

COMMUNITY CORRECTIONS PARTNERSHIP
January 9, 2020 Regular Meeting

1. CALL TO ORDER – ROLL CALL

Present: Ron Abernethy, Mark Boessenecker, Mary Butler, Bob Fleshman, Karen Graff, Sue Kuss, Barbara Nemko, Sarah O'Malley, John Robertson, Lindsay Stark, Brad Wagenknecht, Jennifer Yasumoto

Not Present:, Allison Haley, Dina Jose, Robert Plummer

Others Present: Amy Medina, Amanda Owens, Brian Campagna, Francisco Martinez, Julie Baptista, Emily Mills

2. PUBLIC COMMENT

Emily Mills updated the group on several ongoing issues described at the previous CCP meeting and continues to feel unsupported by the criminal justice system. Chief Butler thanked her for comments, and advised that she could connect with officials outside of the CCP meeting to talk more about specific questions and address her concerns more in depth.

3. APPROVAL OF November 14, Regular Meeting MINUTES

Motion: Barbara Nemko

Second: Ron Abernethy

Motion Approved

Abstain: Brian Campagna

No oppositions, no abstentions, Motion Approved.

4. REENTRY UPDATE

Not ready for population as anticipated. Further discussion regarding final details.

5. PRETRIAL

Pretrial is up and running, seeing more arraignment reports. Judge Boessenecker notes that the court is appreciating the increase in information provided by the pretrial reports. Discussion regarding future data collection for analysis.

6. PROBATION RESTITUTION POSITION APPROVAL FOR FUNDING(ACTION ITEM)

Discussion of the proposed Restitution Position job description as it relates to the current restitution process, the difficulty finding collection vendors, and the law requiring the victim to be compensated first before fees can be collected. Brief discussion of the inception of the restitution court process and the success of that program. Review of deficiencies in the restitution process as a whole, and discussion of how this proposed position could meet these needs, manage the data, and anticipated work relations with the new vendor, GC Services. The exact details of the job description and title will not be known until funding is approved and Human Resources begins their process of creating the position.

Motion: To approve the budget request of a maximum of \$109,891 for the first year. This includes salary and benefits.

Second: Jennifer Yasumoto

Motion approved

7. REALIGNMENT PLAN REVISION

Edits have been made as previously discussed, and the draft was handed out in this meeting and is attached hereto. If any revisions are suggested, please submit as soon as possible.

8. JAIL POPULATION REPORT

Jail current population is 253

9. MENTAL HEALTH DIVERSION

Ron Abernethy discussed the upcoming statutory requirement for a Mental Health Diversion program. Discussion of treating individuals at the community level versus the State Hospital and what that would look like. Ideally, by the end of the fiscal year would like to have an idea of the cost of implementation, funding source, and a plan to sustain the program.

10. STATUS OF REALIGNMENT FROM PARTNERS

Courts – Change in leadership, renumbering of the court rooms.

Public Defender – Nothing to report

District Attorney – Nothing to report

Board of Supervisors – Nothing to report

Sheriff's Office – Nothing to report

Health and Human Services – Nothing to report

Mental Health – Working on the new 1.5 FTE position recruitment, position vacancy for an Alcohol Drug Services counselor, offer being made hope to fill vacancy soon.

Probation – Change in leadership, Chief Mary Butler to retire in February. Julie Baptista to become the next Chief.

Napa Police Department – Nothing to report

Schools – Looking into enhancing Mental Health resources on campuses throughout the district.

CEO – Nothing to report

GEO Inc. – February 6th graduation

Victim Witness – Nothing to report

11. FUTURE AGENDA ITEMS

None at this time

Adjourned: 1:26 p.m.

NEXT MEETING DATE: March 12, 2020 at 12:15 PM



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Napa County Probation
Adult Division

1125 Third Street 2nd Floor
Napa, CA 94559
www.co.napa.ca.us/probation

Main: (707) 253-4431
Fax: (707) 253-4178

Mary Butler
Chief Probation Officer

MEMORANDUM

To: Community Corrections Partnership	From: Mary Butler, Chief Probation Officer Allison Haley, District Attorney
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Date: January 9, 2020	Re: Request a position for restitution collections
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Today I am requesting the Community Corrections Partnership (CCP) approve a request from the Probation Department and the District Attorney to fund a position for the improvement of the collections of restitution.

Background:

Napa County has always collected restitution for victims. During our years contracting with CSB, collections were done by CSB based on the information given to them by Probation. Probation worked with the District Attorney's office victim advocates to determine restitution. Once that number was determined, the Court would review and order the restitution amount. CSB was given this information and they collected the money based on state laws. Restitution was collected first followed by fines and fees.

Napa County is moving away from using CSB and is in the process of contracting with a new provider, GC Services. During negotiations of that contract it became clear that GC Services cannot continue that process. The new provider will not be collecting restitution and a new process needs to be implemented to assure that restitution is still collected prior to fines and fees. It is critical that the county have a process to assure victims receive restitution owed to them.

This position will be the point of contact for Napa County with GC Services. The employee will be responsible for oversight of about 3000 accounts. Initially, they will be responsible for reviewing each account to ensure data transfer to GC Services and entry into the GC Services Star System is accurate. They will also complete about 50 – 75 payout forms monthly; checks for CalVCB estimated at 2 monthly and 150 checks monthly for victim restitution.

The position would be in the Probation Department. Given the reduction of the Restitution Specialist from full time to half time at the DA's office, this position would assist in the organization documentation for Restitution Court on a monthly basis in addition to the restitution duties.

Plan:

Human Resources will review the job duties and specifications to determine the most appropriate job classification for this position. The possible options include an Account Clerk, Senior Account Clerk or Staff Services Analyst.

Budget:

The request is for a maximum of \$109,891 for the first year. This includes salary and benefits for a Staff Services Analyst.

This request is budgeted at the highest level. If Human Resources determines a lower level is appropriate, the request will be reduced.



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COUNTY OF NAPA

**PUBLIC SAFETY REALIGNMENT AND POST RELEASE COMMUNITY
SUPERVISION 2011 IMPLEMENTATION PLAN**

REVISED DECEMBER 2019

INTRODUCTION

The realignment of responsibility for substantial numbers of felony offenders from the State of California to counties finds Napa County started in October 2011. The County's commitment to evidence-based practices, established in its Adult Corrections System Master Plan and embodied in the Community Corrections Service Center, extends beyond programs to bring about changed behavior among particular offenders assisted Napa County in implementing these changes. The Master Plan also included policy measures, where warranted by the evidence, to serve the following ends:

1. Reduce the incarceration of defendants on pretrial status;
2. Establish alternative sanctions for offenders under supervision in the community;
3. Provide penalties other than total confinement, where appropriate, for sentenced offenders.

COMMUNITY CORRECTIONS PARTNERSHIP MEMBERS:

EXECUTIVE COMMITTEE:

Mary Butler, Chief Probation Officer (chair)
Bob Fleshman, Court Executive Officer
Allison Haley, District Attorney
Ron Abernethy, Public Defender
John Robertson, Sheriff
Robert Plummer, Napa Police Department
Jennifer Yasumoto, Director of Health and Human Services

OTHER PARTNERSHIP MEMBERS:

Brad Wagenknecht, Board of Supervisors
Lindsey Stark, Alcohol and Drug Administrator
Barbara Nemko, County Superintendent of Schools
Sarah O'Malley, Mental Health Director

OTHER CRIMINAL JUSTICE PARTNERS:

Dina Jose, Director of Corrections
Doug Parker, Deputy County Counsel
Mark Boessenecker, Superior Court Judge
Sue Kuss, Deputy County Executive Officer
Vacant, Victim Witness Program Manager

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Realignment Implementation Plan

Amanda Owens, Geo Group
Karen Graff, Geo Group
Paul Gero, Assistant District Attorney
Scott Young, Superior Court Judge
Victoria Wood, Superior Court Judge
Elia Ortiz, Superior Court Judge
Monique Langhorne, Superior Court Judge

HISTORY OF REALIGNMENT

Overview of 2011 Public Safety Realignment Act (AB 109)

In an effort to address overcrowding in California's prisons and assist in alleviating the state's financial crisis, the Public Safety Realignment Act was signed into law on April 4, 2011. AB 109 transfers responsibilities for supervising specified lower level inmates and those returning from the California Department of Corrections and Rehabilitation to counties. Implementation of AB 109 began on October 1, 2011.

