



A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

Technical Assistance Module 3 Planning Guide

Examine Treatment and Service Capacity and Identify State and Local Policy and Funding Barriers to Minimizing Involvement with the Criminal Justice System and Providing Treatment and Supports in the Community

Stepping Up Planning Guides

This is one of five planning guides designed to help counties and other participants complete the action steps supported under Stepping Up. The planning guides, which are among many other materials available to counties and their partners through this initiative, are meant to facilitate a collaborative planning process and help users identify the types of assistance that will meet their distinct needs. To learn more about available technical assistance resources, or to ask specific questions, please visit the [Resources Toolkit](#) page.



Overview of Stepping Up Technical Assistance

Support for Counties and Their Partners

Stepping Up brings together dedicated state and county officials, behavioral health and criminal justice professionals, people with mental illnesses, and other community stakeholders and provides them with the necessary resources to advance local efforts to reduce the number of people with mental illnesses in jails by engaging in a comprehensive, outcome-oriented planning and implementation process.

Technical Assistance Modules

There are five technical assistance modules available, which are intended to help county leaders complete the [six steps](#) supported by the initiative.

- **Module 1:** Convene a diverse team of leaders and stakeholders
- **Module 2:** Collect and review data on the prevalence of people with mental illnesses in jails and assess their treatment needs
- **Module 3:** Examine treatment and service capacity and identify state and local policy and funding barriers to minimizing involvement with the criminal justice system and providing treatment and supports in the community
- **Module 4:** Develop a plan with measurable outcomes that uses research-based approaches¹
- **Module 5:** Create a process to track and report on progress

Each module includes a planning guide with exercises to help facilitate discussion and planning efforts among county leaders, as well as a larger suite of resources (see sidebar). Counties will be starting at different stages in the planning process—many have already made significant strides towards achieving the objectives of this initiative while others may be at the beginning of this process. This is understandable and expected. Stepping Up is a long-term effort and the most important step is the commitment to getting started. Users should tailor these resources to the distinct needs and strengths of a county. Although the webinar schedule is designed to help pace planning teams through these modules in a sequential fashion, the exercises may be completed in any order or speed.

¹ Module 4 covers two of the *Stepping Up* action steps: develop a plan and use research-based approaches.

**Stepping Up
Technical Assistance (TA) Module Resources**

The five TA modules include:

- ❖ A planning guide
- ❖ Training webinar(s) providing information on how to successfully complete each module
- ❖ A curated resource library with research, case studies, and other tools
- ❖ Distance-based learning opportunities on key topics of interest or for specific audiences (e.g., the needs of rural counties)
- ❖ Peer-to-peer exchanges to share best practices and discuss common challenges
- ❖ Supplemental tools that can help facilitate discussions among your planning team

These resources are being made available at [Resources Toolkit](#)

National Summit

A summit will be convened in the spring of 2016 in Washington, DC, to bring together counties to advance their planning efforts and inform participants about opportunities for more intensive assistance through federal and private grant programs and other forms of support. This planning guide and other tools will help your county prepare for this summit and position your county to be competitive for any future TA opportunities.

Module 3: Examine Treatment and Service Capacity and Identify State and Local Policy and Funding Barriers to Minimizing Involvement with the Criminal Justice System and Providing Treatment and Supports in the Community

Module Learning Objectives

This module will help your planning team achieve the following objectives:

- Identify the pathways in and out of the system for people with mental illnesses and federal, state, and local barriers to reducing their prevalence in jails.
- Examine the policies, treatment programs, support services, and funding streams that are currently in use that may minimize the involvement of people with mental illnesses in the criminal justice system.
- Develop a list of new approaches that will be part of your county's action plan.

Why This Module Is Important

Before tackling this module, revisit [Modules 1 and 2](#). Ensure that you have a variety of authorities on your planning team, as outlined in Module 1, including both criminal justice and behavioral health professionals, who can contribute their expertise and are able to help effect change. The planning team members should also have agreement on their target population, as outlined in Module 2. This foundation will help teams complete the important Module 3 exercises on identifying all available treatment and support services and remaining gaps in the community, as well as outlining next steps for improving policies and practices.

