



Sequential Intercept Model Mapping Report

Leavenworth County, Kansas July 2024

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SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR LEAVENWORTH COUNTY, KANSAS

Final Report
July 2024

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PRA thanks the Leavenworth County Community Corrections Department for supporting this event and to the Leavenworth School District's (USD 453) Henry Leavenworth Elementary School for hosting this event. 55 participants attended one or both days of the workshop and collaboratively developed detailed Priorities and Action Plans to inform them of their next steps.

PRA also thanks Leavenworth County's Sheriff Dedeke and Judge Kathleen Lynch of Wyandotte County for their encouraging opening remarks to kick-off the two-day workshop on July 25-26, 2024.

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INTRODUCTION

Since 1995, Policy Research Associates, has worked to expand community-based services and reduce justice involvement for adults with mental and substance use disorders in the criminal justice system. PRA is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) to focus on five areas:

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

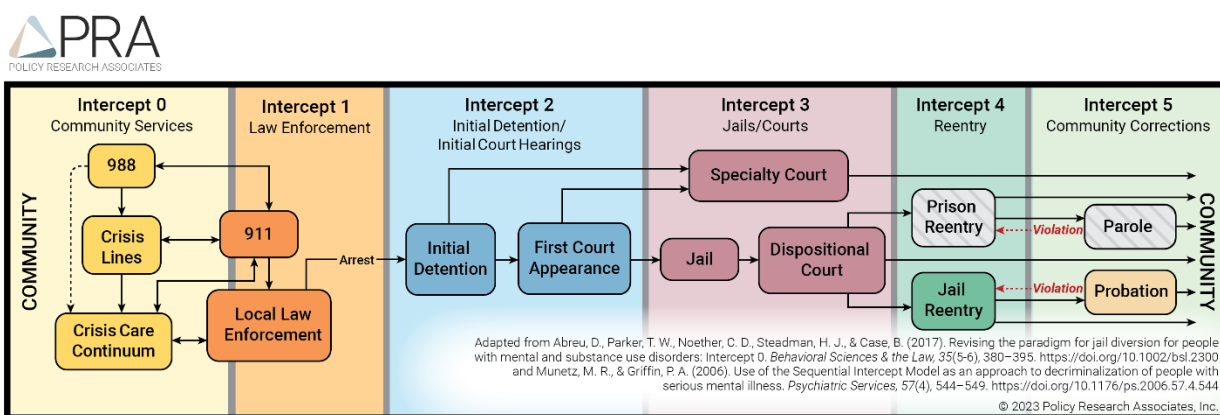
BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept 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 resources for linkage to services and for prevention of further penetration into the criminal justice system.

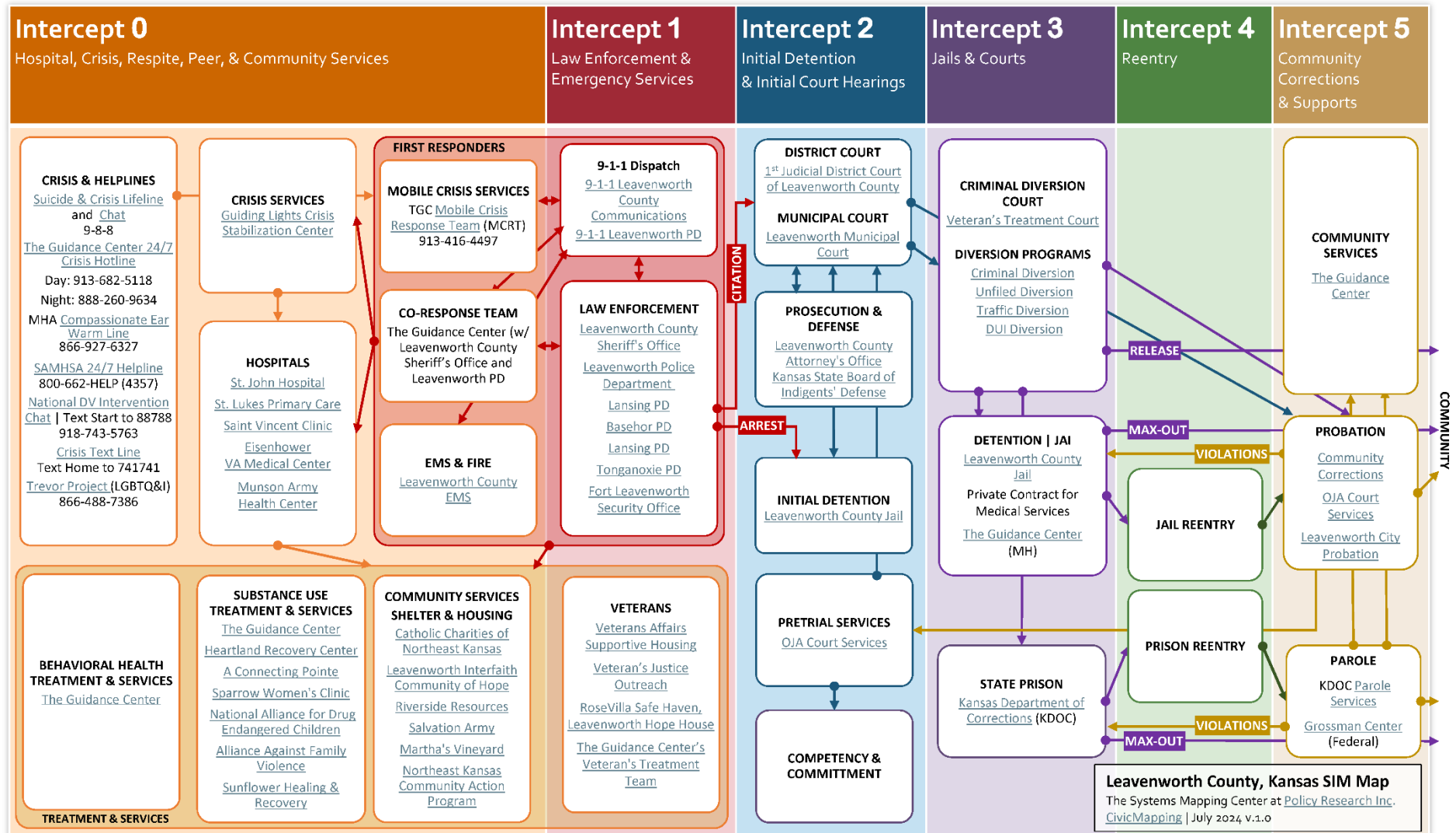
The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps and resources at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population



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

SEQUENTIAL INTERCEPT MODEL MAP FOR LEAVENWORTH COUNTY, KS





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 resources 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 resources for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.

Note: the resources included in this report and map are reflective of the conversation and participants present during the Sequential Intercept Model (SIM) Mapping Workshop and may not be exhaustive of all relevant resources, programs, or organizations present in the mapped community.



INTERCEPT 0: COMMUNITY SERVICES; AND INTERCEPT 1: LAW ENFORCEMENT

OPPORTUNITIES

Crisis Lines

9-8-8 National Suicide & Crisis Lifeline **Call:** 9-8-8 **Chat:** [Online](#) **Text:** 988 **Visit:** [Website](#)

This service provides an oftentimes non-law enforcement option for people to seek help and resources for themselves or others experiencing a behavioral health crisis. A Law Enforcement response may be included as needed.

The Guidance Center 24/7 Crisis Hotline **Call Daytime:** 913-682-5118 **Visit:** [Website](#)
After Hours: 913-416-4497

TGC provides 24/7 crisis phone support to individuals experiencing a crisis, as well as for those that are supporting the person in crisis. If needed, the Hotline can dispatch the TGC MCRT described below.

24/7 Mobile Crisis Response Team (MCRT) **Call:** 913-416-4497 **Visit:** [Website](#)

Provided by The Guidance Center, the MCRT provides 24/7 telehealth and on-site in-person crisis response services for people of any age experiencing a behavioral health crisis. The MCRT also

provides referrals and connections to area programs and services, as well as follow-up contacts. This Phone number also reaches the TGC [Guiding Lights Crisis Stabilization Center \(GLIC\)](#).

Compassionate Ear Warmline

Call: 866-927-6327 **Visit:** [Website](#)
Call: 913-281-2251

Available 9:00 a.m. to 9:00 p.m. every day, trained volunteer peers provide emotional support, and connections to resources to anyone experiencing a behavioral health crisis. A service of the [Mental Health of America Heartland \(MHAH\)](#).

National Domestic Violence (DV) Intervention Services

Call: 918-743-5763 **Chat:** [Chat](#) **Visit:** [Website](#)
SMS: Text 'Start' to 88788
Toll-Free: 800-799-7233 (SAFE)

Call, text, or chat 24/7 for Domestic Violence (DV) support, referrals, and connections to resources.

Love is Respect

Call: 866-331-9474 **Chat:** [Chat](#) **Visit:** [Website](#)
Text: 'LOVEIS' to 22522

A sister-site to the National DV hotline, Love is Respect provides support for teen and young-adult relationships. The chat function launches from their home page.

Trevor Project

Call: 866-488-7386 **Visit:** [Website](#)

24/7 Crisis Phone and Chat for LGBTQ&I young people.

Crisis Text Line

Text: HOME to 741741 **Visit:** [Website](#)

Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. [View metrics](#) from over 5.6 million conversations since 8/2013 and learn more about who, what, and when people connect for help.

SAMHSA's National Helpline

Call: 800-662-4357 (HELP) **Visit:** [Website](#)

An information source to identify a wide range of services and resources for people seeking information or help for people experiencing mental health, substance-use, or co-occurring disorders. Services are provided 24/7 in English and Spanish. The Helpline is also known as the Treatment Referral Routing Service or TTY 800-487-4889.

Veteran's Crisis Text Line

Call: 800-273-TALK (8255) **Text:** 838255 **Visit:** [Website](#)

24/7 National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems. It is a national program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Crisis Lines (cont.)

