

Sequential Intercept Model Mapping Report for Knoxville, TN

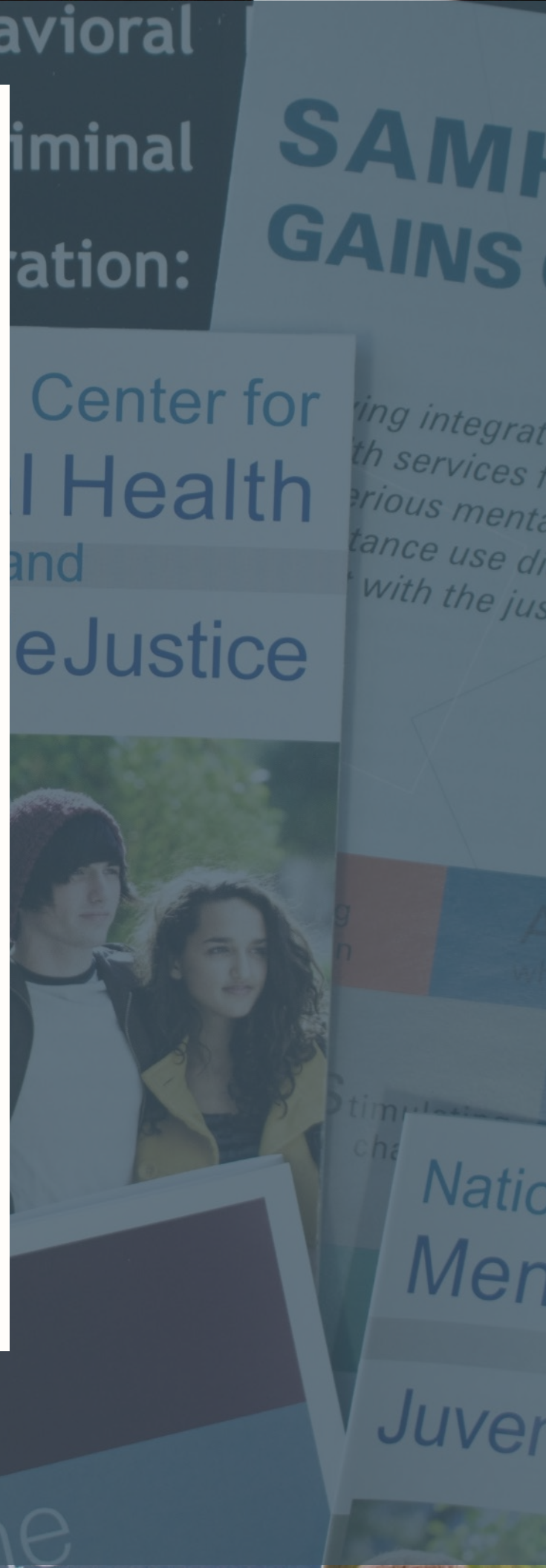
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April 6-7, 2022

City of Knoxville/Knox County, Tennessee



Sequential Intercept Model Mapping Report for Knoxville, TN

Final Report
December 2022

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RECOMMENDED CITATION

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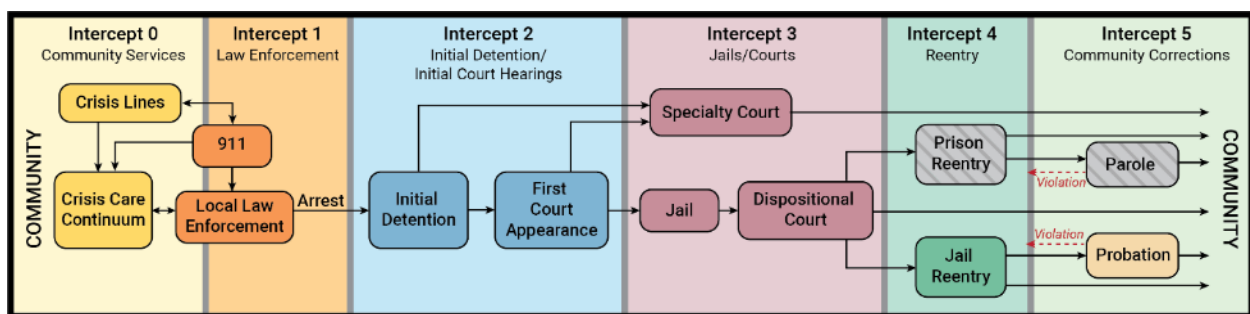
BACKGROUND

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 opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

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

The Sequential Intercept Mapping workshop has three primary objectives:

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



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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

Policy Research Associates, Inc. (PRA) convened a cross-system group of criminal justice, behavioral health, and community stakeholders from the City of Knoxville/Knox County, Tennessee, for a Sequential Intercept Model (SIM) Mapping Workshop.

The SIM Mapping Workshop was held April 6-7, 2022, at The Regas Building located at 318 N. Gay St. Knoxville, TN 37917. **Jerry Vagnier, Chief Executive Officer of the Helen Ross McNabb Center** provided introductions, thanks, and encouragement to all those participating in the SIM Workshop. He acknowledged participants for taking time from their busy schedules to attend the workshop and added his enthusiasm to continue to partner with participants and make a difference for justice-involved persons with mental illness and / or substance use conditions.

Opening remarks were provided by **City of Knoxville Mayor Indya Kincannon** and **Knox County Mayor Glenn Jacobs**. Mayor Kincannon thanked all those for participating in this important work and noted the powerful image of everyone gathered at the workshop to take part in the process and to understand their role and to work collaboratively to improve response for justice-involved individuals with mental health and substance use needs. Mayor Jacobs echoed Mayor Kincannon's thanks and noted the collaboration between the respective Mayors' offices. Mayor Jacobs noted the fiscal, health and human costs of incarceration which does not address underlying issues related to justice involvement. Both Mayors thanked Mr. Vagnier and Helen Ross McNabb for their support in convening the SIM Workshop.

On the first day, PRA delivered a presentation on the SIM and facilitated discussions across the intercepts. The participants discussed existing resources for responding to the needs of adults with mental health and substance use disorders who are involved or at risk for involvement in the criminal justice system, as well as gaps in services. All intercepts were discussed. Following the initial meeting PRA coordinated a voting process to determine which identified gaps in services were priorities for the group. On the second day, PRA reconvened the same group of stakeholders to review the voting results and discuss the group's priorities in more detail. PRA then facilitated the development of strategic action plans. The following report is based on information PRA obtained prior to and during the SIM Mapping Workshop.

AGENDA



Sequential Intercept Model Mapping Workshop

City of Knoxville/Knox County, Tennessee

Agenda (Day 1)

April 6, 2022

8:00 A.M. – 4:30 P.M.

- 8:00 **Registration and Networking**
- 8:30 **Welcome and Opening Remarks**
Mayor Indya Kincannon, City of Knoxville
Mayor Glenn Jacobs, Knox County
- Overview of the Workshop**
Workshop Focus, Goals, and Tasks
Collaboration: What's Happening Locally
Keys to Success
- 15 Minute Break
- 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
- 1 Hour Lunch
- Establishing Priorities**
Identify Opportunities, Planning for Success
- 15 Minute Break
- Wrap Up and Review**
Top Five List
- 4:30 **Adjourn**



Sequential Intercept Model Mapping Workshop

City of Knoxville/Knox County, Tennessee

Agenda (Day 2)

April 7, 2022

8:30 A.M. – 1:00 P.M.

8:30 A.M.

