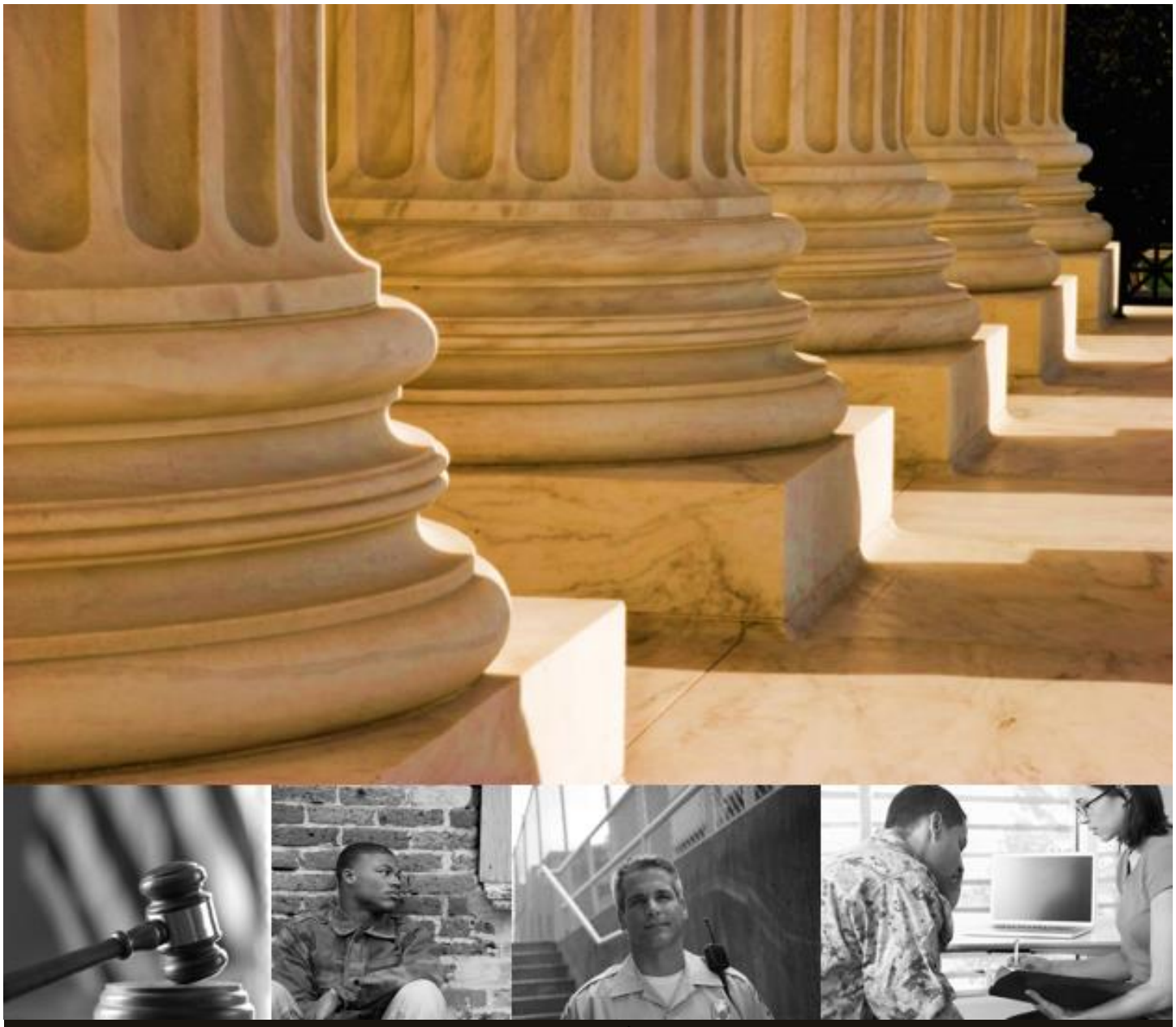

Sequential Intercept Model Mapping Report

MISSOULA COUNTY, MONTANA | MAY 2023

SAMHSA's GAINS Center

Policy Research Associates, Inc.

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Sequential Intercept Model Mapping Report for Missoula County, Montana

Final Report
May 2023

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Deborah Blalock, M. Ed.

ACKNOWLEDGEMENTS

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Special thank you to the planning team for all their time and efforts to bring the event together:

- Jenny Daniel – Justice Initiatives, Missoula County Community Justice Department
- Erin Kautz - Missoula County Grants and Community Programs
- Theresa Williams – Missoula Police Department
- Shannon Sproull – United Way of Missoula County
- Terry Kendrick – Missoula's Strategic Alliance for Improved Behavioral Health
- Mary Parrish – Partnership Health Center
- Leah Fitch – Brody – Missoula City-County Health Department
- Alana McCreery – City of Missoula
- Carol Wolfe—Community Justice Department

A special thank you to County Commissioner Juanita Vero for offering opening remarks on May 23rd, 2023.

