F501 - MENTAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM

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WELCOME & INTRODUCTION

F501 – Mental Health and the Criminal Justice System

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Presenters: Angela Listy, LPC, LMHC

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Objective: Explore integration of SAMHSA's Principles of Community-based Behavioral Health Services for Justice-Involved Individuals with the Sequential Intercept Model (SIM)

AGENDA:

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General Concepts, Terms, and Definitions

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Integration of 8 Principles of SAMHSA & SIM

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Group Breakout

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Integration of 8 Principles of SAMHSA & SIM

Group Breakout

Questions & Answers (if time allows)

FORENSIC MENTAL HEALTH

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Relationship between mental health and criminal behavior.

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Due to limited access to mental health services and appropriate interventions, individuals with untreated or undiagnosed mental health disorders often come into contact with law enforcement.

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2017 Bureau of Justice Statistics report - 44% of state prison inmates and 37% of jail inmates reported having a history of mental health problems.

Having a mental health disorder does not make someone a criminal.

PERSON CENTERED CARE

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Acknowledges that the individual is at the center of their healthcare journey.

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The individual’s values, preferences, and goals should guide the planning and delivery of care.

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Aims to promote a more meaningful and satisfying healthcare experience while improving health outcomes.

TRAUMA INFORMED

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Recognize the prevalence and impact of trauma.

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Provide supportive and understanding environment with consideration for trauma history.

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Provide supportive and understanding environment with consideration for trauma history.

Adopt trauma-informed approach to policies, procedures, and interactions.

Promote safety, trust, and healing.

INTEGRATED CARE

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Coordination of behavioral health services with other healthcare and social services.

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Recognizes that individuals may have complex needs that require a comprehensive approach.

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Recognizes that individuals may have complex needs that require a comprehensive approach.

Individuals receive more holistic and effective care by integrating services across different domains, such as mental health, substance abuse, housing, employment, and healthcare.

RECOVERY-ORIENTED

RECOVERY-ORIENTED

Recognizes that individuals with behavioral health needs have the ability to recover and lead fulfilling lives

DIVERSION

DIVERSION

The process for individuals with mental health and substance use disorders being diverted from the criminal justice system into treatment or alternatives to incarceration.

CONTINUITY OF CARE

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Provide seamless and coordinated services throughout an individual's involvement in the criminal justice system and beyond.

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Importance of maintaining engagement in treatment, providing ongoing support, and facilitating transitions between different settings, such as jails, prisons, and community-based programs.

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Importance of maintaining engagement in treatment, providing ongoing support, and facilitating transitions between different settings, such as jails, prisons, and community-based programs.

Aim to prevent gaps in care and promote sustained recovery.

CULTURAL & LINGUISTIC

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Importance of providing services that are culturally competent and sensitive to diverse backgrounds, languages, and beliefs.

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Aims to eliminate disparities in care and ensure that services are accessible, respectful, and responsive to cultural differences.

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Aims to eliminate disparities in care and ensure that services are accessible, respectful, and responsive to cultural differences.

Ability to communicate more effectively utilizing native language and translation.

PEER SUPPORT

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Utilizing individuals with lived experience of criminal justice system and behavioral health challenges as mentors and allies in the recovery process.

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Recognizes value of peer support in fostering hope, building trust, and promoting positive outcomes.

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Recognizes value of peer support in fostering hope, building trust, and promoting positive outcomes.

Can help justice-involved individuals navigate the challenges they face and provide valuable guidance and understanding.

SAMHSA'S 8 PRINCIPLES

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1. Knowledge

SAMHSA'S 8 PRINCIPLES

1. Knowledge
2. Collaboration

SAMHSA'S 8 PRINCIPLES

1. Knowledge
2. Collaboration
3. Evidence-Based

SAMHSA'S 8 PRINCIPLES

1. Knowledge
2. Collaboration
3. Evidence-Based
4. Criminogenic

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1. Knowledge
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5. Integrated Care

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1. Knowledge
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7. Case Management

SAMHSA'S 8 PRINCIPLES

1. Knowledge
2. Collaboration
3. Evidence-Based
4. Criminogenic
5. Integrated Care
6. Trauma Informed
7. Case Management
8. Disparities

SAMHSA – PRINCIPLE #1

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Community providers are knowledgeable about the criminal justice system. This includes the sequence of events, terminology, and processes of the criminal justice system, as well as the practices of the criminal justice professionals.