Module 3 consists of this planning guide and three webinars. The [first Module 3 webinar](#) focuses on how to catalogue available services in your community and is useful to view before filling out exercise 3A below. The second and third Module 3 webinars focus on best practices for diverting people from the justice system and how to reduce the likelihood of their return to jail. These September and October 2015 webinars will help you determine if you want to add any additional policies, programs, trainings, and other activities to the list in exercise 3B. They provide examples of strategies you may want to implement or expand in your county.

Suggested Strategy for Completing This Module

1. Provide all members of your planning team with this module of the planning guide and encourage them to collect any relevant information.
2. Meet to discuss and complete exercise 3A. This exercise will help familiarize everyone on your team with policies, programs, and treatment capacity in your county, as well as barriers to reducing the number of people with mental illnesses in jails.
3. [Register](#) to participate in all of the Module 3 webinars, which will provide key information to help your team complete exercises 3B.
4. Complete exercise 3B. This exercise will help you identify policies, programs, and training ideas for facilitating diversion away from jail and improving options and decision making at each point in the criminal justice process.
5. Access supplemental resources to advance your planning efforts at stepuptogether.org

Meaningful reductions in the prevalence of mental illnesses in jails cannot be realized without examining which programs and strategies can influence how many individuals with mental illnesses are booked or admitted into jail, their length of stay in jail, the frequency with which they are connected to appropriate community-based services and supports, and how often they return to jail after their release. Module 3 stresses that for any county plan to be effective, individuals' mental health, substance use, and criminogenic needs (the factors that make individuals more likely to reoffend) should be identified and addressed at the earliest points possible using validated screening and assessment protocols. The findings should inform treatment services, both in the jail and in the community.

There are a number of laudable strategies that have been found to be effective when well implemented, such as pretrial diversion programs and mental health courts, but which often serve only a small percentage of those who could benefit from these services. To have a larger impact, Module 3 encourages teams to look for ways to align resources to help bring evidence-based approaches to scale and ensure that they are part of a comprehensive plan. Policies and practices should encourage systems-level change across criminal justice and behavioral health agencies. These changes may be incremental, but are essential to long-term success.

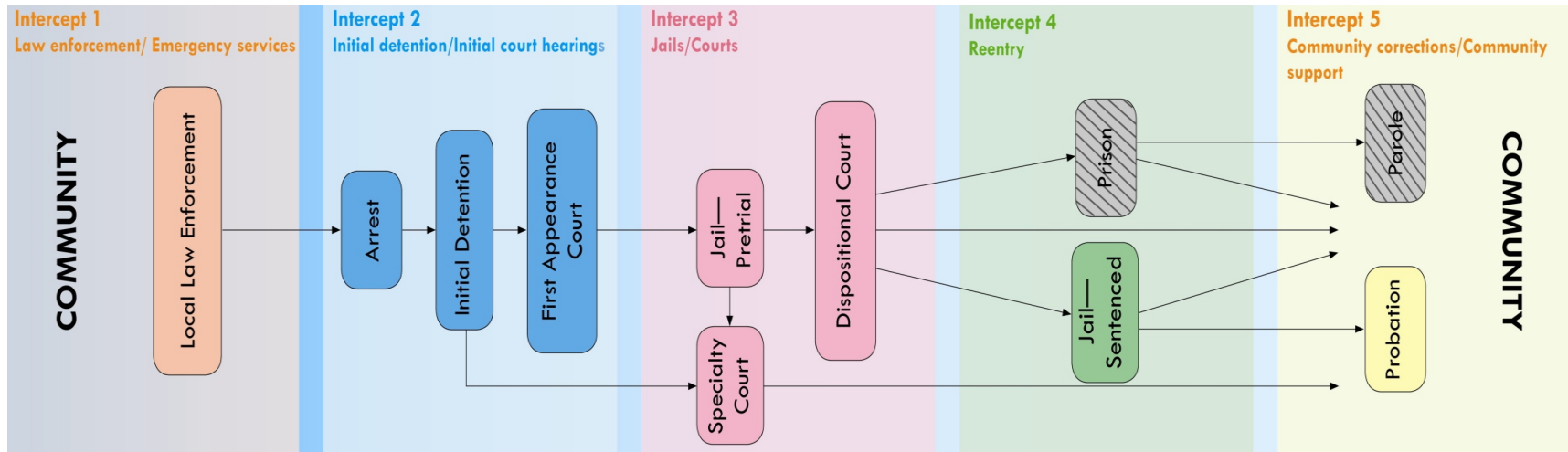
Conducting the analyses and inventories in Module 3 is not a quick or easy process. Even identifying and cataloguing currently available services in your county for Exercise 3A can take time. Some counties enlist assistance (university partners, consultants, or others) to complement the work of planning team members in assessing county capacity. Agreeing on what services, policy changes, and system reforms you want to implement as a result of your gap analysis is a complex endeavor for Exercise 3B as well. The investments of time and creative thought at this point, however, can result in tremendous benefits. The exercises conducted for this module require a level of discussion and commitment that will ensure that your efforts are tailored to your county's needs and resources, and will propel forward your plans to reduce the prevalence of people with mental illnesses in jails.

