### AGENDA

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<tr>
<th>Meeting Topics</th>
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<tr>
<td>1. Public Session</td>
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<td>2. Director/Health Officer Report</td>
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<td>10:40-11:00</td>
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<td>3. Public Health Advisory Board (PHAB) Update</td>
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<td>4. Criminal Justice Diversion</td>
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BACKGROUND:
With the advent in 2009 of the collection of Behavioral Health funds (1/10th of 1% of local sales tax), the Health Department has systematically developed, implemented and funded a continuum of programs designed to divert Whatcom County residents from criminal justice involvement. Based on extensive research, the Health Department designed this continuum following the “Sequential Intercept Model” (attached). This national model focuses exclusively on the criminal justice population, noting various points of “intercept” where effective interventions can be applied to divert individuals with mental illness from further criminal involvement.

Quarterly reports have been provided to the County Council on the successful outcomes of our various programs along our service continuum. The impressive results we have demonstrated also point out where gaps in our continuum remain.

A new or enhanced Crisis Triage Facility has been a priority of the community since the 2009 community stakeholder’s forum that launched the planning for these services. Architectural pre-designs were completed for significant expansion, but when the recession created a loss in operational funding from the North Sound Mental Health Administration (NSMHA), these plans were put on hold.

The Health Department has created and convened a Local Crisis Oversight Committee that has regular meetings to address concerns and solutions for our mental health system in the county. Participants include law enforcement, Emergency Medical Services (EMS), Whatcom Alliance for Health Advancement (WAHA), NSMHA, treatment providers, Peace Health St. Joseph hospital, and social service providers. A special sub-committee was formed out of this committee to address specifics for improving our Crisis Triage facility and services.

Most recently, separate informal discussions have occurred that focus on the development of an Urgent Care Facility. Members of this small group include the Health Department, WAHA, the hospital, Sea Mar and Interfaith.

The Urgent Care Facility concept co-locates general medical urgent care services with the current services provided at our Crisis Triage Facility: mental health crisis stabilization and detox. Although co-located in the same building, the services would be delivered on separate and distinct units. The positive benefits of this model include having medical personnel on-site 24/7 who can provide medical screening for admission to the behavioral health units. This diverts law enforcement and EMS from having to stop first at the hospital emergency department for this screening. It also provides for the ability to treat the “whole” person, which promotes better outcomes. This model allows the burden of facility and personnel costs to be shared.

Our mission is to lead the community in promoting health and preventing disease.
The community partners engaged in these discussions noted above are excited and fully committed to further planning efforts. NSMHA has pledged to work with us on funding Medicaid eligible services, which will support the vast majority of the behavioral health program operational costs.

**IMPORTANCE:**
The construction of a new jail has prompted questions and discussions about how our community might address alternative options to incarceration, especially for those individuals who struggle with addiction and mental illness. These behavioral health disorders equally affect both law-abiding citizens as well as criminals.

Some criminals will continue to need incarceration, even though they have a behavioral health disorder. However, some people who end up in jail may be more appropriately and more effectively served in diversion programs that focus on stabilization, treatment, and recovery.

The continuum of criminal justice diversion programs already in place have helped to reduce criminal behavior, law enforcement encounters, and jail time. The creation of additional and enhanced diversion programs will further improve our ability to keep people out of jail who would be better served in therapeutic programs.

**ANALYSIS:**
The Health Department and its community partners have purposefully established a continuum of criminal justice diversion programs that have generated positive outcomes. Our success, born out of solid community leadership and collaboration, paves the way for future successes, to include the development and implementation of a fully functioning Urgent Care Facility/Crisis Triage Facility.

**REQUESTED ACTION:**
Review current continuum of diversion programs and how an Urgent Care Facility/Crisis Triage Facility contributes to the points of “intercept” where we can effectively move individuals from crime to stable health and recovery.

**Attachments**

1. Sequential Intercept Model
2. *Psychiatric Services* Journal article on the Sequential Intercept Model and Mental Illness
3. Continuum of Criminal Justice Diversion Programs
4. Excerpt from Crisis Triage Facility Executive Summary August 2009
5. Proposed Resolution for a Criminal Justice Diversion Task Force and Crisis Triage Facility
6. Draft Initiative On Jail and EMS Diversion, Behavioral Health, Crisis Intervention, Triage and Recovery

*Our mission is to lead the community in promoting health and preventing disease.*
**Action for System-Level Change**

