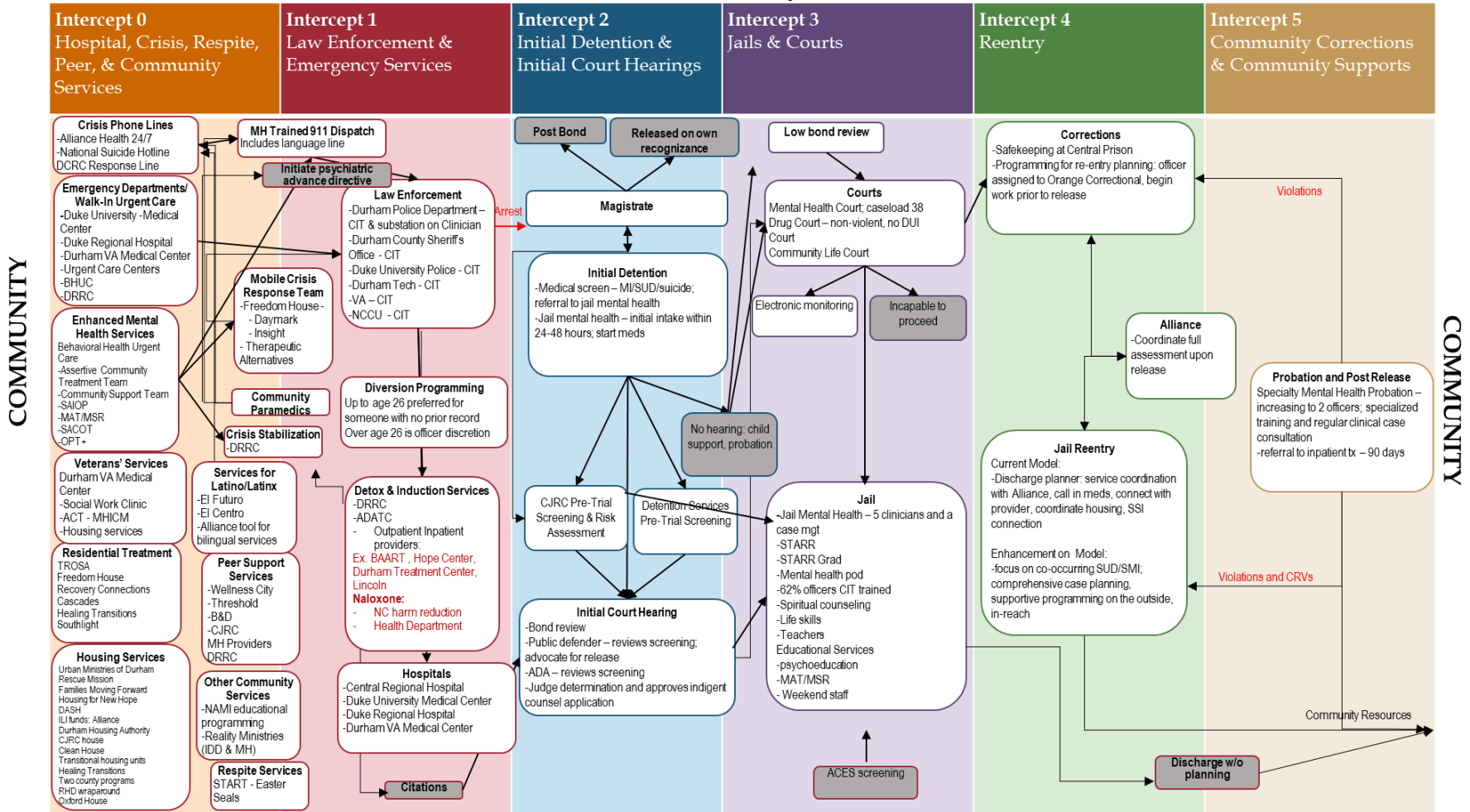
Building on Existing Cross-Systems Partnerships

