Intercept 0-1 Sequential Intercept Model Mapping Report for Multnomah County, Oregon

Prepared by: Policy Research, Inc.

Ashley Krider, MS

Carol Speed, Senior Consultant

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Ashley Krider, MS

Carol Speed, Senior Consultant

POLICY RESEARCH, INC.

Acknowledgements

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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 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.

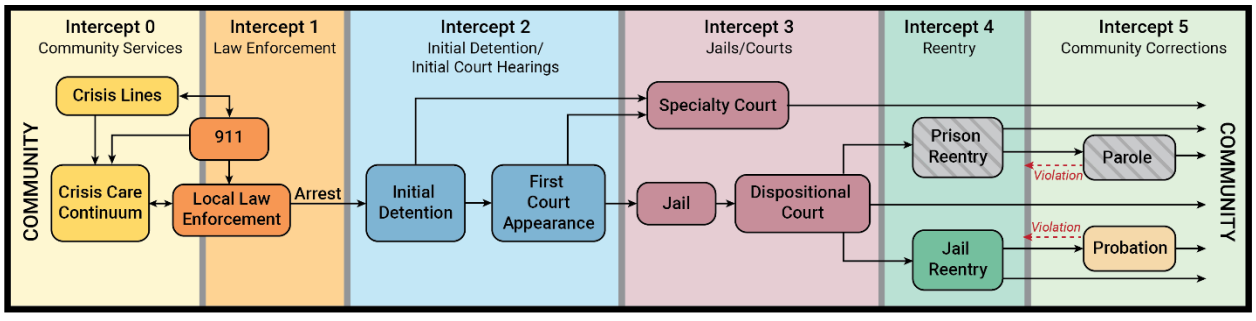
A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention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

Multnomah County previously took part in a Sequential Intercept Mapping (SIM) workshop with action planning in April 2010, provided by Policy Research Associates, Inc. (PRA). This mapping took place prior to the formal development of Intercept 0. Through this SIM workshop, stakeholders identified and ranked top priorities for change, which included the following:

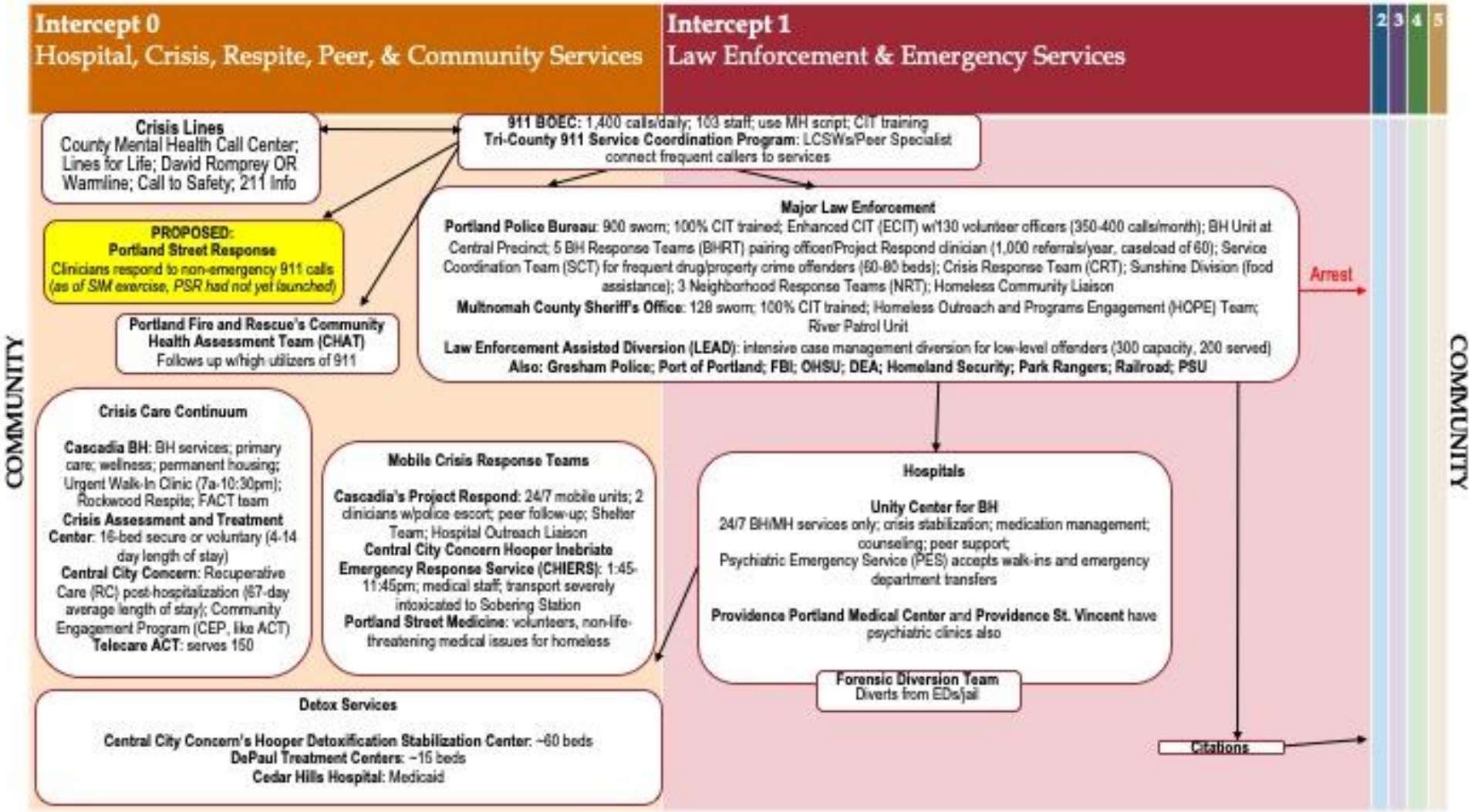
- Address communication/information sharing issues (24 votes)
    - Non-crisis Release of Information forms that are proactive
    - Better linkage between mental health and the jail
    - Identify boundary spanners for each represented entity that can carry this work forward
        - Can act as cross-system trainers
- Develop a true diversion from jail or before jail (20 votes)
    - Develop the possibility of a different response to the low level criminal charges typically found with this population
    - Address prevention