- Develop a comprehensive state plan for mental health/criminal justice collaboration
- Legislate task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with mental illness in the criminal justice system
- Take legislative action establishing jail diversion programs for people with mental illness
- Improve access to benefits through state-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for same prior to release
- Make housing for persons with mental illness and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Expand access to treatment; provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorders
- Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer advocacy
- Ensure constitutionally adequate services in jails and prisons for physical and mental health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed – with specific interventions for women, men, and veterans

**Sequential Intercepts for Developing CJ-MH Partnerships**

**Intercept 1**
- Law enforcement

**Intercept 2**
- Initial detention/Initial court hearings

**Intercept 3**
- Jails/Courts

**Intercept 4**
- Reentry

**Intercept 5**
- Community corrections

**Action Steps for Service-Level Change at Each Intercept**

- 911: Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders
- Police: Train officers to respond to calls where mental illness may be a factor
- Documentation: Document police contacts with persons with mental illness
- Emergency/Crisis Response: Provide police-friendly drop off at local hospital, crisis unit, or triage center
- Follow Up: Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- Evaluation: Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement

- Screening: Screen for mental illness at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers
- Pre-trial Diversion: Maximize opportunities for pretrial release and assist defendants with mental illness in complying with conditions of pretrial diversion
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDD) as appropriate, prompt access to benefits, health care, and housing; IDD as an essential evidence-based practice (EBP)
- Screening: Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- Court Coordination: Maximize potential for diversion in a mental health court or non-specialty court
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, IDD as appropriate, prompt access to benefits, health care, and housing
- Court Feedback: Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures
- Jail-Based Services: Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers
- 911: Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders
- Police: Train officers to respond to calls where mental illness may be a factor
- Documentation: Document police contacts with persons with mental illness
- Emergency/Crisis Response: Provide police-friendly drop off at local hospital, crisis unit, or triage center
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- Court Feedback: Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures
- Jail-Based Services: Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers
- Assess clinical and social needs and public safety risks; boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies
- Plan for treatment and services that address needs; GAINS Reentry Checklist (available from http://www.gainscenter.samhsa.gov/html/resources/reentry.asp) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, mental health and health services, benefits, and housing
- Identify required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams
- Coordinate transition plans to avoid gaps in care with community-based services
- Screening: Screen all individuals under community supervision for mental illness and co-occurring substance use disorders; link to necessary services
- Maintain a Community of Care: Correct individuals to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- Implement a Supervision Strategy: Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- Graduated Responses & Modification of Conditions of Supervision: Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release
The Sequential Intercept Model

Developed by Mark R. Munetz, MD, and Patricia A. Griffin, PhD, the Sequential Intercept Model provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with serious mental illness. Within the criminal justice system there are numerous intercept points — opportunities for linkage to services and for prevention of further penetration into the criminal justice system. Munetz and Griffin (2006) state:

The Sequential Intercept Model … can help communities understand the big picture of interactions between the criminal justice and mental health systems, identify where to intercept individuals with mental illness as they move through the criminal justice system, suggest which populations might be targeted at each point of interception, highlight the likely decision makers who can authorize movement from the criminal justice system, and identify who needs to be at the table to develop interventions at each point of interception. By addressing the problem at the level of each sequential intercept, a community can develop targeted strategies to enhance effectiveness that can evolve over time.

The Sequential Intercept Model has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pre-trial services, courts, jail, community corrections, housing, health, social services, and many others.

Sources

Three Major Responses for Every Community

Three Major Responses Are Needed:
1. **Diversion programs** to keep people with serious mental illness who do not need to be in the criminal justice system in the community.
2. **Institutional services** to provide constitutionally adequate services in correctional facilities for people with serious mental illness who need to be in the criminal justice system because of the severity of the crime.
3. **Reentry transition** programs to link people with serious mental illness to community-based services when they are discharged.

The Sequential Intercept Model has been used by numerous communities to help organize mental health service system transformation to meet the needs of people with mental illness involved with the criminal justice system. The model helps to assess where diversion activities may be developed, how institutions can better meet treatment needs, and when to begin activities to facilitate re-entry.

The GAINS Center

The CMHS National GAINS Center, a part of the CMHS Transformation Center, serves as a resource and technical assistance center for policy, planning, and coordination among the mental health, substance abuse, and criminal justice systems. The Center’s initiatives focus on the transformation of local and state systems, jail diversion policy, and the documentation and promotion of evidence-based and promising practices in program development. The GAINS Center is funded by the Center for Mental Health Services and is operated by Policy Research Associates, Inc., of Delmar, NY.

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Center for Mental Health Services
www.gainscenter.samhsa.gov

The CMHS National GAINS Center

Developing a Comprehensive for Mental Criminal Collaboration: Sequential Model
Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness

Mark R. Munetz, M.D.
Patricia A. Griffin, Ph.D.