Welcome and Reflections

Preview of the day

Review

Day 1 Accomplishments

Local County Priorities

15 Minute Break

Strategic Action Planning Exercise

Collaborating for Progress

15 Minute Break

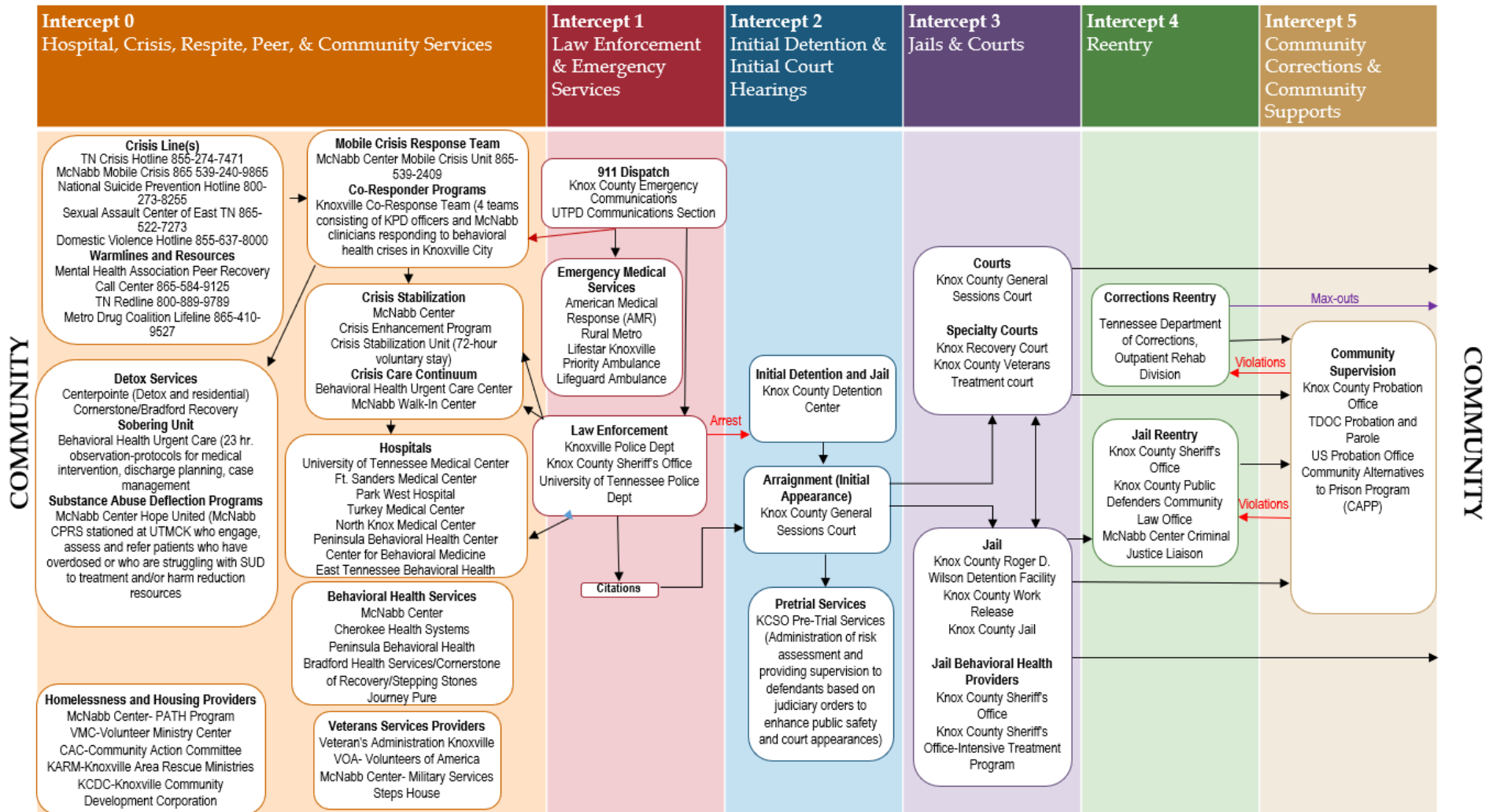
Next Steps

Summary and Closing

1:00 P.M.

Adjourn

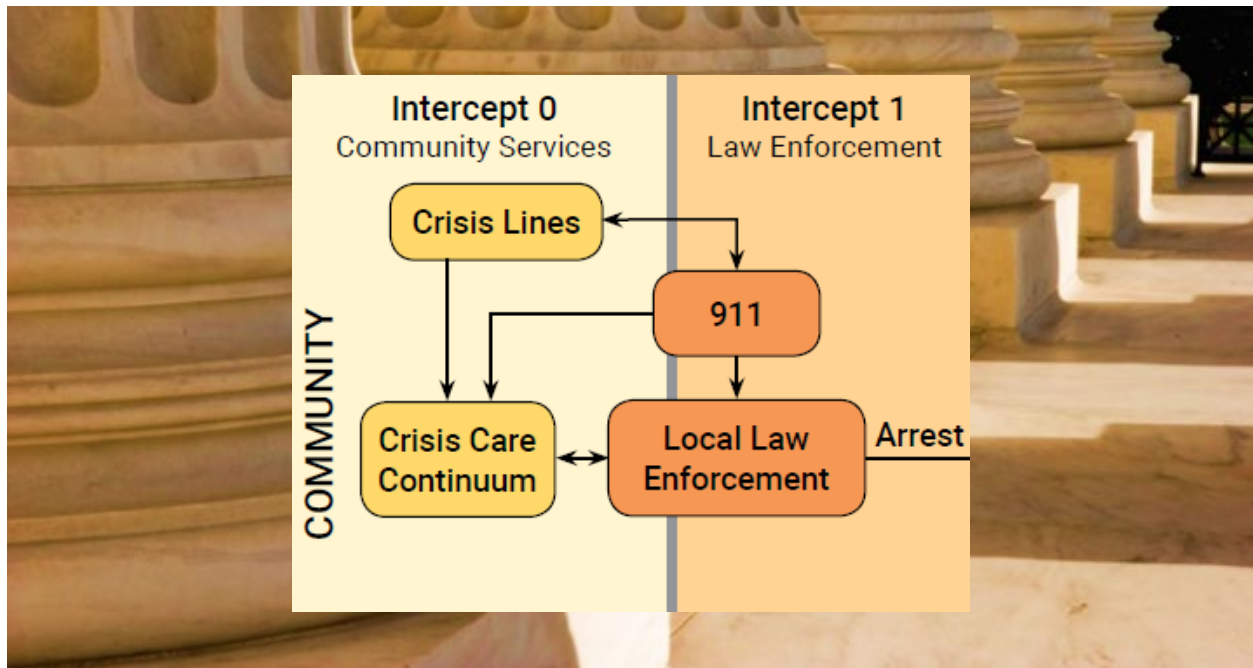
SEQUENTIAL INTERCEPT MODEL MAP FOR KNOXVILLE, TN





OPPORTUNITIES 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 opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities 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 health and substance use disorders by addressing the gaps and building on existing opportunities.



INTERCEPT 0 AND INTERCEPT 1

OPPORTUNITIES

Crisis Call and Resources Lines

- UT -24/7 Crisis Line
- TN Crisis Hotline- 24/7 - 855-274-7471
- McNabb Mobile Crisis 24/7 - 865 539-2409
- National Suicide Prevention Hotline and Shelter 24/7 - 800-273-8255
- Sexual Assault Center of East TN 24/7 - 865-522-7273-McNabb Center
- Domestic Violence Hotline - 855-637-8000- McNabb Center
- Mental Health Association Peer Recovery Call Center - 865-584-9125
- TN Redline 24/7 - 800-889-9789
- Metro Drug Coalition Lifeline 24/7 - 865-410-9527
- 911 diversion
- YWCA Domestic Violence – Information available 24/7 - 865-523-6126

9-1-1/Dispatch

- Knox County Emergency Communications
- UTPD Communication Section
- State Police Communications, District 1 over 13 counties
- Geo location available and routes calls