Additional priorities included:

- Develop more flexible housing options (6)
- Expand capacity of MH Court by broadening the door (5)
- Develop Crisis Assessment and Triage Center for police to drop people off (4)
    - Healing environment
    - Staff willing to accept broad range of behaviors
- Include Forensic Peer Support (3)
- Address female offenders with specialized services/treatment (3)
- Prioritize new Intensive Case Management for this population (1)
- Develop a community involvement group that takes advantage of citizen interest
- and energy (1)
- Expand Crisis Intervention Team (CIT) training to other partners such as 911, jail staff, etc. (1)
- Develop cross system training (1)
- Develop active understanding and engagement from County Commissioners

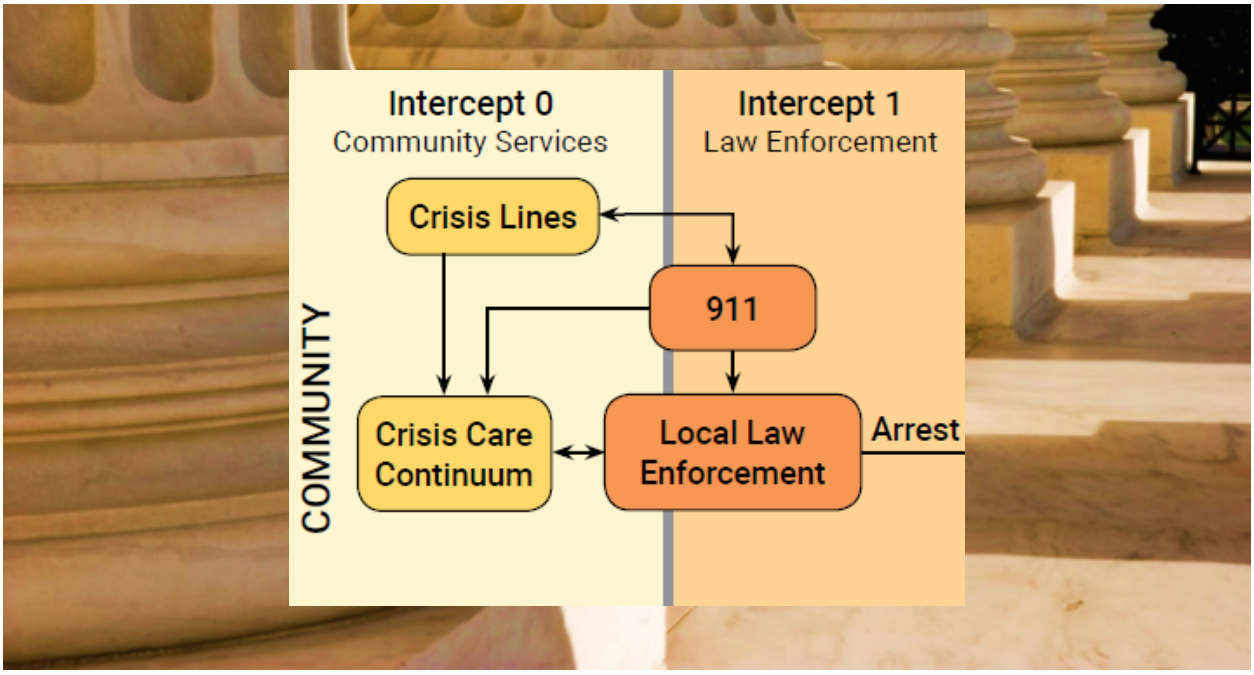
In September 2019, Multnomah County engaged in another Sequential Intercept Model (SIM) Mapping process, focused solely on Intercepts 0-1, to help guide local efforts to coordinate crisis services, as well as complement the proposed Portland Street Response pilot, which would shift Portland's 911 response to low-acuity calls from law enforcement to the Portland Fire Bureau in collaboration with trained civilians. This report contains a record of the September 20, 2019 Intercept 0-1 Mapping.

Sequential Intercept Map (0 and 1 only)



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.



RESOURCES

The resources that follows are the existing services available for an adult population with behavioral health needs

Crisis Call Lines

- The 24/7 Multnomah County Mental Health Call Center is 503-988-4888.
- The Lines for Life regional call center provides 24/7 support through the Suicide Lifeline (800-273-8255), Alcohol and Drug Helpline (800-923-4357), Military Helpline (888-457-4838), Senior Loneliness Line (503-200-1633), and Youthline (877-968-8491). They also contract with healthcare organizations to provide 24/7, after-hours, or follow-up phone crisis support for patients and clients.
- The David Romprey Oregon Warmline (800-698-2392) provides peer support for non-acute situations Monday through Sunday, 9am-11pm.