Exercise 3A: Identify What You Have

Suggested Strategy to Complete Exercise 3A: Revisit the Sequential Intercept Model (Figure 1) and view the webinar, [Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers](#) (the first of three Module 3 webinars) with your planning team. Identify the different policies, programs, trainings, and other activities that help connect individuals with mental illnesses to treatment and safely minimize their further involvement with the criminal justice system that are currently available at each intercept and record in Table 1.

Instructions: Use the table template on page 6 to create a comprehensive table of *currently available* programs, policies, and activities based on your planning team’s discussion.

Figure 1. Sequential Intercept Model (SIM)²



² The [Sequential Intercept Model](#) is a simplified way of mapping the criminal justice system to identify opportunities for connections between criminal justice and behavioral health. Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57(4), 544–49.

TABLE 1

	Intercept 1: Law enforcement/ emergency services	Intercept 2: Initial detention/ initial court hearings	Intercept 3: Jails/ courts	Intercept 4: Reentry	Intercept 5: Community corrections/ community support
Policies					
Programs / Treatment					
Training and other activities					
Funding streams					
Data used to measure policies, programs, trainings, and other activities and/or outcomes					

Exercise 3B: Identify What You Need

Suggested Strategy to Complete Exercise 3B: After reviewing the comprehensive list you created using the Table 1 template, work with your team to identify any gaps in needed policies, programs, trainings, and other activities. Appendix A of this module may be used as a starting point for the discussions of which policies, programs, trainings, or other approaches you want to implement that will complement or replace current efforts and structures. This should involve brainstorming without consideration of funding and policy barriers. Think about existing programs for which you would like to (1) increase capacity (e.g., increasing the number of dispatchers and police officers trained); (2) add new dimensions to an existing program (e.g., adding to the current mental health screening for individuals' Medicaid eligibility at the time of their release); (3) new policies you would like to implement (e.g., ensuring reentry population has access to coordinated care and/or Health Homes).

Instructions: Record the policies, programs, strategies, and training you would like to enhance within each intercept point in Table 2. As you think about the policies, programs, trainings, and other activities you would like to enhance or provide, please give special consideration to the distinct needs of the following populations and program areas that are applicable across the Sequential Intercept Model:

- **Trauma Treatment:** Consider any specific programs and strategies that address people with mental illnesses involved with the criminal justice system who have also experienced trauma.³
- **Veterans:** Consider how you will identify veterans and their needs, and then match those needs to related resources and supports in the community to the extent possible.⁴
- **Peer Systems:**⁵ Become familiar with resources provided by peer networks for people with mental illnesses and co-occurring substance use disorders involved in the criminal justice system.
- **People with lived experiences and family members:** Include people with lived experiences and family members in diversion efforts across the Sequential Intercept Model.
- **Information-Sharing Systems:** Determine what data you can access from behavioral health, criminal justice and other community partners to facilitate screenings, assessments, treatment, connections to services, and other efforts, as well as what data you can responsibly share with behavioral health, criminal justice and other community partners to minimize individuals' involvement with the criminal justice system. Agencies revising processes should work with legal counsel to ensure compliance with all privacy mandates.
- **ACA/Medicaid Enrollment:** Regardless of whether a state has decided to expand Medicaid under the ACA, jails and other criminal justice agencies can help identify and enroll individuals who are eligible for publicly funded or subsidized health care coverage on their return to the community. Uninterrupted treatment can help reduce recidivism and advance recovery

³ For information about trauma-specific programs, see, e.g., [Trauma-Specific Interventions for Justice-Involved Individuals](#).