The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness. The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point. The interception points are law enforcement and emergency services; initial detention and initial hearings; jail, courts, forensic evaluations, and forensic commitments; reentry from jails, state prisons, and forensic hospitalization; and community corrections and community support. The model provides an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization. Using the model, a community can develop targeted strategies that evolve over time to increase diversion of people with mental illness from the criminal justice system and to link them with community treatment. (Psychiatric Services 57:544–549, 2006)

Over the past several years, Summit County (greater Akron), Ohio has been working to address the problem of overrepresentation, or “criminalization,” of people with mental illness in the local criminal justice system (1,2). As part of that effort, the Summit County Alcohol, Drug Addiction, and Mental Health Services Board obtained technical assistance consultation from the National GAINS Center for People with Co-occurring Disorders in the Justice System. From that collaboration, a conceptual model based on public health principles has emerged to address the interface between the criminal justice and mental health systems. We believe that this model—Sequential Intercept Model—can help other localities systematically develop initiatives to reduce the criminalization of people with mental illness in their community.

The Sequential Intercept Model: ideals and description

We start with the ideal that people with mental disorders should not “penetrate” the criminal justice system at a greater frequency than people in the same community without mental disorders (personal communication, Steadman H, Feb 23, 2001). Although the nature of mental illness makes it likely that people with symptomatic illness will have contact with law enforcement and the courts, the presence of mental illness should not result in unnecessary arrest or incarceration. People with mental illness who commit crimes with criminal intent that are unrelated to symptomatic mental illness should be held accountable for their actions, as anyone else would be. However, people with mental illness should not be arrested or incarcerated simply because of their mental disorder or lack of access to appropriate treatment—nor should such people be detained in jails or prisons longer than others simply because of their illness.

With both this ideal and current realities in mind, we envision a series of “points of interception” or opportunities for an intervention to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points. Each point of interception can be considered a filter (Figure 1). In communities with poorly developed mental health systems and no active collaboration between the mental health and criminal justice systems, the filters will be porous. Few will be intercepted early, and more people with mental illness will move through all levels of the criminal justice system. As systems and collaboration develop, the filter will become more...
finely meshed, and fewer individuals will move past each intercept point.

The Sequential Intercept Model complements the work of Landsberg and colleagues (3) who developed an action blueprint for addressing system change for people with mental illness who are involved in the New York City criminal justice system. The Sequential Intercept Model expands that work by addressing Steadman’s (4) observation that people with mental illness often cycle repeatedly between the criminal justice system and community services. The model addresses his key question of how we can prevent such recycling by showing the ways in which people typically move through the criminal justice system and prompting considerations about how to intercept those with mental illness, who often have co-occurring substance use disorders.

Interception has several objectives (4,5): preventing initial involvement in the criminal justice system, decreasing admissions to jail, engaging individuals in treatment as soon as possible, minimizing time spent moving through the criminal justice system, linking individuals to community treatment upon release from incarceration, and decreasing the rate of return to the criminal justice system.

In contrast to the six critical intervention points identified in Landsberg's conceptual roadmap (3), we have specified the following five intercept points to more closely reflect the flow of individuals through the criminal justice system and the interactive nature of mental health and criminal justice systems (Figure 2):

♦ Law enforcement and emergency services
♦ Initial detention and initial hearings
♦ Jail, courts, forensic evaluations, and forensic commitments
♦ Reentry from jails, state prisons, and forensic hospitalization
♦ Community corrections and community support services

In the next sections we describe the points of interception and illustrate them with examples of relevant interventions from the research and practice literature.

An accessible mental health system: the ultimate intercept

An accessible, comprehensive, effective mental health treatment system focused on the needs of individuals with serious and persistent mental disorders is undoubtedly the most effective means of preventing the criminalization of people with mental illness. The system should have an effective base of services that includes competent, supportive clinicians; community support services, such as case management; medications; vocational and other role supports; safe and affordable housing; and crisis services. These services must be available and easily accessible to people in need. Unfortunately, few communities in the United States have this level of services (6).

In addition to accessible and comprehensive services, it is increasingly clear that clinicians and treatment systems need to use treatment interventions for which there is evidence of efficacy and effectiveness (7,8). In many systems, evidence-based treatments are not delivered consistently (9). Examples of such interventions include access to and use of second-generation antipsychotic medications, including clozapine (10); family psychoeducation programs (11); assertive community treatment teams (12); and integrated substance abuse and mental health treatment (13). Integrated treatment is especially critical, given the fact that approximately three-quarters of incarcerated persons with serious mental illness have a comorbid substance use disorder (14,15).