- Call to Safety, formerly the Portland Women's Crisis Line, offers a 24/7 crisis line (888-235-5333), follow-up advocacy, in-person medical advocacy, and support groups.

9-1-1/Dispatch

- The 911 Bureau of Emergency Communications (BOEC) utilizes a mental health script/checklist. They receive about 1,400 calls daily, and are able to divert calls to the County Mental Health Call Center (and back if needed).
    - They receive at least 16 hours of Crisis Intervention Team (CIT) training, as well as two hours of suicide training pre-Academy.
    - Data regarding mental health calls is collected and evaluated monthly.
    - In the future (April 2021), there will be four screens related to mental health, as well as priority call dispatch to triage.
- The Tri-County 911 Service Coordination Program (TC911) serves Multnomah, Clackamas and Washington County residents who have frequent contact with ambulance and/or emergency medical services. The program consists of licensed clinical social workers who help to connect clients with mental health and social services.

- One Peer Wellness Specialist/Certified Recovery Mentor from the Mental Health and Addiction Association of Oregon works with this team to provide outreach, engagement, and peer support.

Healthcare

- Unity Center for Behavioral Health has adult and adolescent acute inpatient care. It is a 24-hour behavioral and mental health service center located in Portland. They provide crisis stabilization, crisis intervention, medication management, crisis counseling, social work, and family and peer support.
  - Unity operates a locked Psychiatric Emergency Service (PES), which accepts walk-ins and emergency transports.
- Providence Portland Medical Center and Providence St. Vincent also have inpatient psychiatric units.
- Portland Street Medicine is an all-volunteer team that responds to requests for assistance with non-life-threatening medical issues affecting people experiencing homelessness. It accepts referrals and performs its own proactive outreach, offering first aid, over-the-counter medications, and one-time prescriptions for non-controlled medications. Teams include a licensed independent provider, a registered nurse, and a social worker. The team works with people in crisis, but is not dispatchable.