⁴ For information on screening for veterans in the justice system, see, e.g., [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions](#).

⁵ Please visit the Substance Abuse and Mental Health Services Administrations' Recovery and Recovery Support [webpage](#).

TABLE 2. Catalogue ideas for new policies, programs, trainings, and other activities to existing efforts. Consider legislative or policy changes that would facilitate systems-level change or make better use of criminal justice and behavioral health resources. (Use additional copies as needed.)

	Intercept 1: Law enforcement/ emergency services	Intercept 2: Initial detention/ initial court hearings	Intercept 3: Jails/courts	Intercept 4: Reentry	Intercept 5: Community corrections/community support
Increase capacity of current programs/ training					
Add new component to current policies, programs, trainings, and other activities					
New efforts					
Policy or legislative changes					

Preparing for Module 4. The focus of the next planning guide module is to develop a plan with measurable outcomes that uses research-based approaches. You will be asked to take the information you recorded in the Module 3, Exercise 3B above and identify which ideas you want to prioritize and begin to think about the resources you have and/or would need to implement those ideas. To the extent your discussions for this module include thoughts about which approaches are priorities for the team, it is helpful to make notes about those conversations in preparation for Module 4.

Module 3 Key Resources

Evidence-Based Practice [Fact Sheets](#) from SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

[Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions](#)

[Practical Advice on Jail Diversion: Ten Years of Learning on Jail Diversion from the CMHS National GAINS Center](#)

[Pretrial Criminal Justice Research Summary](#)

[Developing a Mental Health Court: An Interdisciplinary Curriculum](#)

[A Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism](#)

[Dosage Probation: Rethinking the Structure of Probation Sentences](#)

[Essential Components of Trauma-Informed Judicial Practice](#)

[Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison](#)

[A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders](#)

[Jails and Health information Technology: A Framework for Creating Connectivity](#)

[Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#)

Clearinghouses

[What Works in Reentry Clearinghouse](#)

[Crime Solutions](#)

[National Registry of Evidence-based Programs and Practices](#)

[CIT International](#)

Appendix A. Policies, Programs, and Training by Intercept

Please use the lists below as a starting point for discussions on enhancing or implementing potential policies, programs, trainings, and other activities in your county. This list is not meant to be exhaustive; it is meant only to provide examples of potential policies, programs, trainings, and other activities you may want to consider implementing.

Intercept 1: Law enforcement/ Emergency services	Intercept 2: Initial detention/ Initial court hearings	Intercept 3: Jails/ Courts	Intercept 4: Reentry	Intercept 5: Community corrections/ Community support
POLICIES				
<ul style="list-style-type: none"> • Dispatchers and responding officers determine whether mental illness is a factor for all calls • The law enforcement and emergency services agencies document all calls for service when mental illness is a factor • Department policy enables officers to implement an appropriate response based on the nature of the incident, the behavior of the person, and available resources • “Premise Alert” information is provided to law enforcement to assist in responses to a call for service • Mobile crisis unit(s) is available to law enforcement • Law enforcement at the scene helps the subject of the call for service connect to community services 	<ul style="list-style-type: none"> • Jail intake personnel conduct behavioral health screenings (e.g., Brief Jail Mental Health Screen and the Texas Christian University Drug Screen), and screen for Medicaid eligibility to increase connection to treatment on release • Criminal justice and behavioral health databases are matched to help identify behavioral health needs in compliance with privacy mandates • Pretrial decisions are informed by assessments on behavioral health needs and risk of reoffending or failure to appear • Defense counsel is quickly appointed and made aware of identified mental health needs 	<ul style="list-style-type: none"> • There are regular reviews of release alternatives for people who are unable to make bail • Alternatives to incarceration are used when possible • Reviews are conducted with legislators on what charges qualify for diversion • There are clear processes for modifications to conditions of release to take circumstances into consideration • Assessments on treatment needs inform placement and in-custody care 	<ul style="list-style-type: none"> • Transition plans are consistently developed • In-reach or other mechanism is used to ensure “warm hand-off” to community-based treatment providers • Risk/needs related to reoffending are assessed using validated tool and consistent process and inform program- and service-matching • Reentry plans are based on assessments and include key supports such as housing⁶ • Release notice is given to community supervision and agencies responsible for ongoing services 	<ul style="list-style-type: none"> • Conditions of supervision modifications are available as needed • Supervision plans are based on assessed risks/needs (prioritizing high-risk/high-need individuals for intensive supervision and ensuring low-risk/low-need individuals are receiving light touches) • Community supervision requirements and responses are appropriate for the mental health population and encourage success • Collaborative case management is used by probation and mental health agencies • Probation officers are provided training for responding to people with mental health needs

