THE INSTITUTE FOR
POLICE, MENTAL HEALTH &
COMMUNITY COLLABORATION

Boone County, Missouri
Sequential Intercept Mapping Workshop
Summary and Recommendations

Sheriff's Department Annex

August 22, 2016

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COUNTY OF BOONE
MISSOURI

Sequential Intercept Mapping Workshop Report

Introduction

As part of Boone County's participation in the Stepping Up Initiative[1] a decision was made to conduct a 'systems mapping' workshop. Based on the Sequential Intercept Model,[2] a mapping workshop is a process whereby key stakeholders come together with experienced facilitators. The facilitators guide the group to identify both strengths and gaps in the current system by examining responses to individuals with mental illness who interact with the criminal justice system.

Don Kamin, Ph.D. (Director of the Institute for Police, Mental Health & Community Collaboration in Rochester, New York) and J. Steven Lamberti, MD (Professor of Psychiatry at the University of Rochester Medical Center) facilitated the workshop. They provided some historical context to the overrepresentation of individuals with mental illness in the criminal justice system and a brief overview of "best practices" that help to decrease the number of individuals with mental illness in the criminal justice system. They also explained the Sequential Intercept Model prior to conducting the mapping exercise.

The County's commitment to understanding and improving the interface of the mental health and criminal justice systems was evident by the large group who attended the day-long meeting. Appendix A lists the community stakeholders that attended the event held on August 22, 2016 at the Sheriff's Department Annex.

Visioning Exercise

As members of the group introduced themselves they were asked to imagine that they or a loved one were experiencing a psychiatric crisis – and to briefly state one thing that they hoped would happen or something that they didn't want to happen. These "hopes and fears" are briefly summarized below.

Attendees expressed hopes for a quick response by trained police officers who were caring and attentive. They wished that they or their loved ones would be treated fairly and that the situation would be successfully de-escalated. In addition, they wanted good communication between all parties involved, including the person's primary care physician and their family. Quick access to support services and outpatient care, including treatment for co-occurring mental illness and substance use disorders, was also noted as important.

[1] Stepping Up is a national initiative to reduce the number of people with mental illness in jails. More information can be found at https://stepuptogether.org/.

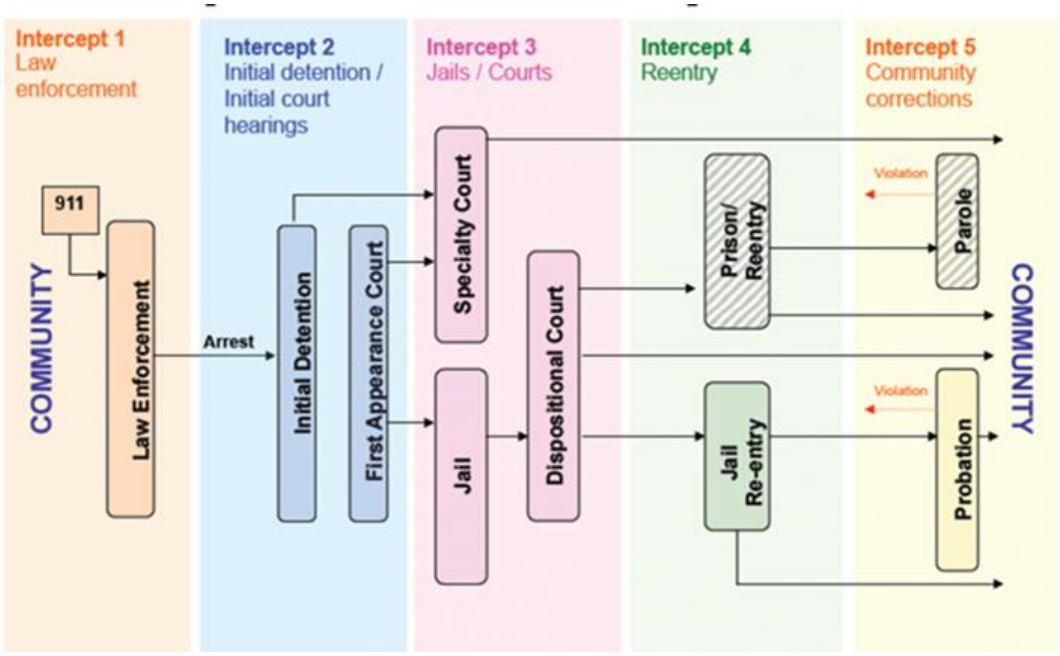
[2] Munetz, M. R. & Griffin, P. A. (2206). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57(4), 544-549.*

