SNOHOMISH COUNTY, WASHINGTON

# SEQUENTIAL INTERCEPT MAPPING REPORT

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## ACKNOWLEDGMENTS

This report was prepared by Alexandra Donnici of the Washington State Administrative Office of the Courts in the Office of Court Innovation in collaboration with the Snohomish County Participants. Materials and foundational language were provided by Policy Research Associates. The Sequential Intercept Mapping was co-facilitated by Judge David Larson and Janice Riley. The facilitation team wishes to thank the Center for Justice Innovation for supporting this event and further efforts in Snohomish County, as well as Jamie Reed for event coordination. Special thanks to the Everett School District for providing a venue for the mapping event.

Thank you to the community partners, without their support the Sequential Intercept Model Mapping would not have been possible.

Snohomish County Superior Court
Snohomish County Executive's Office
Snohomish County Prosecutor's Office
Snohomish County Public Defender Association
Snohomish County Sheriff's Office
Department of Corrections
Edmonds Municipal Court
North County Fire EMS
Center for Human Services
Evergreen Recovery Center
Ideal Option
Sunrise Services
Compass Health
Island Crossing Counseling Services
Stillaguamish Tribes
Sound Pathways
Advocate Recovery Services
NAMI
Snohomish County District Court
Snohomish County Council
Snohomish County Office of Public Defense
Snohomish County Human Services Department
Snohomish County Emergency Management
Everett Police Department
City of Everett
South County Fire
LEAD Program
Catholic Community Services
Bridgeway
Sea Mar Community Health Center
Therapeutic Health Services
Housing Authority Snohomish County (HASCO)
Providence Hospital
Snohomish County Recovery Coalition

## RECOMMENDED CITATION

Administrative Office of the Courts. (2024). *Sequential intercept model mapping report for Snohomish County, Washington.* Everett, WA: Washington State Administrative Office of the Courts.

# CONTENTS

# BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] 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, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

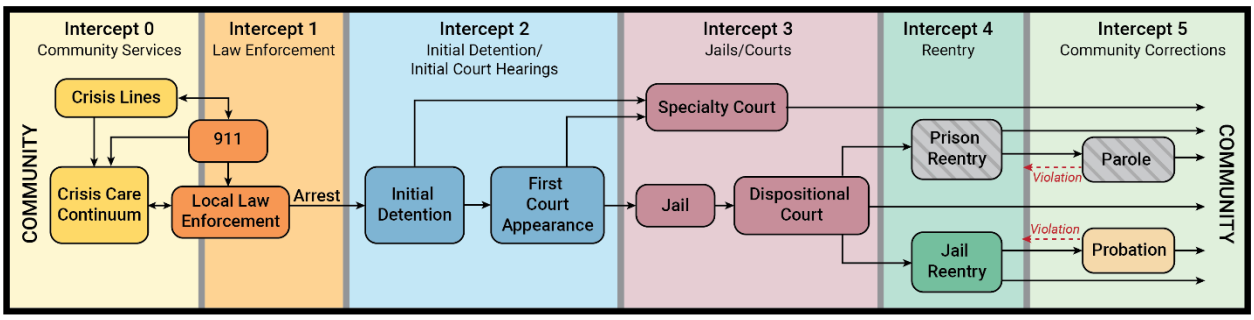
A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps and resources at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population






[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

# INTRODUCTION

Snohomish County, Washington engaged in their first Sequential Intercept Model mapping on January 16th and 17th 2024 with the assistance of three facilitators previously trained by Policy Research Associates. Prior to this mapping, the county had engaged in a number of collaborative efforts enhance cross-system collaboration within the criminal legal system. At present, Snohomish County's Superior Court, District Court, and criminal legal system partners are currently partnering with the Center for Justice Innovation to identify opportunities for systematic collaboration among therapeutic courts to accelerate the assessment of behavioral health needs, referrals to programs, and entry into services. Key to this project is the development and implementation of recommendations that will establish or enhance early-intercept connections to services for people with criminal legal involvement. A central component of this project was the completion of the SIM mapping process.

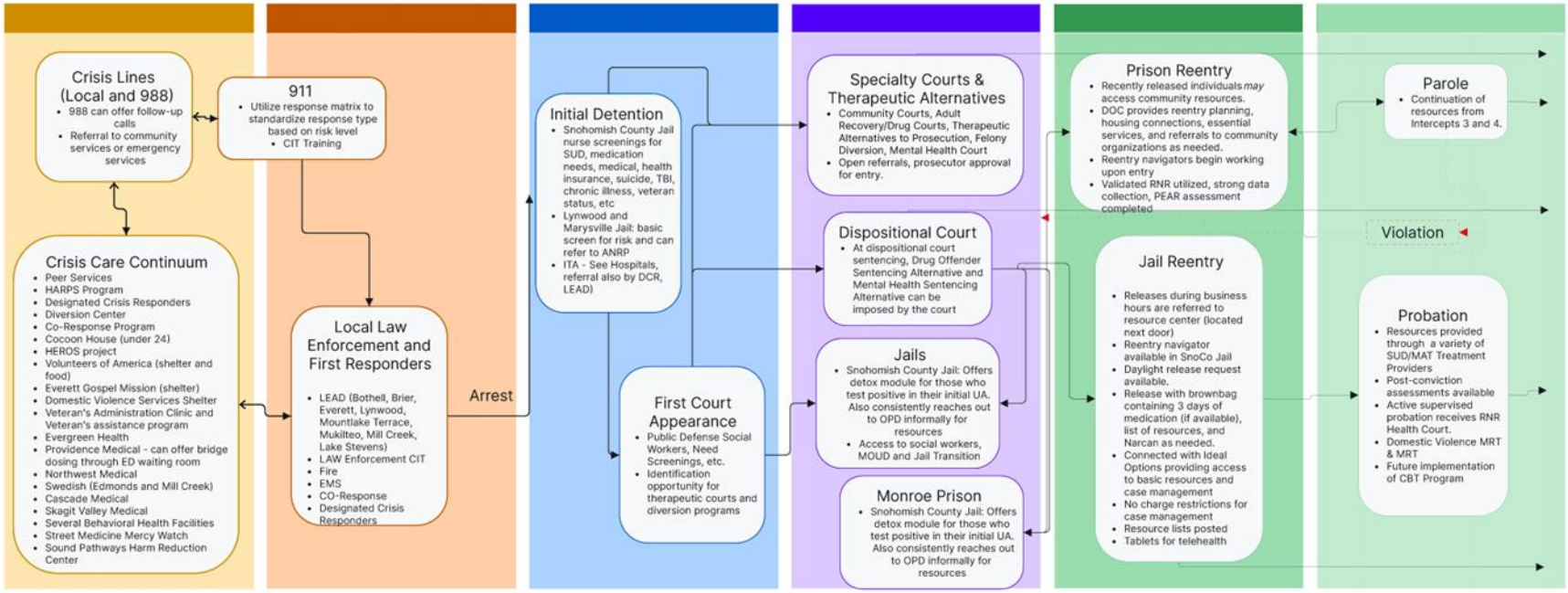
This mapping occurred just under four years after the start of the COVID-19 Pandemic. Much of the data, experiences, and polices discussed in the pre-mapping education and the mapping itself was subject to disruption from pandemic-era events. Additionally, the mapping also occurred in the initial years after the Washington State Supreme Court struck down the primary drug possession statute in State v. Blake. This decision changed the landscape of the criminal-legal system in Washington in various ways that have yet to be fully measured and analyzed. The "Blake Fix", Senate Bill 5536[2], passed the year before the mapping exercise. With the landscape continuing to change, any future re-mappings should re-examine the issues discussed here for developments, inconsistencies, and any unmet needs.