- UT officer friendly – uses standard APCO script

Law Enforcement and First Responders

- Knoxville Police Department, KPD
 - 81 out of 374 officers are CIT trained
 - 20-hour CIT lite training in the academy
 - 30 cars per shift
 - KDP encourages stakeholder to do a ride-a-long and attend the Citizens Police Academy
 - Knoxville Co-Response Team
 - 4 teams consisting of KPD officers and McNabb clinicians responding to behavioral health crises in Knoxville City
 - KPD Co-response does follow-ups within 72 hours
 - 9 charges can be diverted to the Behavioral Health Urgent Care Center
 - Co-responder unit has taken less than 1% of people they've interacted with to jail
 - Co-responder unit has never had to use force in the 1000 calls its handled to date
- Knox County Sherriff's Office, KCSO
 - CIT trained officers (did not get count)
 - CIT lite training
 - 30 cars per shift
- State Police
 - 6 cars per shift
 - State police rarely deal with MH issues (e.g., "road rage")
 - State police training is increasing
 - Critical stress debriefs and wellness
 - MH training
- University of Tennessee Police Department
 - 60-65% are CIT trained
 - UT PD responds to crisis
- Police in-reach – 1000 suicide interventions
 - At-home interventions by PLE
- Fire basic annual MH training, wellness support, and beginning CIT
- Behavioral Health Urgent Care (BHUCC) Diversion- 9 charges
 - KPD – high utilized
 - KSCO- highly under utilized

Crisis Care Continuum

- Behavioral Health Urgent Care Center- McNabb Center

- LE specific/need a charge -9 approved misdemeanors
- McNabb Center Mobile Crisis
 - Transports
 - Virtual response
 - Will co-respond between 1 and 2 hours
 - Crisis Stabilization Unit 15 bed unit-McNabb Center
- Satellite schools- grant for mobile crisis
 - School Resource Officers (SROs)
 - Trauma-informed staff

Healthcare

Hospitals

- University of Tennessee Medical Center
 - ER – 16 beds
 - Boarding 6 hours up to 14 days
- Ft. Sanders Medical Center
- Park West Hospital-Geriatrics Psychiatric Unit
- Turkey Medical Center
- North Knox Medical Center
 - ER services only
- Peninsula Behavioral Health Center
 - 60 beds
- Center for Behavioral Medicine
 - Opening on 4/2022
 - 64 beds
 - MH/co-occurring scheduled for 9/2022
 - Geriatrics scheduled for 6/2022
- East Tennessee Behavioral Health
 - Opening Fall 2022
 - 90 beds
- Veteran’s Administration Knoxville
 - Hospital 2.5 hours away
- 3 Emergency Rooms will have on site peer navigators:
 - University of Tennessee Medical Center
 - Fort Sanders Medical Center
 - Park West Hospital

Detox Services

- Centerpointe
 - Detox and residential- MAT
- Cornerstone/Bradford Recovery

Sobering Unit

- Behavioral Health Urgent Care
 - 23 hr. observation-protocols for medical intervention, discharge planning, case management

Substance Abuse Deflection Programs

- Knoxville Co-Response Opioid Project McNabb
 - Clinician co-responds with KPD to overdose events in Knoxville City and connects individuals to treatment
 - Follows-up with individuals for 6 months
- McNabb Center Hope United
 - McNabb CPRS stationed at UTMCK who engage, assess, and refer patients who have overdosed or who are struggling with SUD to treatment and/or harm reduction resources

Behavioral Health Services

- McNabb Center
- Cherokee Health Systems
- Peninsula Behavioral Health
- Bradford Health Services/Cornerstone of Recovery/Stepping Stones
- Journey Pure

Housing

- McNabb Center- PATH Program
- VMC-Volunteer Ministry Center
- CAC-Community Action Committee
- KARM-Knoxville Area Rescue Ministries
- KCDC-Knoxville Community Development Corporation
- Catholic Charities
- Family Promise Knoxville
- The Salvation Army
- Steps House
- Knoxville Leadership Foundation
- CONNECT Ministries
- Nest Step Initiative
- United Way of Greater Knoxville

Other

- Schools
 - MH Support

- Harm Reduction Model

GAPS

Crisis Call Lines

- MH call coding is very broad

9-1-1/Dispatch

- Local planning for county 988 implementation
- Crisis needs more computers/monitors to expand virtual LE support
- Add response/diversion for refugee population
- Education on available community resources and how to access them

Healthcare

- Loss of Lakeshore Inpatient Hospital
- TN is not a Medicaid expansion state
- Fort Sander Downtown longer dwell time up to 30 minutes
- It is difficult to get veterans to the VA – bureaucratic challenges
 - Explore advocacy programs
 - Transport coordinators access
 - Contract for detox – vets need to pay for vets
- MAT services are limited in the community for uninsured people
- Education and understanding of MAT services is needed, stigma
- Staffing shortages, recruitment of qualified candidates

Law Enforcement and First Responders

- There is no UT civilian response /respect for social work industry and crisis workforce (recruitment and salary)
- Efficient transport law enforcements vs EMS vs mobile crisis
 - EMS is overwhelmed with work

Crisis Services

- No AOT – lack infrastructure to support
- There are only 2 ACT models in TN
- No respite
- There is a lack of substance use treatment access for underinsured/uninsured
- There is a lack of partnership with some hospitals

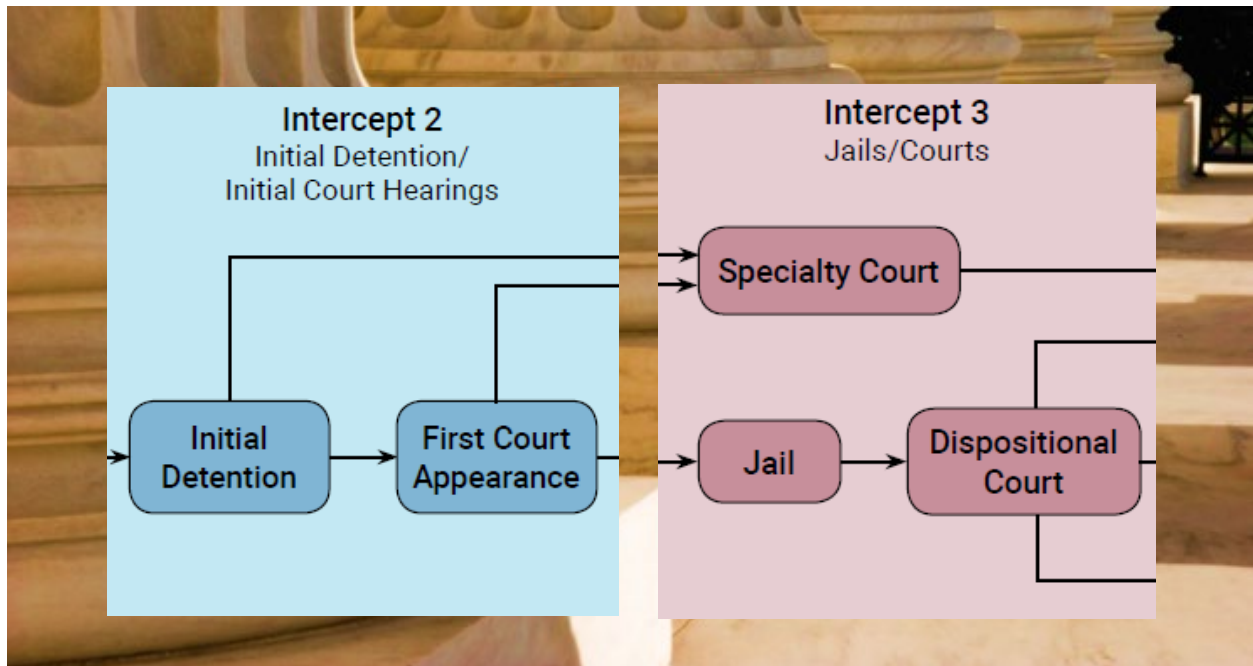
Housing

- Vouchers available, landlords not available

- Increase value of Section 8 housing vouchers
- Coordinated entry, prioritize by vulnerability
- Housing Authority and Tennessee Department of Corrections (TDOC) meet with quarterly SW meeting
- HUD criteria
- 4 clinics in housing
- Towers, 32 beds unit proposed, need service provider
- Look at HUD restrictions vs. restrictions
- Bryant's Bridge
 - LGBTQ Community
 - 8 rooms
 - Another house being built
- Housing sanction/eligibility
- Wait list/lists are being built/rapid rehousing/low barrier/repair maintenance
- Include justice partners in housing discussion
- 3 Steps House/Justice Ministry – new money