Key elements of AB 109 include:

Target Population: There are two new groups of offenders who now serve their time locally and are under the supervision of the Napa County Probation and/or Corrections Department. Offenders who are non-violent, non-serious, non-sex offenders, who previously would have been sent to state prison, will remain in the county to serve their sentences. Additionally, the county will also supervise offenders released from prison who are non-violent, non-serious offenders or low-risk sex offenders.

Redefining Felonies: Revises the definition of a felony to include certain crimes that are punishable in jail for longer periods of time. Changes to the penal code allow for longer jail sentences.

Local Post Release Community Supervision: Offenders released from state prison after serving their sentence for an eligible offense shall be subject to post release community supervision for a period of not more than three years. Each county Board of Supervisors will designate will designate the agency to supervise this population. On August 2, 2011, Napa County Board of Supervisors designated Napa County Probation Department as the supervising agency.

Revocations Heard and Served Locally: Post release community supervision and parole revocations will be served in local jails for up to 180 days. Napa County Courts will hear

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revocation hearings for post release supervision offenders while the Board of Parole Hearings will conduct parole violation hearings.

Changes to Custody Credits: Jail inmates will be able to earn four days of credit for every two days served. Time spent on home detention or electronic monitoring is credited as time spent in jail custody.

Alternative Custody: Penal Code 1203.018 authorizes electronic monitoring for inmates being held in the county jail in lieu of bail. Eligible inmates must first be held in custody for 60 days post arraignment or 30 days for those charged with a misdemeanor offenses.

Community Based Punishment: Counties are authorized to use a range of community based punishment and intermediate sanctions other than jail incarceration alone or with traditional probation supervision.

New County Resources under Realignment

Financial. The State of California is providing Realignment funding to help counties manage these responsibilities. Funding for each county has been allocated based on a formula developed by a committee of County Administrators along with the State Department of Finance. Funding includes growth funding to each county based on revenues coming into the state. Prop 30 has guaranteed funding for counties.

The Probation Department continues to be awarded SB678 funds to implement evidence-based practices.

Evidence-Based Practices and Policy

The term *evidence-based practice* is invoked in a variety of fields to refer to interventions for which there is systematic evidence of more successful outcomes when they are used than when they are not. Napa County's Adult Correctional System Master Plan defines evidence-based practices in corrections as *progressive, organizational use of direct, current scientific evidence to guide and inform efficient and effective correctional services. Research has indicated that certain programs and intervention strategies, when applied to a variety of offender populations, reliably produce sustained reductions in recidivism.*

Focusing on recidivism as a primary outcome measure, and analyzing evaluations of a variety of programs, some researchers have declared a consensus on the principles of evidence-based practice in corrections:

- *Risk.* Target interventions at offenders with a higher risk (probability) of re-offending. Lower-risk offenders may be harmed by excessive intervention, e.g., putting a normally

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responsible wage-earner in jail and causing loss of employment and interventions are more cost effective with those more likely to re-offend. Furthermore, risk of re-offending should be assessed by actuarial measures or instruments that reflect, among groups of offenders, an observed association between risk factors, such as lengthy criminal history or drug abuse and likelihood of recidivism.

- *Need.* Target interventions to “criminogenic” needs, i.e., needs of offenders known to lead to criminal conduct, such as poor education levels, family dysfunction, drug or alcohol abuse, criminal associates, and antisocial attitudes. Such needs are distinguished from other risk factors, such as age and length of criminal history, because they are dynamic, i.e., subject to change as a result of intervention.
- *Appropriate treatment.* Use methods that have been shown to work for the type of person being treated: adapted to their distinctive challenges and learning styles, with enough intensity (e.g., contact hours) to address the severity of their needs, and which teach and model practical skills. Cognitive-behavioral methods have generally been more effective than some other approaches.
- *Evaluation.* Systematically collect, analyze, and document evidence about how a program is being carried out, the obstacles and issues encountered in the process, program integrity or consistency with objectives, levels of participation at various stages, participant progress, and outcomes. Be prepared to modify methods or assumptions if the program isn’t meeting objectives. Assess outcomes through the use of a comparable control group to allow assessment of the degree to which desired outcomes can be attributed to the program rather than to some other factor, such as selection of participants with positive attitudes who would have succeeded anyway.

Eight precepts of evidence based practice have been implemented in the criminal justice system in Napa County.

1. *Assess risk and needs:* Napa County Probation assesses all offenders using the LS/CMI assessment tool. This information is included in presentence reports to the court and used to develop supervision plans for offenders.
2. *Enhance Motivation:* Napa County Probation and Department of Corrections staff have all been trained in Motivational Interviewing and utilize these skills in their everyday assignments.
3. *Target Intervention:* Probation officers develop supervision plans based on the top criminogenic needs of the offender. Best practice is to focus on the top three areas of concern.

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4. Skill Train: Programs utilized by Napa County offender are skill based and are generally cognitive behavioral skill building groups. These programs are utilized by probation officers and contractors.
5. Positive Reinforcement: Napa County Probation is using a rewards/sanctions grid that provides behavior change for negative behavior and rewards for positive behavior. Staff has rewards available to them to use with offenders.
6. Support in natural communities: Napa County has opened a day reporting center called the Community Corrections Service Center. This allows offenders to receive programs while living in their community. Referrals are made to other local programs including mental health, substance abuse treatment, batterers intervention programs and sex offender treatment.
7. Measure process: Napa County has a criminal justice analyst who will be monitoring the evidence based programs offered in the community.
8. Provide feedback: Napa County continues to monitor programs, give feedback to staff as well as the criminal justice system partners.

Evidence-Based Policy. Evidence-based considerations may be applied to matters of legislative and organizational policy. In this arena, reduction of recidivism is an important policy objective, but not the only one.

- For defendants whose cases haven't been adjudicated, composing the vast majority of Napa's jail population, the objective is not to prevent them from committing new crimes, since they are legally innocent, but to ensure their appearance at court and protect the community from the risks reflected in their current charges and, if applicable, their offense history.
- For convicted offenders, alternative sanctions are merited if they generate less financial and human cost and save jail beds. Until recently, when recidivism reductions were documented, intensive community supervision was promoted as a less expensive means of achieving results no worse than imprisonment.

Napa County's Realignment Implementation Plan takes an evidence-based approach to the policies and practices required to safely manage expanded correctional populations and builds on the evidence based principles already adopted by Napa County.

PROPOSED IMPLEMENTATION STRATEGIES:

Principles and Objectives

The Napa County plan is governed by the primary responsibility of criminal justice agencies: to protect the community, provide due process to the accused, and punish those who deserve it and to rehabilitate offenders. A variety of means may be chosen to fulfill these objectives, in addition to incarceration. Furthermore, the County has an ethical and legal responsibility to maintain jail populations at a safe and secure level for staff and inmates. Adoption of alternatives to incarceration, therefore, will be governed by the following criteria:

1. *Safety.* Assure that the proposed program or policy maintains sufficient control over defendants and offenders to minimize risk to the community when they are not confined.
2. *Punishment.* Assure that the proposal is consistent with the deterrent and retributive functions of law enforcement, both for participants and for the public at large. This includes assuring that victims are given assistance to assure their safety, assure the payment of restitution and provision of services as needed.
3. *Recidivism.* Implement programs or policy shown to produce a reduction in recidivism. Recidivism is measured by the conviction of new offenses. Violations of probation are tracked separately. These multiple measures will allow Napa to measure success in terms of jail bed use as well as community safety, and to account for pretrial defendants as well as sentenced offenders.
4. *Cost.* Determine what investment is required by the county to establish a program and then to maintain it. Assure that there is evidence that enough people would qualify for or be referred to the program to justify it.

Strategy

Programs for offenders will focus on three groups:

1. *Pretrial defendants.* Using a combination of SB678 and Realignment Funds, the Probation Department has developed a Pretrial Services Unit at the jail to interview defendants as they are booked, check references, and make recommendations so judges can quickly make informed decisions about recognizance release. Safeguards such as electronic monitoring or day reporting can be included in release conditions where appropriate. Community referrals and linkages will be made by the Probation Officers assigned to this program. This program is in the process of expansion adding additional staff and hours through grant funding. The Program will operate seven days a week from 7am – 10pm.

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2. *Sentenced Offenders.* Risk assessments are conducted prior to sentencing when a presentence report is being completed. Results of the assessment highlighting the risk and needs of the offender will be included in the report to assist in evidence based sentencing.

Less restrictive settings that may be used include electronic monitoring, home detention, work release, and day reporting—including the program-oriented day reporting program at the Community Corrections Service Center, with appropriate variations for new clients.

