AGENDA

Eau Claire County
Criminal Justice Collaborating Council
EBDM Policy Team
Tuesday, June 7, 2022 at 7:30 a.m.
In-Person Meeting in Room 3312
721 Oxford Avenue • Eau Claire, WI 54703

For those wishing to make public comment, you must email Alex Scheppke at alexander.scheppke@co.eau-claire.wi.us at least 30 minutes prior to the start of the meeting. You will be called on during public session.

1. Call Meeting to Order and Confirmation of Meeting Notice
2. Roll Call
3. Public Comment (3-minute limit per person)
4. Approval of EBDM Policy Team Minutes – **Discussion/Action**
    a. April 5, 2022
5. Sequential Intercept Model Mapping – **Information/Scheduling**
6. Mental Health Intakes at Jail – **Information/Discussion**
7. Set Agenda for next EBDM Policy Team Meeting – **Discussion/Action**
8. Adjourn

Prepared by: Alex Scheppke – Administrative Specialist II   Published: 6/3/2022 2:45 PM

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee or Administration for assistance (715-839-5106). For additional information on ADA requests, contact the County ADA Coordinator at 839-6945, (FAX) 839-1669 or 839-4735, TTY: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

MINUTES
Eau Claire County
Criminal Justice Collaborating Council
EBDM Policy Team
Tuesday, April 5, 2022 at 7:30 a.m.
In-Person Meeting in Room 3312
721 Oxford Avenue • Eau Claire, WI 54703

Present: Tiana Glenna, Dan Bresina, Crystal Ruzicka, Kathryn Schauf, Dave Riewestahl, Chad Hoyord, Peter Rindal, Angie Braaten, Michael Schumacher, Christie Knutson, Dana Brown

Others: Alex Scheppke

Public: None Present

Judge Schumacher called the meeting to order at 7:30 a.m.

The team began with an introduction for each member and attendance was noted.

Judge Schumacher provided updates from the perspective of the courts and queried the team for updates from their respective departments.

Dave Riewestahl provided an update from the jail, touching on the topics of Huber and jail procedure pertaining to the ongoing and evolving circumstances of the Covid-19 pandemic.

Peter Rindal gave updates from the DA's Office, addressing ongoing staffing changes including a new state funded position, as well as case backlogs.

Angie Braaten provided updates from the Diversion program, including the revamping of the Diversion video and updates from the OWI program.

Tiana Glenna provided an update from the Criminal Justice Services department, discussing changes in data analytics and community service.

Crystal Ruzicka introduced herself and elaborated on her professional background as well as her job responsibilities and future analysis goals.

Kathryn Schauf provided an update from county administration, including information about today's election and the work ahead for acclimating new board members.

Chad Hoyord provided an update from the police department, touching on the new co-response coordinator and data analyst positions, the responsibilities of each aforementioned role, and where gaps in service still exist. Additionally, Chad spoke further regarding ongoing staffing challenges within the department.

Dana Brown provided an overview from Restorative Justice, including client updates, potential staffing increases, and general operational developments.

Tiana Glenna spoke further on data analytics, and how the hiring of a new data analyst will allow the CJS to overhaul data provided to the community, and data use within the CJS and County in

general.

Judge Schumacher motioned to approve minutes from the February 1, 2022 team meeting – minutes were approved without exception.

Dan Bresina provided an update on his ongoing focus and provided ideas for potential improvements in service regarding mental health.

The team discussed potential agenda items for the next EBDM Policy Team meeting.

The meeting was adjourned at 8:31 a.m.

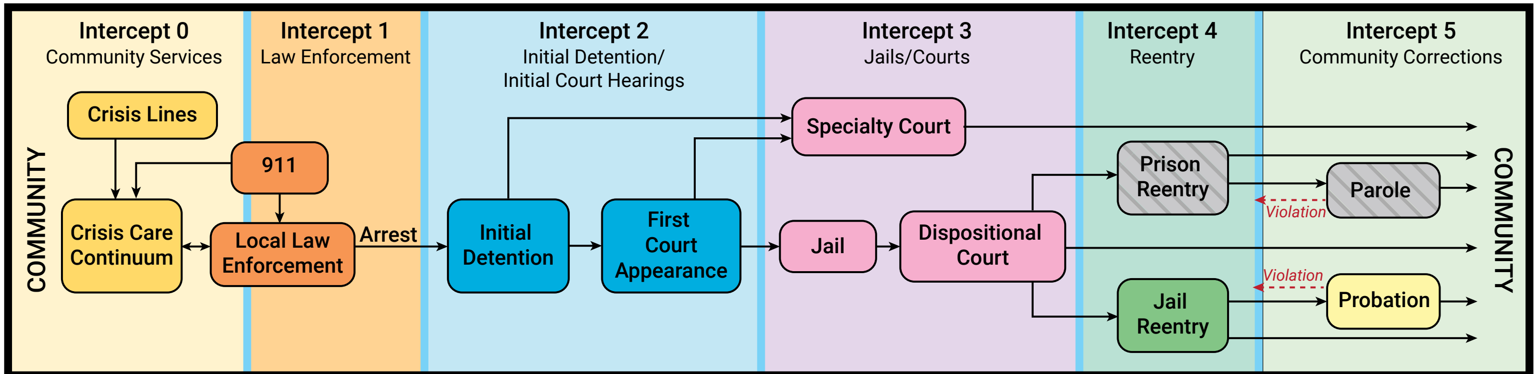
Respectfully submitted by,
Alexander Scheppke

SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders

The Sequential Intercept Model



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Key Issues at Each Intercept

Intercept 0

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.