Other

- Community education about resources
- Language access to refugee population across systems
- Efficient transport
- Refugee/Cherokee H.S.
 - Develop other health provider- Bridge Resource Center
 - Increase MH counselor in schools – add case manager
 - Additional funding for Community Navigator/Ambassador
 - Designated case manager for refugees
- Sex Offender



INTERCEPT 2 AND INTERCEPT 3

OPPORTUNITIES

Booking/Initial Detention Process

- Knox County Detention Center
- Screening and evaluation added to processing
- Arraignment- Knox County General Sessions Court

Jail Structure and Personnel

- Knox County Roger D. Wilson Detention Facility
- Knox County Work Release
- Knox County Jail
 - 80 officers are CIT trained
 - 1072 population
 - 200 females
 - 75% awaiting disposition

Jail Services

- The Knox County Sheriff's Office is the jail behavioral health and medical provider
 - The Intensive Treatment Program provides substance use treatment
 - The behavioral health staff includes
 - 4 social workers

- 1 psych NP
 - .5 psychiatrist
 - 1 psych nurse
 - 1 med tech
- Shot at Life Program
- Jail has pharmacy access to verify scripts within 3-month window

Pre-trial Services

- KCSO Pre-Trial Services
 - Administration of risk assessment and providing supervision to defendants based on judiciary orders to enhance public safety and court appearances
 - 2400 people

Problem-Solving Courts

- Knox County General Sessions Court
 - Knox Recovery Court
 - 75 clients
 - Knox County Veterans Treatment Court
 - 25 clients
 - Homeless Court is in progress
 - Mandatory AOT and NGRI (Not Guilty by Reason of Insanity)
- Advocate for legislative changes in who can enter recovery court
- Public Defender’s Office has 7 social workers on staff
- The District Attorney’s Office assigns mental health prosecutors

Data Collection and Sharing

- Evaluate criteria to access veterans
- Jail census
 - Increase access to “JIMS” system

GAPS

Jail Structure and Personnel

- Jail staffing shortages

Jail Services

- MAT services in the jail are lacking
 - Cost and provider shortage
 - Abstinence based with minimal use of Vivitrol

- “Shot at Life Program” – 18 months, 1st dose of Vivitrol
 - Funding ran out
- Some meds are not prescribed
- Issues with private prisons – trauma
- Incarcerated people pay for medical services

Pre-trial Services

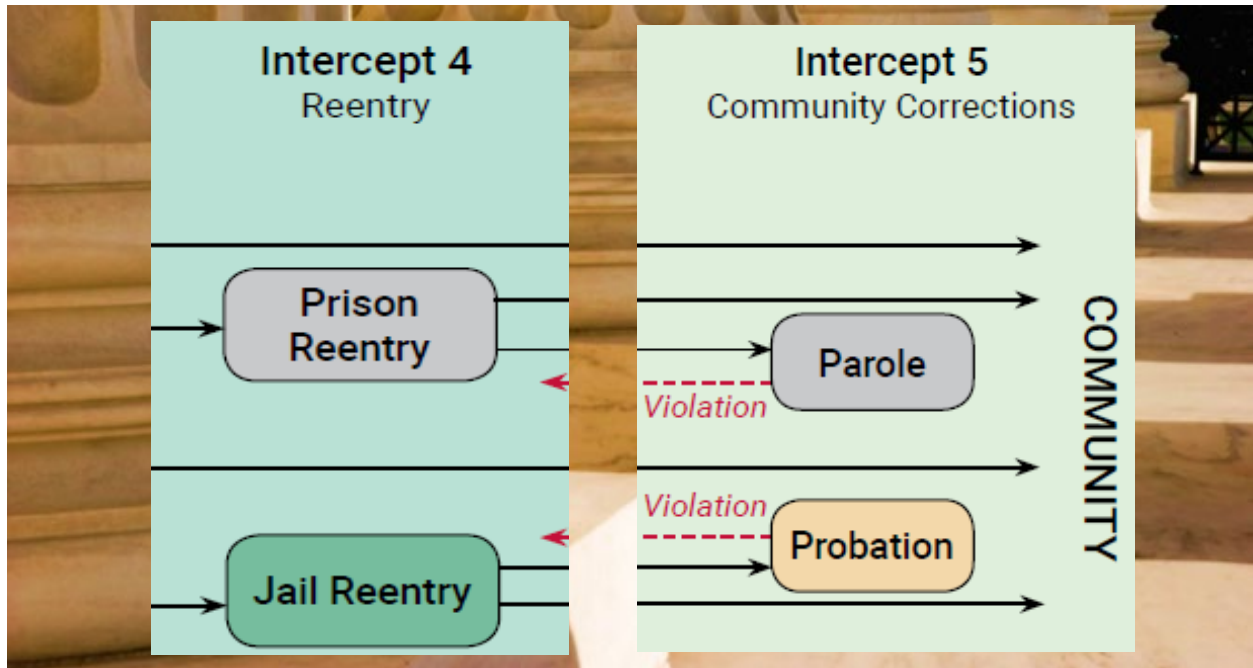
- Pretrial phone reminders- person does not have good number on file
- Public defender’s office social workers only see about 1% of clients
- Diversion coordination

Problem-Solving Courts

- Less than 1% of cases go through specialty courts
 - Criteria restrictions to use specialty courts
 - Specialty courts have capacity issues
- Statutes interpreted differently by judges when “violence occurred”
- Legislation driven criteria for recovery court
- Working to develop MH Court
- Private Defense Attorney access to screening/treatment for clients
 - Referrals limited
 - Access
- Recovery Court is abstinence based

Data Collection and Sharing

- No real time data on opioid dependent people in jail
- No access/evaluation for people released on citation
- JIM’s data is hard to track
- No formalized process for providers to view jail census



INTERCEPT 4 AND INTERCEPT 5

OPPORTUNITIES

Jail Services/ Community Reentry

- Public Defender funding for scripts past 30 days
- Funding to help with gap coverage to receive services
- Explore ways to immediately reactivate existing benefits upon release

Jail Re-entry

- Knox County Sheriff's Office
- Knox County Public Defenders Community Law Office
- McNabb Center Criminal Justice Liaison

Prison Re-entry

- 4 out of 14 in the state are private prisons
- Tennessee Department of Corrections, Outpatient Rehabilitation Division
 - Every person leaves with a re-entry plan
 - Screening/connection to social workers
 - 50 agencies 1/month DOC runs a one stop shop for clients re-entry
 - DOC pilot MAT

Probation/Parole

- Knox County Probation Office
- TDOC Probation and Parole
- US Probation Office
- Community Alternatives to Prison Program (CAPP)