Realignment funds have been used to either start or enhance programs:

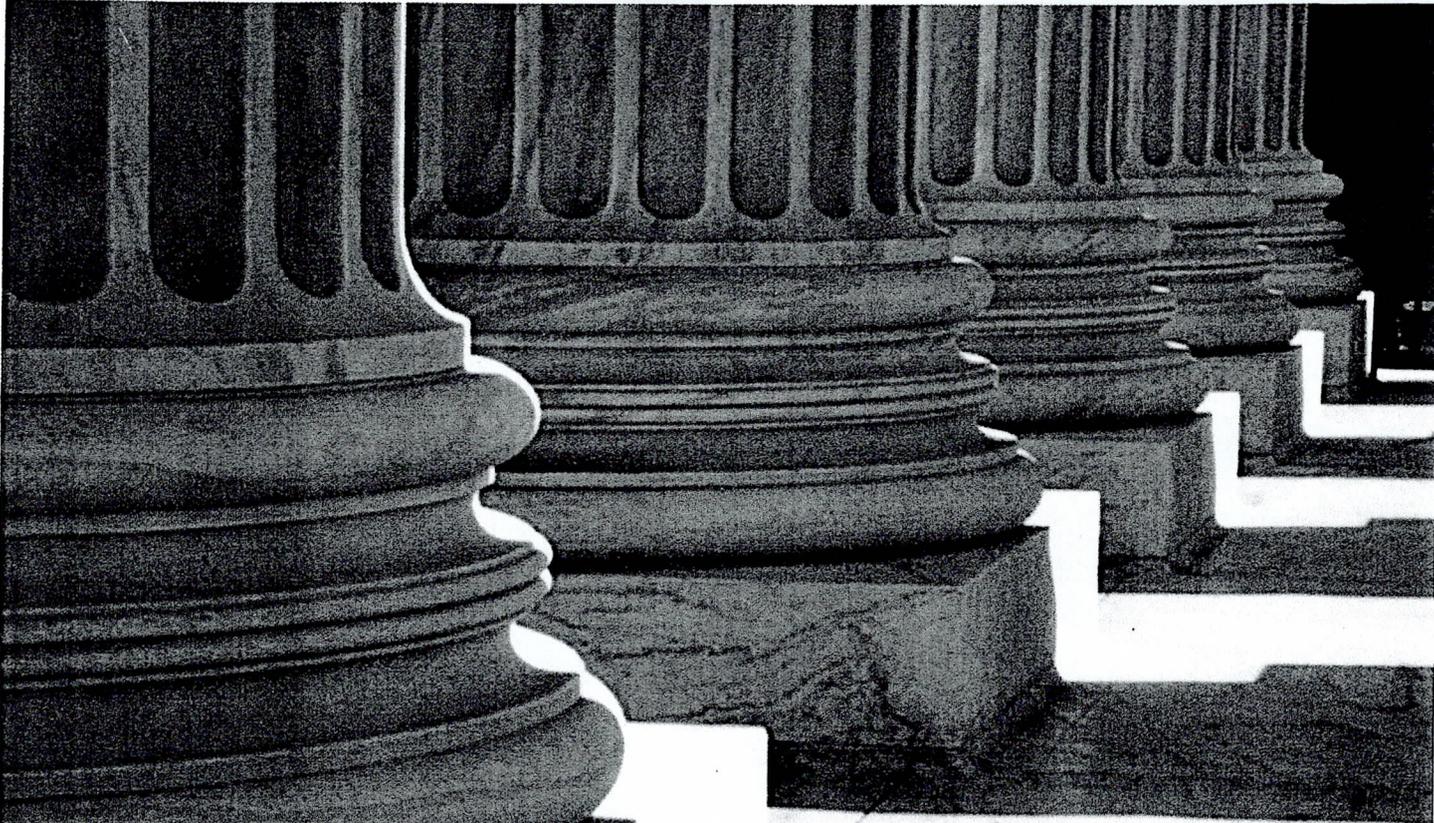
- Mental health clinician added for mental health court
- Alcohol and Drug counselor embedded in Probation Department
- A Victim Advocate to work directly with victims
- Additional residential treatment beds for those in jail or on probation
- Additional probation officers to cover new caseloads and assist in caseload size reduction
- One Probation Officer for pretrial program
- 1.5 FTE Mental Health Counselors embedded in Napa Police Department and Napa Sheriff Office to work closely with the mentally ill who come in contact with law enforcement.
- One Probation Officer and one District Attorney Investigator to assure compliance with Prop 63 (prohibited persons from owning firearms)

The staff-secure residential facility will open in 2020. This facility will be used for sentenced inmates who have earned their way into a less restrictive environment and also used for flash incarcerations and violations of probation.

3. *Probation Violators.* The Probation Department has designed a matrix of sanctions and rewards, ranging from counseling through “flash incarceration” to revocation of community status, which will provide guidance on responses to violations based on the needs of the offender and the severity of the violation, as well as reward positive behavior.

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4. *Transition Plan for those returning from prison.* All offenders returning from prison will have a range of assessments as soon as possible. Additionally, referrals to community agencies will be made based on the results of the assessment. A multi-disciplinary team will be developed to review the offenders prior to their return to the community to assure all known needs are met.



Sequential Intercept Model Mapping Report

Napa County, California September 2018

SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR NAPA COUNTY, CALIFORNIA

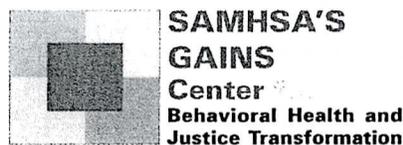
DRAFT REPORT
September 2018

Kathleen Kemp

Jac Rivers

SAMHSA's GAINS Center for Behavioral Health and
Justice Transformation

Policy Research Associates



ACKNOWLEDGEMENTS

This report was prepared for Napa County, California, by Kathleen Kemp and Jac Rivers of SAMHSA's GAINS Center for Behavioral Health and Justice Transformation and Policy Research Associates. The GAINS Center and Policy Research Associates wish to thank the Napa County Probation Department for organizing and hosting the Sequential Intercept Model Mapping Workshop, particularly Mary Butler, Chief Probation Officer, for leading the effort.

RECOMMENDED CITATION

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. (2018). *Sequential Intercept Model Mapping Report for Napa County, California*. Delmar, NY: Policy Research Associates.

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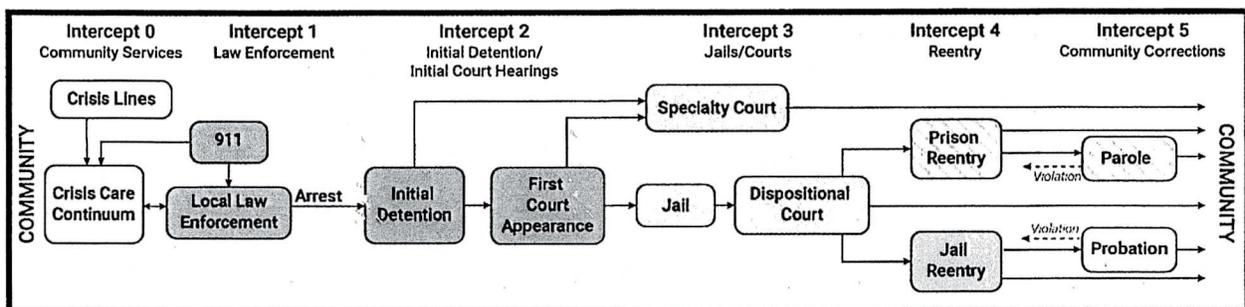
Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a strategic planning tool by 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 Model 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, resources, and opportunities 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.

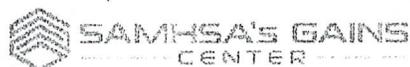
Introduction

Since 1995 SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, has worked to expand access to services for adults with mental and substance use disorders who become involved in the criminal justice system. The GAINS Center is funded by the Substance Abuse and Mental Health Services Administration to focus on five areas:

- Criminal justice and behavioral health systems change
- Criminal justice and behavioral health services and supports
- Courts and judicial leadership
- Trauma-informed care
- Peer support and leadership development

On September 4-5, 2018, Kathleen Kemp and Jac Rivers of the GAINS Center and Policy Research Associates facilitated a Sequential Intercept Model Mapping Workshop for Napa County, California. The workshop was supported, organized, and hosted by Napa County Probation. Approximately 35 representatives from Napa County participated in the 1½-day event.