- In addition to resources listed in the Crisis Lines section above (9-8-8, Veteran's Crisis Line, and the SAMSHA Helpline), SAMHSA provides a number of additional helplines and directories for

people seeking or providing recovery services and includes:

- [SAMHSA's Programs](#) directory provides a collection of programs, services, and resources for people seeking or providing behavioral health recovery services.
- [FindTreatment.gov](#), the Treatment Locator search tool can be used to identify behavioral health treatment providers from an expansive directory.
- [FindSupport.gov](#), an online recovery-journey education and resources information portal.
- [Screen4Success](#), a personal online screening tool providing support through understanding one's health, wellness, and well-being.
 - A tool for parents to better understand their children's needs and how to locate support.
- [Drug-Free Workplace Helpline](#), a confidential helpline for employees covering a wide range of topics related to a drug-free workplace, including SUD and drug-testing issues, and can be reached at 800- 967-5752 (WORKPLACE).
 - [Drug-Free Workplace Programs](#) can be contacted at 240-276-2600.
- [Buprenorphine Practitioner Locator](#), a searchable directory of opioid-recovery practitioners.
 - In Leavenworth County, the two listed providers include TGC and the VAMC.
- [Opioid Treatment Program Directory](#) is an information source and searchable directory of opioid-related treatment and services programs for people affected by opioid use and addiction.
- [Early Serious Mental Illness Treatment Locator \(ESMI\)](#) is an information resource and directory of local and national resources for people experiencing an early onset of Serious Mental Illness (SMI) such as psychosis, schizophrenia, bipolar disorder and other conditions.

Healthcare

- Prime Healthcare's [St. John Hospital](#) provides emergency room and medical services primarily for Leavenworth County residents.
 - Although St. John does not have a specialized psychiatric unit, they provide primarily medical care for people who are awaiting services at an area psychiatric unit.
- Intermountain Health's (IMH) [Saint Vincent Clinic \(SVTC\)](#), part of the Caritas Clinics network, was recently transferred by IMH to Atchison Community Health Clinic, a Federally Qualified Health Center (FQHC), which continues to provide county residents with free primary medical clinic services.
- The [Veterans Affairs Medical Center \(VAMC\)](#) offers emergency room services and a full range of medical services for Veterans and their families.
- The [Munson Army Health Center \(AHC\)](#) serves Fort Leavenworth community and their beneficiaries with primary care services.
 - Their Mental Health Team serves active-duty soldiers as well as their family members and Veteran-retirees.

Law Enforcement and First Responders

- [Kansas Probate Code § 59-2953](#). Investigation; emergency detention; authority and duty of law

enforcement officers. allows law enforcement officers the ability to detain and transport individuals experiencing a mental health crisis and presenting a danger to themselves or others.

- Once a determination is made, the individual is transported to an appropriate crisis care facility. If the facility does not have the capacity or believes the person does not need to be held, the officer either returns the individual to the place of the original incident, or at their discretion, identify a suitable program or facility to transport them.
- If the latter is not an option, and the individual requests release, the officer must release the individual. If the officer maintains the individual is presenting a danger to themselves or others, instead of releasing them, they can transport them to another credible facility.
- The [Leavenworth County Sheriff's Office \(LVS0\)](#) provides law enforcement services for the unincorporated areas of Leavenworth County as well as for the cities of Basehor, Easton, Lansing, Linwood, and Tonganoxie.
 - LVS0 has a staff of 121, including 78 sworn officers, 28 road deputies, and 30 non-sworn deputies at the [Leavenworth County Jail \(LVS0\)](#).
 - Some LVS0 officers have received CIT and MHFA training and they are distributed across work shifts to ensure as wide a coverage as possible.
 - Several other law enforcement agencies serve in the county including:
 - [Leavenworth Police Department \(LPD\)](#)
 - Although the CIT training, described below, is a relatively new practice in the county, LPD currently has five (5) officers who have received CIT certification.
 - [Bonner Springs Police Department \(BSPD\)](#)
 - [Basehor Police Department \(BPD\)](#)
 - [Lansing Police Department \(LPD\)](#)
 - [Tonganoxie Police Department \(TPD\)](#)
- The [Kansas Law Enforcement Training Center \(KLETC\)](#) police academy is responsible for training and certifying law enforcement officers throughout the state. Health and Wellness for Public Safety certificate programs offered at the academy. Three mental-health related courses KLETC provides statewide include:
 - [Mental Health First Aid \(MHFA\)](#), the first-aid toolkit officers rely on to support people they encounter who are presenting with a threatening mental health behavior or disorder.
 - MHFA informs officers about various mental health conditions and symptoms, as well as how it can be administered to mitigate potential harm to the individuals, others, and first response officers themselves.
 - [Crisis Intervention Team \(CIT\)](#) is a program informing, equipping, and certifying law enforcement and other first responders with skills primarily handling people experiencing a mental health crisis. When law enforcement is deployed with a CIT officer, they not only assist in connecting and supporting the individual in crisis; they actively support family members through follow-up contact and provide information and resources.
 - CIT was recently deployed in Leavenworth County in January 2024.
 - Officers become CIT-certified after completing an in-person, interactive, 40-hour week-long training and certification course provided by local CIT committees.
 - CIT certification is also available through KLETC as well as other training

partners. Training and certification is typically provided for public safety staff including Sheriff's and deputies, local police, school and campus public safety and resource officers, corrections, probation and parole officers, 9-1-1 dispatchers, Kansas Highway Patrol (KHP) officers, State Kansas Bureau of Investigations (KBI) officers, and other first responders.

- The [Kansas CIT Association](#) (KSCITA) is a membership-based advocacy organization where statewide CIT practitioners can collaborate, support, and advocate for improved CIT training, resources, and service delivery.
- The Guidance Center is planning on Implementing CIT in October.
- The [Health and Wellness for Public Safety](#) (HWCERT) certification focuses in part on:
 - The officer's resiliency and ability to roll with the myriad unique and traumatic situations they encounter; and,
 - How the officers perform self-care in light of these experiences, including their faith, mindfulness, and physical fitness.
- [Leavenworth County EMS](#) was created in 1976 under a voter referendum providing the ability to tax county residents, then own, operate, and serve all county residents with all EMS services.
 - When 9-1-1 calls are dispatched, they may include a mobile co-response, described in more detail below, and/or an EMS response.
 - Once contact has been made, EMS will triage the individual. If they determine whether there is a mental health or substance-use disorder (SUD) element affecting the individual, they take steps to treat and otherwise serve the individual.

911 Dispatch

- Three 9-1-1 Public Safety Answering Points serve Leavenworth County, two civilian, and one military and each has call-answer and response protocols to discern if mental health-related components, including suicidality, are evident. These PSAPs include:
 - The [LVSO Communications Division](#) (LVSO) providing 24/7 emergency call services for the unincorporated areas of Leavenworth County as well as for Lansing, Basehor, Easton, and Tonganoxie cities.
 - The LVSO also dispatches all Fire and EMS services countywide not served by the U.S. Army.
 - 9-1-1 staff currently include two (2) CIT-certified staff on each shift, with a goal of a minimum of four (4).
 - The cities LVPD provides 9-1-1 call and dispatch services for the City of Leavenworth.
 - 9-1-1 services for other Leavenworth County cities, including Lawrence and Bonner Springs, are provided by neighboring counties.
 - Although the City of Bonner Springs has some areas in Leavenworth County, the majority of the city is located and served by Wyandotte County public safety agencies.
 - Additionally, the city of Lawrence has some mailing addresses in Leavenworth County, but they are served by Douglas County public safety agencies.
 - The United States Army Garrison Fort Leavenworth (USAGFL) PSAP provides 9-1-1 and related law enforcement and fire services for its properties, service areas, and facilities.
 - Fort Leavenworth's PSAP can redirect calls to other county PSAPS agencies when EMS services are needed.
- [Mid-America Regional Council](#) (MARC) by the Missouri Association of Governments (MAG)

provides the Regional 9-1-1 System and coordinates civilian 9-1-1 PSAPs in 11 area counties, including Leavenworth County and the City of Leavenworth PSAPs.

Crisis Services

- **The Guidance Center (TGC)**, an FQHC, provides a range of emergency and crisis services for Leavenworth County residents on a 24/7 basis at two Leavenworth locations including:
 - A 24/7 Crisis Helpline at 888-260-9634.
 - Between September 2023 and January 2024, the Helpline averaged four crisis calls each week.
 - The TGC Assertive Community Treatment (ACT) team is actively engaged in the community.
 - TGC is also a Certified Community Behavioral Health Clinic (CCBHC),
 - TGC began their ACT team approximately one year prior to the workshop.
 - A collaboration with the LICH Hope Shelter, described in more detail below, includes on-site connections including:
 - A therapist conducts program intakes two (2) weekday mornings.
 - The team conducts a breakfast and substance-use prevention group once a week.
 - The ACT team is also working to understand community corrections-related treatment programs and how they can best serve the community.
 - TGC's outpatient treatment services for adults and adolescents with alcohol and other drug disorders which include an initial evaluation, treatment, and learning recovery principles and practices.
 - The TGC's Community Based Services (CBS) program serves young people experiencing a Severe Emotional Disturbance (SED) with intensive community-based services.
 - TGC works with people to establish employment and will work with employers if the program participant experienced a relapse.
 - TGC partnered with the City of Leavenworth and is the contracted provider of the **Ride LV Micro Transit** service.
 - The service is a low-cost on-demand transportation service at a cost of \$2. per ride, per direction. This service allows residents and program participants a reliable alternative to other public and commercial transportation services.
 - Apps for **Android** and **iPhone** users can be installed on one's mobile device for convenience in ordering pickups.
 - The Mobile Crisis Response Team (MCRT), launched approximately six (6) months prior to the workshop.
 - Calls for MCRT service can originate from the TGC Crisis Helpline, law enforcement, people in crisis, as well as from their colleagues or loved ones.
 - Approximately 80% of MCRT calls originate from the community provider level e.g., Catholic Charities, CASA, and others.
 - The team offers empathy, from a lived-experience perspective if applicable, and make recommendations for next steps, along with referrals to area programs and services.
 - Once the assessment is completed and a determination made to go to a care facility, the MCRT can transport the individual to that facility.