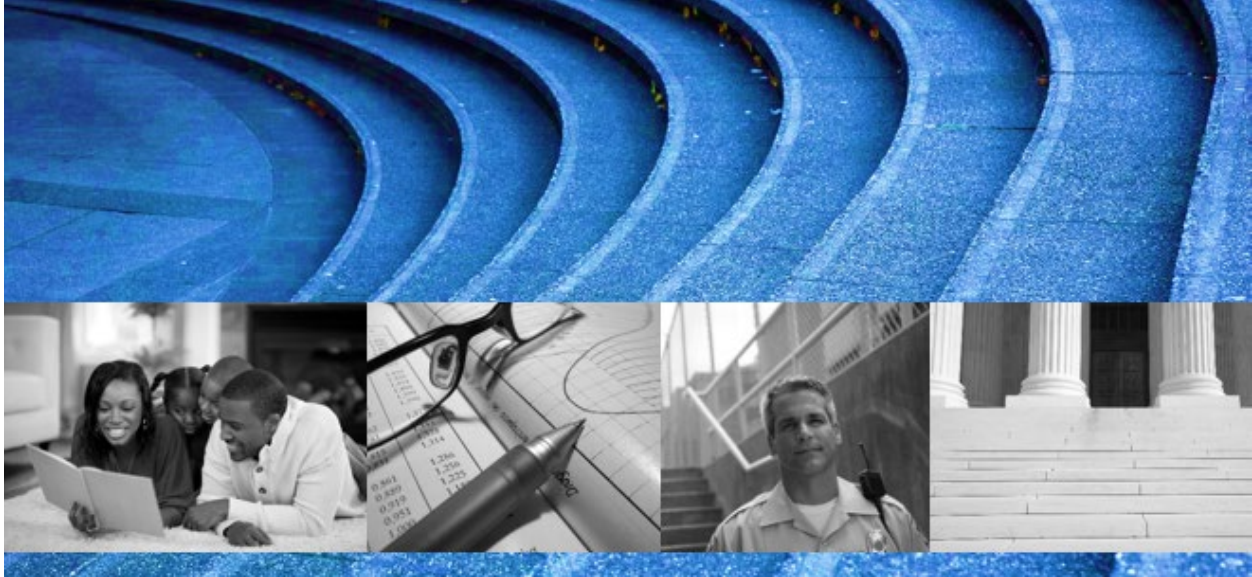
GAPS

Community Reentry

- Linkage to MAT on reentry from jail
- Leave jail with 30-day script
 - Can't get refill without funding
- Geriatric population, cognitive disorder -Alzheimer's
 - Incarceration facilities do not have adequate medical care
- Funding for Medicaid that gets shut off during incarceration
 - 3 weeks to a month to get it turned back
- Lack of funding for case managers
 - Model switched in 2017 towards more treatment vs. basic needs
- Many services will not take Medicare
- Reinstating Social Security Benefits just prior to release from prison/jail. At the time of the workshop, it was advised there is a delay in getting benefits turned back on.

Probation

- People on probation can't get evaluation because they're not predisposition
- People on probation overdosing "all the time"



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 April 06, 2022. The top five priorities are highlighted in bold text.

- 1. Expand Case Management Resources (Intensive Community Based) Improve Community Standards for Case Management (30 votes)**
- 2. Uninsured Services Expansion (28 votes)**
- 3. Affordable Permanent / Supportive housing (26 votes)**
- 4. Expand City Co-Response – Development County Co-response / Add TN State Police to CIT (22 votes)**
- 5. Transitional Housing (12 votes)**
6. Intercept -0 Earlier Intervention / Education (10 votes)
7. Expand/Enhance Pre-arrest Diversion (10 votes)
8. Coordinate/Structure Jail Release Time (5 votes)
9. Knox County Self-Assessment on Factors around Recidivism (5 votes)
10. Web-based Resources (3 votes)
11. Workforce Development / Planning (3 votes)
12. Expanding Resources to Help with Language Barriers (2 votes)
13. Discuss Removal of Fees for Jail Based Medical Services and Programs (2 votes)
14. Coordinate Hospital Discharge Planning for People Experiencing Homelessness (0 votes)
15. Development Cross-system Justice Behavioral Health Structure (0 votes)
16. Support for Reentry to Obtain Identification Documents (0 votes)

STRATEGIC ACTION PLANS

Priority Area 1: Enhance HRM and LE Co-response team

Objective		Action Step	Who	When
A	Increase access to co-response	<ol style="list-style-type: none"> 1. Hire additional behavioral health specialists <ol style="list-style-type: none"> a. Data review for LSA / allocation b. Expand model to Knox Co. Sheriff's Office c. Increase pay incentive for co-response officers and BH specialists. 	-McNabb -KPD – Clinton -DA Office -KC Sheriff's office -KC Mayor's Commission -KC Mayor's Council	7/22
B	Option to add / model to current co-response,	<ol style="list-style-type: none"> 1. Continue to review options (on-going). 	McNabb	On-going
C	Expand outreach to other LE in coverage area.	<ol style="list-style-type: none"> 1. Educate about current programming. 	KPD/McNabb	1 month
D	Increase CIT Training to TN State Police	<ol style="list-style-type: none"> 1. TN State Police representation at CIT Regional 	CIT Regional	May 3, 2022
E	Dedicated Case Management	<ol style="list-style-type: none"> 1. Look for grant funding to obtain funding for Case Manager follow-up 	McNabb	1 month

Priority Area 2: Uninsured Services

Objective		Action Step	Who	When
A	Identify uninsured population (ED and jail)	1. Medical providers and criminal justice partners come together to share aggregate information on needs.	Mayors, Sheriff’s Office, KCDF, service providers, Public Defender’s Office Social Workers, judges, DA and grant writers.	
B	Define ideal continuum of care (CoC).	1. Identify best practices 2. Compare/contrast best practices	“	
C	Map existing CoC resources.		“	
D	Identify gaps in CoC and strategize how to fill gaps		“	
E	Identify costs and funding		“	

Priority Area 3: Case Management

Objective	Action Step	Who	When	
A	Expand accessibility & Availability of Therapeutic Case Management at the point of community re-entry	<ol style="list-style-type: none"> 1. People leaving custody should have access to Extensive Case Management <ol style="list-style-type: none"> a. Discuss Assessment Tools <ol style="list-style-type: none"> i. Risk/Needs/Responsivity b. Discharge Planning c. Interagency Collaboration 2. Define Case Management & Various Levels of it 3. Develop (living) web-based resources <ol style="list-style-type: none"> a. MDC has software <ol style="list-style-type: none"> i. Spirit Solutions b. Educate Community about existing Resources 4. Secure Funding 5. Develop Case Management Standards <ol style="list-style-type: none"> a. Implement Training 	Jail Social Workers Hospital Social Workers Shelters McNabb DCS Probation & Parole Public Defender’s Office KCSO Juvenile Detention Peers DMV Social Security KCHD Cherokee Health System CAC – Misty Harm Reduction Groups Choice Health NDC Homeless Coalition State	TBD

Priority Area 4: Housing

Objective		Action Step	Who	When
A	Identify current housing resources available for TH, PSH	Develop master plan by sub-committee	KCDC UMC SEED	Convene group within 2 months
B	Expand housing resources for Transitional Housing (TH), Permanent Supportive Housing (PSH)	Coordinated system for TH (like CHAMP) TH/PSH staffed by/for mental health	City of Knoxville Knox County Sheriff's Office	Develop plan within 6 months
C	Define housing Models	Increase affordable housing Engage faith-based groups TH that is program driven Vision for continuous pipeline access TH, PSH, PH	CHZ McNabb Homeless Coalition	



QUICK FIXES

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities 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 health and substance disorders in the justice system.

- Knoxville Community Development Organization, KCDC in conversations with the Public Defender's Office about building housing, developing a housing program
- Arranging a meeting on a regular basis including representatives from the Public Defender's Office, Sheriff's Office, and Jonathan Cooper with the Private Bar Association
- Sherry Crouse/Jay – Recidivism Exploration for Knox County
- Torrie Dreier, Megan Thorpe and Henny – Eliminating Barriers for Community Care for Veterans
- Small group to discuss AOT further
- Transportation
 - VA has a van for transport for veterans
 - Metro Drug Coalition
 - Van and veteran driver on staff
 - Explore Uber/Lyft strategies
- Knox Jail/Mary O'Neill – offered to email to any community provider, she will get a release signed and check on person
- Connect Housing Authority to TNDOD for quarterly SW meeting
- Knox County Jail – developing a library of handouts/resources for people in re-entry
- Public Defender's Office received \$500K for a full-time attorney to advocate for IDPs at school



PARKING LOT

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

- Cuts in State funding
- Assisted Outpatient Treatment Legislation
- State and Federal Collateral Sanctions



RECOMMENDATIONS

The SIM Workshop identified multiple exemplary initiatives and programs across the Intercepts. However, across intercepts, stakeholders repeatedly discussed structural barriers that hampered new initiatives and expansion or development of new programs.