Law Enforcement and First Responders

- The Portland Fire and Rescue's Community Health Assessment Team (CHAT) (staffed by one individual at the time of the SIM) follows up with individuals identified as high utilizers of 911 to mitigate their reasons for calling repeatedly.
- Portland Police Bureau (PPB) has about 900 sworn officers.
  - All PPB officers receive at least 40-hour basic Crisis Intervention Training (CIT) along with annual CIT refresher training.
  - The Behavioral Health Unit (BHU) is located within the Community Services Division and oversees the four tiers of police response to individuals with mental illness or in behavioral crisis:
    - The core competency of CIT for all patrol officers
    - The Enhanced Crisis Intervention Team (ECIT) is a group of ~160 volunteer officers that respond to mental health crisis calls with one

or more of seven criteria. These officers will be the first responders dispatched by 911 to calls that are determined to be related to an individual with mental illness. ECIT officers receive additional training in order to: identify risks during a behavioral health crisis; utilize crisis communication techniques to help deescalate a person in crisis; and have knowledge of available community resources. When 911 requests an ECIT officer, one is available 75-88% of the time. MCSO can also request a PPB ECIT officer.
        - The five proactive Behavioral Health Response Teams (BHRT), which pair a patrol officer and a licensed mental health professional from Cascadia's Project Respond (mobile crisis). The PPB has five BHRT unmarked cars and receives referrals through patrol officers, performing a lot of follow-up engagement. The average caseload is about 60 individuals. The BHRT receives about 1,000 referrals per year, and assigns about 50% of those.
        - The Service Coordination Team (SCT), a program that offers treatment to the most frequent drug and property crime offenders to address their drug and alcohol addictions, mental health treatment, and criminality. They have 66 beds (housing and SUD treatment).
    - A data analyst tracks CIT hotspots.

- The Gresham Police Department has a Mental Health Team.

- Multnomah County Sheriff's Office has about 130 sworn officers.
    - All officers have or will be receiving CIT training.
    - The Sheriff's Office law enforcement division built a form to better track mental health related calls, as well as a mandatory box for officers to check in these situations.
    - There are plans to open a Behavioral Health Unit within the Sheriff's Office in the future, similar to within PPB.
    - The Homeless Outreach and Programs Engagement (HOPE) Team builds networks with service providers and creates trustworthy relationships with vulnerable populations in the field to connect them with needed services. The Team also conducts and facilitates clean-up efforts to mitigate public health hazards in the community. All HOPE team members are NAMA (National Anger Management Association) certified. MCSO is working to add SUD counselors to the HOPE team.
    - The River Patrol Unit responds to individuals in crisis who are on the waterways..
    - MCSO seeks to provide eCIT training to more sworn officers.

- The PPB has a bi-weekly provider coordination meeting including many key stakeholders. This helps problem-solve around many complex cases. The Sheriff's Office also attends this meeting.

- Multnomah County Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion program to intensive case management for low-level offenders involved in drug activity.
    - The program began through the MacArthur Safety and Justice Challenge in and near downtown Portland and has since expanded to inner Southeast Portland. Central City Concern provides case management services.
    - The LEAD program served about 200 individuals at the time of the SIM, with the capacity to serve about 300, including some proactive outreach.
    - Referrals can be provided by on-scene law enforcement, or through social contacts from law enforcement or outreach staff.

- The Port of Portland Police Department has offered one CIT training and is hoping to expand in coming years.

- American Medical Response (AMR, ambulance service) can transport individuals in behavioral health crisis to hospitals/services. This includes individuals on directors/custody holds.