The mapping occurred over 1.5 business days and began with an overview of each of the six intercepts. Then, the participants worked with the facilitators to create a map of the community's resources, gaps, and infrastructure as applied to adults with serious mental illness or substance use disorders in, or at risk of entering, the criminal justice system. Using the map, the group identified a series of priorities that were voted upon, and created an action plan for each of the five identified areas.

The target population of this mapping is adults with serious mental illness at risk of becoming involved, or already involved, with the criminal justice system.

[2] Washington State Legislature. (2023). *Concerning controlled substances, counterfeit substances, and legend drug possession and treatment.* (Senate Bill No. 5536)

# Snohomish County Sequential Intercept Map




Gaps:
- Resources are not always available in the more rural portions of the county
- Co-response can be dispatched directly but rarely is, and has lower visibility among community resources
- Limited data sharing
- system entirely
- Long ED wait times
- Only law enforcement embedded social workers can refer to the diversion center, and only some law enforcement officers can transport there
- Most options require a medical evaluation, weighing down ED
- Staffing and funding limitations

Gaps:.
- No behavioral health trainings available and no staff time or funding dedicated to those trainings for EMS, despite high volume of BH call referrals.
- No statewide requirement for Crisis Intervention Training.
- Lack of protocol regarding who handles behavioral health calls, leaving EMS/Fire feeling overutilized
- 988 is beginning to impact 911 resource availability
- EMS can't get funding if they take an individual to a hospital center
- EMS has 6 different systems to consult for information that law enforcement does not have access to. Hospital exists on a different
- LE perceived inconsistencies regarding ITA and DCR evaluations with quick re-release.
- Staffing and funding limitations

Gaps:.
- Limited resources available to continue phone screenings for competency, medical, SUD, etc through public defense
- Superform does not include information about veteran status
- No pre-file diversion
- Limited information from the jail available on initial appearance beyond what is available from the attorneys and the CMS system
- Staffing and funding limitations
- Limited resources for OPD to continue indigency screenings
- Getting people into therapeutic court assessments and connecting to services is difficult and can feel like a holding pattern

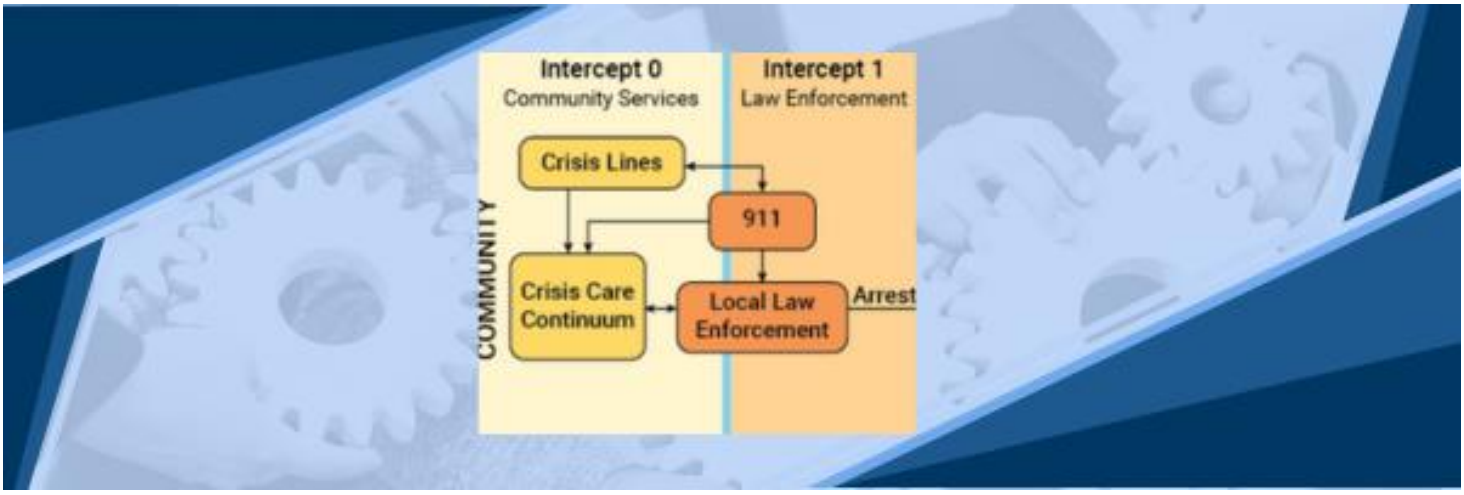
Gaps:
- Getting health info to and from jails/prison can feel difficult since no one person facilitates that information exchange
- Limited data collection
- No housing assessment in Snohomish County Jail
- Snohomish County Jail is restricted in their ability to dispense medication based on the lack of a pharmacy (funding and staff limitations, license required)
- Lynwood and Marysville Jails do not have a nurse available 24/7
- Lack of recovery supportive housing after release
- Limited medication dispensing and resources upon release
- Therapeutic courts do not used evidence based screening tools for entry
- No access to peer services in the jail
- Snohomish County Jail sends info out to other facilities but does not always receive it.
- Staffing and funding limitations