Durham County has a long history of working across systems to address the needs of persons with mental illnesses involved in the criminal justice system. Currently, efforts for cross-system collaboration are coordinated through the Durham County Stepping Up Initiative (SUI). SUI was initiated in 2015 by the Durham County Board of Commissioners and the Director of the Durham County Criminal Justice Resource Center, Gudrun Parmer, in response to the national “Call to Action” to reduce the number of people with mental illnesses in county jails. The Durham County SUI consists of more than 20 member entities including: Actualities Limited, Alliance Health, the Board of County Commissioners, Carolina Outreach, the City of Durham, the Criminal Justice Resource Center, the North Carolina Department of Public Safety – Division of Community Corrections, Community Paramedics (EMS), Duke University, the Durham Police Department, the Durham County Office of the Sheriff, Durham County Department of Public Health, Easterseals UCP, Housing for New Hope, NC Courts (District Court Judges), Recovery Innovations, RTI International, University of North Carolina at Chapel Hill, and Urban Ministries of Durham. The Durham County SUI will continue to serve as the body that oversees the completion of the action planning process as well as the review and implementation of report recommendations.

Sequential Intercept Mapping

Durham County, NC

Durham County, NC SIM



Durham County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping* exercise is based on the Sequential Intercept Model developed by Patty Griffin and Mark Munetz for the National GAINS Center. During the exercise, participants are guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflects information gathered during the *Sequential Intercept Mapping Exercise*. It provides a brief description of local activities at each intercept, as well as gaps and opportunities. This narrative may be used as a reference in reviewing the Durham County Sequential Intercept Map.

Intercept 0: Hospital, Crisis, Respite, Peer, & Community Services

General description of services and resources

- 942 Crisis Intervention Team officers, including community corrections officers, Duke University Police, Durham Technical Community College Campus Police and Public Safety, Durham Police Department, and Durham County Sheriff's Office
 - CIT officers can transport individuals to Duke University Hospital or another hospital based on the situation
- Durham Care Transition, community paramedics
- Mental Health First Aid training provided in community
- Alliance Health – all access line for mental health service connection
- Mobile Crisis Team with psychiatrist on-call; 24/7 access
- Therapeutic Alternatives
- Freedom House
- 211 information line
- Network of Care information source
- NAMI Durham Programs
- Durham Recovery and Response Center with 24/7 access, rapid response from officers
- Behavioral health urgent care until 5pm Monday through Friday
- Training in ACES

Gaps

- People need to know to ask for CIT officers when calling 911
- Delay in mobile crisis response (there is a 2 hour window for them to respond)
- People don't know about 211 or network of care
- Lack of knowledge about MI or SUD resources
- Psychiatric advanced directives are underutilized, fees may have something to do with this
- Urgent care based on insurance, mostly for Medicaid and uninsured

Intercept 1: Law Enforcement / Emergency Services

General description of services and resources

- 942 Officers trained in CIT
 - This means 40% of the officers are trained!
- Office of the Sheriff and Durham Police Department have a mental health first aid training
- Law enforcement officers receive de-escalation training
- County has Veteran CIT, which includes additional training in working with veterans
- Available data on arrests and service utilization
- Will start crisis intervention team training for basic law enforcement train (BLET) in March 2019 for Durham Police Department
- Office of the Sheriff will incorporate mental health training in BLET in future
- Currently the Office of the Sheriff is starting to train detention in MH
- Reduced time at hospital for drop off

Gaps

- CIT trained officers may not be the first responder
- Not all situations involving SMI are diverted from detention center- even when they should be at DRRC

Intercept 2: Initial Detention / Initial Court Hearing

General description of services and resources

- Medical, mental health, SUD, and suicide screening within 2 hours of arriving in the jail
 - In 24-48 hours mental health clinician sees patient and can help with services, meds, specialty court, homelessness, etc.
- Pre-trial screening for interview and risk assessment
 - Public safety risk and stability, this information goes to judge or magistrate, there are multiple screenings
- Mental Health Court
- There is now an App to remind people of their court date