Crisis Services

- Portland City Council approved a Portland Street Response pilot, which will shift Portland's 911 response to low-acuity calls from law enforcement to medical and crisis teams. The pilot is planned for a SE neighborhood and will be administered through the Portland Fire Bureau. The pilot's budget is due before the City Council in November 2019.
    - Eight recommendations were released in September 2019 through Street Roots' joint effort to interview 184 unhoused individuals. https://news.streetroots.org/2019/09/19/believe-our-stories-and-listen-perspectives-first-response-streets

- Cascadia Behavioral Healthcare provides mental health services, addiction support, primary care, wellness programs, permanent housing, and affordable housing.
    - Cascadia's Project Respond mobile mental health crisis team has multiple 24/7 mobile crisis units that respond to calls referred from police and dispatched through the Multnomah County Mental Health Call Center or

911. Teams of two clinicians typically arrive with a police escort, and can provide a peer follow-up component.
    - The Project Respond Shelter Team (publicly funded shelters) engages with shelter guests and offers conflict resolution when needed, as well as links to behavioral health services. The team is located at Willamette Center Shelter and other shelters can call to request directly.
    - Project Respond also has Emergency Department Liaison Teams, who assist in diverting individuals in emergency departments from acute care services to appropriate treatment services in the community. It was reported at the SIM that these teams are underutilized.

- Cascadia's Urgent Walk-In Clinic provides immediate mental health care and assistance with medication and treatment. The clinic is open 7am-10:30pm, seven days a week. Law enforcement can do voluntary transports for individuals who want services.

- Cascadia employs a crisis social worker position at the Multnomah County Library-Central, who spend 30 hours a week connecting people in need of resources.

- The Crisis Assessment and Treatment Center (CATC) is a secure facility where people can stay from four to 14 days as their mental health symptoms stabilize. Individuals are admitted on both a voluntary and involuntary basis. CATC is run by Telecare.

- Multnomah County is planning to open a behavioral health resource center in downtown Portland as early as 2022. The resource center would offer showers and laundry, drop-in space, peer resources, shelter and transitional housing.

Detox

- Central City Concern's Hooper Detoxification Stabilization Center (Hooper Detox) provides inpatient and outpatient withdrawal management and stabilization services for people seeking treatment for substance use disorders. It offers medical and clinical services, clinical assessment, peer support, care coordination, 24-hour nursing and milieu support, and transition planning, as well as inpatient and outpatient induction services for people seeking Medication Supported Recovery for opioid use disorder.

- DePaul Treatment Centers provides medically-managed alcohol, opioid, and stimulant detox services. They also provide medication-assisted treatment (MAT), outpatient care, and peer recovery mentoring.
- Cedar Hills Hospital provides detox treatment as well as co-occurring substance use and mental health services. They have a number of specialty programs including DUII treatment/diversion, MAT, a women's outpatient program, and a Military Program. Patients must have insurance or be on Medicaid.
- CODA has some detox available in Washington County, Oregon (Tigard).

Housing & Shelter

- Several community-based organizations provide services that often intersect with crisis programs through outreach teams and associated shelter and housing services. These agencies include but are not limited to NARA, Lifeworks, Central City Concern, Urban League, Catholic Charities, JOIN, Janus Youth Programs, Transition Projects, El Programa Hispano Católico, New Avenues for Youth, Outside In, and others.
- **Note: SIM participants described a range of housing and shelter resources that are outside of the scope of 0/1 intercept crisis responses, but impact the continuum of crisis and first responses. These issues are detailed further in the ***Gaps*** section below.

Data Collection and Sharing

- Multnomah County has begun to implement SCoPE (Service Coordination Portal Engine) which allows county providers to see services other departments are offering to clients and displays contact information so that providers may collaborate.
- A data project, Frequent User Systems Engagement (FUSE), is underway. Convened and facilitated by the Corporation for Supportive Housing, the project aims to highlight the needs of individuals who cross medicaid, housing, and jail systems.

FACT/ACT resources

- Cascadia's Forensic Assertive Community Treatment (FACT) program assists about 40 individuals who experience the most severe symptoms of mental illness

and the greatest level of functional impairment, and have not been successful in traditional outpatient, clinic-based services. However, there is more demand than resources.

- Central City Community Engagement Program (CEP) is based on the Assertive Community Treatment (ACT) model. There are two teams, serving about 160 clients total, as of the SIM. Central City has impact data on the program, including housing engagement. https://www.centralcityconcern.org/services/health-recovery/community-engagement-program/

- The Telecare Assertive Community Treatment (TACT) program serves 150 individuals. Referrals are received from state hospitals, group homes, acute psychiatric hospitals, and community providers.