⁶ For additional information about Housing programs, see, e.g., [Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System](#)

<ul style="list-style-type: none"> • All emergency service providers have a clear process for mental health evaluations and involuntary/voluntary commitment 	<ul style="list-style-type: none"> • Defense counsel or staff screen for mental illnesses and advocate for referral/diversion when appropriate 	<ul style="list-style-type: none"> • Jail staff provides an opportunity for family/caregiver to communicate medication and treatment needs for individuals who remain in custody • There is access to mental health support groups, peer support programs, and dual recovery groups in jail 	<ul style="list-style-type: none"> • Medications in sufficient supply are provided upon release, along with connection to doctor/clinic for future prescriptions • Medicaid/SSI-SSDI enrollment is facilitated for eligible individuals before release • Connections to supportive family members and other networks are encouraged 	
PROGRAMS/TREATMENT				
<ul style="list-style-type: none"> • Mental health/police co-responder teams are available (days/times or for certain call types) • Crisis receiving centers at local hospital or other 24/7 facility are accessible⁷ • Crisis intervention teams (CIT) are established • Case management teams are used, particularly for high utilizers of emergency services 	<ul style="list-style-type: none"> • Mental health diversion programs are available⁸ • A court-based clinician(s) is available for consultation, referrals, and client engagement • Defendants with serious mental illnesses are included in alternative-to-incarceration programs 	<ul style="list-style-type: none"> • Problem-solving courts use an application process to match individuals with appropriate programming • Non-problem solving court diversion is available • Jail has information-sharing agreements with local behavioral health and reentry service providers to facilitate uninterrupted treatment and supports 	<ul style="list-style-type: none"> • Reentry One-Stop program is available • Transition case Management is available for high-need individuals • Mental health and substance use treatment providers can provide timely access • Access to Health Homes is provided to people after release to enable integrated care 	<ul style="list-style-type: none"> • Trained probation officers are given specialized, smaller caseloads for overseeing individuals with mental illnesses • Mental health professionals are embedded in probation units • “Modified” Therapeutic Community and other evidence-based treatment is available for individuals with co-occurring substance use disorders

⁷ For additional information about Services, see, e.g., [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).

⁸ For step-by-step guidance on how to design, plan, and implement a jail diversion program, see, e.g., [Practical Advice on Jail Diversion](#).

TRAINING				
<ul style="list-style-type: none"> • Dispatchers are trained to recognize when mental illness may be a factor • Mental health module is provided for all new officers • CIT or other in-service law enforcement training is offered • Training is available for behavioral health care providers taking referrals from police and other emergency service providers 	<ul style="list-style-type: none"> • Judges are trained on recognizing mental health needs • Local bar association does continuing legal education on mental illness, community resources, alternatives to incarceration, and related legal issues • Pretrial services officers are trained on mental health issues (recognition of when mental illnesses may be a factor in offense or arrest, options for diversion or special supervision, etc.) 	<ul style="list-style-type: none"> • Mental health court team regularly attends webinars and problem-solving court conferences • Jail staff receive special training on supervising inmates with mental illnesses • Health care providers within the jail are trained on responses to people with mental illnesses and treatment/placement options to advance recovery 	<ul style="list-style-type: none"> • Jail case managers, transition staff, and program staff are trained on how to match individuals to appropriate services and supports available in the community for both transitional and long-term care, effective communication techniques for engaging clients,⁹ and information-sharing protocols. 	<ul style="list-style-type: none"> • Specialized training and cross-training is available for community corrections officers and treatment providers • Community-based organizations provide training on available resources

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⁹ One example of this is [Motivational Interviewing](#), a client-centered, goal-oriented approach to counseling that has been used in criminal justice settings.