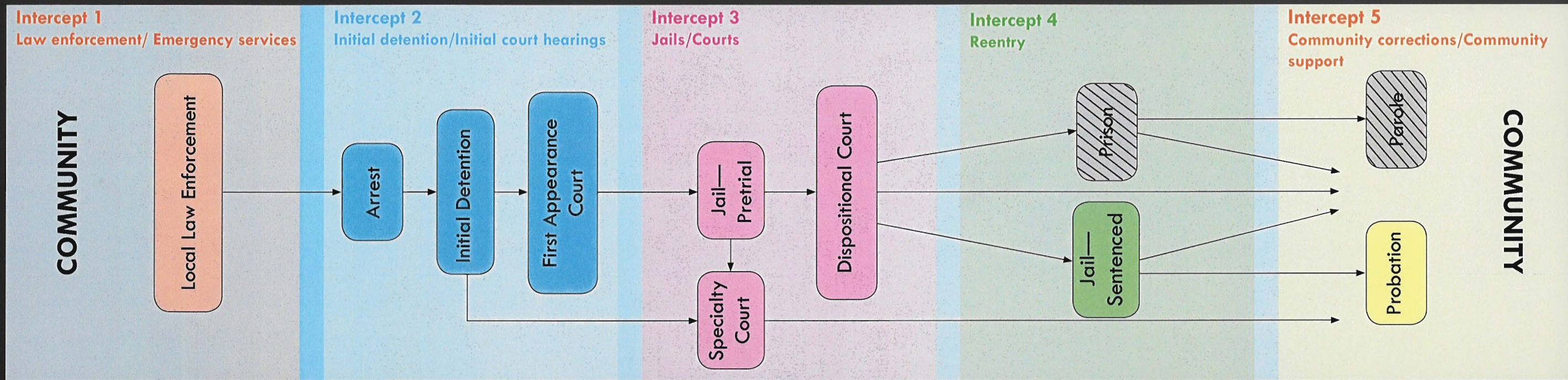


## Actions for State Level Change...

- ⊙ Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- ⊙ Pass legislation encouraging jail diversion programs as done in FL, MI, IN, CT, TX
- ⊙ Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- ⊙ Remove constraints that exclude persons formerly incarcerated from housing or services; make criminal justice clients a priority for housing, as done in MD
- ⊙ Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- ⊙ Create criminal justice priority eligibility group without "net-widening" or limiting services to others; for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- ⊙ Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- ⊙ Legislate task forces/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- ⊙ Utilize the State planning process to integrate mental health, substance abuse, and criminal justice; identify incentives to get stakeholders in each system to the table
- ⊙ Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as cross-trainers



## Action Steps for Service Level Change by Intercept...

- **Request for Police Service:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- **On-Scene Assessment:** Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor
- **Incident Documentation:** Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability
- **Police Response Evaluation:** Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests

Source: Policy Statements 2-6, Consensus Project (2002)

- **Appointment of Counsel:** Provide defense attorneys with earliest possible access to client mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution
- **Prosecutorial Review of Charges:** Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness
- **Pretrial Release & Modification of Pretrial Diversion Conditions:** Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversion

Source: Policy Statements 7-11, Consensus Project (2002)

- **Intake Procedure:** Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals' strengths, risks, and needs upon admission
- **Individualized Programming Plan:** Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community
- **Physical Health Care & Mental Health Care:** Facilitate community-based providers' access to prisons and jails and promote service delivery consistent with community and public health standards
- **Substance Abuse Treatment, Children & Families, Behaviors & Attitudes, Education & Vocational Training:** Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

Source: Policy Statements, 8-16, Re-Entry Policy Council (2004)

- **Subsequent Referral for Mental Health Evaluation:** Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken
- **Development of Transition Plan:** Effect the safe and seamless transition of people with mental illness from prison or jail to the community
- **Transition Planning:** Facilitate collaboration among corrections, community corrections, and community providers and utilize a transition Checklist to identify service needs and provide effective linkage to services
- **Identification & Benefits:** Ensure releasees exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail

Source: Policy Statements 19-21, Consensus Project, (2002); APIC Re-Entry Report, GAINS Center; 18 & 24, Re-Entry Policy Council (2004)

- **Implementation of Supervision Strategy:** Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of releasee, victim, community, and family change
- **Maintaining a Community of Care:** Connect inmates to employment, including supportive employment services, prior to release. Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing
- **Graduated Responses & Modification of Conditions of Supervised Release:** Ensure a range of options for community corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Source: Policy Statements 26-29, Re-Entry Policy Council (2004); 22, Consensus Project (2002)