Agenda



Sequential Intercept Mapping Workshop

Napa County, CA

September 4, 2018

AGENDA

8:30 Registration and Networking

9:00 Openings

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up

- Review
- Setting the Stage for Day 2

4:30 Adjourn

There will be a 15 minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

Sequential Intercept Mapping Workshop

Napa County, CA

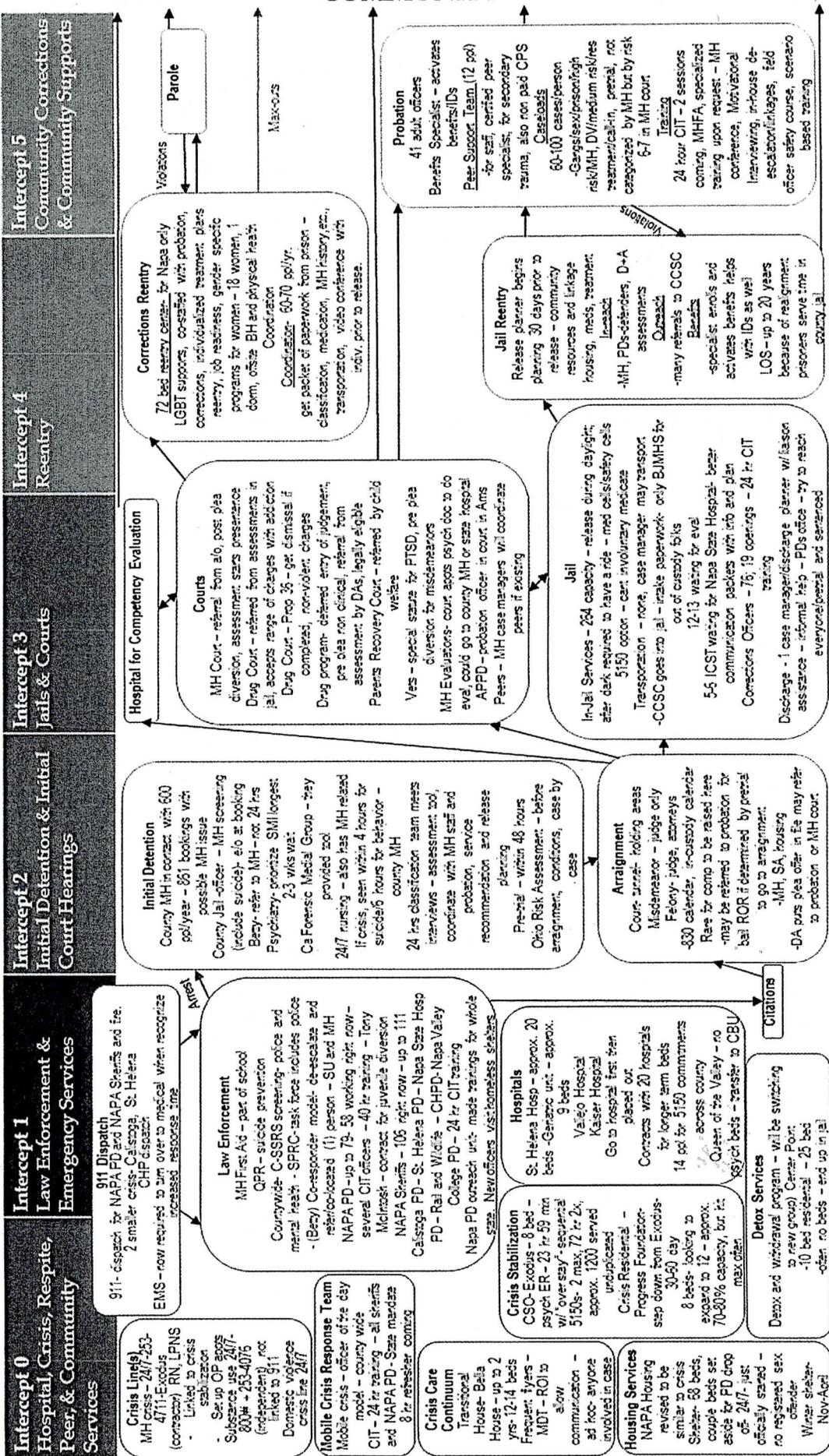
September 5, 2018

AGENDA

- 8:30 **Registration and Networking**
- 9:00 **Opening**
- Remarks
 - Preview of the Day
- Review**
- Day 1 Accomplishments
 - Local County Priorities
 - Keys to Success in Community
- Action Planning**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:30 **Adjourn**

There will be a 15 minute break mid-morning.

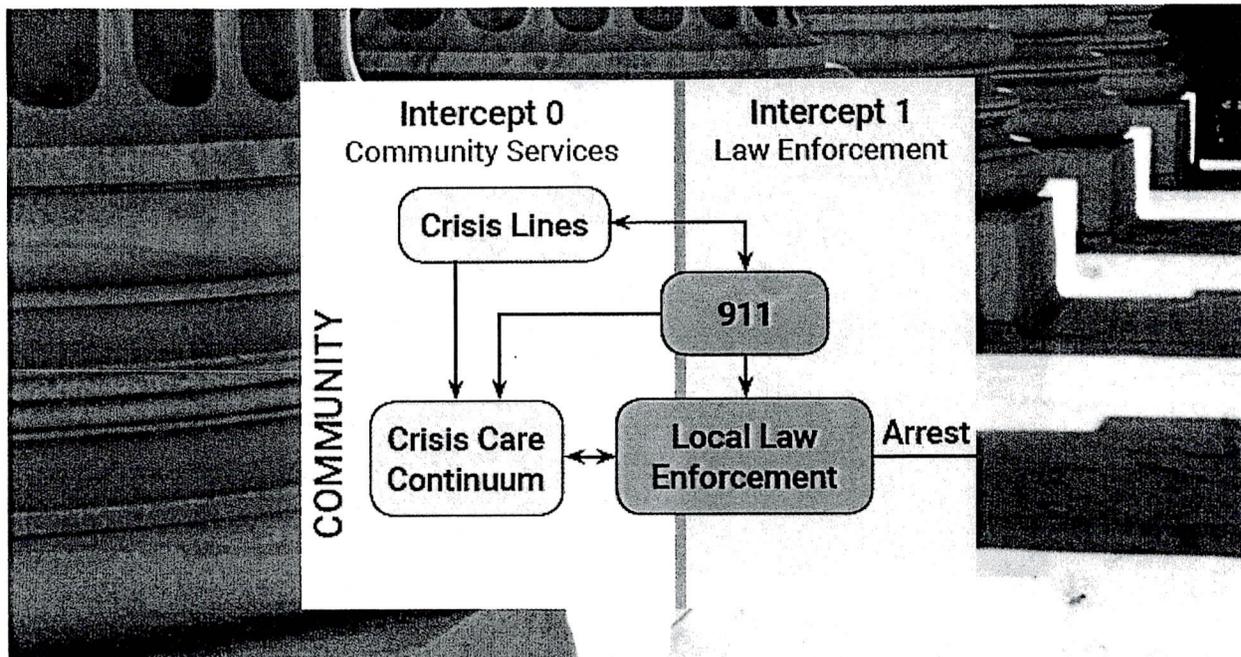
Sequential Intercept Model Map for Napa County, California





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

INTERCEPT 0 AND 1 RESOURCES

Preventative

- There is a 24-hour 211/United Way Bay Area information service that can be accessed by phone or web and provides information about a variety of services that are available in the county.
- There is mental health and substance use screening in all schools in the county.
- There is a youth diversion program.
- There is a Napa Opioid Safety Coalition (NOSC). It is part of the California Opioid Safety Network's statewide Accelerator Program. The Accelerator Program offers expert coaching, technical assistance and networking opportunities to local opioid safety coalitions across the state of California to help strengthen their impact.
- There is a Napa County Suicide Prevention Council. Its purpose is to support existing local suicide prevention and stigma reduction efforts, identify and fill gaps in suicide prevention approaches, and develop an overarching County suicide prevention plan.

Crisis Lines

- There is a 24-hour Mental Health Crisis Hotline (707-253-4711) that is connected to a Crisis Stabilization Services Program (see Crisis Care Continuum)

- There is a 24-hour Domestic Violence Hotline (707-255-6397) that is operated by Napa Emergency Women's Services (NEWS).
- There are bilingual (English/Spanish) services available to individuals contacting the hotlines.

