

# THE SEQUENTIAL INTERCEPT MODEL

# SYSTEM LEVEL CHANGE EFFORTS

- ✘ Develop a comprehensive state plan for BH/CJ collaboration
- ✘ Legislate task forces to address the issues present
- ✘ Encourage collaboration amongst stakeholders
- ✘ Engage people with lived experience in all phases of planning, implementation and operation
- ✘ Institute statewide Mobile Crisis Intervention Services with qualified personnel
- ✘ Legislatively establish/fund jail diversion programs

# SYSTEM LEVEL CHANGE EFFORTS, CONT'D

- ✘ Improve access to benefits (Medicaid/SSI) by suspending rather than terminating benefits
- ✘ Make housing a priority and remove constraints
- ✘ Expand supportive services through the implementation of evidence-based programs and co-occurring treatment
- ✘ Expand supportive housing, sustained recovery, supportive employment
- ✘ Individualize transition plans back into home/community
- ✘ Ensure systems are culturally competent, trauma informed, and gender specific when necessary.

# INTERCEPT #1- LAW ENFORCEMENT

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- ✘ Action steps:
- ✘ 1) Train 911 dispatchers to accurately ID MH/D&A calls
- ✘ 2) Document police contact with target population
- ✘ 3) Provide police friendly drop off/diversion opportunities
- ✘ 4) Ensure positive linkages amongst police, emergency responders, crisis teams, and local service providers
- ✘ 5) Provide follow up services for those leaving crisis stabilization
- ✘ 6) Establish CQI process for monitoring ongoing activity

# INTERCEPT #2-INITIAL DETENTION/COURT HEARINGS

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- ✘ Action Steps:
- ✘ 1) Institute empirically valid screenings for MH/D&A issues, assess for criminal risk, and initiate a process to identify those eligible for diversion/treatment.
- ✘ 2) Maximize opportunities for pre-trial release and assist defendants with BH issues in complying with conditions of pre-release
- ✘ 3) Link to comprehensive services that include Integrated Dual Disorder Treatment.
- ✘ 4) Ensure prompt access to benefits, health care , peer supports and housing.

# INTERCEPT #3-JAILS/COURTS

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- ✘ Action Steps:
- ✘ 1) Ensure any identified need for treatment in Intercept #2 is followed through
- ✘ 2) Maximize potential/use of specialty courts
- ✘ 3) Link to comprehensive services and supports
- ✘ 4) monitor progress with a Team approach to Court Progress Hearings
- ✘ 5) Ensure that all jail based services are coordinated comprehensively with community providers

# INTERCEPT #4-RE-ENTRY

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- ✘ Action Steps:
- ✘ 1) Assess using widely applicable needs/risk instruments and establish a boundary spanner position within jails/prisons to facilitate re-entry.
- ✘ 2) Establish a checklist for re-entry issues and establish a treatment/recovery/transition plan
- ✘ 3) Identify required services and utilize best practice models for pre-release service engagement
- ✘ 4) Make sure multidisciplinary transition meetings are held before release to avoid gaps in treatment

# INTERCEPT #5-COMMUNITY CORRECTIONS

- ✘ Action Steps:
- ✘ 1) Start criminal risk-needs-responsivity assessment for all people under community supervision
- ✘ 2) Maintain a community of care providers identified through the transition plan with regular progress meetings with all providers and court supervisors
- ✘ 3) Implement a supervision strategy that is front end intensive and then gradually reduces as treatment firmly takes hold
- ✘ 4) Institute graduated responses and address violations and/or non-compliance with conditions with diversion into treatment rather than jail/prison.



# INTERCEPT #1

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- ✘ Assets already in place:
  - ✘ 1) CIT detectives and CIT trained officers
  - ✘ 2) COAST
  - ✘ 3) 911 Center with trained staff members
  - ✘ 4) Social Workers in APD and BCSO

# INTERCEPT #1

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- ✘ Gaps in available services:
- ✘ 1) A Mobile Crisis Team comprised of MH professionals who are independently licensed
- ✘ 2) A 35-50 bed Crisis Stabilization Unit (or similar step down from inpatient) with the ability to hold for 72 hours
- ✘ 3) An ACT (or similar) team attached to the Unit for follow up with clients

# INTERCEPT #1

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- ✘ Conclusions:
- ✘ 1) Establishing a treatment based diversion alternative would likely reduce jail population simply because **there is now nowhere else to take them except jails or hospitals, and hospitals have very narrowly defined criteria**
- ✘ 2) **Establish and maintain funding for a Mobile Crisis Team**
- ✘ 3) Once established, the effectiveness of these programs can be tracked quite simply using the “Data Points to Track” document (attached)
- ✘ 4) Establishing and funding services in the gaps noted will offers an opportunity to fund diversion that is sorely needed and doesn't exist.

# INTERCEPT #2

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- ✘ Assets in place:
- ✘ 1) Screening tools are in use to identify MH/D&A cases, but only after indictment
- ✘ 2) Pre-trial services exist in both Metro and District Courts
- ✘ 3) There are plans to place a County funded Intake Coordinator in the MDC.
- ✘ 4) There is also a push at MDC to develop Case Management skills amongst CCP officers.
- ✘ 5) There are early plea and fast track programs available.