- If law enforcement is available, and the facility is within a reasonable distance, they can also provide transportation.
 - The MCRT is staffed with three (3) Qualified Mental Health Professionals (QMHP), a crisis care manager, and a Kansas Certified Peer Specialist (CPS).
- The **Guiding Lights Crisis Stabilization Center (GLIC)** provides various behavioral health crisis services for adults including assessment, meeting with a clinician, treatment services, as well as connections to other programs and services based on need. Clients are referred:
 - By law enforcement, who may quickly drop-off the individual without waiting for medical clearance as hospital emergency rooms require;
 - By other area agencies, including the Department of Community Corrections (DCC); and,
 - For people who walk-in voluntarily to receive treatment services.
 - GLIC services include:
 - Sobering Services including alcohol and other drug withdrawal management. The average length of stay is from four-to-six (4-6) hours.
 - Individuals are monitored on a 24/7 basis.
 - Those needing medical attention are transported to an area hospital for services or a medical provider may visit the unit to provide services.
 - Crisis Observation services are provided in a supervised unit for stays of up to 23 hours. The facility utilizes recliner chairs and clients are not assigned a bed.
 - Crisis Stabilization and medication evaluation services are available for varying lengths of time depending on the person's symptoms. Clients have a case manager to coordinate their care.
 - GLIC's Community Support Services (CSS) serves adults experiencing Serious and Persistent Mental Illness (SPMI).
 - Clinical assessments and outpatient therapy services are available and provided by a number of clinicians with a wide range of specialties.
- The **Heartland Regional Alcohol and Drug Assessment Center (HRADAC)** provides a range of in-person assessments, case management, peer engagement, and treatment services.
 - RADAC's **Heartland Recovery Center** is a Leavenworth SUD treatment center and provides outpatient treatment as well as individual and group counseling services.
- **A Connecting Pointe (ACP)** provides SUD recovery services particularly focusing on individuals who experience mental health, SUD, or co-occurring issues, including those who are justice-involved.
 - ACP provides Court Approved Evaluations which they create after administering assessments, an interview, and collaboration with participants regarding potential recommendations.
 - ACP provides SUD and Batterer's Intervention Treatment program to serve people requiring treatment.
- The **Sparrow Women's Clinic** providing free information, support, and care for pregnant women who may be experiencing an unplanned pregnancy.
- **Sunflower Healing and Recovery** provides SUD treatment and Batterer's Intervention Treatment.
- The **National Alliance for Drug Endangered Children (NADEC)** is a national resource center, training, and technical assistance service providing information and support to families,

communities, and organizations who work with people affected by substance-use-related issues.

Shelters

- The [Leavenworth Planning and Community Development \(PCD\)](#) is the housing authority for the City of Leavenworth and maintains housing programs and services including:
 - The [Housing and Urban Development \(HUD\) Housing Choice Voucher Program](#) (also known as Section 8) program provides rental assistance for clients who make low to moderate income.
 - The [Veterans Affairs Supportive Housing \(VASH\)](#) VA Supportive Housing program providing assistance for Veterans and their families.
 - The [Planters II](#) project is a 105-unit public housing building in downtown Leavenworth.
 - Residents pay a percentage of their gross income, providing it is at or below 80% of the city's median income.
 - The City of Leavenworth is an entitlement city that receives [Community Development Block Grant \(CDBG\)](#) funds which it uses in part to address people experiencing homelessness within the city.
 - PCD also utilizes [Kansas Housing Resource Corporation \(KHRC\) Emergency Solutions Grant \(ESG\)](#) funds to support homeless prevention, rapid rehousing, shelter, and outreach services through a variety of contracted service providers.
- Emergency homeless shelters for people experiencing homelessness and in need of immediate emergency shelter are available include:
 - The [RoseVilla Safe Haven, Leavenworth Hope House](#) is a Safe Haven-modeled program exclusively for Veterans who may have transitioned from another shelter's care, or who has been discharged from other area hospitals or programs.
 - The program's goals is to rapidly stabilize Veteran's physical and behavioral health so that they can be placed in higher levels of housing between 60- and 90-days from their arrival, with a maximum stay limit at 180 days.
 - The [Leavenworth Interfaith Community of Hope \(LICH\)](#) provides three programs for the community including:
 - [Welcome Central](#), provides life-skills education and information about area programs and services, job-seeking skill development, and assistance obtaining government documents and transportation services.
 - The [Day Center](#) is a safe environment for people to stay during daytimes as well as have access to personal care equipment and facilities.
 - Residents are welcome to receive two (2) meals, breakfast and lunch, each day. Between 50 to 100 meals are served each day, Sundays through Fridays. Saturday meals are served as community meals.
 - The primary Day Center is open to serve 12 guests and a nearby satellite facility can serve up to 20 additional guests, especially in winter months.
 - The Day Center is open to external service providers to provide professional training and education, health services, or self-care wellness classes for residents.
 - The [Night Shelter](#) is a safe and warm environment for people needing shelter. Guests must arrive between 9:00 and 10:00 p.m. and leave in the mornings by 7:00 a.m.
- [Martha's Vineyard House \(MVH\)](#) provides emergency shelter, food, and affordable rent.
 - Programs serve people who have low to moderate income, and people who have been

justice-involved and looking to become a productive member of society.

- MVH has three homes including:
 - [Women and Children’s Home](#);
 - [Women’s Home](#); and
 - [Veteran’s Home](#).
- All three homes have various appropriate programs and services to help people get back on their feet and start anew.
- The [Northeast Kansas Community Action Partnership \(NEK-CAP\)](#) provides support for people experiencing homelessness.
 - NEK-CAP is the authorized HUD [Continuum of Care \(CoC\)](#) program providers providing financial resources to eligible families for rapid rehousing expenses.
 - NEK-CAP also provides an array of [Head Start-related programs](#) for families including information about housing resources.
- The [Alliance Against Family Violence \(AAFV\)](#) is a support site for people who are affected by, or currently experiencing domestic violence (DV) or sexual violence (SV).
 - AAFV provides emergency shelter and other support to help with safety planning, legal issues, and refers or connects them with area resources.
- Other area housing resources include:
 - [Riverside Resources \(RR\)](#) in Leavenworth (I/DD),
 - The Residential Services program houses up to 24 residents in three eight-bedroom homes, including the Cherokee House, Ottawa House, and Shawnee House, which RR owns, for residents with Intellectual and Developmental Disabilities (I/DD).
 - Two other programs are available for residents to participate in, including:
 - The Alternative Day Program (ADP)
 - The Day Service Program where residents work for a minimum wage while developing their physical capabilities and learning skills.
- In addition to sheltering individuals, several faith-based groups also provide meal delivery and other food-pantry programs, as well as other programs and services for individuals and families in need, particularly those experiencing homelessness including:
 - [Leavenworth Mission](#), which includes a pantry and thrift store;
 - [Salvation Army](#), which includes a pantry; and,
 - [Catholic Charities of Northeast Kansas](#), including summer food for kids, a year-round food pantry, and assistance with rent and utility bills; and,

Collection and Sharing of Data

- Area law enforcement departments have begun tracking attempted suicide calls-for-service.

Cross-System Collaboration

- Leavenworth County- Mental Health Advisory Council (LV-MHAC) was first established in 2017 as the Leavenworth County Mental Health Task Force (MHTF) to support ongoing mental health needs of Leavenworth County citizens and to serve as a conduit to other community-based mental health services.
 - In June 2024, the LVCO Mental Health Task Force transitioned to the LV-MHAC.
 - LV-MHAC is a monthly meeting for Leavenworth County behavioral health providers and membership is apprised of 25 additional stakeholders from community leaders, criminal justice practitioners, and human service partners across the community.

- LV-MHAC meets the second Tuesday of each month at The Guidance Center.
- LV-MHAC includes subcommittees where members work together on special projects including SIM and further carrying-out priorities identified at the SIM Workshop.

Leavenworth Human Service Council is a monthly meeting for all Leavenworth County behavioral health and other human-services stakeholders.

- LHSC is a collaboration between individuals and organizations ‘with a common interest in an adequate health, human service, and recreational programs.’
- The LHSC meets at noon on the third Tuesday of each month at The Guidance Center facility.
- The Kansas Men’s Coalition is an organization working to normalize mental health issues and related care for men.

GAPS

Healthcare

- The hospitals are unable to provide psychiatric services to patients who are awaiting placement in a bed for longer-term care.
 - The hospital does not have a psychiatric doctor on staff.
 - No psychiatric medications are available to treat clients with behavioral health issues.
 - There are a limited number of transportation vouchers which can be provided to people who need to be transported to another area facility or to their homes after a stay.
 - There is no practice to contact people after they have been discharged to follow-up and provide support and program and service recommendations.

Law Enforcement and First Responders

- Law enforcement has a limited knowledge of the various programs and services available so they can best respond to people experiencing a behavioral health crisis.
 - A telehealth option would be beneficial for officers to recommend.
 - There is a general need by law enforcement to better understand what resources are available to help them support and connect people with appropriate services.
 - An idea was floated to create a resource card for officers to be able to distribute to people they come in contact with.
 - A QR coded symbol would be another means for people to learn about available resources.
- Kansas state law directs officers responding to DV-related calls-for-service effect an arrest of at least one party, and transport that person to jail.
 - The DV law has relatively low-barrier-offense guidelines, which may lead to someone getting charged and arrested for relatively little contact, such as making a threat, throwing a glass of water, or causing a small scratch (K.S.A. Statutes §21-5414 and §21-5111).
 - Workshop participants shared their concern that family members are being aligned with law enforcement and the criminal-legal system instead of the behavioral health care and treatment systems.
- Several concerns were expressed about EMS services including:

- Workshop participants shared interest in the idea of eliminating dispatching EMS if the call is not medical-related, provided law enforcement acknowledge they can take the call without EMS assistance.
 - EMS would like the ability to transport individuals to locations other than the jail or hospital, such as to the GLIC for people in a mental health crisis but are limited by law from doing so.
- Due to insurance companies not paying for ambulance transportation to emergency rooms, EMS are being unnecessarily overly-utilized by individuals seeking treatment in the field, who would be best served at the hospitals.
- Other gaps were identified, which may inform organizations seeking to improve related the systems, including:
 - Once the person in crisis is served, it was unknown if any follow up contact is made with family, roommate, or coworkers who experienced the crisis peripherally.
 - A Parent participant asked what policies and practices are in place that ensure their child will not be harmed or killed by law enforcement during a crisis encounter.

911 Dispatch

- There is a need for an interoperable crisis-call information exchange policy and technological solution, particularly to provide the means where 9-1-1 and 9-8-8 operators can transfer calls to each other's agency.
- As of the time of this mapping there are no plans in place to provide CIT training to 9-1-1 operator- and dispatcher-staff.