Providing urgent and ongoing health, mental health and substance use services to the uninsured, broadly hampered community efforts to address the multiple service needs of these individuals and to address the public safety concerns. Consequently, many of these individuals overwhelm Emergency Departments and the jail, increase jail LOS, and contribute to recidivism. There was also discussion of individuals being held months in jail awaiting a substance use treatment bed because of lack of insurance coverage. Specific data documenting these issues were not available at the workshop, but there was broad consensus and repeated comments about funding cuts and service limitations for uninsured individuals.

The second issue that was repeatedly raised were sanctions and restrictive access to diversion alternatives that undermined public safety goals and limited access to programs that could address underlying poverty, mental health and substance use problems contributing to criminal behavior. Among these sanctions were court and criminal justice fines and fees that could not reasonably be expected to be repaid; narrow criteria for inclusion in court-based diversion programs, specifically disqualification for anyone with a history of violent crime. While on the surface, this may seem reasonable, is it reasonable then to release individuals without their needs being addressed and to remove the benefit of a compassionate and successful approach of therapeutic courts? We commend recent passage of the 2017 [Alternative to Incarceration Act](#) and expansion of criteria for inclusion in Recovery Courts. However, workshop discussion suggested that criteria is not evenly applied and that less than 1% of cases are enrolled in Recovery Courts. The low admission rates to Recovery Courts could also be due to limited funding for uninsured individuals.

Incarcerated individuals receiving health care services and medication was identified as a barrier with reports of individuals not receiving medication and healthcare because of inability to pay or because they did not want to burden family with jail healthcare costs. Lack of healthcare resulted in disruption in mental health services and reduced likelihood of engagement upon release. These comments are anecdotal and there is a lack of uniform data collection to document the extent of the damage these policies cause. Nevertheless, there was strong and uncontested consensus that these issues undermine public safety goals and undermine recovery and rehabilitation efforts.

In addition, there are two additional issues that should be addressed within all the recommendations below and in the Action Plans.

The first is racial equity and disparity. While the focus of this SIM Workshop is on individuals with mental health and substance use disorders, and individuals with IDD (Intellectual and Developmental Disabilities), disparities in healthcare access and criminal justice involvement must also be addressed to ensure comprehensive system change. There was also significant discussion among participants of language barriers and access to health and justice programs for immigrants.

The second issue is trauma. As noted in the introduction to this report, justice-involved individuals have a high prevalence of trauma. It is critical that the healthcare and criminal justice systems be trauma-informed and that there be trauma screening and trauma-specific treatment available.

1. Continue to shape efforts by formalizing a City/County Criminal Justice/Behavioral Health Planning Body to address the needs of justice-involved persons with mental health and substance use disorders.

There is a need for on-going dialogue, joint planning, and increasing awareness regarding system resources. Implementation of initiatives to increase diversion opportunities will require involvement of a broad group of stakeholders with sufficient authority to impact state-, county-, and municipal-level change.

Knoxville and Knox County have multiple planning groups that are working to address multiple issues that arose during the SIM Workshop. It also appears that many of the groups have overlapping focus. There appears to be no one obvious planning group to organize city/county response to the issues raised at the SIM Workshop.

Broadening focus and leadership of existing groups is one strategy. Legislative resolutions and Executive Orders are other strategies to organize cross system collaboration.

Some communities have adapted the Situation Table Model that brings together cross system stakeholders to address service access issues. The Model improves system communication and efficiencies and provides a problem-solving forum to discuss individual cases.

2. Address Collateral Sanctions that may undermine recovery and rehabilitation objectives.

As noted above, collateral sanctions of incarceration were of significant concern to workshop participants. The report by the Legal Action Center, "[After Prison: Roadblocks to Reentry, A Report on State Legal Barriers Facing People with Criminal Records](#)" 2004 details collateral consequences of criminal convictions.

Collateral sanctions occur across justice, social service, health, housing, and education systems. Many are imposed locally, though some may be under state or federal control. A first step may be to convene a reasonable sanctions work group to examine where sanctions undermine recovery and public safety goals.

3. Strategically address the Uninsured Population to increase access to services and reduce cross cost burden on Emergency Departments and the criminal justice system, especially the jail.

Addressing service access for the uninsured population was the next ranked priority. Addressing this population will involve multiple strategies, incremental approaches, and perhaps pilot programs. Funding, partnerships, and data informed planning are key to addressing this priority.

Data:

- During the SIM, there was little on-hand data regarding the uninsured population. A first step would be to develop a by name list of individuals who have frequent contact across behavioral health and criminal justice, collect demographic information, review insurance eligibility, and whether individuals are connected to service providers.
- Set thresholds to select a subset of the individuals identified and convene a group of stakeholders (perhaps using the Situation Table Model, described above) to identify available resources to address their needs.
- Other communities use Frequent User of Services strategies which focus resources and increases service coordination for individuals who impact multiple justice and healthcare systems.
- The following resources may be helpful for improving data collection.
 - The National Association of Counties recently initiated a [Familiar Faces Initiative](#) an on-line community that shares best practices working with individuals with high needs and high service use.
 - [Hospital Uncompensated Care Costs in Virginia Prior to Medicaid Expansion \(vcu.edu\)](#)

Funding - Multiple strategies can be used:

- State used Medicaid 1115 waivers to design programs that reduced institutionalization and high service costs.
- Maximize use of insurance benefits.

- Once the list is identified, review Medicaid eligibility of the cohort and enroll eligible individuals.
- Initiate or expand a Social Security (SSI/SSDI) Outreach, Access, and Recovery (SOAR) initiative.
- SOAR provides training to expedite the Social Security Supplemental Income and Disability approvals. With training, approval is often obtained within 90 days.
- [SOAR Works for Individuals Involved in the Criminal Justice System \(samhsa.gov\)](https://www.samhsa.gov)
- Certified Community Behavioral Health Clinics (CCBHC) are comprehensive community behavioral health clinics that offer a full range of mental health services including crisis response, urgent care, partnership with Law Enforcement and access to Medication Assisted Treatment. Due to prospective funding strategies, they have greater flexibility serving the uninsured population.

Partnerships:

- Public Private Partnerships - Blending funding sources is another strategy and nationally, both managed care plans and hospitals are providing funding for housing to reduce ED visits see, "[Why hospitals and insurers are paying for housing for these patients](#)".
- Foundations - Foundations often are eager partners to fund social determinant of health and community wellness initiatives, once informed of the issues and focused approaches.
- Loaves and Fishes or Church Supper Approach – Once the population is better defined and identified, communities have proven resilient developing strategies to improve service access and outcomes through sharing and more efficient use of resources, improving coordination especially at transition points (from ED's, inpatient care and jails), and advocating as a unified voice for increased funding.
- Grants/University Partnerships – Both BJA (Bureau of Justice Assistance) and SAMHSA (Substance Abuse and Mental Health Services Administration) grant cycles begin in September. Funding will be available for programs across the 6 Intercepts. While grants bring additional resources into communities, they do of course have to be sustained. These grants provide an opportunity to better hone a program response, increase partnership and stakeholder involvement, and provide outcome data that validates and justifies sustainability of the program.
 - [FY 2023 NOFO Forecasts | SAMHSA](#)
 - [Find Grant Funding | HRSA](#)
 - [A Simple Guide: Behavioral Health Grants](#)

4. Prevention Activities

Participants expressed a persistent interest in pre-crisis (Intercept – 0) response. Specifically, participants discussed strategies to empower individuals and neighborhoods to enlist and provide needed supports and services.

Three areas were identified.