RECOMMENDED CITATION

Policy Research Associates. (2023). *Sequential intercept model mapping report for Missoula County, MT.* Troy, NY: Policy Research Associates, Inc.

RESEARCH AND INTERACTIVITY

Civic Mapping
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San Diego CA 92112
CivicMapping.com

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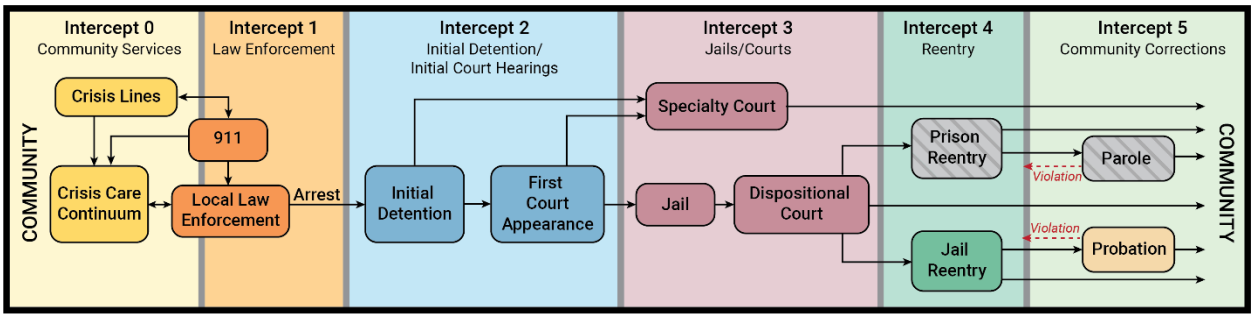
BACKGROUND

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 opportunities, 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 abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Mapping model uses cross-system conversations to illustrate how people with behavioral health needs encounter and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linking services and to divert and prevent further penetration into the criminal justice system.