Intercept 1: law enforcement and emergency services

Prearrest diversion programs are the first point of interception. Even in the best of mental health systems, some people with serious mental disorders will come to the attention of the police. Lamb and associates’ (16) review of the police and mental health systems noted that since deinstitutionalization “law enforcement agencies have played an increasingly important
role in the management of persons who are experiencing psychiatric crises." The police are often the first called to deal with persons with mental health emergencies. Law enforcement experts estimate that as many as 7 to 10 percent of patrol officer encounters involve persons with mental disorders (17,18). Accordingly, law enforcement is a crucial point of interception to divert people with mental illness from the criminal justice system.

Historically, mental health systems and law enforcement agencies have not worked closely together. There has been little joint planning, cross training, or planned collaboration in the field. Police officers have considerable discretion in resolving interactions with people who have mental disorders (19). Arrest is often the option of last resort, but when officers lack knowledge of alternatives and cannot gain access to them, they may see arrest as the only available disposition for people who clearly cannot be left on the street.

Lamb and colleagues (16) described several strategies used by police departments, with or without the participation of local mental health systems, to more effectively deal with persons with mental illness who are in crisis in the community: mobile crisis teams of mental health professionals, mental health workers employed by the police to provide on-site and telephone consultation to officers in the field, teaming of specially trained police officers with mental health workers from the public mental health system to address crises in the field, and creation of a team of police officers who have received specialized mental health training and who then respond to calls thought to involve people with mental disorders. The prototype of the specialized police officer approach is the Memphis Crisis Intervention Team (CIT) (20,21), which is based on collaboration between law enforcement, the local community mental health system, and other key stakeholders. A comparison of three police-based diversion models (22) found the Memphis CIT program to have the lowest arrest rate, high utilization by patrol officers, rapid response time, and frequent referrals to treatment.

Intercept 2: initial hearings and initial detention
Postarrest diversion programs are the next point of interception. Even when optimal mental health service systems and effective prearrest diversion programs are in place, some individuals with serious mental disorders will nevertheless be arrested. On the basis of the nature of the crime, such individuals may be appropriate for diversion to treatment, either as an alternative to prosecution or as an alternative to incarceration. In communities with poorly developed treatment systems that lack prearrest diversion programs, the prototypical candidate for postarrest diversion may have committed a nonviolent, low-level misdemeanor as a result of symptomatic mental illness.

If there is no prearrest or police-level diversion, people who commit less serious crimes will be candidates for postarrest diversion at intercept 2. In communities with strong intercept 1 programs, postarrest diversion candidates are likely to be charged with more serious acts. In such cases, although diversion at the initial hearing stage is an option and treatment in lieu of adjudication may be a viable alternative, some courts and prosecutors may look only at postconviction (intercept 3) interventions.

Postarrest diversion procedures may include having the court employ mental health workers to assess individuals after arrest in the jail or the courthouse and advise the court about the possible presence of mental illness and options for assessment and treatment, which could include diversion alternatives or treatment as a condition of probation. Alternatively, courts may develop collaborative relationships with the public mental health system, which would provide staff to conduct assessments and facilitate links to community services.

Examples of programs that intercept at the initial detention or initial
hearing stage include the statewide diversion program found in Connecticut (23) and the local diversion programs found in Phoenix (24) and Miami (25). Although Connecticut detains initially at the local courthouse for initial hearings and the Phoenix and Miami systems detain initially at local jails, all three programs target diversion intervention at the point of the initial court hearing. A survey of pretrial release and deferred prosecution programs throughout the country identified only 12 jurisdictions out of 203 that attempt to offer the same opportunities for pretrial release and deferred prosecution for defendants with mental illness as any other defendant (26).

**Intercept 3: jails and courts**

Ideally, a majority of offenders with mental illness who meet criteria for diversion will have been filtered out of the criminal justice system in intercepts 1 and 2 and will avoid incarceration. In reality, however, it is clear that both local jails and state prisons house substantial numbers of individuals with mental illnesses. In addition, studies in local jurisdictions have found that jail inmates with severe mental illness are likely to spend significantly more time in jail than other inmates who have the same charges but who do not have severe mental illness (27,28). As a result, prompt access to high-quality treatment in local correctional settings is critical to stabilization and successful eventual transition to the community.

An intercept 3 intervention that is currently receiving considerable attention is the establishment of a separate docket or court program specifically to address the needs of individuals with mental illness who come before the criminal court, so-called mental health courts (29–32). These special-jurisdiction courts limit punishment and instead focus on problem-solving strategies and linkage to community treatment to avoid further involvement in the criminal justice system of the defendants who come before them. The National GAINS Center estimates that there are now 114 mental health courts for adults in the United States (33).