Group members feared that individuals in crisis would not get the treatment they needed and would receive a stigmatizing label. They were concerned about injury and possible death stemming from the crisis. Furthermore, some stakeholders feared that individuals would be arrested and incarcerated, instead of receiving the assessment and treatment that they needed. Finally, some were concerned that the person in crisis would be blamed and there would be no follow-up after the crisis was resolved.

Sequential Intercept Mapping

The Sequential Intercept Model is a framework for the interface between the criminal justice and mental health systems. It is based on the ideal that individuals with mental illness should not enter the criminal justice system at a greater frequency than those without mental illness. When someone with mental illness commits a crime, they may need to be arrested. However, those with mental illness should not be incarcerated *because* of their mental illness or lack of access to treatment.

As illustrated below, the model is based on how individuals enter and typically go through the criminal justice system. At each point, or "intercept," there are opportunities to identify and divert individuals with mental illness from moving deeper into the criminal justice system. In communities where there is a poorly developed mental health system and no active collaboration between the mental health and criminal justice systems, the intercepts provide little opportunity for identification, intervention and diversion. Likewise, as the mental health system develops and collaboration between the mental health and criminal justice systems is strengthened, there are more opportunities to identify and divert individuals from the criminal justice system to treatment facilities and other support programs.



The mapping exercise examined each of the intercepts in Boone County. Participants actively engaged in the process and were able to identify strengths and gaps at each intercept, as well as create a map of the current criminal justice-mental health interface (See Appendix B for map).

Each section below starts by briefly describing the intercept followed by a list of the group's identified strengths/resources and gaps/opportunities. The last section of this report is a summary of the findings with recommendations about next steps to improve the Boone County system for citizens with mental illness.

Intercept 1: Law Enforcement / Emergency Services

Intercept 1 describes the available resources to respond to psychiatric crises in the community prior to individuals becoming involved in the criminal justice system. During the mapping exercise, both mental health and law enforcement responses were discussed in an assessment of Intercept 1. The identified strengths and gaps in Boone County at Intercept 1 are listed below.

Strengths / Resources

- Boone County Sheriff's Department and the Columbia Police Department have a strong connection with the Burrell Community Mental Health Liaison from Burrell Behavioral Health (Anna White).
- Access Crisis Intervention (ACI) Hotline (operated by Burrell Behavioral Health; covers 10 counties).
- Leading through Education and Advocacy for the Deaf (LEAD) Institute crisis hotline (available to everyone, not only for deaf individuals).
- Phoenix Substance Abuse Crisis Line facilitates access to de-tox round-the-clock.
- The recently opened Family Access Center for Excellence (FACE) serves up to age 19 and can be used to divert individuals from the juvenile justice system.
- MU's School of Social Work Integrated Behavioral Health Clinic (IBHC) serves this open one night per week and serves individuals with no insurance.
- Boone County Sheriff's Office makes Crisis Intervention Team (CIT) training available to other jurisdictions.
- Telehealth technology is available at various sites via MU's School of Medicine.

Gaps / Opportunities

- Public Awareness of Crisis Lines is less than optimal, possibly leading citizens to call 911 when calling one of the crisis lines would be more helpful (and lessen 911 and law enforcement burden).
    - This observation was made regarding both the ACI (Burrell) crisis line as well as the LEAD Institute line.

- An assessment of how 911 responds to mental health crisis calls could lead to overall system improvement. It was noted that not all 911 calls that report a "mental health crisis" warrant police response, as the current policy now dictates.
    - A re-evaluation of current 911 policies and procedures is needed to consider when to refer callers to crisis lines rather than dispatching law enforcement.
    - 911 does not ask if callers have a history of serving in the military/veteran status, which could impact disposition.
        - Truman VA will accept individuals directly from police (provided they are not in criminal custody). They can take 96-hour holds.