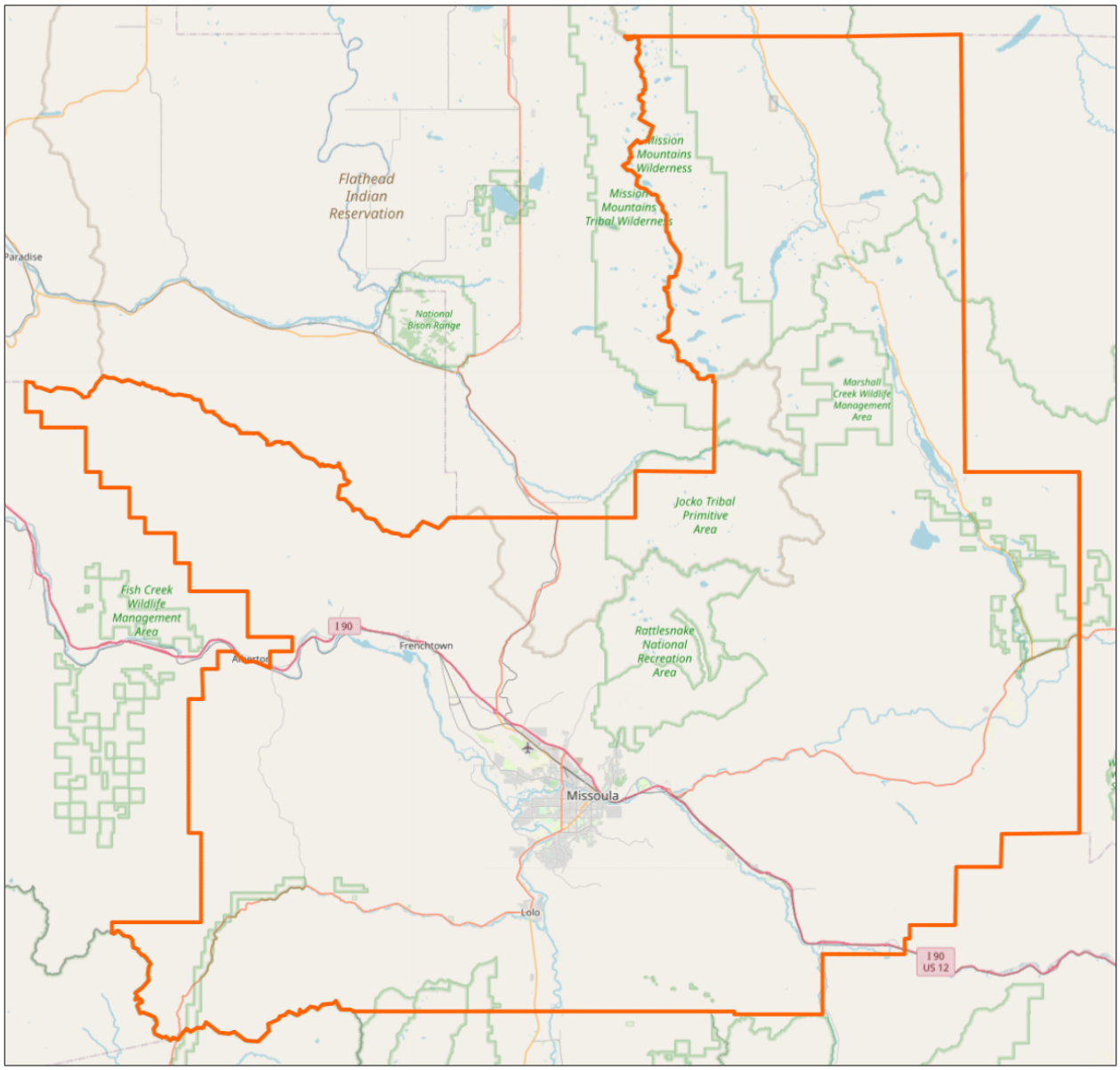


The Sequential Intercept Mapping workshop has three primary objectives:

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, opportunities, and opportunities 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.

MISSOULA COUNTY, MONTANA SNAPSHOT



Source: OpenStreetMaps.org – Missoula County, MT

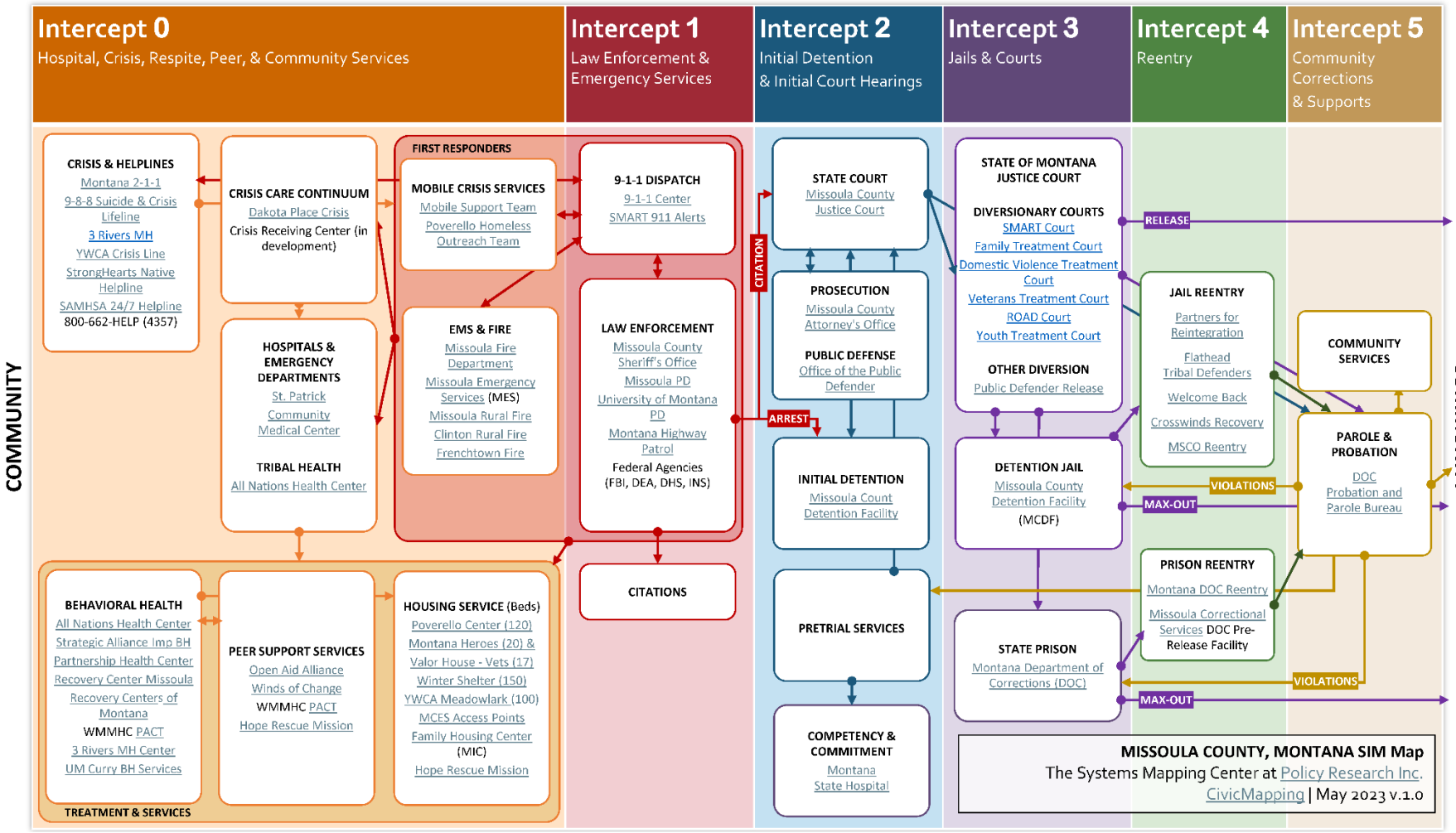
MISSOULA COUNTY POPULATION AND LAW ENFORCEMENT