**Intercept 4: reentry from jails, prisons, and hospitals**

There is little continuity of care between corrections and community mental health systems for individuals with mental illness who leave correctional settings (34). Typically, communication between the two systems is limited, and the public mental health system may be unaware when clients are incarcerated. Mental health systems rarely systematically follow their clients once they have been incarcerated. In a recent survey of jails in New Jersey, only three jails reported providing release plans for a majority of their inmates with mental illness, and only two reported routinely providing transitional psychotropic medications upon release to the community (35).

Nationally, the issue of facilitating continuity of care and reentry from correctional settings is receiving increasing attention. In part these efforts are fueled by class action litigation against local corrections and mental health systems for failing to provide aftercare linkages, such as the successful Brad H case against the New York City jail system (36). In addition, pressure is increasing on corrections and mental health systems to stop the cycle of recidivism frequently associated with people with severe mental illness who become involved in the criminal justice system (37–39). The APIC model for transitional planning from local jails that has been proposed by Osher and colleagues (40) breaks new ground with its focus on assessing, planning, identifying, and coordinating transitional care. Massachusetts has implemented a forensic transitional program for offenders with mental illness who are reentering the community from correctional settings (41). The program provides “in-reach” into correctional settings three months before release and follows individuals for three months after release to provide assistance in making a successful transition back to the community.

**Intercept 5: community corrections and community support services**

Individuals under continuing supervision in the community by the criminal justice system—probation or parole—are another important large group to consider. At the end of 2003, an estimated 4.8 million adults were under federal, state, or local probation or parole jurisdiction (42). Compliance with mental health treatment is a frequent condition of probation or parole. Failure to attend treatment appointments often results in revocation of probation and return to incarceration. Promising recent research by Sweeney and colleagues (43) has begun to closely examine how probation officers implement requirements to participate in mandated psychiatric treatment and what approaches appear to be most effective. Other research by Solomon and associates (44) has examined probationers’ involvement in various types of mental health services and their relationship to technical violations of probation and incarceration. Similar to mental health courts, a variety of jurisdictions use designated probation or parole officers who have specialized caseloads of probationers with mental illness. The probation and parole committee of the Ohio Supreme Court advisory committee on mentally ill in the courts (45,46) has developed a mental health training curriculum for parole and probation officers.

**Discussion**

Some people may argue that the basic building blocks of an effective mental health system are lacking in many communities, and therefore efforts to reduce the overrepresentation of people with mental illness in the criminal justice system are futile. This argument is not persuasive. Even the most underfunded mental health systems can work to improve services to individuals with the greatest need, including the group of people with serious and persistent mental disorders who have frequent interaction with the criminal justice system. Such efforts require close collaboration between the mental health and criminal justice systems.

The Sequential Intercept Model provides a framework for communities to consider as they address concerns about criminalization of people with mental illness in their jurisdiction. It can help communities un-
understand the big picture of interactions between the criminal justice and mental health systems, identify where to intercept individuals with mental illness as they move through the criminal justice system, suggest which populations might be targeted at each point of interception, highlight the likely decision makers who can authorize movement from the criminal justice system, and identify who needs to be at the table to develop interventions at each point of interception. By addressing the problem at the level of each sequential intercept, a community can develop targeted strategies to enhance effectiveness that can evolve over time. Different communities can choose to begin at different intercept levels, although the model suggests more “bang for the buck” with interventions that are earlier in the sequence.

Five southeastern counties in Pennsylvania (Bucks, Chester, Delaware, Montgomery, and Philadelphia) used the Sequential Intercept Model as a tool to organize their work in a forensic task force charged with planning coordinated regional initiatives (47). As a result of that year-long effort, Bucks County staff organized a countywide effort to improve the local continuum of interactions and services of the mental health and criminal justice systems (48), and Philadelphia County started a forensic task force that uses the model as an organizing and planning framework. The model is also being used in a cross-training curriculum for community change to improve services for people with co-occurring disorders in the justice system (49).