SAMHSA – PRINCIPLE #1

Community providers know…

SAMHSA – PRINCIPLE #1

- Points of contact

Community providers know…

SAMHSA – PRINCIPLE #1

Community providers know…

- **Points of contact**
- **Role of the law enforcement officer**

SAMHSA – PRINCIPLE #1

Community providers know…

- **Points of contact**
- **Role of the law enforcement officer**
- **Understanding the criminal justice system can help community providers facilitate continuous and coordinated treatment and services for justice-involved individuals with mental and substance use disorders, including diverting.**

SAMHSA – PRINCIPLE #2

SAMHSA – PRINCIPLE #2

Community providers collaborate with criminal justice professionals to improve public health, public safety, and individual behavioral health outcomes.

SAMHSA – PRINCIPLE #2

Community providers collaborate…

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With criminal justice professionals to:

Community providers collaborate…

SAMHSA – PRINCIPLE #2

Community providers collaborate…

With criminal justice professionals to:

- **Ensure continuity of care and coordination of care to and from incarceration**

SAMHSA – PRINCIPLE #2

Community providers collaborate…

With criminal justice professionals to:

- **Ensure continuity of care and coordination of care to and from incarceration**
- **Ensure sustaining treatment and supports both in correctional settings and in the community**

SAMHSA – PRINCIPLE #3

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Evidence-based and promising programs and practices in behavioral health treatment services are used to provide high quality clinical care for justice-involved individuals.

SAMHSA – PRINCIPLE #3

Evidence-based

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Evidence-based programs and practices for mental and substance use disorders should be used for all individuals

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- **Create adaptations to individuals**

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- **Create adaptations to individuals**
- **Address co-occurring**

SAMHSA – PRINCIPLE #3

Evidence-based

Evidence-based programs and practices for mental and substance use disorders should be used for all individuals

- **Create adaptations to individuals**
- **Address co-occurring**
- **Track outcomes and adjust treatments**

SAMHSA – PRINCIPLE #4

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Community providers understand and address criminogenic risk and need factors as part of a comprehensive treatment plan for justice-involved individuals.

SAMHSA – PRINCIPLE #4

Criminogenic

SAMHSA – PRINCIPLE #4

- Criminogenic risk

Criminogenic

SAMHSA – PRINCIPLE #4

Criminogenic

- Criminogenic risk
- Criminogenic needs

SAMHSA – PRINCIPLE #4

Criminogenic

- Criminogenic risk
- Criminogenic needs
- Criminogenic risk and need factors are malleable and responsive to intervention

SAMHSA – PRINCIPLE #4

Criminogenic

- Criminogenic risk
- Criminogenic needs
- Criminogenic risk and need factors are malleable and responsive to intervention
- Must treat behavioral health, substance use, and criminogenic risk and need factors

SAMHSA – PRINCIPLE #5

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Integrated physical and behavioral health care is part of a comprehensive treatment plan for justice-involved individuals.

SAMHSA – PRINCIPLE #5

Integrated Care

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Integrated Care

- Comprehensive treatment plan encompasses integrated physical and behavioral health care

SAMHSA – PRINCIPLE #5

Integrated Care

- Comprehensive treatment plan encompasses integrated physical and behavioral health care
- Address increased risk for serious and complex chronic health conditions

SAMHSA – PRINCIPLE #5

Integrated Care

- Comprehensive treatment plan encompasses integrated physical and behavioral health care
- Address increased risk for serious and complex chronic health conditions
- Coordination of medical services

SAMHSA – PRINCIPLE #5

Integrated Care

- Comprehensive treatment plan encompasses integrated physical and behavioral health care
- Address increased risk for serious and complex chronic health conditions
- Coordination of medical services
- Includes addressing co-occurring

SAMHSA – PRINCIPLE #6

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Services and workplaces are trauma-informed to support the health and safety of both justice-involved individuals and community providers.

SAMHSA – PRINCIPLE #6

Trauma

Informed

SAMHSA – PRINCIPLE #6

Trauma Informed

- High rates of exposure to traumatic events

SAMHSA – PRINCIPLE #6

Trauma Informed

- High rates of exposure to traumatic events
- Trauma informed care
  - Client
  - Provider

SAMHSA – PRINCIPLE #7

SAMHSA – PRINCIPLE #7

Case management for justice-involved individuals incorporates treatment, social services, and social supports that address prior and current involvement with the criminal justice system and reduce the likelihood of recidivism.

SAMHSA – PRINCIPLE #7

Case Manage-ment

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Case Manage-ment

- Challenges reentering community from jail - housing, employment, health and behavioral health care (medications).

SAMHSA – PRINCIPLE #7

Case Manage-ment

- Challenges reentering community from jail - housing, employment, health and behavioral health care (medications).
- Address social factors by connecting individual to services – offset low quality of life, poor health, and recidivism.

SAMHSA – PRINCIPLE #7

Case Manage-ment

- Challenges reentering community from jail - housing, employment, health and behavioral health care (medications).
- Address social factors by connecting individual to services – offset low quality of life, poor health, and recidivism.
- Issues: Lack of housing, employment and vocational activities, and social support (from peers, family members or both) and untreated substance use disorders

SAMHSA – PRINCIPLE #8

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Community providers recognize and address issues that may contribute to disparities in both behavioral health care and the criminal justice system.