Name	Population	Law Enforcement Agencies
Missoula	73,489	Missoula Police Department
All other county population	44,433	Missoula County Sheriff's Office
Total Population	117,922	University of Montana Police Department

Source: US CENSUS, Wikipedia

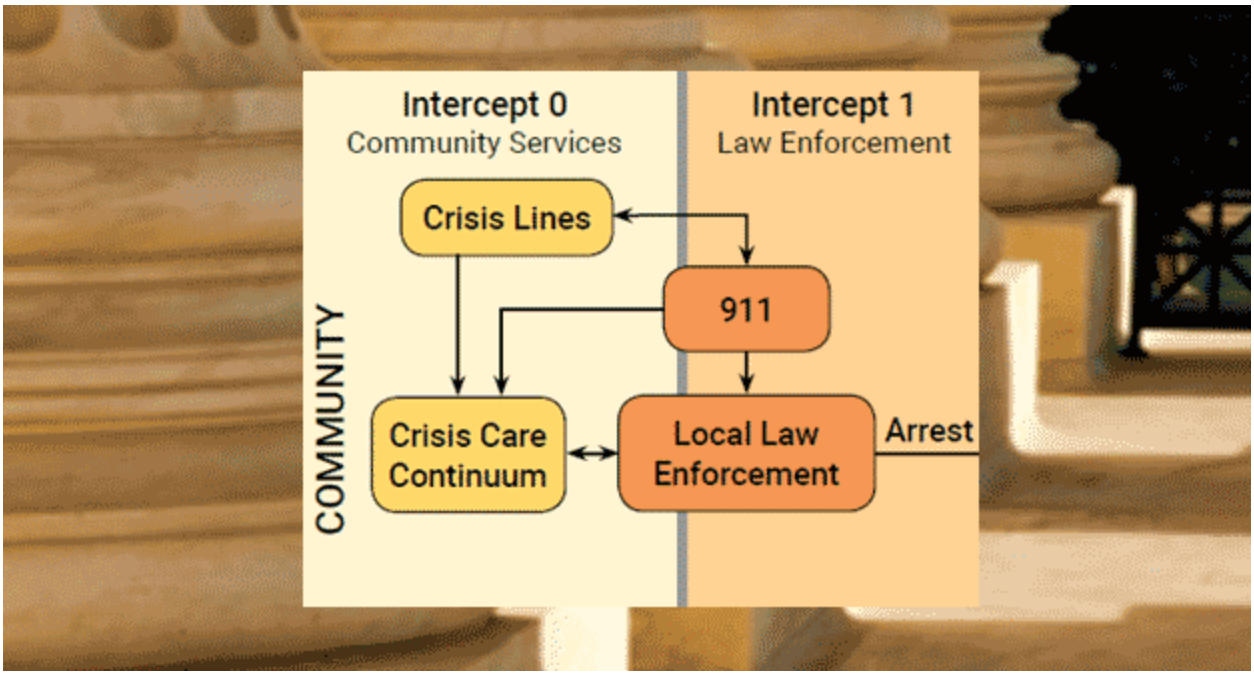
SEQUENTIAL INTERCEPT MODEL MAP FOR MISSOULA COUNTY, MT

(Placeholder – Final will be interactive)



RESOURCES, GAPS AND OPPORTUNITIES AT EACH INTERCEPT

The centerpiece of the workshop are the cross-agency conversations, identification of resources and gaps, and opportunities 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 areas of work. Moreover, this catalog can be used by planners to establish greater opportunities 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.



INTERCEPT 0: COMMUNITY SERVICES
INTERCEPT 1: LAW ENFORCEMENT

RESOURCES

Crisis Call Lines

Crisis Line Resource	Contact Numbers and Links
9-8-8 Suicide & Crisis Lifeline	**Call**: 9-8-8 **Text**: MT to 741-741 **Visit**: Web **Chat**: Online (national)
The Montana 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline emergency crisis operators are reachable by dialing 9-8-8. 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.	
Montana 2-1-1	**Call**: 2-1-1 **Visit**: Web
2-1-1 is a 24/7 help-line service anyone can call for referrals to needed programs, providers, community resources and services.	
Missoula 9-1-1 Center	**Call**: 9-1-1 **Visit**: Web
Emergency 24/7 call center responsible for dispatching law enforcement and emergency medical services (EMS). Non-emergency phone numbers include: (406) 258-3452 or, (406) 728-0911.	