Conclusions

Although many communities are interested in addressing the overrepresentation of people with mental illness in local courts and jails, the task can seem daunting and the various program options confusing. The Sequential Intercept Model provides a workable framework for collaboration between criminal justice and treatment systems to systematically address and reduce the criminalization of people with mental illness in their community.
34. Griffin P: The Back Door of the Jail: Linking mentally ill offenders to community mental health services, in Jail Diversion for the Mentally Ill: Breaking Through the Barriers. Edited by Steadman HJ. Longmont, Colo, National Institute of Corrections, 1990
39. Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community. New York, Council of State Governments, 2005
41. Hartwell S, Orr K: The Massachusetts forensic transition team program for mentally ill offenders re-entering the community. Psychiatric Services 40:1220–1222, 1999
47. Pennsylvania’s Southeast Region Inter-Agency Forensic Task Force: Final Report. Harrisburg, Office of Mental Health and Substance Abuse Services, July 12, 2002

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EXEMPLARY FROM HEALTH DEPARTMENT EXECUTIVE SUMMARY
ON TRIAGE FACILITY AND EVALUATION & TREATMENT CENTER

AUGUST 2009

Washington State passed legislation in 2007 that allows law enforcement officers to divert mentally ill citizens from the criminal justice system who appear to have committed a non-felony crime that is a non-serious offense. RCW 10.31.110 directs that a citizen with a mental illness may be taken to a “Crisis Stabilization Unit” (CSU) as a pre-booking diversion. Local jurisdictions must establish minimum requirements for program participation and guidelines. Involuntary detention in the CSU is allowed for up to 12 hours during which a Mental Health Professional (MHP) must evaluate the adult. If it is determined by a DMHP/DCR that further detention is required under RCW 71.05, then it is possible to convert the initial detention to a true 72 hour hold as provided by statute.

In addition to this new law, new monies came to Whatcom County through a local ordinance authorizing an increase of 1/10th of 1% in sales tax. The ordinance, passed by the County Council in July 2008, and enacted in January 2009, dedicated the tax revenue to new and expanded mental health and chemical dependency services as required by state statute. Specifically, the ordinance focused the funds in large part to diverting mentally ill and chemically dependent citizens from the criminal justice system when possible. It recognized the need for these citizens to be effectively treated in the most appropriate arena in order to reduce recidivism and promote their recovery and resiliency.

The Whatcom County Health Department through its Human Services Division led efforts to complete a community needs assessment in order to determine how to best utilize the tax funds. The division solicited stakeholder input, reviewed relevant community-based strategic plans, and interviewed community leaders. The consistent message received during this process was that the “system” was no longer working. Too many gaps in the continuum of care existed that made it nearly impossible to procure needed services in a timely manner. It became clear that the new monies must be invested in the development of a community-wide infrastructure that would set the foundation for a true continuum of care. Moreover, this continuum must be comprehensive enough to weather the instability of economic adversity. Only then could an effective diversion from criminal justice to appropriate care occur.
Resolution 2015-____________________

RESOLUTION ESTABLISHING A WHATCOM COUNTY CRIMINAL JUSTICE DIVERSION TASK FORCE INTENDED TO PROVIDE RECOMMENDATIONS, OVERSIGHT, AND SPECIFIC TIMEFRAMES ON THE CONSTRUCTION AND OPERATION OF A NEW OR EXPANDED MULTI-PURPOSE CRISIS TRIAGE FACILITY TO ASSIST WITH JAIL AND HOSPITAL DIVERSION, AND NEW DEVELOPMENT OR ENHANCEMENT OF PROGRAMS DESIGNED ALONG A CONTINUUM THAT EFFECTIVELY REDUCE CRIMINAL JUSTICE INVOLVEMENT FOR INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS AND CHEMICAL DEPENDENCY

WHEREAS, in 2012 the Jail Planning Task Force recommended that space be found for a behavioral health triage facility with sufficient capacity and capability to offer pre-booking diversion from jail; and

WHEREAS, the New Countywide Jail is currently designed to include needed space for expanded medical and mental health program space in that facility; and

WHEREAS, the Whatcom County Health Department has been planning toward an expanded and new crisis triage facility to provide an alternative to the jail or the hospital emergency room; and

WHEREAS, the Whatcom County Council and Whatcom County Executive are committed to these facilities and programs related to behavioral health issues and share the commitment to reduce jail populations and reduce recidivism through jail alternative programs and the County has the financial capacity and is committed to providing the capital necessary for a new or expanded crisis triage center; and

WHEREAS, the County currently provides behavioral health programs funded through the Behavioral Health Tax, at approximately $4.1 million annually, which include a continuum of behavioral health services designed to reduce criminal justice involvement of people struggling with mental illness and chemical dependency and has earmarked $3 million in Behavioral Health Tax revenue reserves for the expansion and/or relocation of a new triage center; and
WHEREAS, the County currently owns and operates a behavioral health crisis triage center on Division Street in Bellingham, which property the County may sell or transfer when the new countywide jail is completed and the County has agreed and resolved that if that property is sold or transferred, the resulting net value and proceeds from the transaction will be applied by the County to facilities and programs that support the goals of treating and diverting individuals with behavioral health problems from the criminal justice system, such as a new or expanded multi-purpose triage center; and