Crisis Services

- There are no specialized law enforcement or crisis response units for the cities of Lansing, Tonganoxie or Basehor.
- When a psychiatric crisis response is requested to be deployed in the city of Basehor
 - EMS typically respond but cannot go further with the individual beyond talking with them to assess their situation and treating immediate medical needs.
 - Technicians and paramedics do not have any specialized training or resources, such as collateral materials, which they can use to help the individual.
 - When EMS respond to people in crisis the individual is taken to the emergency room and is typically released within two (2) hours to return home.
 - Schools themselves have a lack of School Resource Officers (SRO) who oftentimes could address the crisis on campus without EMS intervention.
- Care givers are not being provided with adequate resources.
- Youth prevention projects funded through the Kansas Department of Corrections (KDOC) are typically limited to serving only people who have had law enforcement contact for juvenile offenses not status offenses or child welfare issues.
- Patients who do not have health insurance typically also have a lack of transportation options.
- When at local hospital emergency rooms, people experiencing a psychiatric crisis are typically not immediately served, nor is any contact made during the waiting period to see a doctor.
 - Once the individual arrives at the hospital, all other community services cease.
 - An idea was floated that outside care providers who are capable, should have the ability to serve the individual wherever they may be located, including healthcare facilities.

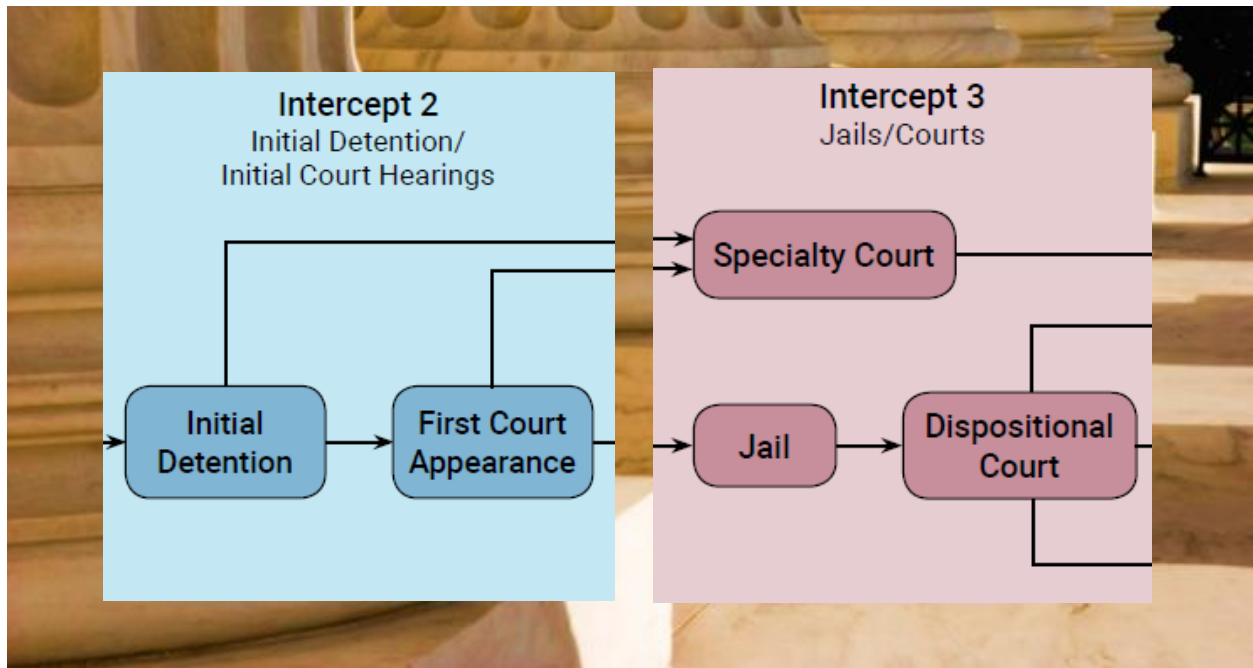
- There is also a lack of timely assessments of people in need of competency restoration.
 - There is a relatively long waiting list of people held on Involuntary Commitment orders to be served.
 - Also, there is not a local facility where one could receive competency restoration services.
- There is a need for sharing job opportunities throughout the community, especially for people in recovery.
- The practice of outpatient commitments, or orders to participate in a treatment program, is not utilized in Leavenworth County.
- The ACT team does not have enough capacity to meet the community's needs.
- The question of how we address an individual experiencing anosognosia, or one who does not know they are experiencing a mental health issue and provide a warm handoff to a receptive treatment service provider.
- There is a general need for more residential substance abuse treatment programs serving county residents.
- There is a significant need for expanding the sobering unit and providing evening intensive outpatient substance abuse treatment options.
- Workshop participants shared the relatively recent practice of consulting with DV family members as advisors on improving response practices.

Shelters

- Landlords are blocking people experiencing mental health issues, particularly after a crisis episode or eviction.
- There was a need discussed for connecting with landlords of people in crisis care to ensure they don't lose their homes in the process.
- A barrier to affordable housing study needs to be completed and partnered with Julie McKeel.
- There is a lack of short- and long-term transitional housing options within the county.
 - One model is the [Oxford House](#) network, including [171 Oxford Houses](#) in the state of Kansas, of democratically run, self-supporting, drug free homes. Compared to the other Greater KC Metro communities, Leavenworth is the only county that does not have at least one Oxford House.

Collection and Sharing of Data

- There is a need for a more widespread policy of collaborative stakeholder-agencies to develop memorandums of understanding (MOUs) that define data collection and sharing policies and practices.



INTERCEPT 2: INITIAL DETENTION & COURT HEARINGS; AND INTERCEPT 3: JAILS/COURTS

OPPORTUNITIES

Booking

- The LVSO books between 14 and 17 people on a daily basis or an average of 5,658 bookings yearly
 - Staff use various assessment tools to query the individual about their health.
 - The Brief Jail Mental Health Screen (BJMHS) is an assessment survey to help staff classify the person for placement, as well as for them to indicate their condition to medical staff.
 - In addition to the BJMHS, additional questions are asked to identify suicidality, other self-harm, or interest in harming others as well as those to help identify other mental illness symptoms.
 - Health questions include history of intravenous use, HIV/AIDS, hepatitis, and heart conditions.
 - All people being booked are asked about a potential U.S. Veteran's status.
 - Veteran's information is shared with the [Veteran's Justice Outreach \(VJO\)](#) team.
 - These individuals are also introduced to the Veteran's Court described in more detail below.

Jail Structure and Personnel

Several local, state, and federal correctional facilities are located within Leavenworth County and include:

Name and Details	Managed by	Location	Capacity
Leavenworth County Jail (LVSO)	LVSO	City of Leavenworth	145 Average
<ul style="list-style-type: none"> Leavenworth county jail detains adults arrested within the county and held pre-trial and post-sentencing periods. Unlike the pre-Covid era, LVSO does not currently contract with any other law enforcement agencies to lease bed space within the jail. 			
Lansing Correctional Facility (LCF)	Kansas Department of Corrections (KDOC)	City of Lansing	2,405
<ul style="list-style-type: none"> State prison holding individuals in minimum-, medium, or maximum-security units. LCF is one of nine (9) state Correctional Facilities. 			
FCI Leavenworth	U.S. Courts	City of Leavenworth	1,607
<ul style="list-style-type: none"> Formerly known as the United States Penitentiary (USP). A federal U.S. Court prison holding people for post-sentencing periods of confinement. 			
United States Disciplinary Barracks (USDB)	Army Corrections Command (ACC)	Fort Leavenworth	515
<ul style="list-style-type: none"> The only United States Department of Defense (DOD) maximum security facility exclusively housing U.S. military personnel for post-sentencing, long-term periods of confinement. 			
Joint Regional Correctional Facility (JRCF)	Army Corrections Command (ACC)	Fort Leavenworth	464
<ul style="list-style-type: none"> A pre-trial and post-incarceration facility exclusively housing U.S. military personnel for post-sentencing period of confinement for up to ten (10) years. 			

Jail Services

- There is a significant number of people in the LVSO requiring competency restoration services.
- Although not the current practice, individuals released from the LVSO may leave with a prescription for MAT or other medications in hand and Community Corrections can help cover the cost of prescriptions with opiate grant funds

Pre-trial Services

- Pre-trial bond supervision services (PTS) are administered by the 1st Judicial District, Leavenworth Court Services unit.

Initial Appearance

- The Leavenworth County Attorney's Office (CAO) prosecutes criminal felonies and other crimes as well as civil cases.
- Each individual being booked must attend their Initial Appearance in court to hear the charges against them within 48-hours; a period which may be slightly longer if they are booked on a

Friday evening or in the early weekend hours.

- At the hearing, the judge will make a bond determination of a cash bail, release them on personal recognizance without the need of posting a financial commitment, or choose to hold the individual until their next First Appearance hearing.
- A Public Defender from the [Kansas State Board of Indigents' Defense \(BIDS\)](#) will be assigned if the person is indigent or cannot otherwise afford to retain their own defense attorney.
 - Alternatively, [Kansas Legal Services](#), the legal aid provider of Kansas, provides no cost legal services to people in need.
 - A [KLS online application](#) can be completed to begin the process of obtaining representation.

Problem-Solving Courts

- The 1st Judicial Court of Leavenworth County recently launched (September 2023) their first collaborative court to divert arrested Veteran's into programs and services to aid their rehabilitation and recovery process.
 - The [Veterans Treatment Court](#) is a voluntary five (5) phase program for U.S. Veterans and typically completed within one-year and up to 18-months.
 - There are currently five (5) active participants in the VTC, and another six (6) at various stages of the screening process.
 - Proceedings are held bimonthly on the first and third Wednesdays beginning at 2:00 p.m.
 - The public is invited to attend the hearings to learn about the program.
 - Individual Veteran-candidates are identified by defense counsel, law enforcement, the jail, and the courts.
 - Offenses disqualifying candidate's participation include: 'off-grid crimes,' felony sex crimes, offenses involving serious bodily harm or death, offenses requiring interstate compact supervision, and any registered sex offenders.
 - The VTC includes a peer mentoring component pairing a Veteran-peer with the individual participant to encourage and support their progress.
 - Upon successful completion of the program, all charges can be dismissed or expunged at the discretion of the court.
- The CAO manages several diversion-related programs for Leavenworth County including:
 - The pre-trial [Criminal Diversion](#) program is available to candidates who meet the criteria, as well as promote themselves to the CAO and court as a worthy candidate.
 - Criteria includes:
 - The offense must be the individual candidate's first serious non-violent offense;
 - The candidate is agreeable to pay restitution;
 - The candidate would probably benefit from the opportunity; and,
 - The application to be considered for the program must be submitted no later than 30-days from their first appearance.
 - A Diversion Officer is responsible for candidate selection and participation process. The CAO or DO may approve or deny any application for any reason.
 - The [Unfiled Diversion](#) program is for people facing misdemeanor charges, who have not previously participated in diversion programs and have not had prior convictions.