Crisis Care Continuum

- Crisis Stabilization Services Program (CSSP)
 - 24-hour
 - The program provides assessment and acute care (up to 24 hours) for individuals of all ages.
 - The staff receive mental health training.
 - 8 beds are available.

- McAlister Institute Residential Program and Detox Facility *25 beds Rest tx*
 - 5 to 10 days of short-term, non-medical residential detoxification.
 - The program provides a safe environment, substance use education and treatment, and referrals/linkage to additional services and supports in the county.
 - 10 beds are available *detox*

- Exodus Recovery's Crisis Stabilization Services (CSS)
 - 24-hour
 - The program accepts walk-ins.
 - The program provides assessment, crisis stabilization services, and referrals/linkage to additional services and supports in the county.
 - The program has the authority to temporarily detain individuals (up to 24 hours) who are determined to be a danger to themselves, others, or gravely disabled.

- Progress Place
 - 24-hour
 - By referral (typically referral by Emergency Response Team)
 - The program accepts individuals 18 and older.
 - The program is available to individuals for 1-2 months however the average length of stay is approximately 9 days.
 - 8 beds are available (possibly 12 beds in the future).

- Bella House
 - Provides residential treatment and transitional housing.

- The program accepts individuals age 18-59.
- The program is available to individuals for up to 18 months.
- 12 beds are available.

Note: It is possible that a Sobering Center will open in the near future, which would be another addition to the crisis care continuum.

Hospitals

- Adventist Health St. Helena hospital provides emergency psychiatric services.
- Queen of the Valley Medical Center: St. Joseph Health is another hospital located in the county, but does not have designated psychiatric beds.

911 Dispatch

- 911/dispatch is operated by the county.
- Dispatches Napa County Sherriff's Office, Napa Police Department, and Fire Department.

Law Enforcement

- Napa County Sherriff's Office
 - 111 officers
- Napa Police Department
 - 59 officers
- CIT Training
 - There is a state mandated 24-hour CIT training curriculum that is provided to all law enforcement officers.
 - The full 40-hour CIT training curriculum has been provided to some law enforcement officers, but the exact number is unknown at this time.

Note: It is possible that an 8-hour refresher curriculum will be developed and available in the near future.

- Co-response
 - There are mental health professionals that respond with law enforcement officers to calls involving a mental health and/or substance use crisis.

- The mobile crisis teams operate using “officers of the day model” – that involves rotating deployments.
- A mental health/substance use forensic liaison is available to assist law enforcement and mental health/substance use professionals with locating available beds.
- Involuntary Holds
 - 5150 (72-hour involuntary holds) can be utilized when a person, as a result of a mental or substance use disorder, is a danger to others, self, or gravely disabled.
 - Many individuals are referred by law enforcement, however walk-ins/self-referral is also acceptable.
 - Serve approximately 1,200 individuals each year.

Homelessness

- Although the number of individuals currently experiencing homelessness in the county is not known at this time, at one point in 2013 there were 322 individuals that were homeless and approximately 1,100 individuals served through related services throughout year.
- There is a homeless shelter that has 68 beds available.
 - The Napa Police Department is able to drop off individuals who need shelter.
 - There is a restriction that prohibits sex offenders from accessing the shelter.
 - Additional shelter is available during the winter months.

Data and Information

- There is an effort underway to identify “high utilizers” or “familiar faces” – individuals who frequently utilize emergency services.

Peer and Family Support

- There are peer-run organizations operating in the county.

INTERCEPT 0 AND 1 GAPS

Crisis Care Continuum

- Individuals from other counties are admitted to Adventist Health St. Helena hospital or other crisis beds, and when they're discharged they stay in the county
 - No mandates to return individuals to the county in which they reside.
 - No discharge planning around transportation and returning individuals to the county in which they reside.
- Individuals with serious mental illness are not utilizing crisis services
- Individuals in need of detox services are sent to the jail if there are no other beds available.
- Individuals with opioid use disorder may be able to access detox, but may not have access to any other resources.
- Discharge planning is needed for individuals transitioning from Exodus Recovery's Crisis Stabilization Services (CSS)
- Mental health and substance use treatment providers need training around working with justice-involved individuals and forensic population.

Hospitals

- Queen of the Valley Medical Center: St. Joseph Health does not have designated psychiatric beds.

911 Dispatch

- 911 dispatch does not receive mental health training, and sometimes does not dispatch appropriate responses (i.e. sometimes law enforcement is needed and the fire department is dispatched instead).
 - A recent county agreement created this problem in an attempt to expedite medical-related responses.
- There is also no CIT training provided to 911 dispatch.

Law Enforcement

?

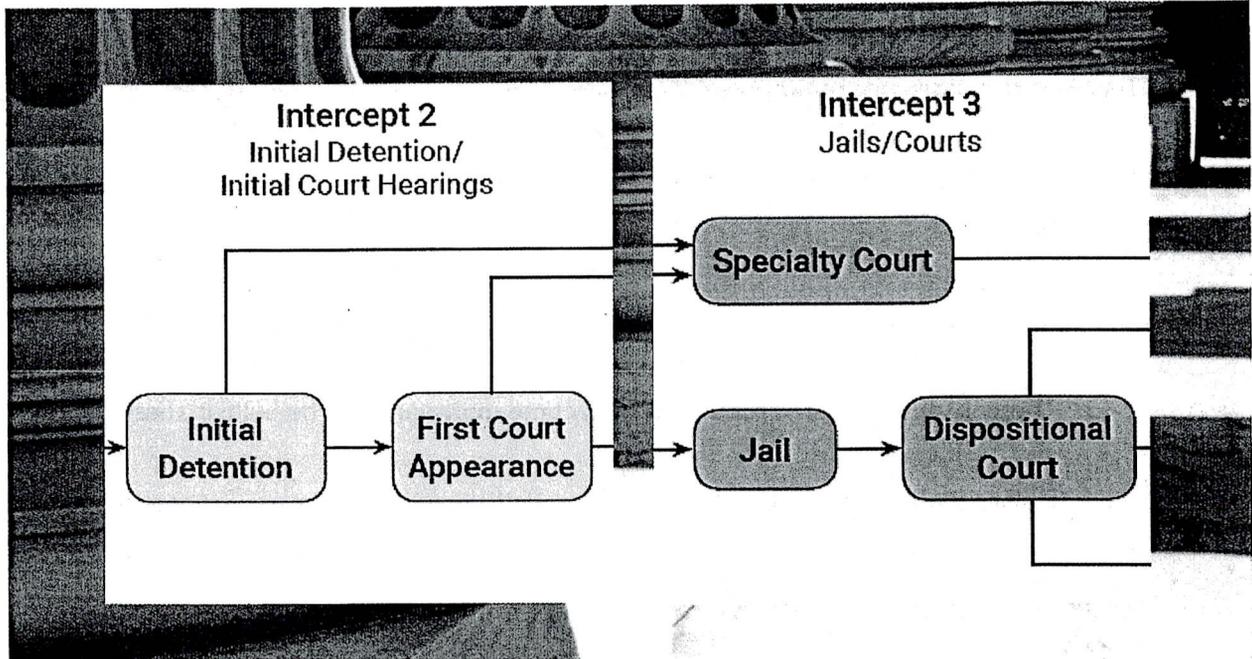
- There is no mandate for the 40-hour CIT training curriculum for law enforcement.
- There is high turnover among law enforcement officers who have received specialized mental health training.
- Involuntary Holds
 - Sequential 5150 (72-hour involuntary holds) are sometimes ordered
 - There is some concern about how many times individuals can be held on these orders.
- There is no place for law enforcement officer to take individuals with who are in wheelchair and need mental health or substance use treatment (individuals can only be taken to Queen of the Valley Medical Center: St. Joseph Health for physical health issues)

Data and Information

- There is no universal assessment tool used across the agencies/systems in the county.
- There are sometimes issues regarding obtaining consent to share information.
- Law enforcement is able to share information with mental health, but mental health can't share information with law enforcement.

Peer and Family Support

- There aren't many resources to assist families.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPT 2 AND 3 RESOURCES

Initial Detention

- California Forensic Medical Group (CFMG) provides health care in the jail.
- The Brief Jail Mental Health Screen (BJMHS) is administered when individuals arrive at the jail.
- Additional medical screening is also completed when individuals arrive at the jail.
- X ▪ Pre-trial completes a risk assessment within ^{24 business} 48 hours (before initial court hearing)
- If someone is in crisis, they are seen within six hours and if suicidal, they are seen within four hours.
- There are safety cells available for individuals who are psychotic or symptomatic.