Miscellaneous services for the target population

- 211 Info provides access to relevant resources in Oregon and Southwest Washington, and their website provides links to several screening tools to determine program eligibility (e.g., Oregon Helps government benefits).

- Street Roots publishes the Rose City Resource, a comprehensive list of services for people experiencing homelessness and poverty in Multnomah, Washington and Clackamas counties. Law enforcement has access to printed copies, and the guide is updated twice a year. https://streetroots.org/about/work/resourceguide

- The Multnomah County Health Department's Forensic Diversion Team works to remove people from jail or the Oregon State Hospital and connect them to community treatment, resulting in cost savings to the state.

- The Crisis Response Team (part of the Portland Police Bureau) responds to traumatic incidents in the community with crisis counseling and emotional/bereavement support.

- Each of the three PPB precincts has a Neighborhood Response Team (NRT). Generally these teams do not respond to daily calls, but solve chronic problems in the community "related to crime, nuisance, and livability issues."

- The Portland Patrol is a private security firm that responds to complaints such as panhandling, camping, and suspicious persons, acting as an extension of law enforcement. Central Eastside Sidewalk Operations patrols the Central Eastside Enhanced Services District in a similar manner, but also receives trauma-informed training and is accompanied by crisis workers.

- Portland Parking Enforcement receives trauma-informed training.
- Cascadia also provides voluntary services at Rockwood Respite, for short-term stability and support to those experiencing a mental health crisis, or as a step-down from higher levels of care.
- The Department of Community Justice Adult Services' Mental Health Unit (MHU) provides supervision services for about 450 individuals on parole, probation, and post-prison who have been diagnosed with a severe and persistent mental illness.
- Central City's Recuperative Care (RC) provides post-hospitalization case management, immediate housing, and primary care at their Old Town Clinic. Recuperative Care staff works closely with Portland Area hospitals and CareOregon to identify patients in need of housing and case management. The average length of stay as of the time of the SIM was 67 days.

GAPS

Crisis Call Lines

- There is a gap in public education about the available crisis lines and resources, especially among communities of color, which leads many to default to calling 911.
- In times of severe weather, 211 has an up-to-date list of available shelter beds, but this isn't the case otherwise.

9-1-1/Dispatch

- 911 could use more staff to answer calls.
- 911 does not have the automatic ability to place a cell phone caller's location at this time.
- There is a need for additional public education on appropriate situations that warrant calling 911, as well as other available options. https://www.portlandoregon.gov/911/article/671766
- There has been an increase in behavioral healthcare calls in East County.

Healthcare

- Other than at Unity and Providence, hospital psychiatry inpatient services are limited or nonexistent, necessitating individuals to be transferred to these locations.
- There is no psychiatric emergency service (such as the PES) available to individuals who may be "highly agitated," which often results in them being taken to jail
- There is a higher number of individuals who are civilly committed in Multnomah County than in surrounding areas, which "clogs" access to the available psychiatric/residential beds.
- Transition from hospitals to the community is fragmented and uncoordinated at times.

Law Enforcement and First Responders

- Statewide criteria for involuntary dangerousness holds are stringent, and law enforcement report having few options other than jail in many cases.

- Rates of AMR ambulance response to behavioral health-related calls are rising, as well as transportation of individuals in need of mental health holds.
- If medical clearance is needed, individuals must be transported to a hospital's emergency department, then to Unity. This leads to overall communication breakdown between the hospitals and law enforcement.
- Law enforcement is called to arrest individuals for trespassing who have completed treatment at the emergency departments, but have not left the premises due to a lack of options (do not qualify for PES, etc.).
- The Portland Police Bureau has about 100 unfilled positions. There was a desire expressed at the SIM to see additional diversity in the staff.
- LEAD only operates 10am-8pm Monday through Friday.
- Roughly 40-50% of homeless individuals who are arrested are arrested due to outstanding warrants.