- Offenses that disqualify the individual include:
 - Off-Grid Felonies, i.e., Pre-Mediated Murder, Jessica's Law Offenses;
 - Felonies – Level 1-6;
 - Residential Burglaries;
 - Identity Theft and Identity Fraud;
 - Felony Sex Offenses;
 - Drug Cases – Level 1, 2, 3 and felony possession over 1 gram;
 - D.U.I. Cases with any prior D.U.I. diversions and/or convictions;
 - D.U.I. Cases involving any injury; and,
 - D.U.I. Cases with children present in the vehicle.
- Two remaining diversion opportunities include the [Traffic Diversion](#), and [DUI Diversion](#).
 - As with the Criminal Diversion programs, the individual must apply to the CAO for acceptance, meet the criteria, and actively participate in completing the various accountability elements to graduate successfully from the program.
- The CAO oversees the Expungement Day program allowing qualified individuals meeting [the criteria](#) to apply for, must provide all the requested information, and must attend all events and hearings required by the program.
 - Successful candidates will have their record expunged from their personal records.
 - Kansas Legal Services provides an Expungement Clinic throughout the state and those opportunities are published on the [Expungement Clinics in Kansas](#) web page.

GAPS

Jail Services

- The LVSO has struggled to find quality affordable mental health services for their jail population and have recently been working with TGC to provide services.
- Workshop participants shared a story about an individual who remained held in the detention center for one and one-half years before he was assessed for mental health and potential competency issues.
- In Kansas, once a person enters a jail or prison, their Medicaid enrollment is terminated. The individual must reapply at or upon the time of release.
- There is a need for alternative ‘first booking’ diversion opportunities made available to people facing non-violent, lower-level offense charges.
- A process or questionnaire to identify individuals struggling with alcohol or substance use disorder is needed.
- The need for quality mental health services, as well as education opportunities both encourage rehabilitating people who want to pursue treatment and change their lives.
 - There are people being sentenced to the local jail for substance-use or related crimes where they are not receiving any treatment services to address the underlying issues during their incarceration
 - The LVSO does not provide a supply of medications to individuals upon release.
- Once individuals are released from jail, they are not systematically transitioned into a continuing care program or service.

- A more immediate need upon release is resolving transportation issues, getting from the jail to their homes.

Problem-Solving Courts

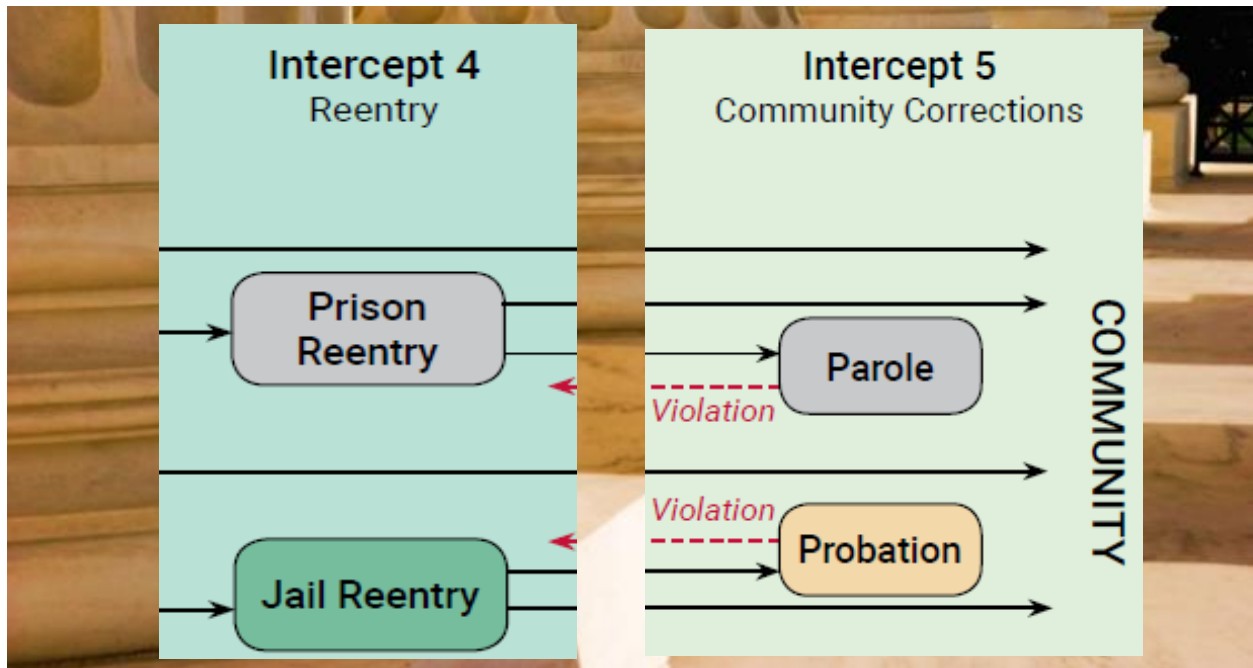
- There is a lack of collaborative specialty treatment courts, the most common being Mental Health and Adult Drug Treatment Courts in Leavenworth County.
 - There are concerns about space availability at the courthouse.
 - It was not known if these courts could be held at another location in the courthouse or virtually over a pre-determined time of day each week.
- Another tool that the courts could deploy, ordering people to attend treatment through Outpatient Treatment Orders (OTO) programs, is relatively underutilized in Leavenworth County.
 - A suggestion was made to encourage hospital administration to work with the courts, who could issue such OTOs more effectively.
 - There is a need for follow-through on cases once the individual is released from the hospital.
 - A concern was expressed that, without a treatment support system to continue engaging individuals, it is relatively useless for the courts to issue the OTP orders.
- Allowing a person to have more time to work around their sanctions so they don't lose their housing or resources is needed to ensure the county is not setting a person up for failure.

Data Collection and Sharing

- Establishment of adequate means to capture data to track best practice strategies and tactics.
- There is a need for a more widespread policy of collaborative stakeholder-agencies to develop memorandums of understanding (MOUs) that define data collection and sharing policies and practices.
- All five law enforcement agencies in the county utilize different record management systems (RMS) and technology which does not communicate between agencies. Thus, offenders are ultimately provided with more opportunities to commit similar crimes in neighboring areas unknown to LEO agencies.
 - It would provide a significant value to law enforcement officers and the courts, who would both benefit from having a more comprehensive level of information about an individual's criminal history, especially for officers prior to responding to scenes or when investigating crimes.

Cross-system Collaboration

- Develop education about crisis phone lines, mobile response, the crisis stabilization unit, and wraparound services through presentations during law enforcement roll-calls.
- Cross-Agency collaboration, including among law enforcement agencies, would also be beneficial for early intervention opportunities as well as when responding to, or solving crimes of, habitual violators who often travel and offend from city to city throughout the county.



INTERCEPT 4: REENTRY; AND INTERCEPT 5: COMMUNITY CORRECTIONS

OPPORTUNITIES

Jail & Prison Reentry Services

- The Guidance Center is notified when people who are relatively active in the crime-jail-court cycle are re-arrested.
 - The team will also seek to connect with those and other individuals who are being booked who are flagged by officers or by LVSO staff during the booking process, with many who have not pursued previous treatment and services opportunities.
 - Every effort is made to meet the individual while they are inside the jail to begin building rapport and trust while using that time to make referrals and connections to resources.
 - When people are released, the team works to get the individuals government identification, helps them register with Medicaid, and help enroll them with other state and federal health-and-wellness programs.
 - Although no medications are provided to individuals being released, the Guidance Center will help obtain the appropriate prescriptions, and an area pharmacy fills the prescriptions.
- Upon being released from a [Kansas Department of Corrections \(KDOC\) Facility](#), individuals are provided a 30-day supply of their medications as well as prescriptions to refill those medications.
- When individuals are sentenced to multi-year terms, they will begin being evaluated for programs and services when they are approximately six (6) months from release.

- Providers prioritize focusing on individuals being released from prison who lack community or family support and connections that can help them reintegrate more successfully.

Community Reentry

- CC can assist individuals being released from jail with obtaining a state identification card.
- One participant shared the ‘Collective Impact Theory’ of bringing people together to focus on a common objective of systematic change and how it relates to the work this workshop’s participants are doing.

Community Supervision

- The state of Kansas is one of the few states with a tri-furcated supervision system and has multiple levels and organizations providing community based correctional services for felony level offenders.
- The first level of pre-incarceration supervision is provided by Court Services and the Kansas Office of Judicial Administration (OJA) which is a state function operated in each of the 31 Judicial Districts. Court Services Officers (CSOs) are responsible for providing community supervision services to low level adult and youth felony and misdemeanor offenders.
 - Court Services provides a number of services after the initial arrest, charging, and pre-trial periods working with law enforcement and the courts. These services vary across the state. Locally, Leavenworth CSOs provide bond supervision and pre-trial services.
 - CSOs recommend terms of conditions the Judge considers at sentencing time, and the department supervises the individual based on the court’s conditions. Conditions may include electronic monitoring, substance-use testing, treatment and other programs, travel, restitution, reporting frequency, and other limits.
 - CSOs also conduct the initial Level of Service/Case Management Inventory (LS/CMI) Risk Needs Assessment and Women’s Risk Needs Assessment (WRNA) during their overall pre-sentence investigation process to assist the court in determining the appropriate level of supervision for individuals prior to sentencing. The assessment includes mental health issues as a responsivity factor, and the person can be referred to a local mental health service provider for a complete assessment.
 - CSOs work with the individual to ensure they meet their obligations to the court.
- The second level of pre-incarceration supervision is provided by local Community Corrections (CC) agencies who are responsible for providing Intensive Supervision Services to high-risk felony adult and youth offenders. Community Corrections are a state mandated function of local county governments. These programs were established via the Kansas CC Act of 1978 to control the flow of violators to prison to reduce the growing costs of building and maintaining prison facilities while addressing underlying issues that led to justice involvement and keeping individuals working in the community.
- The Leavenworth County [Community Corrections](#) (CC) agency provides intensive supervision services for high-risk adult and juvenile felony offenders sentenced to Community Corrections.