Gaps

- Lack of training for the magistrates who set the bond and make the decision about whether bond is secure, unsecure, inmate released, etc., which could lead to more pretrial diversion

- Individuals with SMI are often overlooked (e.g., released and not seen by a mental health professional and do not receive an intervention)
- Information about SMI (e.g., screening instrument) is not shared with the public defender which makes it harder to identify those with SMI
- Difficulty identifying those individuals who cycle in and out of the system; e.g., those who continue to exit and re-enter the detention system
- We have little to no resources for people with intellectual and developmental disabilities and there is a lack of focus on this population within current correctional programming
- It is challenging to connect first offenders with mental illnesses to necessary services and supports – sometimes those with first offenses get dismissed without help
- Low utilization of electronic monitoring (e.g., can this be used more often?)
- Low utilization of citations in response to certain types of low-level crimes

Intercept 3: Jails / Courts

General description of services and resources

- Training in mental health for detention officers
- STARR and GRAD programming while in detention
- 5 clinicians and 1 assistant manage mental health caseload; 2 psychiatrists do medication management
- Mental health unit has psychoeducation groups for inmates
- There is a wellness class for STARR participants
- 62% of officers in detention center are CIT trained
- Spiritual counselors come into the jail
- In 2020, plan to have female mental health pod
- Regular meeting of partners to review long bonds
- Training attorneys on mental health court
- Drug court is at capacity of 50
- MH court has capacity of 50, not there yet
- SOAR training in mental health court
- Expanding evaluation of mental health court
- MHICM with VA works with mental health court
- Wellpath/CCS conducts health and behavioral health screenings in the jail

Gaps

- 2 different service systems – Medicaid and IRPS – neither of which adequately address all levels of need
- Mental health caseload capacity is limited to about 25-30% of the population
- System cannot track number of people with mental illnesses in real time
- Need more psychoeducation for people with mental illnesses
- Need trauma-informed approaches/treatment in the jail

- Need ACES screening in the jail
- Length of stay for people with mental illness is longer (due to private attorneys not being as responsive, money for bond, forensic evaluations, getting back into court, etc.)
- Lack of continuity of information re: mental illnesses while in prison
- Need for a weekly meeting about length of stay, including medical information
- Need lawyer attendance in mental health court training; training for private attorneys needed
- Forensic evaluations at CRH and locally can take a long time to get scheduled
- Lack of services available for mental health community (CST, ACT), especially IPRS
- Interim support provided in mental health court is not always what is most appropriate
- Few inmates utilized Threshold upon release
- Need better understanding of, and more services for, folks with IDD. Unclear as to what happens to IDD population when they are deemed incompetent.

Intercept 4: Re-Entry

General description of services and resources

- Durham re-entry program for probation works in prison and there are resources available through this
- Alliance schedules assessments for re-entry and they are working to increase this
- Discharge planner connects inmates to services
- Alliance pays for 30 days of medications
- Clothing closet, SSI reconnect
- CJRC vocational training
- Co-occurring disorder grant will be implemented later this year
- Housing for New Hope assertive engagement

Gaps

- Durham reentry from 50+ places and not enough resources for in-reach
- Communication and information barriers between re-entry planners and prison system
- Prison reentry programs could be expanded to more places
- Low show rates for evaluation
- Medical medications for only 7 days
- Many barriers to accessing services upon release, especially due to funding
- Very limited funding from county vendor for housing
- Rescue Mission does not accept individuals who require medication management for psychiatric conditions
- Hard to know when an inmate will be discharged, although currently working to create an alert in the chart

- Limited housing for sex offenders as well as limited job opportunities; consequently, they tend to remain at CJRC housing longer
- Limited housing options for men

