Examine the feasibility and need for alternatives to detention and pre-adjudication diversion options for people with mental health disorders at Intercept 2.

Defendants with mental health disorders who are remanded to pretrial detention often have worse public safety outcomes than defendants who are released to the community pending disposition of their criminal cases. Consider proportional responses based on the severity of a defendant's criminal risk and behavioral health treatment needs.

- Defendants with pending cases who are released to pre-trial services as an alternative to detention. These may be cases with moderate criminal risk, but where the individuals would benefit from community-based services that are not available while in pretrial detention and pretrial failure can be avoided.
- A deferred prosecution approach where a low-risk defendant is directed to participate in a shortterm community-based treatment program. Successful completion of the program results in dismissal of the charges while failure results in remand to custody and continuation of the criminal case.
- Explore a competency court docket, such as was established by the Seattle Municipal Court, to reduce time spent in jail during the competency process. Refer to the journal article by Finkle and colleagues (2009) and the 2013 report on the Seattle Municipal Court Mental Health Court, which houses the competency court docket.

Develop more formal and coordinated screening and diversion strategies for arraignment diversion (Intercept 2) and pre-plea diversion (Intercept 3).

Formalizing screening protocols at arraignment and at the jail is the first step in expanding and implementing diversion strategies. Many screens, such as the Brief Jail Mental Health Screen, are in the public domain.

Additional brief mental health screens include the:

- Correctional Mental Health Screen
- Mental Health Screening Form III

Brief alcohol and drug screens include the:

- Texas Christian University Drug Screen V
- Simple Screening Instrument for Substance Abuse
- Alcohol, Smoking and Substance Involvement Screening Test

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, "Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders in the Criminal Justice System." The monograph identifies four essential elements of arraignment diversion programs. Improving screening, clinical assessment, and behavioral health disorders who are released without referral or follow-up. The CASES Transitional Case Management and the Manhattan Arraignment Diversion Program are two examples.

Address the Incompetent to Stand Trial (IST) population.

Participants discussed the IST population who are retained in jail while waiting transfer to a state forensic hospital. The IST issue is a challenge for states across the country, but strategies have emerged to reduce the number of individuals found IST, provide outpatient restoration alternatives and reduce IST inpatient length of stay. In addition, coordinating strategies within the state forensic leadership will be a critical pathway toward reducing this challenge. This may include coordinating across other activities as well, including thinking through how an IST patient may be eligible for AOT services, or able to be diverted through crisis services and then longer term supports. For cases in which charges are minor, legal standards, such as the American Bar Association standards from 2016, point to consideration of diversion strategies for the misdemeanant who is incompetent to stand trial (see standard 7.4-8(e)). Dane County, WI SIM—29 Stakeholder meetings from the local jurisdiction and the state to focus on this population can be helpful. Outpatient competency-related programs can also be considered. Also see the SAMHSA's GAINS Center's Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial (2007).

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

Improving cross system data collection and integration is key to identifying high user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

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

Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, etc. Review jail dashboards using simple tools to extract and report the information in a routine manner. Some examples include: Denver, Colorado; Johnson County, Kansas; and Data Driven Justice platforms that have been developed across the country.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Join the Arnold Foundation and National Association of Counties (NACo) Data Driven Justice Initiative (DDJ). The publication "Data-Driven Justice Playbook: How to Develop a System of Diversion" provides

guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

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

Expand the utilization of peer support across Intercepts.

Increase the purpose and role of peer involvement and support in every priority and agenda item. Peer support has been found to be particularly helpful in easing the traumatization of the Dane County, WI SIM—30 corrections process and encouraging consumers to engage in treatment services. Settings that have successfully involved peers include crisis evaluation centers, emergency departments, jails, treatment courts, and reentry services. Please see the below resources on *Peers* for more information.

Target strategies/interventions to address the arrest, incarceration, and re-arrest cycles of homeless individuals and other individuals that return to the healthcare and/or criminal justice system repeatedly.

The Center for Supportive Housing FUSE Resource Center describes supportive housing initiatives for super utilizers (frequent users) of jails, hospitals, healthcare, emergency shelters and other public systems.

Camden New Jersey has developed a promising collaboration of healthcare, social service, and law enforcement services to address their "complex care" populations that have frequent contact with their hospitals and sometimes police. They have been showing success in reducing repeated contact and improving health.

Increase and improve housing options.

Communities around the country have begun to develop more formal approaches to housing development, including use of the Housing First model. The 100,000 Home Initiative identifies key steps for communities to take to expand housing options for persons with mental illness. The following resources are suggested to guide strategy development. See also Housing under Resources below.

- GAINS Center. Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System
- Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. (2012). Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities. Journal of Forensic Psychology Practice, 12, 382–408.
- Tsemberis, S. (2010). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction. Center City, MN: Hazelden Press.
- Stefancic, A., Henwood, B. F., Melton, H., Shin, S. M., Lawrence-Gomez, R., and Tsemberis, S. (2013). Implementing Housing First in Rural Areas: Pathways Vermont, American Journal of Public Health, 103, 206–209.
- Shifting the Focus from Criminalization to Housing Dane County, WI SIM—31
- Lehman, M.H., Brown, C.A., Frost, L.E., Hickey, J.S., and Buck, D.S. (2012). Integrated Primary and Behavioral Health Care in Patient-Centered Medical Homes for Jail Releases with Mental Illness. Criminal Justice and Behavior, published online.

- Built for Zero (formerly Zero: 2016) is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies.

Increase and improve transportation options.

Transportation is frequently identified as a priority by communities across the country. Yet, nationally, few program models or planning strategies have been identified to address this critical component of service access.

The Ohio Association of County Behavioral Health Authorities published "White Paper: Criminal Justice and Behavioral Health Care, Housing, Employment, Transportation and Treatment" (January 2015). The White Paper describes three transportation initiatives:

- The NET – Plus initiative in Wood County, Ohio. NET Plus program coordinates transportation resources for Medicaid eligible populations and funds transportation for non-Medicaid eligible populations.
- The Hardin County Volunteers in Police Service (VIPS) initiative operated by the Sheriff's Department provides volunteer transportation to essential services for drug court clients.
- The Franklin County Turn it Around Transportation & Re-development Services provides transportation for workers to various employers. The program is funded by self-contribution, payroll deduction and/or employers.