Crisis Services

- There is a general gap in consistent, sustained coordination of community providers.
- Many crisis services are saturated, especially for individuals involved in the justice system.
- There is an overall gap in culturally-specific crisis services.
- There is a lack of services for individuals who are not likely a danger to themselves or others, but still may be in a sub-acute (or lower) crisis. They may be deemed "not ill enough" for the hospital, and become temporarily detained due to the lack of alternatives.
- The current crisis continuum does not address individuals with high treatment and services needs but who are at low risk committing crimes. These individuals often get caught up in the criminal justice system due to lack of responsive and appropriate services.
- There is an inadequate number of secure treatment beds.
- Gaps elsewhere in the state increase use of services in Multnomah County, which are already stretched.

- There is a reported lack of support for and high rate of turnover with behavioral health staff, especially at nonprofit organizations.
- There is not enough Assertive Community Treatment (ACT)/Forensic ACT team capacity, and there have been clients that ACT/FACT is unable to serve, due to high acuity. This may be an issue around fidelity to the model. There are also ACT eligibility limitations for individuals with justice involvement who have transitioned from the forensic hospital system.
- Stand-alone sobering services were recently eliminated due to challenges managing agitated clients.

Detox

- There is a need for a specialized stabilization unit for individuals using methamphetamine and with co-occurring mental health needs. These individuals are currently often released to the streets or emergency departments.
- There is sometimes a waitlist for detox services.
- There is a gap in post-detox residential services for individuals with co-occurring significant mental illness in particular.

Housing

**Note: SIM participants described a range of housing and shelter resources that are outside of the scope of 0/1 intercept crisis responses, but impact the continuum of crisis and first responses. A significant lack of housing resources was cited by SIM participants as a major contributor to bottlenecks and capacity issues in other sectors.

- There is a need for additional housing, especially supportive housing, and back-end resources for the homeless response teams and system.
- There are gaps in the coordination and overlap between the homeless response system and the Health Department and criminal justice system/set of outreach services. We do not have enough behavioral health outreach that also consists of housing support.
- There is a lengthy waitlist for HUD vouchers (about 3,000 people).
- There are about 2,000 people on the coordinated entry list for permanent supportive housing, which equals about six years of wait time.
- There is no low-barrier drop-in center available currently for individuals who are highly agitated (a jail alternative).

- There are no publicly funded year-round shelters in Washington or Clackamas Counties, leading to more individuals coming to Multnomah for shelter services.

Data Collection and Sharing

- There are multiple behavioral health/homeless/crisis response systems working across the county, but without coordination or data sharing. Many of them are seeing the same individuals repeatedly.
- There are multiple "high utilizer" lists housed at various organizations, such as OHSU, but there is a lack of coordination and efforts are likely duplicative.
- The Community Health Assessment Team (CHAT) is unable to share data with the hospitals.
- Not all hospitals are included on the EPIC platform for data sharing, nor is LEAD.
- Data laws (CJIS, HIPAA, and 42CFR) can inhibit important collaboration and information-sharing.
- The Rose City Resource information guide is currently only published in English. There is reportedly an "insatiable desire" for printed copies.

FACT/ACT resources

- Cascadia's Forensic Assertive Community Treatment (FACT) program assists about 40 individuals who experience the most severe symptoms of mental illness and the greatest level of functional impairment, and have not been successful in traditional outpatient, clinic-based services. However, there is more demand than resources.
- Central City Community Engagement Program (CEP) is based on the Assertive Community Treatment (ACT) model. There are two teams, serving about 160 clients total, as of the SIM. Central City has impact data on the program, including housing engagement.
- The Telecare Assertive Community Treatment (TACT) program serves 150 individuals. Referrals are received from state hospitals, group homes, acute psychiatric hospitals, and community providers.

RECOMMENDATIONS

It is clear there are many services and responses available at the front end of the criminal justice system. Yet, the services and responses may be duplicative and leave several gaps.

Key among these is a general gap in consistent, sustained coordination of community providers and government programs/funders within and across disciplines. There are multiple crisis and outreach systems working across the county, but without consistent coordination or data sharing which may lead to duplication and inefficiencies.

The system map produced by the SIM process details an incredible amount of complexity in Multnomah County's current crisis response, outreach, diversion, dispatch, and law enforcement systems at Intercepts 0/1. The current volume of interventions and services in this space, coupled with the observation of a lack of formal coordination, should prompt Multnomah County to consider opportunities to streamline, consolidate, and/or supplant existing interventions.