- Coordination of Mental Health Crisis Staff and Law Enforcement could be improved, both in the initial response to crisis calls and in follow-up.
    - CIT officers are not always dispatched to 'mental health calls.'
    - It would be helpful, when possible, to have mental health staff accompany police on calls or to defer the first response to mental health staff (without police accompaniment).
    - Not all law enforcement agencies are utilizing Burrell for follow-up after responding to a crisis call (currently only the Sheriff's Department and Columbia Police Department do).
        - Centralia Police Department has not participated in CIT training and could benefit from a better connection to mental health and substance abuse services.
    - Referrals for follow-up after a crisis from the Sheriff's Department and Columbia PD sometimes takes a few weeks to reach Burrell's Community Mental Health Liaison.

- Police must wait up to four hours in the Missouri University Psychiatric Center Emergency Department (MUPC ED), apparently due to unavailability of hospital security officers. This might serve as a disincentive to divert individuals from the criminal justice system and is a less than ideal use of law enforcement resources.

- There is no central forum for regular, director level discussion regarding the mental health – criminal justice interface. It should be noted that while this was mentioned during the Intercept 1 discussion, it is relevant across all intercepts.

Intercept 2: Initial Detention / Initial Court Hearings

Intercept 2 focuses on the initial entry into jail and arraignment, with a particular emphasis on diverting individuals from the criminal justice system to treatment programs. During the workshop the following strengths and gaps were identified:

Strengths and Resources

- "Mental Health" and "Fit for Confinement" screening is done in the jail.

- "Furloughs" are available for chemical dependency treatment when the Public Defender and District Attorney agree on jail release for purposes of treatment.

Gaps / Opportunities

- There is no Pre-Trial Service program (Pre-Trial Services typically involve evaluations routinely conducted on inmates prior to arraignment so that release recommendations can be presented to the judge at arraignment.) However, it should be noted that for those individuals who report that they are unable to post bond, a bond investigation is ordered by the Court. Adult Court Services completes a risk assessment and forwards a report to the Court regarding release recommendations.

Intercept 3: Jails / Courts

Intercept 3 assesses the availability of behavioral health-related interventions and support in the jail and court system. Strengths and gaps of Boone County Intercept 3 are delineated below.

Strengths and Resources

- Jail MD will continue prescriptions ($45 MD fee & $10 prescription fee).

- Full-time mental health worker on staff at the jail.
    - On-call mental health staff for after-hours coverage

- The jail posts a "roster" that can be accessed by treatment providers thus facilitating communication leading to increased continuity of care.

- Jail staff can access on-line training.

- There is recognition by the court system of the effectiveness of problem-solving courts. This has resulted in numerous specialty courts, including:
    - Mental Health Court (with approximately 25 cases currently)
        - Burrell provides Case Management to Mental Health Court clients
    - Drug Court
    - DWI Court
    - Veterans Court
    - Domestic Violence Docket

- Representatives from the Public Defender and District Attorney's offices meet to discuss appropriate next steps for inmates with mental illness (since May, 2016).

Gaps / Opportunities

- Local providers may not be as quick to respond to the jail for Medicaid patients
- Jail staff are not trained in 'trauma-informed care.'
- When inmates with mental illness are sent out-of-county due to jail overflow, medications often don't go with them.
- Quicker access to gain entry into Mental Health Court is needed.

Intercept 4: Re-Entry

Intercept 4 evaluates the extent of services available to support individuals in their transition from jail and prison to the community. Results from the group discussion regarding Intercept 4 are listed below.

Strengths and Resources

- There are two peer programs to support re-entry (In2Action and Missouri Re-Entry).
- Reality House is a 10-bed transition housing program.
- The Boone County Offender Transition Network (BCOTN) is a network of stakeholders that addresses re-entry issues.
- Corrections has "points of contact" with Burrell and other treatment providers to help connect individuals to the appropriate level of care upon leaving the jail.

Gaps / Opportunities

- There are limited mental health services available in the community for the poor with no Medicaid coverage (Family Health Center and Burrell accept patients on a sliding fee scale).
    - Medicaid is limited to those who are either disabled, pregnant, or children.
- Supports are not always arranged (and/or are unavailable) in the community for those leaving jail which contributes to recidivism.
    - There is no "point person" when homeless individuals are released from jail (i.e., no "warm handoff").
        - This is particularly hard to do when inmates are released after-hours and for those who are resistant to follow-up mental health care.