YWCA Domestic Violence (DV) Line	**Call**: 800-483-7858 or 406-542-1944 **Visit**: Web
Connect with a local domestic or sexual violence advocate for supportive and confidential services.	
Trevor Project	**Call**: 866-488-7386 Visit: Web
24/7 Crisis phone and chat for LGBTQ&I young people.	
Crisis Text Line	**Text:** home to 741741 **Chat**: Chat **Visit**: Web
Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. View metrics from nearly 5.7 million crisis conversations since 8/2013 and learn more about who, what, and when people connect for help.	
SAMHSA's National Helpline	**Call**: 800-662-HELP (4357) **Visit**: Web
Also known as the Treatment Referral Routing Service (TRRS), this National Helpline is a confidential, 24/7 information service, in English and Spanish, for individuals and family members facing mental, substance use, or co-occurring disorders. Provides referrals to local treatment facilities, support groups, and community-based organizations.	
Veteran's Crisis Text Line	**Call**: 800-273-ITALK (8255) **Text**: 838255 **Visit**: Web
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.)

9-8-8 and 9-1-1 Dispatch

- A monthly meeting is held by the 9-1-1 and 9-8-8 leadership.
- A report, The Planning and Development of Montana's Crisis System is an assessment of Montana's crisis services and programs.
- 9-8-8 services are provided through the Western Montana Mental Health Center (WMMHC), who are the local Montana 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline call center operators.
    - The WMMHC call center also serves Flathead, Lake, Lincoln, Mineral, Ravalli, and Sanders counties.
    - Montana 9-8-8 is part of the National Suicide Prevention Lifeline network.
- The Montana 9-8-8 in-state call answer rate is above 90%. 9-8-8 posters were brought to the meeting on the second day of the workshop and distributed to participants.

Healthcare

- Missoula County, MT has two hospitals serving the community including:

Hospital Name	Location
Providence St. Patrick Hospital (PSPH)	Missoula, MT
Community Medical Center (CMC)	Missoula, MT

  - All Nations Health Center (ANHC), a Federally Qualified Health Center (FQHC), provides healthcare to Indigenous and non-Indigenous patients. They serve everyone, including Medicaid patients.
  - ANHC uses Community Health Workers (CHW) as part of their outreach efforts.
  - ANHC screens people with the PHQ9 Patient Depression Questionnaire to quickly identify issues.
- Mountain Home Montana is a Mental Health Center providing therapy, case management, and supportive employment services for pregnant and parenting women of all ages as well as their children.
- Partnership Health Center (PHC) is a Federally Qualified Health Center that provides primary care and behavioral healthcare to over 16,000 patients a year.
  - PHC, ANHC, and Missoula Public Health are partners in the Community Health Worker grant funded program.
  - PHC was chosen by MT DPHHS as a provider to pursue the CCBHC model.
  - PHC has a Community Care Team that provides healthcare out in the community including peer support services.
- Western Montana Mental Health Center (WMMHC) is working toward implementation of a Certified Community Behavioral Health Clinic (CCBHC) model.

> A Certified Community Behavioral Health Clinic (CCBHC) model is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth.
> SAMHSA

  - Although the Montana State Legislature did not approve utilizing the CCBHC model, the state is moving forward.
  - The WMMHC has several facilities including:
    - Share House Missoula
    - WMMHC Dakota Place Crisis Facility
    - WMMHC Missoula Adult Mental Health Services
    - WMMHC Recovery Center Missoula
  - WMMHC also provides Program of Assertive Community Treatment Services (PACT) services. The number of people served was not available at the workshop.
- Payment for services is transacted through a Prospective Payment System (PPS), where payments are made based on a prearranged fixed amount and not Fee-For Service (FFS) rates.

- There are plans to hire a 'Care Traffic Controller' that oversees the systemwide care network, providing a pending grant being awarded.
- The VA serves Native Americans who are veterans with a Tribal Telehealth service. Connections can be made by calling (406) 442-6410 (and press 4).