1. Schools – Participants noted current efforts which include School Resource Officers, Adaptive Education Center, in-reach mental health services. Areas of need identified were:

- school-based community navigator
 - school based case management and increased mental health support
2. Resource Awareness – Participants noted that the Workshop revealed resources that people were not aware of. In addition, participants noted that people were held in jail for weeks awaiting residential placement due to capacity and insurance issues.
- [Access SOS](#) is an App that connects hearing impaired individuals or with language disabilities to their local 911.
 - [TN211](#) is operated by United Way and is an App that provides searchable resources.
 - [XFERALL](#) is a mobile application intended to be used for interfacility transfers for both acute care, and behavioral health patients. XFERALL automates the request and messaging between healthcare providers and transfer centers/admissions accelerating the admission process.

3. Immigrant Population

Suggestions for addressing this issue include the following:

- Use of bilingual interns from local universities,
- Highlight the need for bilingual applicants in employment advertising, and
- Increase recruitment for bilingual students to university clinical programs.
- Consider developing para- professional bilingual healthcare navigator positions. As has been seen with the peer profession, where lived experience is the core credential enhanced by a standardized clinical training curriculum, individuals with experiences and cultures mirroring those of the individuals served may be remarkably effective at engaging individuals in treatment and assisting in crisis response and transitions from levels of care or institutions.

Across all three areas identified, Community Ambassador programs are expanding across the country and provide work in diverse neighborhoods to promote safety and connect people to services. San Francisco is an example: [Community Ambassadors Program | San Francisco \(sf.gov\)](#)

5. Consider the use of telehealth strategies to support law enforcement officers and other first responders responding to crisis situations.

As Knox County considers expanding the co-response model, adding a virtual crisis support component could enhance crisis support to law enforcement. Multiple programs report reduction in transport to hospitals, post crisis engagement, reduced criminal justice and health costs.

Resources are below:

- Springfield MO PD SAMHSA/GAINS Webinar: (<https://www.prainc.com/wp-content/uploads/2017/09/GAINSWebinarVMCI-9517slides.pdf>),
- [Harris County PD Telehealth Implementation Guide](#)

6. Implement/expand evidence-based practices for substance use treatment for justice involved individuals.

As noted above, participants noted that access to Medications Assisted Treatment (MAT) for justice involved individuals is hampered by funding and justice system policy regarding MAT. Participants also noted opioid deaths among the population they serve. However, information was anecdotal and there was no known data tracking of overdose deaths of justice involved individuals. The following resources provide guidance for implementation or expansion of MAT programs in jail or in court programs.

- National Council Medication-assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- [Medication Assisted Treatment for Opioid Use Disorder in Jails and Prisons](#)
- [Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings \(samhsa.gov\)](#)
- [Free MAT Resources - NADCP.org](#)
- [NACo Opioid Solutions Center](#)
- The National Drug Court Institute (NDCI) offers free technical assistance to communities developing or operating drug courts to ensure current evidenced-based practices are being utilized. They report that Drug and Recovery Court Teams that take part in the technical assistance report lower recidivism rates. The application period for the current round of technical assistance is October 31, 2022. [Foundational Training for Treatment Courts - National Drug Court Institute - NDCI.org](#).

7. Expand diversion opportunities beyond Specialized Court approached. Develop more formal and coordinated screening and diversion strategies for arraignment diversion (Intercept 2) and pre-plea diversion (Intercept 3).

Participants reported that 1% of cases go through specialty courts and that participation was limited by criteria and capacity.

Early Intercept 2 identification and engagement of individuals for diversion can take place in General Sessions Court, at jail booking and while awaiting subsequent court dates and does not require enrollment in a Specialty Court.

Court-based Strategy

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, [Municipal Courts An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System](#) The monograph identifies four essential elements of arraignment diversion programs: early identification and screening, court-based clinician, recovery-based engagement

including use of peers, proportional criminal justice leverage. The [CASES Transitional Case Management](#) and the Manhattan Arraignment Diversion Program are two examples.

Jail-based Strategy

Placing a Diversion Coordinator in the jail to provide for early identification of potential diversion candidates. The role of the coordinator would be to:

- Identify and assess potential diversion candidates
- Engage appropriate service providers
- Provide the public defender with a diversion plan
- Coordinate transition from jail to the community and if appropriate pre-trial services.

Strategies and program examples can be found in the SAMHSA GAINS Center publication: [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison \(prainc.com\)](#)

Diversion Screening

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

Additional brief mental health screens include the:

- [Correctional Mental Health Screen](#)
- [Mental Health Screening Form III](#)

Brief alcohol and drug screens include the:

- [Texas Christian University Drug Screen V](#)
- [Simple Screening Instrument for Substance Abuse](#)
- [Alcohol, Smoking and Substance Involvement Screening Test](#)

8. Address the Incompetent to Stand Trial (IST) population.

Participants discussed the Length of Stay (LOS) of the IST population who are retained in jail while waiting transfer to a state forensic hospital. The IST issue is a challenge for states across the country, but strategies have emerged to reduce the number of individuals found IST, to provide outpatient restoration alternatives and to reduce IST inpatient length of stay. For cases in which charges are minor, legal standards, such as the American Bar Association standards from 2016, point to consideration of diversion strategies for the misdemeanant who is incompetent to stand trial (see [standard 7.4-8\(e\)](#)).

Stakeholder meetings from the local jurisdiction and the state to focus on this population can be helpful. [Outpatient competency-related programs](#) can also be considered. Also see the SAMHSA's

GAINS Center's *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial* (2007).

Other resources include:

- Callahan, L., & Pinals, D. A. (2020). [Challenges to reforming the competence to stand trial and competence restoration system](#). *Psychiatric Services*, 71(7), 691-697
- Pinals, D. A., & Callahan, L. (2020). [Evaluation and restoration of competence to stand trial: intercepting the forensic system using the sequential intercept model](#). *Psychiatric Services*, 71(7), 698-705.
- PRA's [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#) (2007)
- SAMHSA's GAINS Center's webinar [Reporting from the Field on Competence to Stand Trial and Competence Restoration: National Trends and Local Implementation Strategies for Reducing Restoration Wait Times](#)
- [\(PDF\) An update on outpatient competence restoration outcomes: The Washington DC Model \(researchgate.net\)](#)
- [Competency Restoration for Adult Defendants in Different Treatment Environments - PubMed \(nih.gov\)](#)

9. Increase and improve transportation options.

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

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

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

In addition, the following resources provide guidance:

- Review the SAMHSA resource, *Getting There: Helping People with Mental Illnesses Access Transportation*.

- Explore the non-medical transportation services provided by counties and states, including the Wisconsin Department of Health Services BadgerCare+ program. <http://www.ncsl.org/research/transportation/non-emergency-medical-transportation-a-vital-lifeline-for-a-healthy-community.aspx>
- [New Ride CARE Law Changes Emergency Detention Transportation Regulations - Oklahoma Counseling Institute](#)
- [Transportation after Incarceration: Where the Rubber Meets the Road for Sustainable Reentry - Policy Research Associates \(prainc.com\)](#)

10. Increase and improve housing options.

Communities around the country have begun to develop more formal approaches to housing development, including use of the Housing First model.

- National Law Center on Homelessness and Poverty Monograph: “Housing, Not Handcuffs.” <http://nlchp.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf>
- [Built For Zero - Community Solutions](#) (formerly Zero: 2016) is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies.
- [Milwaukee Housing First](#)
- [Effective Property Management Engagement Strategies: Addressing the Housing Needs of Individuals with Serious Mental Illness, Substance Use Disorders, and Co-occurring Disorders](#)
- [Funding Supportive Housing Services for People With Behavioral Health Needs: Federal Resources \(hhrctraining.org\)](#)
- [Shifting the Focus from Criminalization to Housing](#)
- [Funding Housing Solutions to Reduce Jail Incarceration \(safetyandjusticechallenge.org\)](#)
- [Continuum of Care Program Applications](#)



RESOURCES

Competence Evaluation and Restoration

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

Crisis Care, Crisis Response, and Law Enforcement

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

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

Brain Injury

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

Housing

- The Council of State Governments Justice Center. (2021). [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health](#).
- Alliance for Health Reform. (2015). [The Connection Between Health and Housing: The Evidence and Policy Landscape](#).
- Economic Roundtable. (2013). [Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients](#).
- 100,000 Homes. [Housing First Self-Assessment](#).
- Community Solutions. [Built for Zero](#).
- Urban Institute. (2012). [Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project](#).
- Corporation for Supportive Housing. [Guide to the Frequent Users Systems Engagement \(FUSE\) Model](#).
 - Corporation for Supportive Housing. [NYC Frequent User Services Enhancement – Evaluation Findings](#).