- KDOC provides a majority of the operational funding for Community Corrections Agencies and maintains standards for operation and delivery of services across the state.
- Employees of CC are local county employees who report to their local advisory boards and/or boards of county commissioners for oversight.
- While KDOC provides guidance and funding for local community corrections agencies, these agencies are actually operated by their local governing boards. As such, agreements are entered into with the local MH service providers and are not governed under KDOC. There are over 31 CC Agencies across the state, whether they are dual adult and juvenile or multi-county agencies vary across each Judicial District and County, as do their types of collaborations and agreements.
- Leavenworth County Community Corrections is made up of two divisions, Adult and Juvenile Services.
 - CC staff include six (6) adult supervision officers and two (2) supervision officers.
 - The maximum caseload for each officer is 40 individuals.
 - ISOs (Intensive Supervision Officers) receive extensive training including 40-hours of skills training covering an array of topics including: evidence-based practices, LS/CMI risk assessment certification, WRNA risk assessment certification, de-escalation, court etiquette, the justice process, case management, addiction-101, behavior response, administering assessments, motivational interviewing, and MHFA.
 - ISOs have specialized caseloads based on risk levels
 - Clients are assigned a one-to-four (1-4) level score, with one (1) being the highest risk, and most people under supervision are in level two (2).
 - Level one clients typically require the most behavioral health care
 - ISOs collaborate with a number of stakeholders, including a Jail Liaison, treatment providers, community partners, as well as co-response and/or mobile crisis units.
 - State of Kansas has program specialists who are not local, reach out when needed to assist each agency in quality assurance
- Each individual under probation terms is assigned to an Intensive Supervision Officer(ISO) who is responsible for communicating with, and monitoring the progress of, the individual under supervision.
 - CC works with area prevention, treatment providers, and resource programs to coordinate care for each individual under supervision to reduce recidivism.
 - CC works with the individuals under supervision to reduce barriers responsively so clients can successfully complete probation terms.
 - Violations can lead to more frequent and/or additional reporting requirements, and frequent violators may be returned to jail for short periods of sanction time or sent to KDOC to complete their original prison sentence.
- The City of Leavenworth and each municipality operates their own Probation Division for residents under supervision term from Municipal Court for traffic and city ordinance violations.

Parole

- The third level of supervision is Parole which provides post-release supervision state prison inmates who are reintegrating into local communities, this supervision is overseen and operated by the Kansas Department of Corrections (KDOC). KDOC [Parole Services](#)' Lansing Parole Office located in the city of Lansing provides local post-release supervision for Leavenworth County residents who have been released from state correctional facilities. They also manage people released from prisons in other states that Kansas has an Interstate Compact agreement, and who require supervision.
 - KDOC oversees state parole processes through a network of KDOC employees across the state.
 - Parole, like Community Corrections and Court Services utilizes LS/CMI and WRNA Risk Needs Assessments for monitoring supervision and referring individuals to programs based on information gathered from the assessment process.
 - KDOC would have an indication of need prior to their releasing from a correctional facility. If discharge planning has been done in the facility, this need would be identified and follow up appointments scheduled prior to release. For people on parole, there is typically a report reflecting on mental health issues and needs. If this is the case, ensuring discharge planning included identifying treatment and service providers and scheduled follow-up appointments made prior to their release.
 - For individuals on parole who received mental health services while incarcerated, a Substance Education Group is available as an aftercare-type support.

GAPS

Jail & Prison Reentry Services

- At present it can take some time for people to be received and served by the TGC.
 - Some people who do not have an adequate supply of medications upon release are potentially affected if they end up relapsing.
- The re-entry planning process does not fully address important factors of one's reentry. An example was shared that, if someone being released doesn't know where they are going to sleep that night, how do we expect them to make their first Probation meeting the next morning?
- At the present time, it is not a given that people being released from prison or jail have their own birth certification, social security card, identification card, or driver's license in hand when they are released.

Data Collection and Sharing

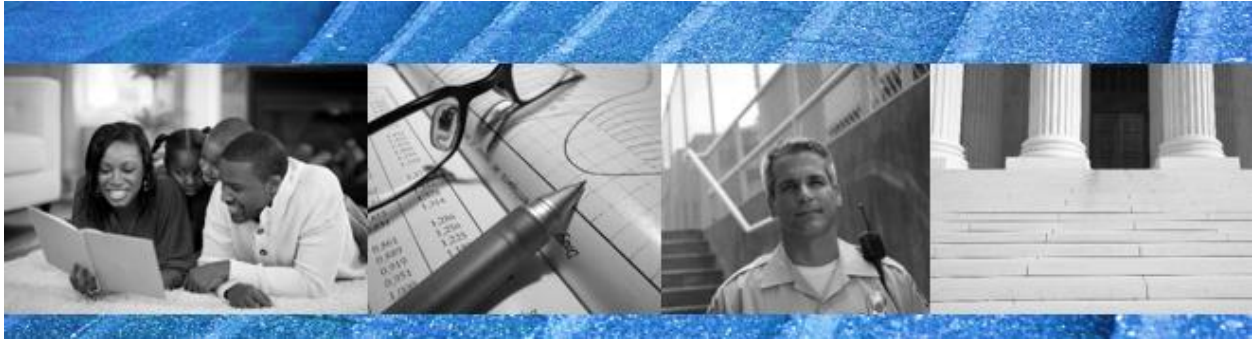
- There is a need to improve information sharing, particularly for people who are high-risk, violent, or a sex offender who are in the jail or treatment programs. Lack of sharing ahead of time on their status or case management needs leads to greater issues later and less successful outcomes.
- There is a need for a more widespread policy of collaborative stakeholder-agencies to develop memorandums of understanding (MOUs) that define data collection and sharing policies and practices.

Community Reentry

- The cost of MAT medication protocols is not covered by Parole Services.
- There are currently no long-term residential inpatient treatment for people experiencing mental health, SUD, or for juveniles seeking to enter treatment.
- There is a lack of communication between supervision and treatment facilities.
 - POs aren't sure of what is being done at the treatment level.
 - When the person reports to their PO, there is no way for the PO to verify the individual's story.
- When clients are referred to work-based programs, they may lose their housing, and their state of mental wellness.
 - There are no known peer-support groups that people can attend to share their experiences and needs, as well as to give them an opportunity to support another peer.
- There is a critical need for more sober living and other transitional housing options, especially those who are uniquely positioned to house people with behavioral health issues.

Cross-System Collaboration

- The group did not identify groups holding joint-planning advisory meetings consisting of representatives from the criminal-legal, behavioral-health, and providers ecosystems. (see: Leavenworth Human Service Council in Intercept 0/1 Cross System Collaboration)
- There is a need for a criminal justice coordinating council or regular meeting for information sharing
- There is no widespread data collection



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 voted. The voting took place on July 25, 2024. The top four priorities are in highlighted text.

Priority	Votes	2024 Priority Description
1	19	Information Clearing House.
2	16	Inpatient Adolescent/Adult Treatment.
3	14	Funding for Crisis Services.
4	12	Sober living – Oxford Housing.
5	11	Specialty Court MH and SA (1-3 year plan).
6	10	Jail Reentry – Dedicated space for justice involved individuals to attend programs.
7	7	Lack of Public Transportation
	7	Website that community can access to find services and resources – United Way could possible handle this.
8	5	Homeless services – specialized housing
9	3	Follow up care/ family slash schools, children, households, wrap around services.
	3	Group Home.
10	2	Peer Services.
	2	Data Gap, Centralized data resources.
11	1	Staffing retain and hire.
	1	Resource fair.
12	0	Grant Funds.
13	0	Sentences for substance abuse but no treatment in jail.
14	0	Employment provide skills and training.

ACTION PLANS

Priority Area #1: Information Clearing House

Objective	Action Step	Who	When
Identify partners for SJH Health Equity Committee.	Meet/John St. John Health Equity Committee – Establish Mission.	Destiny (SJH); partner representatives.	
<ul style="list-style-type: none"> Look at current resource groups already available info. groupings. Identify & locate the housed maintained resources. 	1-800 Children, United Way 211, Welcome Central, LVCO Human Service Council, Unite Us.	Everyone	2 weeks
Compile information.	Compile the information resources and contacts to Excel.	Destiny and interns.	1 month
	Verify contact information & resources are updated.	Interns	1 month
Funding and partners.	Find/establish funding partners(colleges) Community partners meeting.	Everyone and LCHSC.	2 months
Identify categories.	Identify categories, establish category stakeholder leads		
Create Resources.	<ul style="list-style-type: none"> Take complied info & translate into: website, fliers, cards, etc. One stop website & invite collaborative partners. 	St. John’s IT Department. (Dependent upon grant from Jamie to move away from St. John’s and have its own.)	6 months
	Long term community resources, sharing of updates Potential Phone resource officer (depending upon funding.)	All of us.	Forever

Group members: Amanda Danser, Andy Dedeke, Wendy Dedeke, Tom Goldner, Linda Huggins, Belinda Klassen, Lawrence LaRue, Pete Martin, Jackie Masoner, Destiny McCool, Julie McKeel, Clif Oblinger, and Ryan Reece.

Priority Area #2: Inpatient treatment for Adolescents and Adults

Objective	Action Step	Who	When
Special use permit (physical space.)	Meet with Julie Hurley/County Commissioners/City	Ashley, Tyson, and Andrea.	1 st quarter 2025 for meetings Post-Election.
Increase community education/awareness of Gaps/Advertising.	<ul style="list-style-type: none"> Resource Fair (backbone Agency = TGC/Community corrections) Education provided to existing organizations/Councils 	Andrea, Brandi, and Carly.	<ul style="list-style-type: none"> 1st Fair January 2025. Oct?/Nov communicated. Agencies providers get info to clients.
Community Data.	<ul style="list-style-type: none"> Produce needs assessment. Compile data from multiple sources. 	Andrea (point of contact.)	
Finding stakeholders → Legislature	County commissioners/Elected Officials (set up meetings & invite to resource fairs)		Meet with Election candidates now/after primary.
KDADS for licensing.	Involve Early in process for DATA & Support.	Tyson (Partner with TGC.)	
Referral process.	<ul style="list-style-type: none"> Voluntary vs Involuntary. Contact other KDADS facilities across State to make aware of Facility. Identify where you want referral points. Educate (schools, hospitals Community corrections, etc.) 		
Staffing & Wrap Around services for Follow up treatment.	Community Resource Asset Mapping.	Data from Group #1.	

Group Members: Aimee Bateman, Carly Brown, Alexis Denham, Ashley Hutton, Brandi Inslee, Andrea Kesler, Jennifer LeManske, Joan Lowdon, Tyson McQuay, Max Mendoza, and Peggy Pratt.