Coalitions, Committees, and Task Forces

- The community is invested through work being done by several task force, stakeholder and committee meetings including:
    - Criminal Justice Coordinating Council (CJCC)
    - Behavioral Health Alliance Montana (BHAM)
    - Substance Use Disorder Connect (SUDC), and 3 sub-committees: Peer Support, Harm Reduction, Recovery Residences, and , led by the Missoula United Way, consists of a coalition of organizations working together to combat substance use disorders and challenges.
    - Perinatal Substance Use Network (PSUN)
    - Crisis Intervention Team – including 3sub-committees: Data, Training, Policies/Protocols. As well as a First Responder Behavioral Health Crisis Council, Leadership Roundtable and Stakeholder Coordination Team.
    - Partners for Reintegration (PFR) – reduces barriers and increases support for returning citizens from jail or prison.
    - Strategic Alliance for Improved Behavioral Health –an on-going coalition currently working on establishing Crisis receiving center with additional ad hoc committees as needed.
        - Strategic Alliance for Improved Behavioral Health - Peer Committee
    - Healthy Missoula Youth Coalition (HMYC) (formerly the Missoula Underage Substance Abuse Prevention Coalition (MUSAPC))
    - Missoula Prescription Drug (Rx) Task Force (MPDTF)
    - Just Response – Reduce barriers and work together to support victims of domestic and sexual violence.
    - Missoula Human Trafficking Task Force (MHTTF) – Coordinate efforts around trafficking to recognize and interrupt, educate, and inform the public, and support survivors of trafficking.
    - Community Reentry Task Force (CRTF) (see: Missoula County Pretrial, Diversion and Reentry Programs)
    - At Risk Housing Coalition (ARHC)
    - Missoula Coordinated Entry System (MCES)

Law Enforcement and First Responders

- Law enforcement will continue deflecting mental health-related calls to the Mobile Support Team (MST) when possible.
- The MST is a partnership between PHC and the City of Missoula Fire Department. PHC staffs the MST behavioral health clinicians and City Fire staffs the MST EMTs.

Crisis Intervention Team (CIT)

- Montana adopted the Crisis Intervention Team Model in 2007 and Missoula first implemented CIT in 2015. Missoula's CIT program has continually evolved in alignment with the CIT Best Practices framework and now includes components of all CIT Core Elements including Ongoing,

Operational, and Sustaining Elements. The current CIT program consists of partnerships, community ownership, advocacy, care coordination, policies and procedures, evaluation, training, and workforce development. Missoula CIT has a dedicated Program Manager, Evaluation Analyst, and Workforce Development Coordinator.

- There is a dedicated CIT Leadership Roundtable meeting.
  - Contact williamst@ci.missoula.mt.us for information.
- There is also a CIT Stakeholder Coordination Team.
- The First-Responder Behavioral Health Crisis Services Council, meets on a monthly basis.
- The CIT program, in partnership with ANHC, applied for a Department of Justice (DOJ) Connect and Protect grant to implement CIT across Missoula more formally through critical time intervention training and implementation, and additional staff and resource capacity.

> CIT Stakeholder Coordination Team | Mission
>
> To improve communication and build trust among participating agencies, prevent duplication of services, coordinate information sharing for the benefits of the patients or clients being served, and ultimately help to address the gaps in Missoula County's crisis care continuum to achieve the goals of the CIT Program.

- In addition to the 40-hour CIT Basic Academy, the CIT Program is also coordinating Mental Health First Aid trainings for Public Safety, Fire/EMS and members of the community. They also provide a 2-hour Navigating Crises in the Workplace training program for local businesses and non-profits. There are 17 trainings planned for 2023, many of which have taken place.
  - The 40-hour CIT Basic Academy curriculum includes how responders address people experiencing Acquired Brain Injury (ABI) and Intellectual and developmental disabilities (IDDs) conditions.
- Having several Native American people trained as CIT officers has been important.

Strategic Alliance

- The Strategic Alliance for Improved Behavioral Health has been using the Crisis Now model for the past four years to help inform several crisis response strategies including, the Crisis Receiving Center This model is based on four elements described by Crisis Now including:
  - High-Tech Crisis Call Centers: These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.
  - 24/7 Mobile Crisis: Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.
  - Crisis Stabilization Programs: These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.
  - Essential Principles and Practices: These practices include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

Peer Support

- Montana's Peer Network (MPN) provides peers training on mental health Advanced Psychiatric Directives (APDs) processes.
- Montana Substance Use Disorder CONNECT (MSUDC) is seeking funding to develop more Peer Support Specialists (PSS). The MSUDC Peer Committee supports development of Peer Support Specialists (PSS) and more organizations to employ them.
    - There are currently one-hundred-ninety (190) students enrolled in the Community Health Workers Training Program through the University of Montana's Health Center for Children, Families, and Workforce Development (CCFWD).
    - Stipends are available for the training.
- WMMHC is forming a Peer Advisory Council (PAC) to guide them as they integrate more peers into their organization and programs.
- Partnership Health Center (PHC) has Community Health Workers, Tenancy Support Specialists, an RN and a Peer Support Specialist who all do outreach and who will be providing supportive services to newly housed residents at Blue Heron Place. Licensed clinicians are in supervisor roles and can co-sign on non-licensed notes when appropriate.
- PHC has a peer support specialist as part of its Community Care Team
- All Nations has Community Health Workers (CHW).
- Mountain Home Montana is a Mental Health Center uses Peer Support Workers and clients can receive peer support services.