WHEREAS, these behavioral health facilities and programs are designed to achieve the following policy goals, 1) a reduction of the number of mentally ill and chemically dependent people using costly interventions like jail, emergency rooms, and hospitals; 2) a reduction of the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency; 3) a reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults; and 4) diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement; and

WHEREAS, the County intends to construct and operate a new or expanded multi-purpose diversion crisis triage center, in parallel with the construction of the new countywide jail facility and intends to reduce long-term jail populations and reduce recidivism, by providing safe and effective medical, mental health and substance abuse services to individuals in need of such services; and

WHEREAS, the Whatcom County Executive will recommend and the Whatcom County Council shall appoint a Criminal Justice Diversion Task Force of citizens and officials, charged with providing the County Council and County Executive advice on the location, construction, funding, and operation of a new or expanded multi-purpose diversion crisis and triage center, which is intended to reduce unnecessary jail utilization and reduce recidivism, by providing safe and effective medical, mental health and substance abuse services; and

WHEREAS, the Criminal Justice Diversion Task Force will also provide recommendations on effective strategies to maintain public safety, reduce recidivism, reduce future demand for limited jail space and assure healthy productive citizens by establishing pre-arrest and pretrial service programs and programs that result in successful post jail and triage center release including intensive case management, transitional housing alternatives for people with mental health and substance abuse disorders; and

WHEREAS, the membership for the Criminal Justice Diversion Task Force, which will be chaired by the Whatcom County Executive, shall consist of representatives from community organizations and persons focused on health care, mental health and chemical dependency issues, including the North Sound Mental Health Administration, Whatcom Alliance for Health Care Access, Peace Health St. Joseph’s Medical Center, Community Health Centers,
EMS representative and the Whatcom County Health Department. Other key representatives will include officials from; city governments and law enforcement, the Whatcom County Council, Administration and the criminal justice system, including court representatives, the Sheriff, Prosecuting Attorney, and Public Defender or their designee; and

NOW, THEREFORE, BE IT RESOLVED that the Criminal Justice Diversion Task Force shall specifically examine and consider:

- Substantive programming and specific timeframes for a new or expanded crisis triage center
- Location and space needs criteria for a new or expanded crisis triage center
- Funding recommendations for both construction and operations
- Other related enhancements to the continuum of criminal justice diversion programs that address both pre-arrest and post-incarceration interventions;
- On a continuing basis review the performance of diversion programs of the County and all cities; and

BE IT FURTHER RESOLVED that the Criminal Justice Diversion Task Force shall produce a report to the County Council, the County Executive and the general public on behavioral health diversion programs and on a new or expanded crisis triage center which shall:

- Review current practices, programs, assigned resources, (facilities, programs, funding sources) development of goals, new or modified programs, and projected operational objectives. Determine licensing requirements and program components. Provide general information on expenditures and sustainable revenue projections.
- As service facilities are identified- develop facility specifications, identify possible facility options (either new or existing locations), analyze and recommend 1 or 2 options with projected timelines and short and medium term costs.
- Develop specific operational plans and budgets, in cooperation with the cities, leading to implementation of appropriate crisis intervention and triage services. Include details on schedules, assignment of responsibilities, cost allocations between the County and the cities, projected outcomes anticipated and a basic business plan for each selected initiative; and

BE IT FURTHER RESOLVED the Jail Diversion Task Force will consider and make recommendations to the Council, Executive and other appropriate officials regarding effective pretrial services programs that assure that defendants appear for court proceedings and without unnecessary jail utilization by defendants who can safely be released.

BE IT FURTHER RESOLVED the Task Force will make recommendations to the Council, Executive and other appropriate officials regarding necessary and effective programs and
services that can assist offenders with the successful transition from both the jail and triage center back to the community especially for persons with mental illness, chemical dependency and those individuals with co-occurring disorders. The ultimate aim of these services and programs is to reduce rates of recidivism and improve public health and safety by ending the unnecessary incarceration of individuals dealing with the disabling conditions associated with mental illness and chemical dependency.

BE IT FURTHER RESOLVED that the County Council, with the full support of the County Administration, will implement both a new countywide jail and a continuum of alternatives to incarceration and jail diversion programs with the following expectations and commitments for the Criminal Justice Diversion Task Force:

- Complete a preliminary plan for the new or expanded crisis triage center and alternatives to incarceration and diversion programs as soon as reasonably possible and provide quarterly reports to the Council and Administration on Task Force progress
- Complete detailed planning sufficient to proceed with construction and programming of a new or expanded crisis triage center no later than December 2016
- Fund the support activities of the Task Force, including a robust and detailed planning process for the new or expanded crisis triage center and other recommended diversion programs
- Assist the Task Force in identifying the appropriate funding necessary for the construction the new crisis triage center
- Commit to opening the new crisis triage center no later than the scheduled opening of the new countywide jail.