Jail

- CIT Training
 - There is a state mandated 24-hour CIT training curriculum that is provided to all correctional officers.
- There is a standardized classification tool used in jail

- The Napa County Community Corrections Service Center (CCSC) conducts in-reach in the jail to start appropriate services (part the day reporting program).
- Individuals are typically released from the jail during daylight/business hours unless it is determined that an individual has transportation already secured.

Specialty/Treatment Courts

- There are several specialty/treatment court dockets/calendars.
 - Misdemeanor Deferred Entry of Judgement (DEJP) Program
 - For individuals with misdemeanor charges and limited criminal justice history.
 - Provided through collaboration between Napa County Probation Department and District Attorney's Office.
 - Includes assessment and court-ordered treatment plan
 - Drug Court
 - Post-plea
 - Parents Recovery court
 - Mental Health Court
 - Post-plea
 - 7 current participants
 - Capacity to serve 15 participants
 - 2-8 month assessment process
 - One year program
 - Outpatient competency to stand trial restoration for individuals with misdemeanor charges.
 - Veteran pre-plea program
 - Pre-plea
 - Misdemeanor
 - 4-5 cases a year

- Proposition 36 Court
 - Pre-plea
 - Non-violent

Note: California Proposition 36, the Substance Abuse and Crime Prevention Act of 2000, was an initiative statute that permanently changed state law to allow qualifying defendants convicted of non-violent drug possession offenses to receive a probationary sentence in lieu of incarceration.

Data and Information

- There is data and information sharing occurring between the state hospital and the jail.
- There is data and information sharing occurring between the county mental health agency and the jail to inform treatment planning.

INTERCEPT 2 AND 3 GAPS

Initial Detention

- If initial assessment warrants a decision to order involuntary treatment, ^{involuntary} medications are not started until after individuals are transferred to the state hospital.

Jail

- Mental health services in the jail are not available 24-hours, resulting in correctional officers having to make decisions that they are not trained to make.
- More time for psychiatric services is needed in the jail. Currently psychiatric services are only available 8-10 hours per week.
- More psychiatric beds are also needed in the jail. There are limited options in the jail for housing individuals who are psychotic or symptomatic
- There is limited in-reach by the Veterans Administration's Veteran Justice Outreach (VJO) specialists.
- There are no LGBTQ-specific services available in the jail.

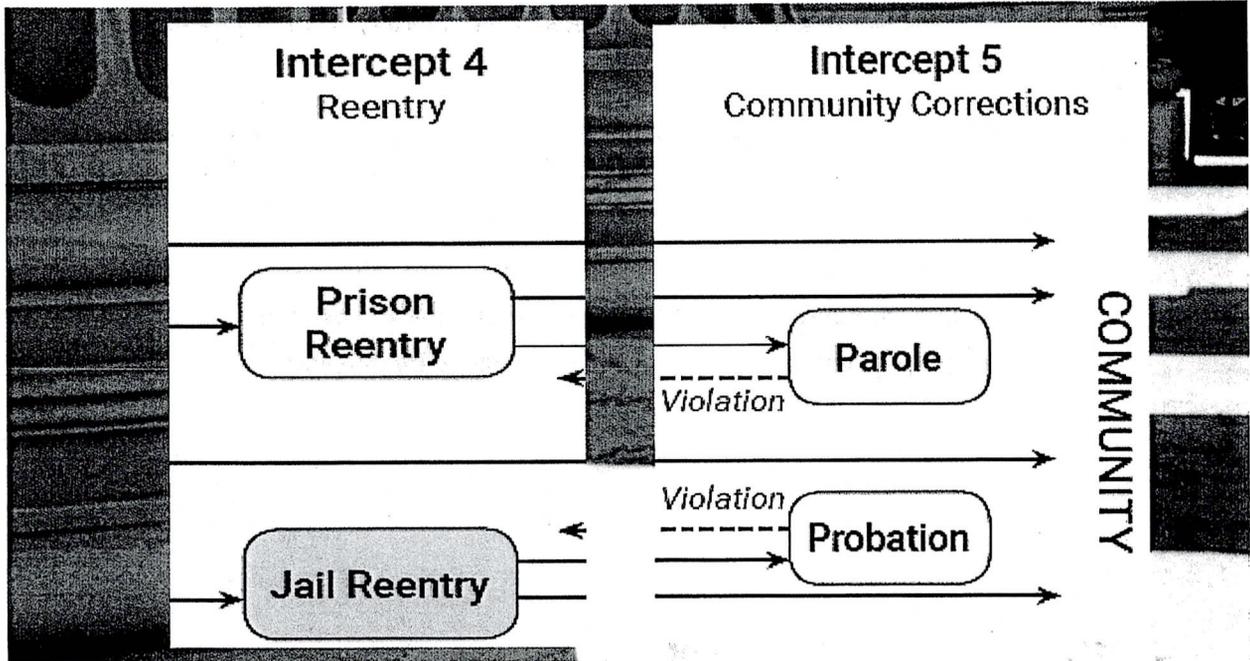
Specialty/Treatment Courts

- The Mental Health Court sometimes has difficulty engaging participants, and although there are incentives they are offered many individuals are not interested in participating

- There is a lack of peer support resources available in the specialty/treatment courts and in the jail (through in-reach)
- It takes approximately 4 weeks for a Competency to Stand Trial (CST) case to be resolved and 2-4 months for an individual to be transferred to the state hospital.

Data and Information

- More data and information is needed regarding pre-trial services, specifically how many individuals are released and how many individuals are held until the initial court hearing.



INTERCEPT 4 AND INTERCEPT 5

INTERCEPT 4 AND 5 RESOURCES

Jail Reentry

- There is a discharge planner in the jail (see Intercept 4 and 5 gaps for limitations)
- Individuals being released from the jail receive assistance with obtaining identification.
- Individuals being released from the jail receive assistance with obtaining/restoring benefits.
- Individuals being released from the jail receive a 2 week prescription for medications they are taking at the time of release.
- A new Re-entry Center ^{opened} in-2018. ^{early 2019}
 - Napa County Department of Corrections constructed a 72-Bed, 20,962 square foot Re-entry Facility (State of California Board of State and Community Corrections (BSCC) Type IV). This minimum custody correctional facility will provide an environment that fosters cognitive behavioral change and allow individuals to build a foundation for transition back into the community. The County received a conditional funding award of \$13 million through SB1022 for the design and construction of the new facility. As the first project of a multi-phased, master planned relocation of Napa County's Main Jail, the

project includes bringing new utility infrastructure from offsite to support the new facility and the future build-out of the new jail. 18 beds are available for women.

- Eligibility is assessed and evaluated by the Napa County Probation Department (no 290's or individuals with violent felony charged are eligible)
- Services include mental health and substance use treatment, housing, employment, and risk related-criminogenic thinking programs.
- The facility provides gender specific services (men and women)
- The services offered are also bilingual.
- Individuals will be able to leave and travel off-site for employment.

▪ Prior to earthquake

- Case planning group – stakeholders and providers
- Also had faith based organization involvement
- Looking to restart

Napa County Probation

- 41 ^{probation} ~~parole~~ officers
- CIT training
- Uses Level of Service/Case Management Inventory (LS-CMI)
- Specialized caseloads
 - Low and Med Risk (100)
 - High Risk and MH court (60)
 - Residential Unit
 - Prison Releases
 - Sex offenders
- Training
 - The 24-hour CIT training curriculum has been provided many of the probation officers. The goal is to have it provided to 100% of probation officers.
 - Many probation officers have also received Mental Health First Aid training.
 - Three probation officers provide Motivational Interviewing (MI) training in-house. Many of the probation officers have received MI training as well. There have been discussions around providing MI training to mental health professionals as well as staff in the jail.
 - There are ongoing cross training efforts between the Napa County Probation Department, mental health professionals, and case managers.

- There is peer support available to staff to assist with self-care. The focus of the peer support is on secondary trauma and suicide.
- The Day Reporting Center often has peers who are no longer in the programs coming back in to help others.

INTERCEPT 4 AND 5 GAPS

Jail Reentry

- A more structured and coordinated approach to discharge planning is needed.
- Some jail releases are not known in advance which limits ability to do discharge planning.
- Need to focus more on identifying high need clients and prioritizing them for discharge planning.
- Individuals being released from the jail who have not been previously engaged in mental health and substance use services typically have significant wait times before being able to access services (up to 40 weeks after being released).
- Transportation for individuals being released from the jail requires more coordination.
- There is disconnect between nearby counties regarding to who assist individuals who are homeless who are being released from jail.
- There is no housing that is associated with treatment available to individuals with dementia, traumatic brain injuries, intellectual disabilities, and sex offenders.
- There is an issue with individuals being able to fill prescriptions upon their release from "non-providers".