Priority Area #3: Funding for Crisis Services

Objective	Action Step	Who	When
What services need funding/sustainability?	<ul style="list-style-type: none"> Data collection & Analyze. Employment data collection for all municipalities may find needs & gaps (bio-spatial) 	Bruce, Dana, Jeff, Jamie M., and Brian.	1 month to start, 6 months to complete.
Public Awareness.	Information Clearing house (surveys, social media, web pages, Billboards, needs paper) How will this be funded?	Bruce, Jeff, and Derek.	Immediately & continued (time prior to funding request.
Collaboration with different organization.	Provide crisis response information for us to 988 & vice versa. Link 988 to our dispatchers.	Dan, Jamie C., Brian, Brad, and Derek.	
Assess Current Funding Sources.	Determine who, where & How positions are being funding (local, VA, KDADS)	Organization Representative.	1 month to start, 6 months to complete.
Find out long term sustainability for program.	Determine durability of current funding.(Can we get the same grants again? Now do we keep it? What information do they need to keep it? What new funding sources are out there? Who pays current & potential responders (city/county/grants, TGC.)	Brad, Derek, and Jamie V.	Start 3 months, continues.
Find funding to expand co-responders.	<ul style="list-style-type: none"> Use data to determine where responders best be used. Drive/response time of current responder. 	Tonganoxie, Basehor, and Lansing PD.	Start within 4 months, continues.
Training for current 1 st responders in MH crisis & dispatch.	Mental Health 1 st Aid, CIT, De-escalation.	Andrea.	Start within 6 months, continues.

Group Members: Brian Bailey, Jamie Cox, Dana King, Jamie Miller, Bruce Johnson, Brad Lee, Megan Milner, Dan Nicodemus, Jeff Robinson, and Derek Siebenmorgen.

Priority Area #4: Sober Living – Oxford within 1 Year

Objective	Action Step	Who	When
Identify Key Players (LV Community/oxford folks.)	<ul style="list-style-type: none"> • Host community meeting to bring all partners together. (landlords/locations...include faith-based organizations) • Quarterly meeting/info dump/data share zoom & in person mtg. option. • Barrier: Oxford – as FORA why not Leavenworth County? • Bandwidth issue (President-Oxford training & clean time.) 	<ul style="list-style-type: none"> • Our SIM group w/Chris’ connections recovery group. • Jovanny is getting Federal funds. • Jamie/Hannah have state agencies. 	<ul style="list-style-type: none"> • 60-days ID stakeholders. • 90-Days hold 1st meeting.
Grant Preparation.	<p>Prep/ID need (Can we utilize data that exists to help streamline need identification:</p> <ol style="list-style-type: none"> 1. Who we want to serve. 2. Baseline/Cap of people to serve? 3. Can we fully fund rent for 1 year? Do we cover parts of rent? (money allocation, not people or location.) 4. What do contracts/renters agree rents look like? 5. What regulations/expectation need met? 6. Client services in house- Peer recovery services Buy in/Accountability. 7. Best candidate to obtain the grant? 8. Sober living recovery program already established? 9. Who has the staff/bandwidth for grant administration, tracking and budget reconciliation? 	<ul style="list-style-type: none"> • Recipient of Grant. • Established recovery communities. • Our SIM group. 	90-Days
Grant Application.	<p>Key points to go into application:</p> <ol style="list-style-type: none"> 1. What key needs can be meet. 2. National Opioid recovery/prevention. 3. Reducing recidivism in risky populations. 4. Programming services. <p>Identify how we support these points with data in the grant to show need.</p>	<ul style="list-style-type: none"> • Jamie/Hannah • Identify recipient who will be the administrator. 	1-Year (A house that is operational with goal of 5-20 beds, Ribbon Cutting.)

Group Members: Dustin Browning, Hannah Hagedorn, Jovanny Hernandez, Joey Jolley, Chris Leach, and Jamie VanHouten.



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 and substance disorders in the justice system.

- Law enforcement could use existing telehealth resources to help save time on calls for service involving people in behavioral health crisis.



PARKING LOT

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

- A suggestion was floated that people contact their state legislators to change policies that restrict EMS from the opportunity to transport individuals to locations other than the jail or hospital.



RECOMMENDATIONS

1. Develop a Resource Directory

Based on discussions during the workshop it would be beneficial for Leavenworth to develop a resource directory that is accessible to the community and providers to promote access to resources prior to an individual's involvement with the justice system and to prevent recidivism. This could be done in several different vehicles including online, print, specific-focus resources cards, with topics focusing on housing, crisis intervention and stabilization, treatments and other relevant subjects.

2. At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.

Improving cross-system data collection and integration is key to identifying high-user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

It is important for each organization to define terms initially, so there is a common definition developed of what populations/issues communities/organizations are trying to understand. Learn from each system how that data point is collected, coded and stored. Seek common identifiers to match populations. It would be beneficial for Leavenworth to look at data as it relates to the financial cost of services to help identify needs and maximize funds expended to areas where it is most needed. This type of review can look at services that are funded but don't have impact on the system or services that have significant impact but limited funding.

Data collection does not have to be overly complicated. For example, some 911 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a "warm handoff" or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, and other points of contact in the criminal legal intervention process.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Consider joining the Arnold Foundation and National Association of Counties (NACo) [Data-Driven Justice Initiative \(DDJ\)](#). The publication [Data-Driven Justice Playbook: How to Develop a System of Diversion](#) provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the Data Analysis and Matching literature and publications in the Resources section below.

3. Address Cross intercept communication at all intercepts.

When a person is moving through the intercepts It would be beneficial to focus on strengthening collaborations between providers and the justice system. This can build upon the work of the Leavenworth County - Mental Health Advisory Council (LV-MHAC).

Knowledge is power and when resources are scarce, knowledge is critical. Information is obtained on justice involved individuals at different contact points throughout the Intercepts including by emergency room staff, crisis teams, law enforcement, jail staff during booking and release, attorneys, judges and other points.

Some information is collected and shared while other information does not. With confidentiality- and resource-limitations it would be beneficial as a system to review what information is needed and create a process for that information that follows the individual through the systems and processes. This is not about comprehensive data but rather capturing and sharing relevant data (e.g., the person has walked out of treatment three (3) times, or the person has funding for an apartment but is missing the deposit) at transition points in throughout the intercepts. Such knowledge can be crucial in creating a diversion opportunity and can be managed by an advocate (case manager or peer) that is assigned to the individual at the initial point of contact, and subsequently documented.

Thinking in the terms of diversion versus handing the individual off to the next step in the process creates opportunities to intervene and reduces future contacts with these individuals in later Intercepts

4. Develop a Crisis Continuum of Care that is integrated with the City/County Police.

Several areas along the continuum of care can be developed including:

- Although CIT is new to Leavenworth County, efforts should continue to expand CIT Training and coordinate across each of the police entities in surrounding municipalities.
- CIT International has released the [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#), the first comprehensive guide for communities to best practices for starting and sustaining CIT programs.
- Provide Mental Health First Aid training to all uniformed officers who do not receive CIT training as an initial step towards educating about best practices.
- Expand crisis care treatment interventions and consider using telehealth as an option for areas where resources are limited. One of the clear needs that arose during the workshop is to increase the coordination between behavioral health and law enforcement as law enforcement were unaware of many of the resources identified during the workshop.
- To be effective, mobile crisis must be adequately staffed to respond promptly to crisis calls and work closely with law enforcement partners. This can include cross-training efforts, attending law enforcement shift briefings, sharing data, and developing handoff points law enforcement can divert individuals from the justice system.
- Over the past few years, the Substance Abuse and Mental Health Services Administration (SAMHSA) and many states have begun to identify a [Continuum of Care for Crisis Services](#). In addition, states including Texas, New York, Virginia, and California have state-funded initiatives to enhance crisis services in communities.
- Develop and enhance officer wellness strategies. Two officer safety and wellness initiatives with a variety of resources include:
 - [Destination Zero](#); and,
 - [Valor Officer Safety and Wellness Program](#).

5. Integrate Peer Support Across the Intercepts

Integrating Peers, who have lived experience and are in recovery, particularly with substances, has been shown to be highly effective in getting people who are in crisis from substances and mental illness into treatment. We recommend that Leavenworth County hold focused meetings to explore how to create linkages for peer involvement at every possible juncture.

Please explore [The Peer Support Roles Across the Sequential Intercept Model](#) map and examples developed by PRA, that explain how peers can be used at each intercept. The document includes linkages with references to sites across the country where peer involvement has successfully been deployed.

In addition, the growing library of [peer-related articles and resources](#) available on the PRA website, document excellent uses of peers throughout the Intercepts.

One of the most compelling reasons for peer involvement is that it creates a win/win situation for everyone involved. People in recovery can help others and reduce recidivism because Peers are

often more successful in engaging people into treatment. Peers also augment staffing in oftentimes understaffed service delivery systems.

6. 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. The following resources are suggested to guide strategy development. These initiatives include key steps for communities to take to expand housing options for persons with mental illness.

- [Built for Zero](#) 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.
- [GAINS Center. Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System.](#)
- [Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. \(2012\). Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities. Journal of Forensic Psychology Practice, 12, 382–408.](#)
- [Tsemberis, S. \(2010\). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction. Center City, MN: Hazelden Press.](#)
- [Stefancic, A., Henwood, B. F., Melton, H., Shin, S. M., Lawrence-Gomez, R., and Tsemberis, S. \(2013\). Implementing Housing First in Rural Areas: Pathways Vermont, American Journal of Public Health, 103, 206–209.](#)
- [Shifting the Focus from Criminalization to Housing. Funders Together to End Homelessness. \(2016\).](#)
- [Lehman, M.H., Brown, C.A., Frost, L.E., Hickey, J.S., and Buck, D.S. \(2012\). Integrated Primary and Behavioral Health Care in Patient-Centered Medical Homes for Jail Releases with Mental Illness. Criminal Justice and Behavior, published online.](#)

Also, see Housing in the Resources section below.



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](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion](#).
- Substance Abuse and Mental Health Services Administration. (2015). [Federal Guidelines for Opioid Treatment Programs](#).
- Substance Abuse and Mental Health Services Administration. (2020). [Treatment Improvement Protocol \(TIP\) 63: Medications for Opioid Use Disorder](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide](#).
- Substance Abuse and Mental Health Services Administration. (2015). [Medication for the Treatment of Alcohol Use Disorder: A Brief Guide](#).
- U.S. Department of Health and Human Services. (2018). [Facing Addiction in America: The Surgeon General's Spotlight on Opioids](#).