APPROVED this ________ day of __________________, 2015

WHATCOM COUNTY COUNCIL

ATTEST:

WHATCOM COUNTY, WASHINGTON

___________________________                  ______________________________
Dana Brown-Davis, Carl Weimer,
Clerk of the Council Council Chair

APPROVED AS TO FORM:

___________________________
Civil Deputy Prosecutor
BACKGROUND:

Whatcom County Council and County Administration is working toward ways to achieve better outcomes among people coming in contact with the justice system, jail and the hospital emergency room who are struggling with the impacts of disabling chemical dependency and mental illness. These better outcomes require the continuation, expansion, creation and investment in effective data driven programs that are part of a continuum of recovery oriented systems of care.

The objective of this initiative is to build on the policies previously established in 2008 through Ordinance 2008-027, which implemented the 1/10th of one percent Behavioral Health tax. Significant work has been accomplished towards those 2008 policies, today the Council and Administration seek to expand the efforts to:

1. Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement;
2. Reduce the number of people in Whatcom County who recycle through our jail and justice system;
3. Reduce the number of people who use costly interventions including our hospital emergency room;
4. Increase the number of stable housing options for chemically dependent and mentally ill residents of Whatcom County;
5. Provide robust options for a multi-purpose diversion, treatment and triage center, in parallel with the construction of the new countywide jail facility.

The County currently provides behavioral health programs funded through the Behavioral Health Tax, at approximately $4.1 million per year, which includes a continuum of behavioral health services. The Whatcom County Health Department has been working with the community on planning toward an expanded and new triage facility. Whatcom County also has earmarked $3 million for the expansion and/or relocation of new triage center. The County has also agreed to use the net value and proceeds, from the sale or transfer of the Work Center at Division Street, to be applied to facilities and programs that support the goals of treating adults with behavioral health problems, such as a crisis triage center. These resources coupled with other funds available to medical and behavioral health services, as well as other county capital related funds and private sources, would provide the total capital funds necessary to provide a
substantial and viable Crisis Triage Center. Initial discussions have identified up to $10 million in county funds for such capital costs that could be used for these services once clear, evidenced-based programs have been identified through the process described below.

The Council seeks to sponsor and charge a special community task force that would examine current efforts to reach these goals and recommend specific targeted and sustainable programs and policies which can further accomplish these goals. This task force has the full commitment and cooperation of the Whatcom County Executive.

The task force would include, but not be limited to the following persons and organizations; lead by the Whatcom County Executive or appointee as facilitator:

- Whatcom County Executive
- Whatcom County Sheriff
- Peace Health
- NSMHA
- Interfaith
- Prosecuting Attorney
- Court Representatives
- Community representatives experienced in behavioral health and diversion issues.

The Council views the work of the Task Force being accomplished in phases with a report back to the Council following completion of each phase.

**PHASE I** - Develop by October 2015 a detailed conceptual plan for a multipurpose facility and directly related diversion services which will reduce future demand for jail and EMS capacity growth. Such plan will be developed by the Task Force and shall be professionally staffed and supported. In developing this plan the Task Force shall utilize existing policy and plans and shall research similar programs and facilities in other jurisdictions with emphasis on those in Washington State. The plan will detail program components both within the facility and those related to diversion more broadly. Additionally, the plan will make recommendations about facility location, and sources of operating income and capital funding alternatives.

**PHASE II** – Develop by the end of 2016, at the latest, business plans for all intended services within the scope of the plan as delivered at the conclusion of Phase 1 as well as architectural and engineering specifications related to any facilities identified as within the scope of the Phase 1 plan.
**PHASE III** - Develop specific operational plans and budgets leading to implementation of appropriate crisis intervention and triage services. Include details on schedules, assignment of responsibilities, projected outcomes anticipated and a basic business plan for each selected service initiative.

**PHASE IV** – Implementation and service delivery. The Task Force will have robust support from the Council, the County Executive’s Office, Health Department staff, and locally delivered paid consulting assistance to conduct and complete their work in an efficient and effective manner. The initial budget for the task force for 2015 will be $75,000. These resources will be derived from existing county resources such as the Chemical Dependency and Mental Health fund and from seeking additional financial assistance from other appropriate public sources. Further assistance for all phases of this initiative will be sought from public and private non-profit resources including private foundations.