Gaps:.
- If a person in need doesn't ask for resources, they leave without.
- No discharge center available in Snohomish County Jail
- Transportation difficulties to locations other than the resource center
- Need for warm handoffs, no infrastructure in place to do so.
- Limited data tracking on resource utilization (ex. daylight release requests)
- For inmates with Medicaid, it takes 3 days to reinstate leaving a gap for MAT upon release (see previous pharmacy constraint)
- Ideal Options does not accept Community Health Plan of WA and many individuals leaving Monroe Prison are on the plan
- Generalized issues with MCO incompatibility
- Staffing and funding limitations

Gaps:.
- Limited data collection
- Information about warrants from other jurisdictions is difficult to come by and does not always show up in the system, creates a "black hole"
- Lack of warrant communication may make it difficult to identify if a person is in custody and where they are held.
- Treatment ordered by courts upon release are not always covered by Medicaid and are frequently very expensive just for an evaluation, DOC sometimes has to choose the cheapest option available which may not be the most fitting
- Staffing and funding limitations

# Resources and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.




# INTERCEPT 0 AND INTERCEPT 1

## RESOURCES

### Crisis Call Lines

Snohomish county utilizes the 988 national hotline and is able to offer follow up calls through Volunteers of America supportive staffing. Callers are able to receive referrals to community services or emergency services.

### 9-1-1/Dispatch

When encountering a call pertaining to a person in crisis and on all general calls, dispatch centers in the county utilize a response matrix to standardize response type based on the risk level and severity of the call. Dispatchers also receive Crisis Intervention Training (CIT).

### Healthcare

Local hospital options include Providence Medical, Swedish Medical in Edmonds and Mill Creek, Cascade Medical, Skagit Valley Medical, and Evergreen Health. Additional medical and behavioral health care is provided by various other organizations. Providence medical is able to offer efficient bridge medication services for those recently released into the community through their emergency department, and does not require a full admittance to do so.

Street Medicine is available on a limited basis in mobile clinics provided by Mercy Watch.

Sound Pathways provides harm reduction services through a brick-and-mortar center and a mobile outreach service.

### Law Enforcement and First Responders

Police and Sheriff's Department received annual CIT training that is reported to be both adequate and relevant to job duties. More senior officers report that the trainings provide newer

officers with a leg-up on developing resources, skills, and tactics that would otherwise take time to develop through trial-and-error in the field.

Law Enforcement Assisted Diversion (LEAD) is operating in Bothell, Brier, Everett, Lynnwood, Mountlake Terrace, Mukilteo, Mill Creek, and Lake Stevens. Any person in the county can be referred to LEAD, but the aforementioned jurisdictions participate in pre-booking and social contact referral processes. Referral can occur through public defenders, probation officers, referral partners, or self-referral when capacity permits. The organization has plans to expand and offer services to the entire area. LEAD provides community-based case management and alternatives to system involvement. Communication between law enforcement and LEAD was reported to be strong.

Co-response models and designated crisis units are available in Snohomish County and are utilized by law enforcement. In general, law enforcement and first responders reported positive results and experiences with these teams.

Fire and EMS frequently respond to crisis calls based on the dispatch standardized response matrices and offer transportation to local medical centers. EMS is working with the University of Washington to create behavioral health trainings.

Good response times are reported amongst all first responders.

## Crisis Services

In addition to the previously mentioned services, Snohomish County has the Diversion Center where law enforcement embedded social workers can refer individuals to receive support. An admission is typically pre-planned, and medical clearance is required. The social worker and the officer are both part of the intake process which occurs during business hours.

The Snohomish County Food Bank Coalition has a network of more than 20 food banks of various sizes to offer assistance.

Individuals in need can call the North Sound 211 line to find resources for emergency housing, medical, mental health, substance use, clothing, and social support services.

Crisis triage and stabilization care is also available through Compass Health.

Snohomish County employs the Crisis Team, staffed by both Designated Crisis Responders and voluntary crisis outreach staff. They are available 24/7 and are typically dispatched via the crisis line.

The county is working on rebuilding a crisis stabilization center that is expected to be done in 2026. It is expected to offer self-referral, community referral, and drop-off services.

## Housing

Snohomish County utilizes the Housing and Recovery through Peer Services (HARPS) program which utilizes peer housing specialists to support the housing of adults with serious mental illness (SMI) or substance use disorders (SUD). This program is transitional in nature, typically for those exiting inpatient.

The Human Services Department has an extensive homeless housing system with access to resources beginning at the Coordinated Entry System with connection to a housing navigator. More than 25 housing navigators are available within the county.

Foundational Community Supports (FCS) offer some programs with various levels of support and case management.

Cocoon House has a shelter and housing assistance services for adults under the age of 25.

The Volunteers of America and Everett Gospel Mission both offer shelter services.

DOC has housing specialists who monitor and approve transitional houses with a voucher system and minimum condition standards. The Department maintains a current list of both DOC Voucher houses as well as local transitional and clean/sober or otherwise structured housing options that supervised individuals can be referred to without the use of a DOC voucher.

### Peer Support

Peer support services are available in Snohomish County, largely based around a hub and spoke model with centralized services out of Everett. Peer services are also available in Lynnwood and Marysville. Advocates Recovery is a peer service that operates out of northern Lynnwood. In general, peer services are utilized with cross-system momentum to expand their support services.

Services offered by peers are similar to those offered by Peer Washington throughout the state. This includes but is not limited to resource connection, support groups, and community resources.

### Collection and Sharing of Data

In Snohomish County, information on programs is largely shared by word of mouth and through the development and maintenance of strong and positive professional relationships. There are a few locations of lists with available resources, and several organizations track basic utilization metrics.

## GAPS

### Crisis Call Lines

While the implementation of 988 was reported to not have been predicted to cause an increased load on emergency services, first responders in Snohomish County report seeing a larger pull on resources, including dispatch centers.

## 9-1-1/Dispatch

Dispatch has limited discretion in what responders, and how many, to send on crisis calls. First responders report over utilization on calls where they may not be needed. Along the same line, some co-response teams have the ability to be dispatched directly but rarely are.

## Healthcare

Long wait times in the emergency department are reported. When first responders drop off an individual, they are required to wait until the individual can be admitted, so this delays the return of the first responders to be able to respond to incoming calls.