Mental Health First Aid

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

Peer Support/Peer Specialists

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

and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/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*.
- American Bar Association. (2016). *Criminal Justice Standards on Mental Health*.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

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

Screening and Assessment

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

Sequential Intercept Model

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

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

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

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

Telehealth

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

Transition-Aged Youth

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

Trauma and Trauma-Informed Care

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

Veterans

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

Resources Effective June 3, 2024

APPENDIX

Appendix A Participant List – Sequential Intercept Model (SIM) Mapping Workshop

Appendix B Agendas – Sequential Intercept Model (SIM) Mapping Workshop

Appendix C Community Self-Assessment | Participant Survey Results

APPENDIX A: SIM WORKSHOP PARTICIPANTS

Name	Title	Agency/Organization
Brian Bailey	Assistant Director	EMS/Health Department
Sarah Baker	Community Engagement & Partnership Coordinator	VA System
Aimee Bateman	Owner/Managing Attorney	Defense Attorneys
Micah Bray	Public Information Officer	County Attorney's Office
Carly Brown	Cognitive Programs Facilitator	Community Corrections
Dustin Browning (Observer)	Director	4th Judicial District Community Corrections
Michael Colin	Counselor	Treatment Provider- HRADAC
Jamie Cox	ACT Team- Residential Specialist	Treatment Provider- TGC/CCBHC
Amanda Danser	Dispatch/Communications	LEO- LV Sheriff's Office
Andrew Dedeke	Sheriff	LEO- LV Sheriff's Office
Wendy Dedeke	Chief Support Services- Offender Registration	LEO- LV Sheriff's Office
Alexis Denham	Intensive Supervision Officer	Community Corrections
Tom Duncan	Family Member	Consumer
Miranda Goddard	Assistant Director- Recovery Services	Treatment Provider- TGC/CCBHC
Tom Goldner	Family Member	Consumer
Hannah Hagedorn	Correction Manager II	Lansing Correctional Facility
Jovanny Hernandez	US Probation Officer	Federal Parole/Probation Services- US Courts
Linda Huggins	Veterans Court Coordinator	1st Judicial District Court
Ashley Hutton	Assistant County Attorney	County Attorney's Office
Brandi Inslee	ER Manager	Saint John Hospital
Bruce Johnson	Chief of Crisis Services	Treatment Provider- TGC/CCBHC
Joseph Jolly	Academic Advisor	TRIO EOC Program- University of Kansas
Vicky Kaaz	Commissioner	LV Board of County Commissioner
Andrea Kesler	CIT Co-Responder	Treatment Provider- TGC/CCBHC
Dana King	Mobile Crisis Response Team Lead	Treatment Provider- TGC/CCBHC
Belinda Klassen	Director of Operations	Shelter- LV Interfaith Community of Hope
Chris Leach	Housing Support Specialist	DePaul USA LV Attainable Housing
Bradley Lee	Detective	LEO- Tonganoxie PD
Jennifer LeManske	School Resource Officer	LEO- Basehor PD
Chip Levine	Rental Property Coordinator	Leavenworth City
Joan Lowdon	Chief Judge	1st Judicial District Court

Name	Title	Agency/Organization
Chris Lyon	Assistant County Attorney	County Attorney's Office
Peter Martin	Lieutenant	LEO- Basehor PD
Jackie Masoner	Manager Family Support Center LV	Catholic Charities of NEKS
Destiny McCool	Infection Control and Performance Improvement Manager	Saint John Hospital
Julie McKeel	Community Development Coordinator	Leavenworth City
Tyson McQuay	Executive Director	Treatment Provider- A Connecting Pointe
Carlos Mena	Counselor- Recovery Services	Treatment Provider- TGC/CCBHC
Max Mendoza (Observer)	Executive Director	Heartland 180, KAG, JJOC
Jamie Miller	Director	EMS/Health Department
Megan Milner (Observer)	Deputy Secretary of Adult & Juvenile Community Based Services	Kansas Department of Corrections
Taren Neel (Observer)	DEC Program Manager	Kansas Department of Health & Environment
Dan Nicodemus	Interim Police Chief	LEO- LV PD
Clifton Oblinger	Captain	LEO- Basehor PD
Peggy Pratt (Observer)	Director	NWK Juvenile Community Corrections
Ryan Reece	Deputy Warden of Programs	Lansing Correctional Facility
Jeff Robinson	Justice-Involved Behavioral Health Liaison	Treatment Provider- TGC/CCBHC
Derek Siebenmorgen	Detention Officer	LEO- LV Sheriff's Office
Mike Stieben	Commissioner	LV Board of County Commissioner
Christine Strohm	VJSO	VA System
Jake Taylor	Detective	LEO- Tonganoxie PD
Todd Thompson	County Attorney	County Attorney's Office
Jamie VanHouten	Director	Community Corrections
Will Warnes	Interim CEO/Chief Medical Officer	Treatment Provider- TGC/CCBHC
David Weber	Director of Recovery Services	Treatment Provider- TGC/CCBHC
Amy Wilcott	Housing Support Specialist	DePaul USA LV Attainable Housing
Sally Wright (Observer)	DEC SUD Prevention Program Manager	Kansas Department of Health & Environment

APPENDIX B: SIM WORKSHOP AGENDA



Sequential Intercept Model Mapping Workshop

Leavenworth County, Kansas

July 25, 2024

AGENDA

8:30 Registration and Networking

9:00 Welcome and Opening Remarks

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

What Works!

- Keys to Success

The Sequential Intercept Model

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

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

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

Wrap Up

- Review

4:30 Adjourn

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

There will be break for lunch at approximately noon.



Sequential Intercept Model Mapping Workshop

Leavenworth County, Kansas

July 26, 2024

AGENDA

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

There will be a 15 minute break mid-morning.

APPENDIX C: COMMUNITY SELF-ASSESSMENT SURVEY RESULTS

SIM Workshop Participants by Role and Level of Agreement in order of Intercepts and number of responses.

Where on the Sequential Intercept Model is your role most related?

SIM Role	Responses	
Intercept 0: Community Services	38%	14
Intercept 1: Law Enforcement	22%	8
Intercept 3: Jails/Courts	16%	6
Other	14%	5
Intercept 2: Initial Detention/Initial Court Hearings	5%	2
Intercept 5: Community Corrections	5%	2
Intercept 4: Reentry	0%	0
Total	100%	37

Please indicate your level of agreement with the following statements about your community.

Answered

34

Key Theme: Collaboration	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
	There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	3%	1	3%	1	6%	2	35%	12	50%	17	3%
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	3%	1	21%	7	18%	6	32%	11	18%	6	9%	3
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	6%	2	9%	3	26%	9	38%	13	9%	3	12%	4
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	9%	3	29%	10	26%	9	12%	4	6%	2	18%	6
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	3%	1	21%	7	32%	11	21%	7	3%	1	21%	7
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	6%	2	15%	5	35%	12	24%	8	15%	5	6%	2
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	6%	2	21%	7	38%	13	12%	4	12%	4	12%	4
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	6%	2	12%	4	32%	11	32%	11	9%	3	9%	3
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	0%	0	18%	6	38%	13	24%	8	6%	2	15%	5
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	3%	1	12%	4	41%	14	24%	8	6%	2	15%	5
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	6%	2	15%	5	29%	10	32%	11	0%	0	18%	6
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	3%	1	12%	4	38%	13	26%	9	3%	1	18%	6

Please indicate your level of agreement with the following statements about your community.

Answered

34

Key Theme: Identification	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
	Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	6%	2	15%	5	18%	6	38%	13	6%	2	18%
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	6%	2	15%	5	21%	7	35%	12	3%	1	21%	7
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	6%	2	15%	5	32%	11	18%	6	3%	1	26%	9
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	3%	1	9%	3	29%	10	26%	9	3%	1	29%	10
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	0%	0	6%	2	29%	10	38%	13	6%	2	21%	7
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	3%	1	18%	6	24%	8	29%	10	3%	1	24%	8
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	3%	1	12%	4	21%	7	32%	11	3%	1	29%	10
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	0%	0	12%	4	24%	8	32%	11	3%	1	29%	10
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	0%	0	6%	2	21%	7	32%	11	9%	3	32%	11
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	3%	1	12%	4	38%	13	15%	5	0%	0	32%	11
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	3%	1	15%	5	35%	12	21%	7	0%	0	26%	9

Please indicate your level of agreement with the following statements about your community.

Answered

33

Key Theme: Strategies	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
	Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	3%	1	12%	4	18%	6	52%	17	3%	1	12%
There are adequate crisis services to meet the needs of people experiencing mental health crises.	6%	2	39%	13	18%	6	30%	10	0%	0	6%	2
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	6%	2	12%	4	21%	7	27%	9	6%	2	27%	9
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	9%	3	6%	2	27%	9	30%	10	9%	3	18%	6
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	12%	4	6%	2	30%	10	15%	5	3%	1	33%	11
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	9%	3	6%	2	30%	10	9%	3	0%	0	45%	15
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	12%	4	6%	2	15%	5	24%	8	0%	0	42%	14
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	12%	4	6%	2	30%	10	6%	2	0%	0	45%	15
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	15%	5	6%	2	33%	11	3%	1	0%	0	42%	14
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	15%	5	15%	5	21%	7	21%	7	0%	0	27%	9
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	15%	5	9%	3	21%	7	18%	6	0%	0	36%	12
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	0%	0	3%	1	39%	13	12%	4	9%	3	36%	12
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	6%	2	15%	5	27%	9	15%	5	0%	0	36%	12
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	3%	1	15%	5	21%	7	21%	7	0%	0	39%	13

Please indicate your level of agreement with the following statements about your community.

Answered

33

Key Theme: Services	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
	Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	9%	3	21%	7	12%	4	39%	13	3%	1	15%
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	0%	0	6%	2	21%	7	39%	13	0%	0	33%	11
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	0%	0	9%	3	24%	8	27%	9	3%	1	36%	12
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	12%	4	18%	6	39%	13	9%	3	0%	0	21%	7
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	18%	6	12%	4	18%	6	18%	6	9%	3	24%	8
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	12%	4	9%	3	27%	9	12%	4	6%	2	33%	11
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	9%	3	6%	2	27%	9	15%	5	0%	0	42%	14
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	9%	3	9%	3	30%	10	6%	2	0%	0	45%	15
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	12%	4	9%	3	27%	9	27%	9	0%	0	24%	8



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