- The SOAR (SSI/SSDI Outreach, Access and Recovery) program that works to ensure benefits and facilitates access to housing is not currently active in Boone County.

Intercept 5: Community Corrections / Community Support

Intercept 5 focuses on the extent of support and connection to treatment for individuals who are on Probation or Parole. The group identified the following strengths and gaps in the current Boone County system:

Strengths and Resources

- Specialized caseloads (mixed Probation & Parole) have a close connection with problem-solving courts and the treatment providers associated with those courts.
    - Following the mapping workshop it was announced that Probation and Parole started a serious mental illness (SMI) supervision caseload. The Probation/Parole Officers involved in this initiative will have additional mental health-related training and reduced caseloads. New clients will be assessed for inclusion on the SMI caseload and attorneys can have a client assessed prior to disposition. Furthermore, in felony cases clients will be assessed for the SMI caseload in the context of the sentencing report prepared for the Court.

- The Room at the Inn is a "damp shelter" (that does not disqualify individuals from staying there because of their use of alcohol).

- Behavioral health resources are generally available to college students on their respective campuses.

- Patriot Place is an apartment program for homeless veterans.

- The Shelter Plus program secures housing for individuals who homeless and disabled, including those will mental illness and/or substance abuse problems.

Gaps / Opportunities

- There is variability among Probation and Parole Officers.
    - Some Officers are more enforcement-oriented which leads to violations and subsequent incarceration while others are more treatment-oriented.

- Despite the above mentioned housing programs (Patriot Place, Shelter Plus, and the Room at the Inn), there is a lack of affordable, permanent housing.

- The Room at the Inn is only open in the winter months; there's a need for a year-round "damp shelter."

- There are opportunities for faith-based communities (and others in Boone County) to complete Mental Health First Aid training, a day-long course that teaches how to identify, understand and respond to signs of mental illness and substance use disorders.

- There is a need for sex offender treatment services.

- There is a need for additional advocacy to decrease stigma associated with mental illness.

Summary & Identified Priorities

Among the myriad strengths in the current Boone County system of care for individuals with mental illness are the existence of two 24/7 telephone crisis services. Crisis Intervention Team (CIT) trained officers in both the Sheriff's Department and the Columbia Police Department are available to de-escalate crises in the community and, when necessary, transport individuals to the Missouri Psychiatric Center for evaluation and possible admission. Individuals that are brought to jail are screened for mental health-related issues and furloughs can be arranged for those needing de-tox services. There are several specialty courts (including mental health and drug court) that have close connections with community behavioral health providers. Furthermore, there are two peer programs and other assistance for those in the re-entry process. Finally, specialized Probation/Parole caseloads aim to provide the necessary support and monitoring to maintain tenure in the community for those suffering from mental illness and co-occurring substance use disorders.

Nevertheless, like all communities, there are multiple opportunities for improvement. In Intercept 1 (Law Enforcement / Emergency Services) there was consensus that increasing the public awareness of the availability of telephone crisis services would decrease 911 calls and potentially lead to more appropriate responses. Relatedly, for 911 callers experiencing a mental health crisis, there may be an opportunity to re-evaluate current procedures and refer some callers to crisis lines rather than dispatch law enforcement. For citizens who need an immediate in-person response, arranging for a mental health clinician to accompany police (or defer the first response to mental health staff without police accompaniment) would be an improvement to the current system. Finally, the long wait that sometimes occurs for law enforcement at the hospital is likely a disincentive to divert individuals from jail; law enforcement would welcome an exploration of possible solutions to this problem.

Workshop attendees were given six "votes" to prioritize any gap or opportunity noted (across all five intercepts). One of the top ranking priorities from this process was focused on 911 interface issues, including increasing public awareness of the existing crisis lines, refining the system of responding to 911 calls (by considering not dispatching law

enforcement for all calls), and reconfiguring emergency response staff (to include mental health clinicians).