Intercept 5: Community Corrections / Community Support

General description of services and resources

- CJRC psychologist is a great resource
- Threshold has psychosocial rehabilitation
- Wellness City
- NAMI- especially the family to family training
- Probation transitional housing
- TROSA
- SPMI probation caseload of about 31, this resource is on both ends of the continuum
- Duke homeless abatement team
- Urban Ministries of Durham
- Rescue Mission
- Durham Housing Authority
- City initiative on criminal justice and behavioral health coming soon
- RHA has wraparound services and supportive housing for those without a felony charge

Gaps

- Limited capacity at TROSA for those with higher-level mental health needs
- Some limited capacity for mental health probation caseloads
- Lack of supportive housing for mental health
- Strict eligibility criteria for housing limits access
- Urban Ministries of Durham enrollment requires person to be present Monday at 10am
- Lack of beds at Urban Ministries of Durham
- Rescue Mission has restrictions and requirements (e.g., person must work and attend Bible study) that may not be appropriate for all due to a difference in religion and other characteristics
- Barriers to jail mental health referrals to Urban Ministries of Durham
- Broad need for more community-based behavioral health services

Taking Action for Change

Durham County, NC

Objectives of the Action Planning Activity

At the end of the first day of the SIM process, participants identified a list of priorities. Each person was then given 3 stickers to vote for their top priorities. The top 4 priorities were selected as the key areas of focus for the Durham SUI committee. These four areas of focus were:

1. Community Education: Making residents aware of available mental health services
2. Access to Housing: Increase access (hours, population and families) and availability for people with mental health problems in shelters
3. Length of stay in detention: Long length of stay for people with mental illness or SUD in the detention center
4. IPRS Funding for Mental Health Court

Once these areas of focus were identified, the SIM planning group spent the second day of the workshop developing an action plan. The Durham SUI committee will oversee this action plan and follow up on its progress at subsequent meetings. The SUI committee will also designate a person responsible for tracking progress on action steps and convene meetings and subsequent planning sessions as needed.

Durham County Priorities

The following is a list of the 18 priorities that the Durham County SIM group identified. The top four were selected for action planning.

- Delays in attorney response
- Lack of services - IPRS services for mental health court
- Trauma informed approaches – ACES, psychoeducation programming
- Restrictions on housing, including shelters
- Accessibility and availability of services for the Latinx population
- Coordinating reentry with prisons
- Discharge from jail without notification
- Availability of housing
- Missed opportunity to intervene after offense
- Education about accessing resources – e.g., CIT, 211, Network of Care etc. – and lack of public knowledge about mental health
- Low/lack of utilization of psychiatric advance directives
- Delay in mobile crisis response
- Ensuring CIT officer is dispatched and diversion from detention center
- Magistrate training on mental health – more pre-trial diversion
- Focus on IDD population – identification, services, etc.
- System response for all mental health needs
- Long length of stay for MI population – awaiting competency evaluations
- Adequacy of information available to attorneys and public defender – including mental health court

The following tables reflect the original plan identified during the SIM process as well as follow up information obtained throughout the writing of the report.

Priority Area 1: Community Education

Table 1A: Priority Area 1 – Community Education: Making residents aware of available mental health services		
Action Step	Who	When
Explore simplifying Alliance Hotline	May and Jennifer	Next stepping Up meeting / 2 months
Explore Nurse Hotline	EMS (Helen)	Next Stepping Up meeting / 2 months
Other Community Models for 911 triage (example of GA)	Joy	Get this information to Gudrun for March Meeting
Gudrun meet with 911 via committee- include the software question	Gudrun	March meeting
Public Advertisement campaign subcommittee (Crisis- CIT and non-crisis network of care)	Anita	Next Stepping Up Meeting / 2 months
Make Network of Care more user friendly via meeting	Erin and Jennifer	March
Web analytics report on Network of Care	Jennifer	March