Healthcare providers have little to no information about where people receive services. Providers report concern about the well being of their patience, and the risk that comes along with offering potentially contradictory services without a way to communicate to other providers and emergency services.

Some behavioral health facilities require a medical evaluation and clearance which is not always possible on a short timeline due to the hospital wait times.

Like many other components of the system, healthcare providers report low staffing and funding availability leading to bandwidth constraints.

## Law Enforcement and First Responders

When dispatch receives a crisis call, Fire and EMS are frequently called but report not having the training to adequately respond. In Snohomish County, EMS does not receive CIT trainings as part of their paid annual trainings. There are currently insufficient funds to be able to pay staff to take the trainings. Staff reported a significant need to require and fund the trainings at a state level.

Generally, there appears to be confusion over the protocol surrounding when police respond as opposed to Fire or EMS on mental health and crisis calls. This confusion extends to figuring out who transports individuals to care centers. Police are working on developing their program for co-response to be able to take care of crisis calls, but in the time being, Fire and EMS report being stretched thin. Additionally, EMS cannot receive funding for a trip unless they take an individual to an emergency department, which limits diversion options for adults with SMI and may contribute to hospital capacity struggles.

De-escalation services on a call can take longer than traditional services. Co-response units are not always known about and may be underutilized as a result. Those units are also only available during business hours.

Data sharing amongst first responders and healthcare professionals drastically differs. EMS has access to six different systems to look at for information on a single individual. Police do not have access to those systems, and the hospitals operate on an entirely different one.

Not all law enforcement officers can do a drop-off at diversion centers, it has to be run through certain people with varying availability. Traditional "street cops" are functionally limited between transporting to the jail or waiting at the emergency department. Law enforcement also report varying success in the frequency of DCR assessments upon ITA drop-offs. Law enforcement reported like previous triage options, though those are no longer available.

LEAD has the ability to partner with all municipalities, but is currently only available in eight.

In general, along with most other areas of every intercepts, resource availability differs in certain regions of the county. Rural regions typically have longer response times, less resources, and less funding.

## Crisis Services

As previously mentioned, the diversion center services are not available to just anyone, referrals must be made by specific social workers, and drop-offs must be made by certain law enforcement professionals.

As with many other components of the system, there are staffing, funding and communication shortages. Even when a program has ample resources and staff, getting word out to other programs and community organizations about changes or current status is typically done by word of mouth. There is limited opportunity to share data on individuals both based on privacy concerns and lack of infrastructure.

## Housing

The condition of sober and supportive housing is often subpar, or can even be considered dangerous. There is no county-wide standard for what constitutes acceptable and safe supportive housing, on top of an already existing supportive housing shortage. Statewide standards are available through Washington Alliance for Quality Recovery Residences, though the county has not yet made any progress towards adopting those standards or any other. The lack of availability creates a sense of competition between community organizations in regard to housing, making safe and healthy conditions a secondary concern to finding any placement. This lack of ability pertains to supportive recovery residences as well as general affordable housing and shelter beds.

There is a lack of different types of housing including but not limited to permanent supportive housing, adult residential treatment facilities, and single room occupancy.

## Peer Support

Peer supports are currently not able to be utilized at all points in the system. The community reported obstacles with clearing peers to work in locations such as the jail based on criminal history, certifications, and other requirements. Peer implementation also requires additional resources on the end of the receiving organization that is not always possible.

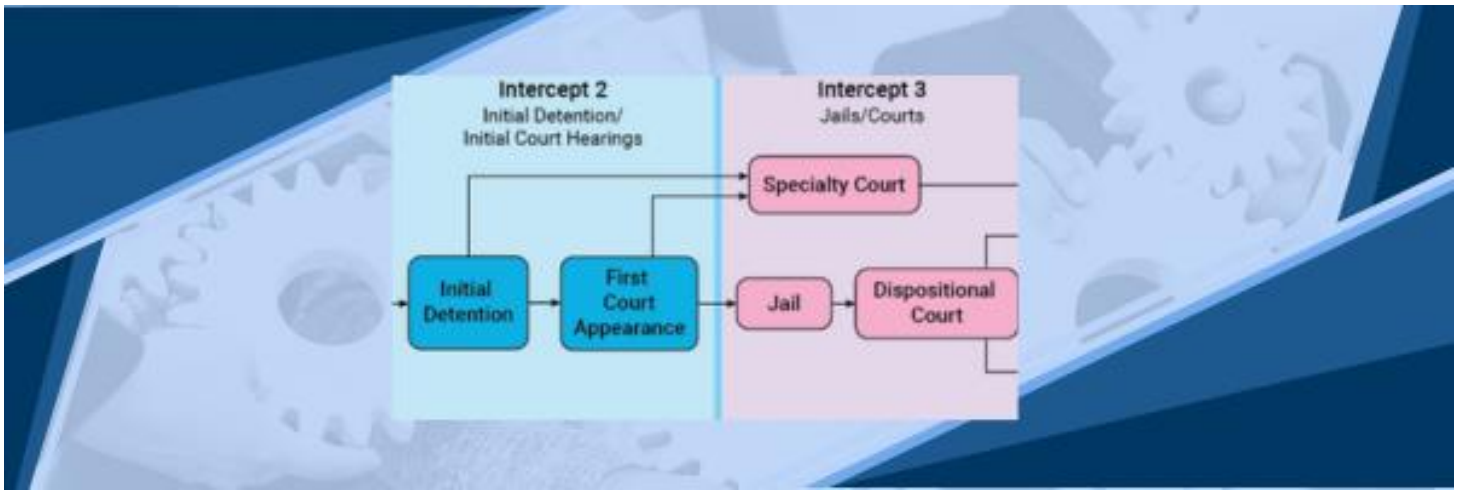
When peer support is available, getting transportation for the individual to be able to meet with the peer is a frequent obstacle, particularly in rural areas given the size of the county.

## Collection and Sharing of Data

Data collection in general greatly differs between organizations and is infrequently shared.

Snohomish County used to have access to a data sharing system similar to King County's Crisis Connections and OneCall. This resource is no longer available, and has been reported to cause significant difficulties sharing information about resources that have been utilized by a given individual, as well as general resource availability.