> A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
> American Public Health Association (APHA)

Montana Ombudsman Services

- There are three Ombudsman positions in the state Child & Family Ombudsman, Long Term Care Ombudsman, and the Mental Health Ombudsman (MHO).
- Quick Wins that were identified during the discussion:
    - Stephanie with JG Research and Evaluation indicated they are willing to work with the Office of the Ombudsman to assist with data collection and analysis.
    - Mary will work with Dennis to help him connect with Missoula County resources.
    - Terry will get the list of mental health providers to Dennis to improve coordination.
    - Health Dept. through University of Montana Public Health may have some data analysis resources to contribute.

Crisis Services

- The Missoula Mobile Support Team (MST) is a partnership between the Missoula Fire Department (MFD) and the Partnership Health Center (PHC). The MST co-responds to calls with law enforcement in instances involving a person experiencing a mental health crisis. The MST:
    - Operates between the hours of 10 a.m. and 8 p.m.

    - Coordinates responses with CIT Officers.
    - Includes a case facilitator.
    - Can respond to wellness-check or other behavioral health-related calls independently, without law enforcement.
    - Can transport people to service-provider destinations.
- A Crisis Receiving Center will be open in late fall 2023. It is a project of the Strategic Alliance. The center will be open 24-hours a day, 365 days a year. It is a voluntary site for people experiencing a behavioral health crisis. The Center will include a room for cultural smudging, Native American artwork projects and programming to address the need for cultural inclusion.

Treatment and Recovery

- The Missoula online Treatment Centers Directory shows 19 substance use disorder treatment centers, facilities, and doctors.
- Winds of Change offers treatment and case management services.
- The St. Patrick Hospital Emergency Department (ED) will prescribe a medication-assisted treatment (MAT) protocol.
- Missoula Public Health website has information about MPH Substance Use Disorder Prevention (SUDP).

Community Services Resource Lists

- The Missoula Coordinated Entry System (MCES) maintains a resource list.
- NAMI maintains a You Are Not Alone community Quick List (September 2022) with phone numbers for area behavioral health resources, and a Family Guide to Mental Health Services (March 2022) complete with information and resources focused on mental health. The statewide NAMI Montana Resource Guide includes a local Missoula Resource Guide section.
- NAMI also provide more resources including Navigating a Mental Health Crisis, LGBTQIA Mental Health, and Indigenous-Tribal-Native resources.
    - NAMI operates a benevolent fund to help people diagnosed with mental health disorders access medication and other emergency supports. Case managers, mental health professionals, social workers, and other service providers can apply on their client's behalf.
    - When donated funds are available, the CIT Program has provided incentives to people not currently experiencing a mental health crisis to complete a Mental Health Advance Directive (MHAD). NAMI is the fiscal sponsor for the CIT Program.

Homelessness and Housing

- Homeless coordination and coordinators seem well known and connected across stakeholder groups.
- The Montana Statewide Homeless Management Information System (HMIS) is accessed by a coalition of providers, including several in Missoula County including:
    - The City of Missoula including the MST and CIT Staff from the Fire and Police Departments.
    - Missoula Housing Authority (MHA)
    - Missoula County Community Justice Department Court Support Services division
    - Montana Department of Public Health and Human Services (HHS)
    - Montana VA Healthcare Systems (VA)

    - Open Aid Alliance (OAA)
    - The Poverello Center (PC)
    - Western Montana Mental Health Center (WMMHC) / PATH
- Missoula County reported three-hundred-sixty-three (363) people experiencing houselessness in its most recent federal Housing and Urban Development (HUD) Point-in-Time (PIT) count.
- There will be 30 additional site-based Permanent Supportive Housing (PSH) units in Missoula County and 202 apartments. Trinity is opening in September 2023. Services are provided by Partnership Health Center and the Poverello Center, Missoula's homeless shelter.
- For coordinated entry to housing, Montana uses the Matching to Appropriate Placement (MAP) assessment, in place of the traditional Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- Mountain Home Montana supports houseless pregnant and parenting mothers ages 16-23

> Coordinated Entry Systems use standardized assessment tools and prioritization policies to direct people to the resources which are most appropriate for them. They prioritize the needs of the most vulnerable members of the community and reduce the burdens of navigating social services in times of crises. They also gather data that is crucial for determining how best to allocate resources and identifying any gaps that may exist in the services that are offered.
> Homeless in Missoula? Increasing Awareness of Missoula's Coordinated Entry System (8/20)