The main gap noted in Intercept 2 (Initial Detention / Initial Court Hearings) was the absence of any Pre-Trial Service program to routinely present diversion recommendations to judges at arraignment. As noted previously, furloughs are available for select individuals. Nevertheless, the absence of routine pre-trial assessments likely contributes to increased duration of incarceration and delay of referrals to an appropriate level of care for some individuals.

Among the strengths mentioned in Intercept 3 (Jails / Courts) were the numerous specialty courts. It was noted, however, that some system refinement is needed so that individuals could gain quicker access to Mental Health Court. This issue was among the top five priorities identified (via voting).

As mentioned previously, there are various supports to help with the re-entry process (Intercept 4). However, two of the top five identified priorities are related to re-entry. First, there is not always a "warm handoff" when individuals are released from jail. This is especially true when it comes to homeless individuals and for those released after-hours and/or resistant to mental health follow-up. The other top-ranking priority that was that Medicaid coverage was limited to those who are either disabled, pregnant or children. Combined with the observation that there is limited availability of services for uninsured individuals, limited Medicaid coverage presents challenges in arranging an optimal level of outpatient care for those leaving jail.

It is important to note, however, that at least a couple of individuals present during the mapping workshop were unaware that the Family Health Center, a local Federally Qualified Health Center (FQHC) provides no-cost mental health services. Likewise, MU's School of Social Work Integrated Behavioral Health Clinic provides services on a limited basis (one night per week) for free to uninsured individuals. This additional information is not meant to diminish the concerns about the uninsured and what could be described as a restrictive Medicaid policy in comparison to other states. It is, however, meant to highlight that there are local services targeted to the uninsured. It is unclear whether the two services mentioned above are able to handle the volume of under and uninsured individuals seeking behavioral health treatment in Boone County.

Another of the top five priorities was identified during a discussion of Intercept 5 (Community Corrections / Community Support). The lack of affordable, permanent housing was cited as a problem that undermines the stability and community tenure of individuals with mental illness and criminal justice involvement.

Top Five Priorities (identified via voting)

Votes	*Description*	*Intercept*
26	No "point person" for release of homeless persons (i.e., no "warm handoff")	4
25	911 interface issues (increasing public awareness of alternatives to 911, referring some 911 callers to hotlines, increasing coordination of mental health & law enforcement responses to 911 calls)	1
25	Lack of affordable housing	5
22	Need for individuals to gain quicker entry to Mental Health Court	3
21	Limited Medicaid coverage and limited mental health services for the poor	4

Recommendations & Next Steps

Although it did not receive many votes during the prioritization process, the lack of a routine, director-level meeting to address mental health – criminal justice interface issues (such as those contained in this report) needs to be corrected. Only limited progress will be made addressing the issues detailed above without County and agency leadership involvement.

- Recommendation # 1: A regularly scheduled director-level meeting should be convened. We recommend that this meeting be held on a monthly basis until such time that productive subcommittees can be formed to report back to the larger group. We further recommend that this report be distributed ahead of time and that the main agenda item involve reviewing the report and the specific recommendations contained herein.

The Sequential Intercept Model specifies that while different communities can choose to begin to address identified problems at different intercept levels, there is more "bang for the buck" with interventions that are earlier in sequence. To that end, we would strongly encourage thorough consideration of the interrelated issues regarding public awareness of crisis hotlines, 911 procedures, and dispatch procedures. Increasing public awareness of the existing hotlines might decrease 911 calls. In addition, revamping 911 policies and procedures to allow for direct referrals to hotlines (rather than police dispatch) may be indicated. Moreover, exploring the potential for a police – mental health co-response for some 911 calls (or a mental health response without police) is indicated.

- Recommendation # 2: Form a subcommittee (of the 'director-level' meeting mentioned above) comprised of representatives from 911, both hotlines (ACI and LEAD), law enforcement and mental health providers to explore the 911 interface issues described above.
    - We recommend that one of first steps of the subcommittee be to develop a methodology to gather data. This will help to both determine the magnitude

of the problem (e.g., how many 911 calls could have been handled by the hotlines rather than having to dispatch law enforcement?; how many police responses might have benefited from a co-response with a mental health clinician?) as well to serve as a baseline so that any change or intervention can be evaluated for its effectiveness.