There is general interest in a Risk Needs Responsivity tool and select usage of validated screenings, but no system-wide implementation of any tool. Even if a tool was to be used, there is currently no infrastructure for the risk and need information to accompany an individual throughout the system.




# INTERCEPT 2 AND INTERCEPT 3

## RESOURCES

### Booking

Upon booking into the jail, individuals are evaluated for risk of suicide, substance use, medical concerns, withdrawals, traumatic brain injury, health insurance, veteran status, and general concerns. Upon entry they submit a UA which is used to determine whether detoxification services are needed. A "superform" is used countywide at arrest, and is provided to the jail at the time of booking. It later goes to the prosecutor and covers basic risk assessments.

### Jail Services

Snohomish County utilizes Lynnwood Jail, Marysville Jail, and Snohomish County Jail. Monroe Prison is also located within the county. Snohomish County Jail is most frequently utilized and offers nurse screenings after a pat down, the previously mentioned services, and can also provide MAT on a limited basis.

Snohomish County Jail also has tablets that can be used to make telehealth available, and staff are good about facilitating privacy when possible with the resources available. They support all SUD treatment agencies to go into the jail, with Evergreen Recovery being the most common. Tulalip can also do assessments for Native individuals.

In Marysville Jail and Lynnwood Jail, officers determine whether an individual is at risk and can refer them to an ANRP. Medically complicated individuals are sent to Snohomish County Jail. There is reported to be a good level of regular communication between the jails.

Snohomish County Human Services employs a jail services coordinator who works in the jail full-time to assist inmates in accessing in-jail SUD assessment and treatment, jail transition services, access to the Snohomish County Outreach (Scout) team and the Diversion Center.

Individual's released from the jail can request a daylight release, among many other services. Lists of services that an individual can request are posted throughout the jail.

## Pre-trial Services and Dispositional Courts

The Prosecutor's office runs a post charge diversion program after arraignment and assignment to counsel, and usually receives referrals through the office of public defense. This program includes centrally located options for treatment, assistance finding housing, case managers, and generally serves lower need individuals.

Post-Blake, LEAD has looked into coordinating with the Prosecutor's office to offer pre-trial release options.

The Office of Public Defense completes an indigency screening and assists with other needs not otherwise fulfilled.

## Problem-Solving Courts

Snohomish County has a variety of therapeutic courts including a Mental Health Court at the District Court level, and several community courts. These courts generally accept referrals from any source including public defenders, self-referrals, and community referrals. Prosecutors ultimately decide the bar for entry. The Mental Health court has an eight-week trial period during which assessments and observations are completed. This court began as an intervention for high-risk, high-need individuals, but has been expanded to two separate tracks. It is reported that this court is able to identify needs and locate solutions efficiently.

The Adult Recovery Court is at the Superior Court level for individuals with pending felony offenses and diagnosed substance use disorder. The court accept referrals from the public defenders and self-referrals. The Adult Recovery Court is a pre-plea therapeutic court for high risk/high need individuals as determined by the RANT (Risk and Needs Triage) screening tool and the GAIN (Global Appraisal Individual Needs) assessment tool. The Adult Recovery Court has a three-week intake period and two-week trial period. The program offers substance use disorder treatment, mental health treatment, cognitive behavioral therapy and trauma focused services, recovery capital assessment, and recovery support through housing, employment, education services.

There is system-wide interest and momentum behind a veteran's court or track, contingent on the demand for one being in place.

## Data Collection and Sharing

In general, communication between the jails appears to function well. A significant amount of the communication between entities at this stage of the intercepts occurs regularly and smoothly, but on an unofficial or word-of-mouth basis.

Snohomish County regularly keeps and sends records out to partner facilities.

# GAPS

## Booking

The information collected upon booking does not always follow the individual throughout the system. The Snohomish County Jail reports regular distribution of information but does not always receive it. Limited resources in the jails make it difficult to expand screening and resources here, despite system-wide support.

## Jail Services

The Snohomish County Jail does not have the staffing or certification to have an in-house pharmacy. This results in significant constraints in medical services both during confinement and upon release. Marysville and Lynnwood Jails also do not have pharmacies or full-time nurses on staff.

Getting medical information into the prison and jails can be difficult, as there is no one person or organization that facilitates the sharing of that information. Historically, it is completed by public defenders or social workers

Individuals who speak foreign languages or with limited literacy may be unable to read the signs posted detailing the services that can be requested within the jail.

## Pre-trial Services and Dispositional Court

At initial appearance, there is no information available from the jail beyond what the lawyers share or what is available in the Court Management System (CMS).

Pre-file diversion is not available.

## Problem-Solving Courts

There is a general cross-system desire for earlier identification of eligibility for therapeutic courts. Getting individual's into assessments for therapeutic courts and connecting them to the services they need can be difficult and is reported to feel like a "hurry up and wait" dynamic or a holding pattern.

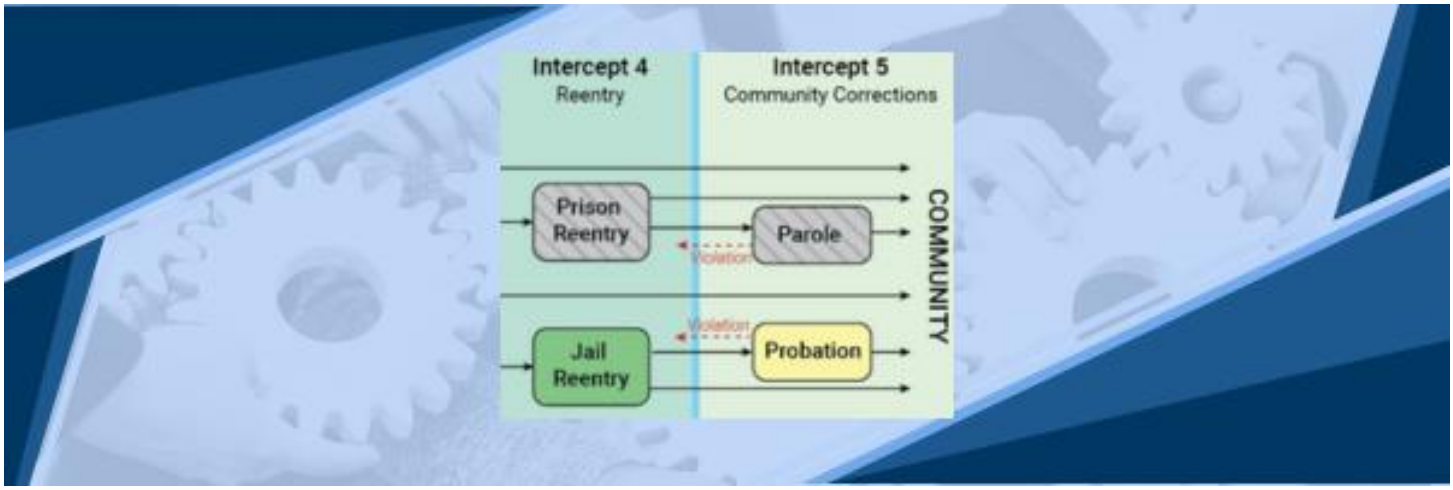
The Risk-Need-Responsivity assessments conducted by the therapeutic courts do not follow the individual to other parts of the system.