Napa County Probation

- Need to provide more assistance to probationers related to organization and planning.
- There are many individuals who could benefit from treatment but are not in treatment. At times it can be difficult to make referrals and get individuals engaged with it being involuntary.
- Individuals are only able to access residential programs twice per year. *(new medical rules)*
- There is limited housing for individuals on probation and probation does not currently pay for any housing.
- There is no peer support made directly available to probationers

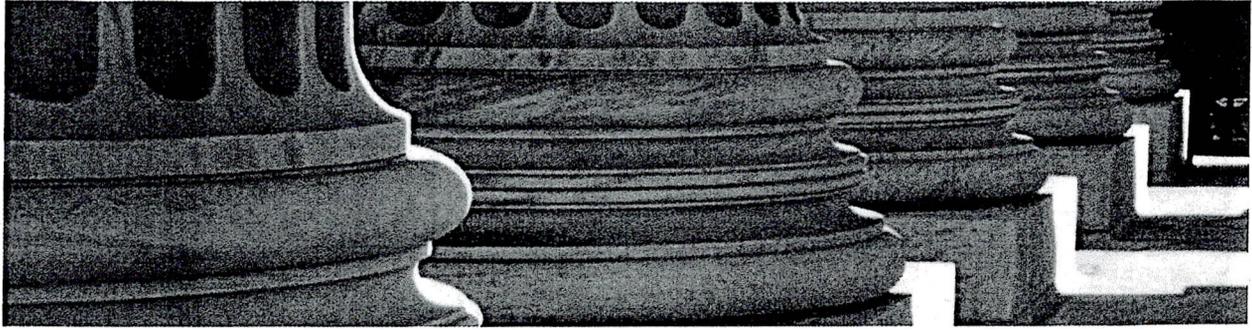


Priorities for Change

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 September 04, 2018. The top three priorities are highlighted in italicized text.

- 1. Improve continuum of care for housing including residential, shelter, and treatment (16 votes)*
- 2. Increased mobile crisis (12 votes)*
- 3. Increase mental health services in the jail now and plan for services in future unit (9 votes)*
4. Integrated assessment tool for intake to be used at various entry points: screening assessments (7 votes)
4. Community/Political support for permanent housing coming online (65 beds) (7 votes)
5. Initiate Laura's Law (5 votes)
6. Assessments done prior to jail discharge (4 votes)
6. MH supportive services in court starting at arraignment (4 votes)
6. Enhance behavioral health services at homeless shelters including winter shelter (4 votes)
7. Create high utilizer list and target services and resources through coordinated planning (3 votes)

- 8. More structured approach to re-entry planning with case management and resources (2 votes)
- 8. Board authorize involuntary for people in county jail with existing med orders (2 votes)
- 9. Enhanced information across agencies (0 votes)



Quick Fixes

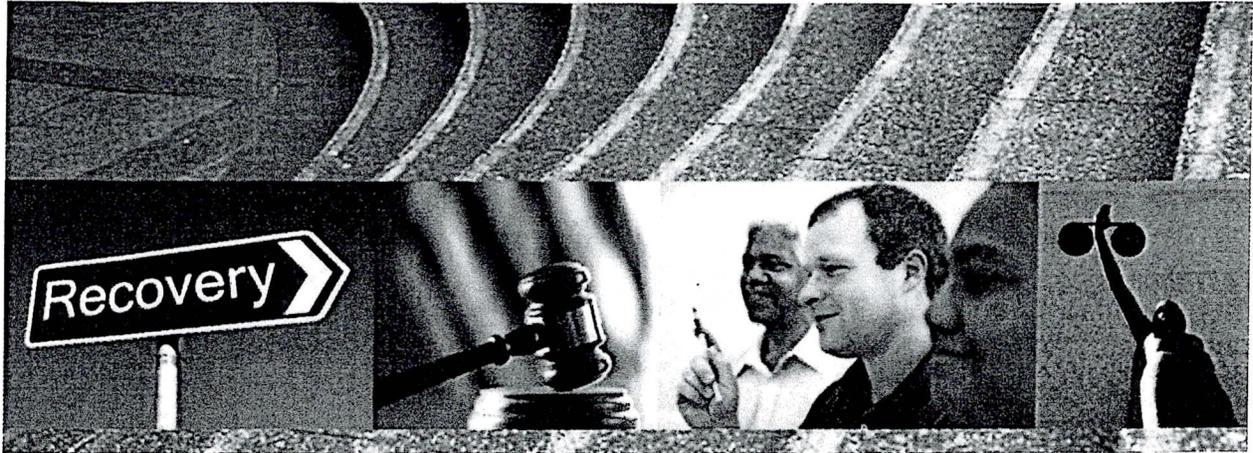
While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant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



Parking Lot

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

- Who is the Veteran Administration's Veteran Justice Outreach (VJO) specialist assigned to Napa County?
- Med/Bed
 - Parolees restricted from certain programs
- Folks who need in-patient treatment and have pets-what to do with pets?
- Expanded definition of gravely disabled



Recommendations

THE GAINS CENTER'S RECOMMENDATIONS WILL
ADDED TO THE FINAL VERSION OF THIS REPORT

Strategic Action Plans

PRIORITY AREA 1

IMPROVE CONTINUUM OF CARE FOR HOUSING

Objectives	Action Step	Who	When
Increase community and political support	<ul style="list-style-type: none"> Addressing community concerns about safety, services, agencies involved and responsible (i.e. shelter issues) 	<ul style="list-style-type: none"> NPD, SO, DA, PD, Probation, Mental Health, HHS, Community Rep? Housing? 	<ul style="list-style-type: none"> January 2019
Map funding for low income housing across agencies to identify resources			
Present coordinated collaborative plan to city council (to start) (intersection of cross sector frequent users)	<ul style="list-style-type: none"> Create committee and plan with right people including costs 		
United front of agencies to address #1, #2			

PRIORITY AREA 2

INCREASE MOBILE CRISIS

Objectives	Action Step	Who	When
(2) FTE Employees	<ul style="list-style-type: none"> Funding <ul style="list-style-type: none"> - HHS budget/grants -Collab with city 	<ul style="list-style-type: none"> Butler- Robertson 	<ul style="list-style-type: none"> Mid November
(2) cars		<ul style="list-style-type: none"> Butler 	
Data Collection		<ul style="list-style-type: none"> NSO/NPD/HHS/CPD 	<ul style="list-style-type: none"> Mon 10/1
P10		<ul style="list-style-type: none"> Wofford 	
Job Description Forensic Mental Health Counselor	<ul style="list-style-type: none"> Requirement: Bilingual/Qual 	<ul style="list-style-type: none"> M/H- Diehl 	<ul style="list-style-type: none"> December
Interagency coord. probation		<ul style="list-style-type: none"> HHS/Co. Counsel 	<ul style="list-style-type: none"> Development of program