SAMHSA – PRINCIPLE #8

Disparities

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Disparities

- Disparate access and representation in both behavioral health care and criminal justice system

SAMHSA – PRINCIPLE #8

Disparities

- Disparate access and representation in both behavioral health care and criminal justice system
- Recognize and address:
  - Race
  - Ethnicity
  - Gender
  - Sexual Orientation
  - Economic Status

SEQUENTIAL INTERCEPT MODEL (SIM)

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5 STAGES OF INTERCEPT

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5 STAGES OF INTERCEPT

0. Pre-arrest

SEQUENTIAL INTERCEPT MODEL (SIM)

5 STAGES OF INTERCEPT

0. Pre-arrest
1. Law Enforcement

SEQUENTIAL INTERCEPT MODEL (SIM)

5 STAGES OF INTERCEPT

0. Pre-arrest
1. Law Enforcement
2. Initial Detention/ Court Hearings

SEQUENTIAL INTERCEPT MODEL (SIM)

5 STAGES OF INTERCEPT

0. Pre-arrest
1. Law Enforcement
2. Initial Detention/ Court Hearings
3. Reentry

SEQUENTIAL INTERCEPT MODEL (SIM)

5 STAGES OF INTERCEPT

0. Pre-arrest
1. Law Enforcement
2. Initial Detention/ Court Hearings
3. Reentry
4. Community Corrections

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest				

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies				

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement**			

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement			

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement	**Initial Detention/ Court Hearings**		

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement	**Initial Detention/ Court Hearings** Screening, Assessment, Treatment Plan, For Case Management (Diversion)		

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement	**Initial Detention/ Court Hearings** Screening, Assessment, Treatment Plan, For Case Management (Diversion)	**Reentry**	

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement	**Initial Detention/ Court Hearings** Screening, Assessment, Treatment Plan, For Case Management (Diversion)	**Reentry** Transition From Correctional Facilities To Community	

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Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement	**Initial Detention/ Court Hearings** Screening, Assessment, Treatment Plan, For Case Management (Diversion)	**Reentry** Transition From Correctional Facilities To Community	**Community Corrections**

5 STAGES OF SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement	**Initial Detention/ Court Hearings** Screening, Assessment, Treatment Plan, For Case Management (Diversion)	**Reentry** Transition From Correctional Facilities To Community	**Community Corrections** Individuals Under Community Supervision

By identifying these intercept stages, the SIM highlights critical points within the criminal justice system where interventions can be implemented to divert individuals with behavioral health challenges to appropriate services. It promotes a collaborative and coordinated approach among stakeholders, aiming to improve outcomes for individuals, reduce recidivism rates, and enhance public safety.

INTEGRATING PRINCIPLES & SIM

0	1	2	3	4
Pre-arrest Early Intervention & Prevention Strategies	**Law Enforcement** Contact With Law Enforcement	**Initial Detention/ Court Hearings** Screening, Assessment, Treatment Plan, For Case Management (Diversion)	**Reentry** Transition From Correctional Facilities To Community	**Community Corrections** Individuals Under Community Supervision

Knowledge, Collaboration, Evidence-Based, Criminogenic, Integrated Care, Trauma Informed, Case Management, Disparities

Goal: By adhering to these principles, community-based behavioral health services for justice-involved individuals can ensure that care is effective, person-centered, and addresses the specific needs and circumstances of this population. It promotes recovery, reduces recidivism, and supports successful reintegration into the community.

BREAKOUT

BREAKOUT

- **Break into groups**

BREAKOUT

- **Break into groups**
- **Create collaboration team**

BREAKOUT

- **Break into groups**
- **Create collaboration team**
- **Know what each other does**

BREAKOUT

- **Break into groups**
- **Create collaboration team**
- **Know what each other does**
- **Create a plan for scenario**

BREAKOUT

FEEDBACK

QUESTIONS & ANSWERS

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THANK YOU

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RESOURCES

Substance Abuse and Mental Health Services Administration: *Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide*. HHS Publication No. SMA-19-5097. Rockville, MD: Office of Policy, Planning, and Innovation. Substance Abuse and Mental Health Services Administration, 2019.

Substance Abuse and Mental Health Services Administration: *The Sequential Intercept Model (SIM)*.
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RESOURCES

The Bureau of Justice Statistics (BJS) of the U.S. Department of Justice: *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*. Special Report June 2017, NCJ 250612. Jennifer Bronson, Marcus Bertzofsky, and Todd Minton. Washington, DC: Office of Justice Programs, 2017.