## Data Collection and Sharing

As mentioned earlier, information sharing at this state is largely informal or inconsistent largely due to a lack of reliable infrastructure to share information in accordance with privacy laws. Information surrounding a person's needs does not necessarily follow them through the system, or even from the jail to court.

When data is collected, on an individual or program basis, it is not always used or entered into corresponding databases.

Questionnaires utilized that ask about veteran status are worded in such a way that those who have served in the military but exited without an honorable discharge may be inclined to answer “no”, therefore misidentifying their needs.




# INTERCEPT 4 AND INTERCEPT 5

## RESOURCES

### Reentry

Individuals in the jails have the ability to request daylight release during a time when public transportation is available. The resource center is located right next to the jail and does not require additional transportation.

In Snohomish County jail, individuals can contact social workers and a reentry navigator who can help connect them to appropriate resources. Any individual who indicated a substance use disorder at intake is released with Narcan and a list of resources along with their property. Jail Transition Services connects people who need mental health services back with their managed care organizations to coordinate services upon release.

When interviewed by Ideal Option upon release, people can be connected with the same resources, as well as assistance with MAT. If an appointment is missed with Ideal Option, they will reach out and ask about what barriers may have kept them from making the appointment.

There is also a phone number that can be called from within the jail that can reactivate medical insurance within 24 hours.

Upon release, social workers, navigators, and the resource center work to connect individuals with peer services operating on a hub and spoke model out of Everett. Both peer services and the resource center can connect individuals with any number of resources to fit their needs upon release.

The Department of Corrections (DOC) which operates the Monroe Prison has a significant number or resources available to anybody incarcerated there. Release planning begins upon entry, Risk-Need-Responsivity assessments, bio-psycho-social assessments, competency evaluation, and general need screenings are conducted through a validated statewide tool.

Individuals can be assisted with rent up to $700 a month for 6 months in approved housing with more housing support detailed in the Housing Resources section of this report. DOC can also help recently released individuals acquire ORCA cards, medications, funding, and more. DOC has the power to dictate the time of release once a release date. DOC will coordinate ensuring releasing individuals have a 30-day supply of medications and will assist, whenever possible, in an application for Medicaid benefits prior to release, obtaining a valid state ID, Re-Entry Navigators, and "giving closets" for individuals that do not qualify for funded services with food, hygiene, and clothing necessities.

### Probation

Specialized probation is available and intended for those who need heightened services but are not otherwise eligible for the Mental Health Court.

Probation services are split between four geographic areas in the county. Active supervised probation received a Risk-Need-Responsivity assessment, substance use screening, and an anxiety screening. Probation officers themselves receive training, with more specified education available for Mental Health Court staff. Moral Reconation Therapy (MRT) is offered to individuals with Domestic Violence Charges. Plans are in motion to introduce a Cognitive Behavioral type therapy in the near future.

DOC is moving away from entirely specialized caseloads for supervised individuals with mental health needs and towards all staff being required to complete a multiple-course training on mental health basics and interventions. DOC offers Cognitive Behavioral Therapy in the form of "Thinking for a Change" and "Decision Points." DOC funded Sexual Deviancy Treatment is also offered to individuals who are incarcerated in a DOC prison facility and qualify for treatment, including aftercare in the community upon release.

Some post-conviction assessments may be available throughout the county.

As for court ordered treatment, if a defense lawyer initiates the request and funding is not available, the Office of Public Defense can cover assessments once court ordered.

## GAPS

### Reentry

There is a large, cross-intercept issue with Managed Care Organization (MCO) incompatibility, leading to barriers and delay in treatment.

The jail cannot release individuals with their medication, even if it is life-saving (ex. Insulin) since they do not have a pharmacy. This includes MAT. There may be an opportunity for the jail to coordinate with the MCO to resolve this, but this is still in progress.

Peers are not able to go into the jail to assist with reentry planning because of resource restrictions within the jail which are needed to provide supervision and training to the peers. Compass Health is also not able to go in the jail, despite being able to in nearby counties.

## Probation

Often times, treatment ordered by the court that is not covered by Medicaid leads to significant costs for the Department of Corrections, beginning with just the assessment. If a specific modality is not mandated by the court, DOC may be constrained to the cheapest option rather than what may have been a more fitting option.

Not all jurisdictions have the same programs, such as Domestic Violence counseling, available.

## Other

Some difficulties were reported surrounding data with DOC warrants linking to JABS. Secretary warrants do not show up in JABS. Most County and City facilities do not book or hold (longer than a minimal time to facilitate transfer of custody) on DOC detainers or warrants, so the Department cannot address violations until after non-DOC matters are resolved, which can negatively impact efforts to arrange treatment directly upon release from confinement. Cities can coordinate, but that is not available at the county level. Also, there is a fee associated with quashing a warrant from another jurisdiction.

# PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on January 17, 2024. The top five priorities are highlighted in bold text. The bolded priorities were discussed, and an action plan was developed, though any of the priorities listed are candidates for future work by the community. Action plan details are listed below.

1. Develop a protocol for first responder handling crisis calls that emphasizes general collaboration and co-response between fire, EMS, and police.
2. **Create a Snohomish County version of Crisis Connections that allows for data sharing cross-system.**
3. **Develop systems for earlier identification and intervention (initially for therapeutic courts, more generally for diversion and assistance models).**
4. Implement cross-intercept veteran identification.
5. **Implement systems for 'warm-handoffs' upon release from the jail.**
6. **Create a system to notify providers when a client enters or exits custody.**
7. Open (or convert an existing to) a 24/7 urgent care that can offer rapid medical clearance.
8. Reduce barriers to the diversion center.
9. Expand peer integration and coordination.
10. Investigate background requirements.
11. Implement county-wide expansion of LEAD.