PRIORITY AREA 3

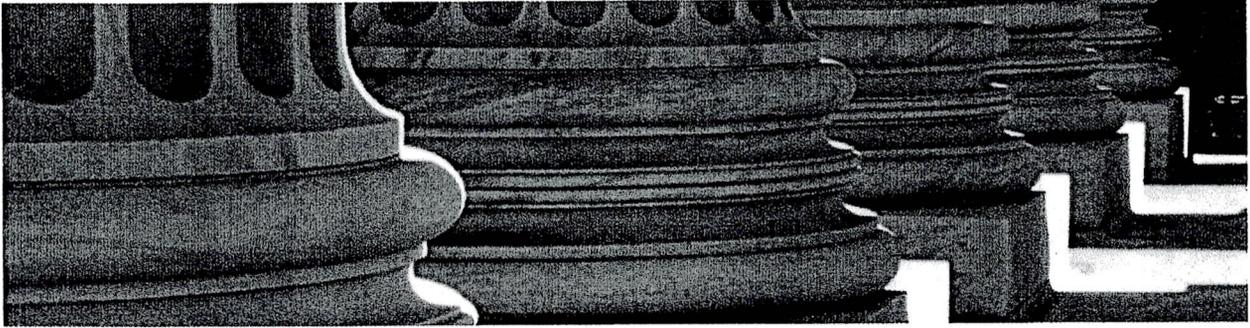
INTEGRATED ASSESSMENT TOOL

Objectives	Action Step	Who	When
Identify current tools and cross-over information/reporting	<ul style="list-style-type: none"> ▪ List current assessments and screening tools – email to Katie Stith ▪ Analyze Cross-over ▪ Consolidate to screening questions 	<ul style="list-style-type: none"> ▪ I.A.T Team ▪ Katie Stith ▪ I.A.T. Team 	<ul style="list-style-type: none"> ▪ By 9/15/18 ▪ By 9/30/18 ▪ By 10/31/18
Improve/increase communication between agencies to reduce redundancy of information gathering	<ul style="list-style-type: none"> ▪ Research other county R.O.'s ▪ Review legality relates to R.O.I ▪ Create universal R.O.I county counsel ▪ Supply agencies with copies of partnering agencies R.O.'s (this will require training) 	<ul style="list-style-type: none"> ▪ Jaqui ▪ County counsel and department heads 	<ul style="list-style-type: none"> ▪ By 10/31/18
Increase knowledge of this action item among agencies involved	<ul style="list-style-type: none"> ▪ Present information <ul style="list-style-type: none"> - ADS/MH Meeting - Probation - Whole person care - Jail - CCSC 	<ul style="list-style-type: none"> - Bart Pense - Katie Stith - NUI - Christy - Karen ▪ I.A.T Team 	<ul style="list-style-type: none"> ▪ By 10/31/18
Continue work on this action item	<ul style="list-style-type: none"> ▪ Email to check-in ▪ Meet to update action plan 	<ul style="list-style-type: none"> ▪ I.A.T Team 	<ul style="list-style-type: none"> ▪ Monthly ▪ Quarterly (date picked by 9/25/18)

PRIORITY AREA 4

INCREASE MENTAL HEALTH SERVICES IN THE JAIL

Objectives	Action Step	Who	When
Add mental health evening coverage, 7 days/week	<ul style="list-style-type: none"> ▪ Review proposals from RFP ▪ Identify specific MH services can be offered in proposal 	<ul style="list-style-type: none"> ▪ Dina, Leigh, Mary, Kerry ▪ Mary, Jim 	<ul style="list-style-type: none"> ▪ ASAP ▪ ASAP
Enhance 12am- 7am coverage	<ul style="list-style-type: none"> • Identify services needed and resources available to respond to jail 	<ul style="list-style-type: none"> • Jim and Dina 	
Restarting JEEP	<ul style="list-style-type: none"> • Reclassify inmates 	<ul style="list-style-type: none"> • Karen and Dina 	<ul style="list-style-type: none"> • 1/2019
Review and consider enhancing screening and assessment in jail	<ul style="list-style-type: none"> ▪ Evaluate current policy and resources for access evaluation prior to release ▪ Share screening tools from county mental health 	<ul style="list-style-type: none"> ▪ Jim, Christy ▪ Jim – Christy 	<ul style="list-style-type: none"> ▪ 9/7/18
Review “keep on radar” process	<ul style="list-style-type: none"> • Meet to discuss and review gaps/resources 	<ul style="list-style-type: none"> • Christy, Jim, Sarah 	<ul style="list-style-type: none"> • 1/2019



Resources

COMPETENCY EVALUATION AND RESTORATION

- SAMHSA's GAINS Center. *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

- Substance Abuse and Mental Health Services Administration. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.*
- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness.*
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide.*
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model.*
- International Association of Chiefs of Police. *Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.*
- International Association of Chiefs of Police. *One Mind Campaign.*
- Optum. *In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.*
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.*

- The Case Assessment Management Program 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.
- National Association of Counties. Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- CIT International.
- National Action Alliance for Suicide Prevention: Crisis Services Task Force. Crisis now: Transforming services is within our reach. Washington, DC: Education Development Center, Inc.

DATA ANALYSIS AND MATCHING

- Data-Driven Justice Initiative. Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. Justice Reinvestment at the Local Level Planning and Implementation Guide.
- The Council of State Governments Justice Center. Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- New Orleans Health Department. New Orleans Mental Health Dashboard.
- Pennsylvania Commission on Crime and Delinquency. Criminal Justice Advisory Board Data Dashboards.
- Corporation for Supportive Housing. Jail Data Link Frequent Users: A Data Matching Initiative in Illinois (See Appendix 3)
- Vera Institute of Justice. Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.

HOUSING

- Alliance for Health Reform. The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- 100,000 Homes. Housing First Self-Assessment.

- Urban Institute. *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.*
- Corporation for Supportive Housing. *NYC FUSE – Evaluation Findings.*
- Corporation for Supportive Housing. *Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.*
- Corporation for Supportive Housing. *Guide to the FUSE Model.*

INFORMATION SHARING

- American Probation and Parole Association. *Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.*
- Legal Action Center. *Sample Consent Forms for Release of Substance Use Disorder Patient Records.*
- Council of State Governments Justice Center. *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.*

JAIL INMATE INFORMATION

- NAMI California. *Arrested Guides and Inmate Medication Forms.*

MEDICATION ASSISTED TREATMENT (MAT)

- American Society of Addiction Medicine. *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.*
- American Society of Addiction Medicine. *Advancing Access to Addiction Medications.*
- Substance Abuse and Mental Health Services Administration. *Federal Guidelines for Opioid Treatment Programs.*
- Substance Abuse and Mental Health Services Administration. *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*
- Substance Abuse and Mental Health Services Administration. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Treatment Improvement Protocol 40).*
- Substance Abuse and Mental Health Services Administration. *Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.*

MENTAL HEALTH FIRST AID

- [Mental Health First Aid.](#)
- Illinois General Assembly. *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.*

PEERS

- SAMHSA's GAINS Center. *Involving Peers in Criminal Justice and Problem-Solving Collaboratives.*
- SAMHSA's GAINS Center. *Overcoming Legal Impediments to Hiring Forensic Peer Specialists.*
- NAMI California. *Inmate Medication Information Forms*
- [Keya House.](#)
- [Lincoln Police Department Referral Program.](#)

PRETRIAL DIVERSION

- CSG Justice Center. *Improving Responses to People with Mental Illness at the Pretrial State: Essential Elements.*
- National Resource Center on Justice Involved Women. *Building Gender Informed Practices at the Pretrial Stage.*
- Laura and John Arnold Foundation. *The Hidden Costs of Pretrial Diversion.*

PROCEDURAL JUSTICE

- Legal Aid Society. *Manhattan Arraignment Diversion Program.*
- Center for Alternative Sentencing and Employment Services. *Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.*
- Hawaii Opportunity Probation with Enforcement (HOPE). *Overview.*
- American Bar Association. *Criminal Justice Standards on Mental Health.*

REENTRY

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.*

- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.*
- The Council of State Governments. National Reentry Resource Center.
- Bureau of Justice Assistance. Center for Program Evaluation and Performance Management.
- Washington State Institute of Public Policy. *What Works and What Does Not?*
- Washington State Institute of Public Policy. *Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.*

SCREENING AND ASSESSMENT

- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- SAMHSA's GAINS Center. Screening and Assessment of Co-occurring Disorders in the Justice System.
- 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.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.

SEQUENTIAL INTERCEPT MODEL

- 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.
- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model.*

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.

- Information regarding SOAR for justice-involved persons.

- The online SOAR training portal.

TRANSITION-AGED YOUTH

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

TRAUMA-INFORMED CARE

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. Essential Components of Trauma Informed Judicial Practice.
- SAMHSA's GAINS Center. Trauma Specific Interventions for Justice-Involved Individuals.
- SAMHSA. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- National Resource Center on Justice-Involved Women. Jail Tip Sheets on Justice-Involved Women.

VETERANS

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

Appendices

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Appendix	Title
Appendix 1	Sequential Intercept Mapping Workshop Participant List
Appendix 2	Texas Department of State Health Services. <i>Crisis Services</i> .
Appendix 3	Corporation for Supportive Housing. <i>Jail Data Link Frequent Users: A Data Matching Initiative in Illinois</i> .
Appendix 4	Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. <i>Psychiatric Services</i> , 65, 1081-1083.
Appendix 5	100,000 Homes/Center for Urban Community Services. <i>Housing First Self-Assessment: Assess and Align Your Program and Community with a Housing First Approach</i> .
Appendix 6	Remington, A.A. (2016). <i>Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection</i> .
Appendix 7	SAMHSA. <i>Reentry Resources for Individuals, Providers, Communities, and States</i> .