Priority Area 2: Access to Housing

Table 2A: Priority Area 2 – Access to Housing		
Increase access and availability for people with mental health problems in shelters		
Action Step	Who	Status
Obtain census data for shelters - specifically justice involved individuals with mental health or SUD	Commissioner Reckhow and Commissioner Howertown	In progress – there does not appear to be a specific data field for CJ involvement
Explore whether HMIS includes justice involvement	Valaria and Tonya	Complete - one tool has some CJ related info but not easy to extract
Understand who is and is not eligible for shelter stays	Valaria	In progress – UMD has attended SUI meeting and presented; Rescue Mission remains
Address the Monday scheduling issue at Urban Ministries	Commissioner Reckhow	Complete – UMD presented at SUI and explained the process
Talk to shelters about banning protocols	Gudrun	In progress
Make detention center affiliate	Anita and Gudrun	Complete – this was confirmed at SUI committee
Invite Urban Ministries and Rescue Mission to SUI to discuss justice involved individuals with mental illnesses and SUD	Anita and Gudrun	In progress – UMD presented at SUI; Rescue Mission remains

Table 2B: Priority Area 2 - Access to Housing (Updated Fall 2019)		
Collaborate with existing housing initiatives to coordinate resources		
Action Step	Who	Status
Consider attending meetings of existing groups (e.g., Mayor’s roundtable for landlords, the Unlocking Doors Initiative, etc.)	Various team members	In progress – team members were unable to attend the most recent meetings of these groups
Meet with Hanaleah Hoberman to learn more about the efforts at the City	Tonya	In progress – meeting will be scheduled for January
Coordinate meeting with the Local Re-Entry Council group focused on transitional housing	Alex	In progress
Reach out to the Community Empowerment Fund to learn more about their work	Megan	

Priority Area 3: Length of Stay

Table 3A: Priority area 3 – Length of Stay (Updated Fall 2019)		
Address the long length of stay for people with mental illnesses or SUD in the detention center		
Action Step	Who	Status
Set-up meeting to make action plan for length of stay	Gudrun	Complete
Set up meeting with court system representatives to discuss	Gudrun	Postponed → team decided to look at data to understand current status
Set-up meeting to discuss plans for data analysis	Alex	Complete
Conduct a brief analysis of the length of stay comparing (1) LOS of those MI to those without, and (2) changes in LOS of those with MI and those without over an 18 month period	Tonya and team	Pending – end of year
Reconvene the action planning group to review data findings and plan next steps	Alex	

Priority Area 4: Services for Mental Health Court

Table 4A: Priority Area 4 – Services for Mental Health Court (Updated Fall 2019) Address the gap in services to support participants in MHC		
Action Step	Who	Status
Set-up meeting for action planning and discussion	Renee	Complete – need to revise original plan of <i>Increase IPRS Funding for MHC</i>
Consider additional items identified at committee meeting (lawyer attendance at MHC training, have a forensic and MHC presentation for private attorneys, other models for providing services/supports given current constraints)	Renee and team	
Connect with CJRC about using data to demonstrate the difference between recommended service level and services received	Tonya	
Reconvene the committee to check in about other action items	Renee and team	

Evidence-Based and Promising Practices

Specific treatment, service or criminal justice practices were not examined during the course of the Sequential Intercept Mapping exercise. Durham County may want to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below.

Criminal Justice

- A focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept
 - Appendix A includes a short bibliography of helpful resources that address cultural competency issues in criminal justice and behavioral health settings
 - In addition, Appendix B includes a brief description of the SPECTRM program, "Sensitizing Providers to the Effects of Treatment and Risk Management: Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness." This program uses a cultural competence model to help service providers better understand the "help seeking needs of the population they serve and deliver services tailored to their unique needs."
- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
- The need for gender-informed practices at all intercepts
- Facilitation of transitional planning and linkage of individuals to appropriate services in the community
 - The APIC model and the transitional planning checklist, currently being used by the Jericho Project, provides criminal justice, behavioral staff, and others with a concrete model to consider for implementing transitional planning across all intercepts. Please see Appendix C for a copy of the publication, *A Best Practice Approach to Community Re-Entry for Inmates with Co-Occurring Disorders: The APIC Model*.
- Aftercare medications
- Information sharing across criminal justice and treatment settings
 - Please see Appendix D for a copy of John Petrila's tele-net conference PowerPoint slides and an example of information sharing MOU