12. Create interlock agreements between courts and probation.
13. Investigate funding for long term mental health treatment.
14. Create mental health first responders.
15. Investigate creating more options for (and improving) supportive transitional housing.
16. Increase availability of transportation to and from services.

# ACTION PLANS

The action plans listed below were developed by the mapping participants on January 17, 2024. The individuals or organizations bolded in the 'Who?' category are the 'champions' of that objective and serve as the main point of contact for planning and follow-up.

| **Priority 1:** *Snohomish County version of Crisis Connect with Data Sharing Components* | | | |
|---|---|---|---|
| Objective | Action Steps | Who? | When? |
| Gain an understanding of what exists in terms of data sharing currently both in Snohomish County and other locations (government and stakeholder current status research) | Fact finding to see what exists in King County<br><br>Gather Snohomish stakeholders including VoA, Health District, BHO to evaluate data and bandwidth availability<br><br>Determine if any MOUs currently exist | Courts<br>**MAC – David**<br>NAMI<br>Executive Office<br>THS | March 2024 |
| Develop a plan for existing infrastructure (including Crisis Center/lines) | Determine who owns the system and who would be able to and interested in ownership. Bring those parties to the table.<br><br>Identify funding resources.<br><br>Identify IT resources/materials (digitizing resources, building data clearinghouse, etc) | NAMI<br>BHO/Health District<br>MAC<br>Emergency Responders (Nurse Navigator at dispatch)<br>Hospitals | June 2024 |

| | | | |
|---|---|---|---|
| | Presentation to Exec by late April | DCR<br>Ashley (LEAD) | |
| Determine needs and resources for funding and staffing expansion for alternate destination in connection with Crisis Connect | Utilize info regarding funding collected in the development of the AOT court<br><br>Existing resources through urgent care, community response, street medicine, etc should be utilized. COSSP Grant?<br><br>Determine who makes the ask, where it will come from, etc | Courts<br>NAMI<br>Urgent Care<br>CJI<br>Emergency Responders<br>Compass Health<br>THS<br>Health Department<br>Jason – Public Defense<br>Councilmember Dunn | June 2024<br><br>Should be done by May 1 if wanting it in the original version of this budget cycle |
| Develop Accessible Goals/Metrics | Create list of deliverables moving towards implementation/improvement plan<br>Create further next steps | See previous workgroup | December 2024 |
| Determine information needs along intercepts | Who needs the information?<br><br>What barriers exists? And what solutions exist for those barriers? | See previous workgroup | December 2024 |

| Priority 2: *Earlier identification and intervention* | | | |
|---|---|---|---|
| Objective | Action Step | Who? | When? |
| Information gathering on systems that do early screening and identification | Look into King County Practices and Snohomish County Practices<br><br>Create list of possible solutions/opportunities<br><br>Create intercept chart with the perspective of early intervention and info sharing to individuals<br><br>Determine next steps based on possible solutions and opportunities /solutions (with input of OPD/LE)<br><br>Part 2.42 CFR adherence | LEAD<br>NAMI<br>Courts<br>Jail<br>Prosecutors<br>Human Services<br>Uneek Maylor | March 2024 |

| Priority 3: *Supportive Transitional Housing* | | | |
|---|---|---|---|
| Objective | Action Step | Who? | When? |
| Identify Players | Identify organizations currently providing housing support, what support they are providing, and how much of their resource is utilized (211, etc)<br><br>Identify gaps and what would be utilized | Human Services<br>DOC<br>WAQRR<br>HCA<br>**EV Velez**<br>Judge Wilson<br>Sound Pathways<br>Advocates<br>Recovery Services<br>MAC | February 2024 |
| Create Workgroup | Investigate centralization of applications, transitional options, etc<br><br>Establish a standard for what fits clean and sober housing standards | **EV Velez**<br>Judge Wilson<br>Human Services<br>NAMI<br>Bridgeway<br>DOC | March 2024 |
| Develop future steps and action plan for workgroup | Identify funding opportunities, including grants<br><br>Include a standard for what fits clean and sober housing, investigating WAQRR standard usage in Snohomish<br><br>Collective engagement standards<br>Increasing collaboration, decreasing competition | **EV Velez**<br>DOC<br>Workgroup identified above | September 2024 |

| | | | |
|---|---|---|---|
| Create centralized location for info about housing | Utilize 211, DOC housing specialist info as a starting point<br><br>Include what housing is available and what populations it is for | **EV Velez**<br>DOC<br>Workgroup identified above | January 2025 |

| **Priority 4:** *Warm handoff on release and connection texts* | | | |
|---|---|---|---|
| Objective | Action Steps | Who? | When? |
| Convene working group after conclusion of data group work and LEAD expansion | Keep in connection with centralized data/crisis group and LEAD<br><br>Coordinate to be looped in when data/crisis group creates next step<br><br>Release notification option exploration | NAMI<br>Mutual Support Groups<br>Compass Health Treatment Services<br>Human Services Recovery Coalition<br>SeaMar<br>**LEAD** | May 2024 |
| Establish goals, scope and best practices of warm handoffs | Establish realistic goals and expectations for what a warm handoff can provide and how it will be received/perceived | NAMI<br>Tom Robey<br>EMS<br>Jail<br>DOC<br>Advocates<br>Treatment<br>Treatment Services<br>SeaMar<br>Discharge planners<br>Recovery Coalition<br>**(Later identified partners)** | TBD |
| Determine staffing/funding needs | Determine who will be doing earm handoffs | NAMI<br>Advocates | TBD |