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

Information Sharing/Data Analysis and Matching

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

Jail Inmate Information/Services

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

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

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

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

Mental Health First Aid

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

Peer Support/Peer Specialists

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

Pretrial/Arrest Diversion

- Substance Abuse and Mental Health Services Administration. (2015). [Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System](#).
- CSG Justice Center. (2015). [Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements](#).
- National Resource Center on Justice Involved Women. (2016). [Building Gender Informed Practices at the Pretrial Stage](#).
- Laura and John Arnold Foundation. (2013). [The Hidden Costs of Pretrial Diversion](#).
- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#).

Procedural Justice

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

Racial Equity and Disparities

- Mathematica. (2021). [Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation](#).
- Law360. (2021). [Data Collection Is Crucial For Equity In Diversion Programs](#).
- Chicago Beyond. (2018). [Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders](#).
- National Academies of Sciences, Engineering, and Medicine. (2021). [Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief](#).
- Substance Abuse and Mental Health Services Administration. (2015) [TIP 59: Improving Cultural Competence](#).
- SAMHSA's Program to Achieve Wellness. [Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview](#).
- Actionable Intelligence for Social Policy. (2020). [A Toolkit for Centering Racial Equity Throughout Data Integration](#).
- The W. Haywood Burns Institute. [Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist](#).
- National Institute of Corrections. (2014). [Incorporating Racial Equality Into Criminal Justice Reform](#).
- Vera Institute of Justice. (2015). [A Prosecutor's Guide for Advancing Racial Equity](#).

Reentry

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

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). [Screening and Assessment of Co-occurring Disorders in the Justice System.](#)
- The Stepping Up Initiative. (2017). [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.](#)
- Center for Court Innovation. [Digest of Evidence-Based Assessment Tools.](#)
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Sequential Intercept Model

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

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

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

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

Telehealth

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

Transition-Aged Youth

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

Trauma and Trauma-Informed Care

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

Veterans

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

APPENDIX

Appendix 1 Sequential Intercept Mapping Workshop Participant List

Appendix #1

Knoxville, TN SIM Participant List

Last Name	First Name	Title	Agency/Organization
Cohn	Allie	Regional Housing Facilitator	TDMHSAS: Creating Homes Initiative
McMillian	Amber	Senior Director of Crisis Services	McNabb Center
Russell	Amy	Victim Witness Coordinator	US Attorney's Office, Eastern District of Tennessee
Harrington	Ben	CEO	Mental Health Assoc. of East Tennessee
Anders	Brad	Executive Director	Knox County 911
Bonner	Brittany	Representative	Healing East TN Alternative Response Team
Allen	Candace	Director of Adult Intensive Mental Health Services	McNabb Center
Jones	Carla	Assistant Chief	Knoxville Fire Department
Allen	Charme	District Attorney General	District Attorney General's Office - 6th District
Daugherty	Cheryl	Psychiatric Mental Health Nurse Practitioner & Mental Health Services	Knox county Sheriff's Department
Cerny	Chuck	General Sessions Judge	Knox County General Sessions Court
Caballero	Claudia	President & CEO	Centro Hispano
Bowers	Desiree	CEO	Chance House of East Tennessee
Mitchell	Donna	President & CEO	Covenant Counseling
Mugorewera	Drocella	Executive Director	Bridge Refugee Services, Inc.
Blanton	Elaine	Criminal Justice Services Coordinator	McNabb Center
Simerly	Emily	Deputy Chief of Police	University of TN Police Department
Lutton	Eric	District Public Defender	Knox County Public Defender's Community Law Office
Miller	Eric	Lieutenant	Tennessee Highway Patrol
Read	Erin	Director, Substance Misuse Response Division	Knox County Health Department
Cline	Gabe	Chief Clinical Services Officer	Volunteer Ministry Center
Dennis	Jack	Probation Programs Coordinator	Knox County Probation
Cook	Janice	Director of School Culture	Knox County Schools
Myers	Jason	Executive Director of Student Support	Knox County Schools
Periard	Jason	Chief of Security	Knox County Schools
Goodman	Jason	Director of Recovery Support Services	Metro Drug Coalition
Fritz	Jennifer	ED Nurse Educator	UT Medical Center
Dodson	John	Assistant Chief	Knoxville Fire Department
Cooper	Jonathan	Attorney at Law	Knox Defense
Pruitt	Justin	Assistant District Attorney General	Office of District Attorney General
Pershing	Karen	Executive Director	Metro Drug Coalition
Ellis	Kathryn	Executive Director	Knoxville Family Justice Center
Lauth	Kim	Chief Operating Officer	Positively Living / Choice Health Network
Middlebrook	LaKenya	Chief Community Safety Officer	City of Knoxville
Human-Hilliard	Leann	Regional Vice President	McNabb Center
Clary	Liz	VP Behavioral Health Services	Covenant Health
Bly	Marie	Director of Mental Health Services	Knox County Juvenile Court
Moazen	Marisa	Dierctor of Policy and Strategic Partnerships	Knoxville Community Development Corporation
Potts	Mark	Director of Clinical Services	Peninsula, a Division of Parkwest Medical Center
Lindsey	Mary	Court Director	Knox County Juvenile Court
O'Neill	Mary	Family Services Officer	Knox county Sheriff's Department
Thorpe	Megan	Nurse	UT Medical Center
Federici	Melissa		Knox county Sheriff's Department
Dunthorn	Michael	Homeless Programs Coordinator	City of Knoxville

Hammond	Mike	Knox County Criminal, Criminal Sessions, and 4th Circuit Court Clerk	Knox County Criminal Court
Goodwin	Misty	Social Services Director	Knoxville-Knox CAC
Connelly	Moira	Representative	Healing East TN Alternative Response Team
Evans	Nathaniel	Attorney at Law	Evans Law Firm
Britt	Rachel	Sergeant	Knoxville Police Department
Loveday	Rachel	Hope United Team Leader	McNabb Center
Nichols	Randy	Special Counsel	Knox County Sheriff's Department
Major	Richard	Magistrate and Court Administrator	Knox County Criminal and Circuit Courts
Nooe	Roger	PhD	Professor Emeritus U of Tn
Hanaver	Ron	Director	Knox Recovery Court & Veterans Treatment Court
Lee	Sam	Chief Deputy	Office of District Attorney General
Crouse	Sherry	Correctional Program Director, Rehab Services	Department of Correction, State of Tennessee
Sword	Steven	Judge	Knox County Criminal Court
Coker	Susan	Captain	Knoxville Police Department
Clinton	Thomas	Sergeant Co-Response Unit / Homeless Outreach	Knoxville Police Department
Cook	Todd	Pretrial Release, Chief	Knox county Sheriff's Department
Spangler	Tom	Sheriff	Knox county Sheriff's Department
Dreier	Torrie	Veteran's Justice Outreach Specialist	Veterans Affairs
Topham	Traci	Volunteer	Public Defenders of East Tennessee / McNabb Center Board
Hamilton	Trey	US Attorney	US Attorney's Office, Eastern District of Tennessee
Underwood-Shipe	Vivian	Founder/Executive Director	I AM the Voice of the Voiceless
Stacy	Wando	Community Engagement Team Member	SEED