Emergency departments. Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis, and/or peer specialists staff to provide support to people in crisis.

Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

Intercept 1

Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Police-behavioral health collaborations. Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a behavioral health crisis.

Intervening with frequent utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.

Intercept 2

Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

Data matching initiatives between the jail and community-based behavioral health providers.

Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Intercept 3

Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.

Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.

Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4

Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.

Warm hand-offs from corrections to providers increases engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5

Specialized community supervision caseloads of people with mental disorders.

Medication-assisted treatment for substance use disorders. Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.

Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.

Best Practices Across the Intercepts

Cross-systems collaboration and coordination of initiatives. Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.

Routine identification of people with mental and substance use disorders. Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening instruments and follow-up assessments as warranted.

Access to treatment for mental and substance use disorders. Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.

Linkage to benefits to support treatment success, including Medicaid and Social Security. People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension vs. termination and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.

Information-sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness providers. Information-sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

History & Impact of the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

After years of refinement and testing, several versions of the model emerged. The “linear” depiction of the model found in this publication was first conceptualized by Dr. Steadman of PRA in 2004[1] through his leadership of a National Institute of Mental Health-funded Small Business Innovative Research (SBIR) grant awarded to PRA. The linear SIM model was first published by PRA in 2005[2] through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The “filter” and “revolving door” versions of the model were formally introduced in a 2006 article in the peer-reviewed journal Psychiatric Services authored by Drs. Munetz and Griffin[3]. A full history of the development of the SIM can be found in the book The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness[4].

With funding from the National Institute of Mental Health, PRA developed the linear version of the SIM as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system by people with mental and substance use disorders. Through this grant, PRA, working with Dr. Griffin and others, produced an interactive, facilitated workshop based on the linear version of the SIM to assist cities and counties in determining how people with mental and substance use disorders flow from the community into the criminal justice system and eventually return to the community.

During the mapping process, the community stakeholders are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by community stakeholders.

Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act[5], the 114th Congress of the United States of America identified the SIM, specifically the mapping workshop, as a means for promoting community-based strategies to reduce the justice system involvement of people with mental disorders. SAMHSA has supported community-based strategies to improve public health and public safety outcomes for justice-involved people with mental and substance use disorders through SIM Mapping Workshop national solicitations and by providing SIM workshops as technical assistance to its criminal justice and behavioral health grant programs. In addition, the Bureau of Justice Assistance has supported the SIM Mapping Workshop by including it as a priority for the Justice and Mental Health Collaboration Program grants.

With the advent of Intercept 0, the SIM continues to increase its utility as a strategic planning tool for communities who want to address the justice involvement of people with mental and substance use disorders[6].

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1 Steadman, H.J. (2007). NIMH SBIR Adult Cross-Training Curriculum (AXT) Project – Phase II Final Report. Delmar, NY: Policy Research Associates. (Technical report submitted to NIMH on 3/27/07.)

2 National GAINS Center. (2005). Developing a comprehensive state plan for mental health and criminal justice collaboration. Delmar, NY: Author.

3 Munetz, M.R., & 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. DOI: 10.1176/ps.2006.57.4.544

4 Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., & Schubert, C.A. (Eds.). (2015). The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness. New York: Oxford University Press. DOI: 10.1093/med:psych/9780199826759.001.0001

5 21st Century Cures Act, Pub. L. 114-255, Title XIV, Subtitle B, Section 14021, codified as amended at 41 U.S.C. 3797aa, Title I, Section 2991

6 Abreu, D., Parker, T.W., Noether, C.D., Steadman, H.J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35, 380-395. DOI: 10.1002/bsl.2300

SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation

SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation serves as a resource and technical assistance center for policy, planning, and coordination among the mental health, substance use, and criminal justice systems. The GAINS Center’s initiatives focus on the transformation of local and state systems, jail diversion policy, and the documentation and promotion of evidence-based and promising practices in program development. The GAINS Center is funded by the Substance Abuse and Mental Health Services Administration. It is operated by Policy Research Associates, Inc., of Delmar, New York.

SAMHSA’s GAINS Center
Policy Research Associates, Inc.
345 Delaware Ave
Delmar, NY 12054
p. (800) 311-4246
e. gains@prainc.com
https://www.samhsa.gov/gains-center

@samhsagov

/samhsa/