Treatment

- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
 - The jail mental health treatment staff are planning a Therapeutic Unit to offer illness self-management and recovery services. Appendix E includes a fact sheet developed by the GAINS Center on the use of this evidence-based practice for criminal justice involved populations that may be of value to the jail mental health staff and community providers.
 - Appendix F has a similar fact sheet focused on integrated treatment.
- Services that are gender sensitive and trauma informed
- Treatment of trauma-related disorders for both men and women
- Assertive Community Treatment and intensive forensic case management programs
 - Appendix H contains a fact sheet on ACT for forensic populations.

Service

- Utilization of a systemized approach to accessing benefits for individuals who qualify for SSI and SSDI, including individuals who are homeless and those recently released from jail or prison building on the current SOAR efforts. For more information, please see Appendix K.
- Employing consumers in delivery of in-reach, case management and training services
- The use of natural community supports, including families, to expand service capacity to this vulnerable population.
- Supported employment programs and programs that assist individuals in accessing mainstream employment opportunities. Please see Appendix N for more information.
- Safe housing for persons with mental illness involved with the criminal justice system. Please see Appendix O for more information.

Closing

Durham County is fortunate to have an engaged community of city and county agencies, non-profit service providers, and advocacy organizations that have been working together for many years in order to reduce the number of individuals with mental illnesses in the criminal justice system. With Durham's strong history of inter-organizational relationship building and problem-solving, coupled with the roadmap for change that the SIM exercise has provided, Durham County can reduce the number of individuals with mental illnesses in our detention facility.

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Additional Resources

Web Sites Sponsored by PRA	
Policy Research Associates	www.prainc.com
National GAINS Center	http://www.samhsa.gov/gains-center
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Statewide Family & Consumer Networks	www.policyresearchinc.org/fcnhome
National Center for Mental Health and Juvenile Justice	www.ncmhjj.com

Additional Web Sites	
Center for Mental Health Services	www.samhsa.gov/about/cmhs.aspx
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
Council of State Governments Justice Center	www.justicecenter.csg.org
National Alliance for the Mentally Ill	www.nami.org
National Center on Cultural Competence	http://nccc.georgetown.edu
National Center for Post Traumatic Stress Disorder (PTSD)	www.ptsd.va.gov
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
National Institute of Mental Health	www.nimh.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	http://cjccoe.neoucom.edu
Partners for Recovery	www.pfr.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov

Sequential Intercept Mapping
& Taking Action for Change
Durham County, NC
February 2019

Participant List

Organization Represented	Name of Individual
Actualities Limited	Anita Daniels
Alliance Health	Eric Johnson
Alliance Health	May Alexander
Alliance Health	Jennifer Meade
Alliance Health	Laylon Williams
City of Durham	Erin Parish
Criminal Justice Resource Center	Matt McNally
Criminal Justice Resource Center	Jennifer McRant
Criminal Justice Resource Center	Roshanna Parker
Criminal Justice Resource Center	Gudrun Parmer
Criminal Justice Resource Center	Lao Rubert
Criminal Justice Resource Center	Renee Shaw
Community Corrections (NC DPS)	Alan Pitstick
Community Paramedics	Helen Tripp
Criminal Justice Resource Center	Kelli Egnaczak
Duke Medicine	Laura Stilwell
Duke Medicine Department of Psychiatry	Michele Easter
Durham County Board of Commissioners	Ellen Reckhow
Durham County Sherriff's Office	Elijah Bazemore
Durham County Sheriff's Office	Grace Marsh
Durham County Public Defender's Office	Jeb Dennis
Durham Recovery Response Center	Joy Brunson-Nsubuga
Easter Seals UCP	Megan Hast
Freedom House	Trish Noel
Housing for New Hope	Valaria Brown
Housing for New Hope	Betty Ellis