# INTERCEPT #2

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- ✘ Gaps in services:
- ✘ 1) No mid-level diversion options currently exist such as a crisis stabilization center
- ✘ 2) MDC has no front end diversion options
- ✘ 3) A risk/needs/responsivity assessment model is being developed but not yet in place
- ✘ 4) There is currently no physical location for a Crisis Stabilization Unit (25+beds) and staffing

# INTERCEPT #2

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- ✘ Conclusions:
- ✘ 1) The MDC staff are working hard but also trying to do things they haven't been fully trained for.
- ✘ 2) The ability to do a front end assessment of individuals coming in to MDC for the purpose of screening and diversion would help.
- ✘ 3) Establishing and utilizing more options for pre-indictment diversion would also ease crowding.
- ✘ 4) Many of the frequent, serial admissions could be averted through establishing a Mobile Crisis team composed of BH professionals.

# INTERCEPT #3

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- ✘ Assets in place:
- ✘ 1) This particular Intercept has fully functioning Specialty Courts at both the misdemeanor and felony levels, and within these courts treatment can be accessed through a number of community providers.
- ✘ 2) Thorough evaluations are done after referral to the Courts using best-practice tools.
- ✘ 3) Multiple entities can refer to the Specialty Court programs
- ✘ 4) There is ample coordination between the Specialty Courts and community providers.
- ✘ 5) The County has tripled funding for Pre-Trial Services and they now serve 1,000+ persons per month

# INTERCEPT #3

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- ✘ Gaps in services:
- ✘ 1) Community providers have limited ability to provide services based on funding.
- ✘ 2) There is no current ability to suspend rather than terminate Medicaid benefits due to an IT issue
- ✘ 3) There is no central data warehouse that can be accessed by Courts, police, MDC staff and providers
- ✘ 4) When competency issues are in question, the person is often released without sanction or treatment after serving more time that they would have if found guilty due to the length of competency proceedings.

# INTERCEPT #3

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- ✘ Conclusions:
- ✘ 1) Funding limits restrict the availability of services
- ✘ 2) Many community providers are relying on non-permanent funding sources such as grants to provide services
- ✘ 3) The lack of a centralized database makes communication difficult at times
- ✘ 4) Competency evals need to be done in a timely manner using standardized instruments and then compensated fairly.

# INTERCEPT 4

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- ✘ Current assets:
- ✘ PSU within MDC does have discharge planning, and a new NM Resource Guide has been published
- ✘ The Fast Track program does exist for a limited number
- ✘ 150 folks are receiving Forensic Case Management from UNM
- ✘ MDC does have a Social Services position doing presumptive eligibility for Medicaid.
- ✘ MDC does have open office space (for outside providers, etc.)
- ✘ Bernalillo County and the City of Albuquerque do have plans for up to 100 supported housing beds for returning citizens

# INTERCEPT 4

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- ✘ Gaps in Services:
- ✘ MDC does not have a full time boundary spanner position to establish and maintain relationships with community providers and track outcomes
- ✘ Referrals from PSU are made, however, no tracking/follow up data is available
- ✘ Coordinated communication and discharge planning meetings with outside providers generally don't exist.

# INTERCEPT 4

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- ✘ Conclusions:
- ✘ MDC needs 2-3 boundary spanners with thorough knowledge of community resources to handle coordinated discharges (they are getting one of these)
- ✘ Pre-release checklists need to be developed within MDC
- ✘ Community based supported housing beds need to be identified
- ✘ The monies available to meet the treatment needs of this population have been shrinking despite growing need
- ✘ Fast track needs to be expanded beyond the current 25-30 slots available.

# INTERCEPT 5

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- ✘ Current assets:
- ✘ Community Corrections officers do have a circumscribed pool of beds/slots to refer to (typically with long waiting lists)
- ✘ UNM has about 150 slots open for Forensic Case Management and do have coordinated meetings with Corrections staff.

# INTERCEPT 5

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- ✘ Gaps in Services:
- ✘ Demand for community-based services far exceeds supply
- ✘ Probation/parole have very few resources other than re-incarceration for technical violators
- ✘ Beds for released felons are restricted due to HUD regulations
- ✘ Halfway there programs exist, but halfway back programs do not.
- ✘ Tracking outcomes and information sharing is limited in some cases

# INTERCEPT 5

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- ✘ Conclusions:
- ✘ In general, there are not enough available services for returning citizens, and the available funding pool is shrinking while the demand rises steeply.
- ✘ Medicaid can be billed for some services, but the real demand is for housing. The current County/City plan for supported housing will only partially address that need

# CONCLUSIONS AND RECOMMENDATIONS

- ✘ The conclusions reached through this study call for the following:
  - ✘ 1) Mobile Crisis services
  - ✘ 2) A crisis stabilization center with a professional treatment team attached
  - ✘ 3) Halfway houses/Halfway back houses
- ✘ The following recommendations are also included although they are outside the scope of the SIM:
  - ✘ 1) CET Teams in order to do pre-crisis information and referral
  - ✘ 2) Post-release supported housing (Non HUD) for helping people to transition back into society with treatment and stable housing.