The other priorities identified by the group should be evaluated in terms of short-term and long-term goals as well as what is achievable. For instance, the lack of a point-person for homeless individuals released from jail and refining the process of referrals to Mental Health Court for quicker access appear to be relatively straightforward and short-term goals. In contrast, the lack of affordable housing is likely to be a more long-term goal. Finally, political realities may prevent an expansion of Medicaid coverage. Nevertheless, evaluating whether the local services designed to serve the uninsured are sufficiently staffed/funded may be indicated.

- Recommendation # 3: The director-level meeting members should review the top five priorities identified by the mapping process and develop an action plan for those items deemed most achievable.

The other gaps and/or opportunities identified in this report were not prioritized via the voting process. Nevertheless, many appear to be worthy of consideration. Two examples are below:

1. We are impressed with the connection that the Boone County Sheriff's Department and the Columbia Police Department have with the Community Liaison Worker from Burrell to follow-up on citizens that they identify as potentially benefitting from behavioral health services. We recommend further exploration about why it sometimes takes several weeks for the referrals to get to Burrell. Ideally, follow-up by Burrell could take place within a few days of the initial law enforcement contact. Educating other law enforcement entities in the County about the availability of this service would also be beneficial.

2. There are opportunities for faith-based communities as well as others in Boone County to complete Mental Health First Aid (a day-long course that teaches how to identify and intervene with individuals with behavioral health challenges). Increasing community awareness about mental illness and educating others about intervention strategies (including referral sources) can translate into earlier intervention and contribute to individuals with mental illness avoiding contact with the criminal justice system altogether.

- Recommendation # 4: Careful review of all the gaps/opportunities listed in this report are indicated. Some may be relatively straightforward "low hanging fruit" worthy of acting on relatively quickly.

Judging by the energy, commitment and enthusiasm exhibited during the mapping workshop, we are optimistic that significant improvement will be made to the mental health-criminal justice interface in Boone County in the coming months. We hope that this summary and our recommendations provide a helpful guide.

Appendix A

List of workshop participants and affiliations

Name	Organization / Agency
Rusty Antel	Boone County Judicial & Law Enforcement Task Force
Sarah Aplin	Missouri State Public Defender
David Arinder	In2Action
Jenny Atwell	Boone County Sheriff's Department
Karen Cade	Compass Health (FCC)
Blair Campmier	Reality House, Inc.
Kelli Canada	University of Missouri School of Social Work
Bill Cantin	City of Columbia - Office of Neighborhood Services
Tracey Cleeton	Boone County Sheriff's Department
Casey Clevenger	13th Judicial Circuit
Jacob Clifford	University of Missouri Police Department
Randy Cole	City of Columbia
Merilee Crockett	Boone County Prosecuting Attorney
Gloria Crull	Family Health Center
Rick Dubet	Re-Entry Group, Inc.
Danielle Easter	Truman VA
Mary Epping	13th Judicial Circuit
Todd Fleharty	Probation and Parole
Tom Fuhrman	Boone County Adult Detention Center
Meckenzie Hayes	State of Missouri
Mike Hestir	Columbia Police Department
Steve Hollis	Columbia/Boone Co Dept. of Public Health & Human Services
Keith Hoskins	Boone County Sheriff's Department
Heather Jacobson	Phoenix Health Programs
Lorenzo Lawson	Youth Empowerment Zone
Dan Lester	Burrell Behavioral Health
Greg Markway	Missouri Department of Mental Health
Rob McGavock	Boone Hospital Center E.A.P.
Toni Messina	City of Columbia
Erin Reynolds	FACE of Boone County
Jill Richardson	Missouri Department of Mental Health
Janet Schisser	CATCH - RATI - Calvary Episcopal Church
Jill Schlude	Columbia Police Department
Marla Smith	Missouri Psychiatric Center (MU Health)
Lou Ann Tanner-Jones	University of Missouri
Andrea Tapia	Columbia Housing Authority
Gary Taylor	Job Point
Janet Thompson	Boone County Commission
Mike Trapp	City of Columbia
Kelly Wallis	Boone County Community Services Department
Anna White	Burrell Behavioral Health
Stirling Williams	Boone County Joint Communications

Appendix B - Sequential Intercept Map – Boone County, Missouri