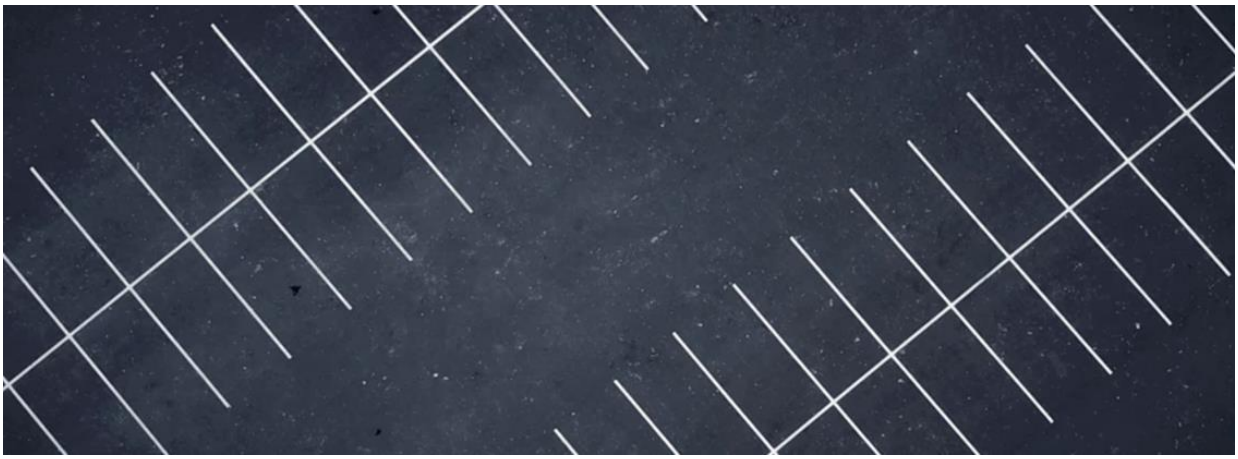
| | | | |
|---|---|---|---|
| | Determine what is needed to make the handoff available upon release<br><br>Release notification needs<br><br>Coordinate with jail and courts | Treatment Services<br>SeaMar<br>Recovery Coalition<br>Ashley – LEAD<br>NAMI<br>Human Services | |
| Create warm handoff system | Scope, staff, timing, communication, sustainability, release notifications, etc | NAMI<br>Tom Robey<br>EMS<br>Mutual Support<br>DOC<br>Advocates/NAMI<br>Treatment Services<br>SeaMar<br>Recovery Coalition<br>(Later identified partners) | TBD |

# QUICK FIXES/LOW-HANGING FRUIT

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

In this mapping, the group identified the **expansion of LEAD** as a quick fix. Lead has the ability to expand geographically to serve the whole county, and has the ability to offer more services post-Blake.

One other potential quick fix not formally identified in the mapping would be the system-wide **identification of veterans.** Not all questionnaires, screenings, and entry packets include questions about veteran status. Some that do are not specific to include any military service, and may exclude those who were not honorably discharged, or who may not self-identify as a veteran.



# PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop.

- Managed Care Organization incompatibility
- Streamlining Involuntary Treatment Act process and competency evaluations
- State support, mandate, and funding of Emergency Medical Services behavioral health and crisis intervention training
- System-wide staffing, funding, and resource shortages
- Criminal Justice Treatment Account (CJTA) fund use eligibility expansion
- General affordable housing shortages

# RECOMMENDATIONS

Snohomish County has a number of exemplary programs that address criminal justice/behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed.

Based on the gaps and resources available in the county, it is highly recommended that a data sharing collaboration is seriously pursued system-wide. Sharing data both on individual treatment (when appropriate) and system developments, resources, and progress is an essential component of de-siloing and has the potential to drastically increase system efficacy. When data collection infrastructure is implemented, these measures should be evaluated by a neutral party for inequities across personal identifying characteristics or other data concerns.

Countywide expansion of LEAD should also be pursued seriously. Existing resources and policy infrastructure are conducive to this expansion, and LEAD representatives indicated being able and willing to do so. Expansion of these resources will provide beneficial services to adults with serious mental illness that are involved in, or at risk or becoming involved in, the criminal justice system.

Finally, it is the formal recommendation of the facilitators that Snohomish County continue to convene a multidisciplinary workgroup to evaluate the progress of the aforementioned action plan, develop further goals, and work towards meaningful progress in the development of diversion opportunities for the target population. The Sequential Intercept Mapping should not by the last meeting of the participants, and should instead be a starting point for more work to be done. The extent of the progress that the group indicated wanting to achieve will not be reached through passive partial participation. That said, the extent of the motivation and talent concentrated in this group has to potential to create meaningful and lasting improvements within the county.

# RESOURCES

**Competence Evaluation and Restoration**

- Policy Research Associates. Competence to Stand Trial Microsite.
- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.

**Crisis Care, Crisis Response, and Law Enforcement**

- National Council for Behavioral Health. (2021). Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.
- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.
- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.

- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.
- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.
    - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.
- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

**Brain Injury**

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

**Housing**

- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- 100,000 Homes. Housing First Self-Assessment.
- Community Solutions. Built for Zero.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.
    - Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.

- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

**Information Sharing/Data Analysis and Matching**

- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

**Jail Inmate Information/Services**

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.

**Medication-Assisted Treatment (MAT)/Opioids/Substance Use**

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.
    - ASAM 2020 Focused Update.

    - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.
- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

**Mental Health First Aid**

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

**Peer Support/Peer Specialists**

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
    - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
    - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
    - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

**Pretrial/Arraignment Diversion**

- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.
- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.

**Procedural Justice**

- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
- American Bar Association. (2016). Criminal Justice Standards on Mental Health.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

**Racial Equity and Disparities**

- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.
- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
- Vera Institute of Justice. (2015). A Prosecutor's Guide for Advancing Racial Equity.

**Reentry**

- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
- Substance Abuse and Mental Health Services Administration. (2020). After Incarceration: A Guide to Helping Women Reenter the Community.
- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
- The Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.

- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

**Screening and Assessment**

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822.

**Sequential Intercept Model**

- Policy Research Associates. The Sequential Intercept Model Microsite.
- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). The Sequential Intercept Model and Criminal Justice. New York: Oxford University Press.
- Urban Institute. (2018). Using the Sequential Intercept Model to Guide Local Reform.

**SSI/SSDI Outreach, Access, and Recovery (SOAR)**

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. Psychiatric Services, 65, 1081-1083.

**Telehealth**

- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

**Transition-Aged Youth**

- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

**Trauma and Trauma-Informed Care**

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma Informed Judicial Practice.
- SAMHSA's GAINS Center. (2011). Trauma-Specific Interventions for Justice-Involved Individuals.
- National Resource Center on Justice-Involved Women. (2015). Jail Tip Sheets on Justice-Involved Women.
- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.

**Veterans**

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.