When justice systems and social service providers/contractors pursue new policy and program ideas, this map should be consulted first. New opportunities to support the neediest individuals in the community should be coordinated and aligned with existing work. This map can help identify and guide planning for new programs and grant opportunities and may be especially beneficial during the federal grant season. This map and program inventory can also inform which agencies and systems should collaborate on front end responses for individuals with behavioral challenges who might end up involved in justice systems.

It is also clear that front end responses are severely lacking for individuals with complicated behavior and presentations. This map and resulting resource list reinforces the need to continue to develop meaningful, innovative, and well-aligned responses for this population.

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*.
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.*
- 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.
- 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.*
- National Commission on Correctional Health Care and the National Sheriffs' Association. Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- 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

Appendix 1 Sequential Intercept Mapping Workshop Agenda

Appendix 2 Sequential Intercept Mapping Workshop Participant List

AGENDA

PRI
POLICY RESEARCH, INC.

SAFETY+JUSTICE CHALLENGE
Supported by the John D. and Catherine T. MacArthur Foundation

Early Diversion Sequential Intercept Mapping

AGENDA

Multnomah County, OR

September 20, 2019

8:00 **Registration/Networking**

8:15 **Opening**
- Welcome and Introductions
- Overview of the Workshop

Presentation: The Sequential Intercept Model
- Population Characteristics
- Enhancing Collaboration
- The Basis of Cross-Systems Mapping
- Six Key Points for Interception
- Focus on Early Diversion
- Local Context Setting

Intercept 0-1 Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Best Practices Across the Country
- Intercept 0/1

Wrap Up
- Next Steps

4:00 **Adjourn**

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

There will be break for lunch at approximately noon.

Participants in Attendance*

Seraphie Allen, Senior Policy Advisor, Mayor Wheeler's Office
Erika Armsbury, Clinical Services Director, Old Town Recovery Center, Central City Concern
Tremaine Clayton, PSR Coordinator, Portland Fire & Rescue
Laura Cohen, Senior Director of Community Programs, Cascadia Behavioral Healthcare
Bob Cozzie, Director, Bureau of Emergency Communications
Angela Donley, Policy Director, Commissioner Jayapal's Office
Sharon Eastman, Peer Wellness Specialist, Cascadia Behavioral Healthcare
Jennifer Ferguson, Justice System Partners
Drew Grabham, Clinical Director, Portland Street Medicine
Rian Hakala, Lieutenant, Multnomah County Sheriff's Office
Casey Hettman, Lieutenant, Portland Police Bureau
Renee Huizinga, Policy Director, Commissioner Meieran's Office
Kim James, Manager of Street Outreach, Cascadia Behavioral Healthcare
Kristin Johnson, Financial Policy Advisor, Commissioner Hardesty's Office
Marc Jolin, Director, Joint Office of Homeless Services
Robert King, Senior Policy Advisor, Mayor Wheeler's Office
Wendy Lear, Deputy Director, Multnomah County Health Dept.
John McVay, Community Justice Program Manager, Dept. of Community Justice
Sharon Meieran, Commissioner, District 1
Jason Renaud, Mental Health Association of Portland
Adam Renon, Policy Advisor, Multnomah County Chair's Office
Jami Resch, Deputy Chief, Portland Police Bureau
Lisa Reslock, Community Health, Portland Fire & Rescue
Kas Robinson, Senior Director of Crisis Services and PSRB, Cascadia Behavioral Healthcare
Leticia Sainz, Interim Deputy Director, Multnomah County Health Dept.
Kaia Sand, Executive Director, Street Roots
Miles Sledd, Associate Director of Primary Care, Central City Concern
Barbara Snow, Clinical Director of Crisis Services, Cascadia Behavioral Healthcare
Lisa St. Helen, Operations Manager, Bureau of Emergency Communications
Abbey Stamp, Executive Director, Local Public Safety Coordinating Council
Erica Thygesen, LEAD Program Manager, Central City Concern
Julia Truherz, Metropolitan Public Defender
Scott Williams, Program Manager, Multnomah County Corrections Health

*Some participants who did not register may not be listed