Shelter

There are several shelters available offering varying services to a limited number of homeless people including:

- The Poverello Center - is a 130-bed shelter for anyone 18 years of age and older. They are working on growing capacity to 50 beds. Other elements include:
    - 20 beds are contracted for use by the Veterans Administration (VA).
    - Two transitional housing projects for veterans who may stay up to 2 years.
        - Housing Montana Heroes - serving up to 20 veterans.
        - The Valor House - longer-term supportive housing for 17 veterans.
    - A Medical Respite - a longer-term stay for people recovering from a medical illness; a Homeless Outreach program, and a Food program for anyone to utilize.
    - The ability to expand during the winter months adding a 150-bed warming shelter.
- Temporary Safe Outdoor Space (TSOS) is a partnership between Missoula County, HOPE Rescue Mission and United Way of Missoula County typically serving between 35 to 40 people.
    - The TSOS is a 30 hard-sided shelter facility of 30 one-hundred square foot units manufactured by Pallet Shelter.
- The Johnson Street Shelter was originally operated as a seasonal shelter, and plans are in development to redevelop the location as a year-round shelter.
- The Missoula YWCA has several housing programs including:
    - Missoula Family Housing Center (FHC) is an emergency shelter for up to 31 victims of domestic violence and homeless families. The project is a collaboration between the YWCA Missoula and the Missoula Interfaith Collaborative (MIC) Family Promise.
        - The program has heavy volunteer engagement. Volunteers spend the night, play, and share their experiences and support with participants.

        - There are no existing restrictions on people who are on psychotropic medications being housed in area shelters.
        - The YWCA and all other area shelters can connect and update records in the HMIS system.
        - YWCA has a fluid and solid relationship with St. Patrick Hospital and the Poverello Center.
- Missoula Salvation Army Corps offers shelter and other supportive services.

Transitional Housing

- Blue Heron Place at Trinity or, Trinity Apartments, includes 30 Permanent Supportive Housing (PSH) units for the most vulnerable and 202 workforce housing units. The goal is to be able to offer supportive wrap-around services at the Trinity's Navigation Center or other location.
- The YWCA has several transitional housing programs including:
    - A walk-in domestic violence shelter at the Meadowlark
    - A Rapid Re-housing program that helps families move into housing as quickly as possible. The program will fund security deposits and rental subsidies for up to two years.
    - Family Promise a collaboration between YWCA and MIC. Clients are families who are about to lose housing or have already. They may elect to walk-in and receive supportive services.
    - The Transitional Housing program helps families surviving domestic violence for up to an 18-month period. Program participants live in two-bedroom apartments and receive a range of support services.
- Uptown Apartments – located in a renovated motel transformed into 14 single-unit apartments by the Missoula Housing Authority (MHA).
- Mountain Home Missoula has 6 transitional housing beds and is typically always at capacity. Additionally, they have 5 independent living apartments. They recently purchased a second 35 bed facility to expand capacity. Both properties will provide support for people on medication-assisted treatment (MAT) protocols.
- Missoula Human Resources Transitional Living Program helps people in the process of transitioning into permanent housing.
- Cornerstone Apartments offers 12 permanent supportive housing units.
- The Housing Opportunities for People With AIDS (HOPWA) Program is an Open Aid Alliance (OAA) transitional housing option for people experiencing HIV/AIDS.
    - HOPWA also has additional capacity and will collaborate and embed in other agencies.
- HUD Housing Assistance
    - Homeword, Inc. Missoula offers one-on-one counseling to homebuyers, as well as educational opportunities and resources, to homebuyers in Missoula County.
- Housing Authority
    - Missoula Housing Authority Missoula.

<u>Collection and Sharing of Data</u>

- Data analysis resources are available through:
    - JG Research and Evaluation is working on cross-system data collection, analysis, and population health identification.
    - JG Research and Evaluation (JGRE), expressed an interest in creating dashboards that report and visualize outcomes. JGRE also indicated they are willing to work with the

Mental Health Ombudsman (MHO) to ensure data analysis quality. The strategic alliance for improved behavioral health is working with JG research to evaluate the continuum of crises mental health care in Missoula using local and Medicaid data.
    - University of Montana Health and Medicine (UMHM), expressed interest in using interns to help data collection initiatives.
    - The Missoula County Community Justice Department and the CIT program have Data Analyst positions that work together and improving data collection across the system.
- Databases that could be used more often include those from: HMIS, Missoula Aging Services, area hospitals, and jail healthcare services.
    - Aging Services has a database and are willing to share data.
- The use of a STOPLIGHT tool which helps clients monitor and manage their chronic conditions using a green, yellow, and red reference to identify symptoms could be shared.
- Missoula County grant writing resources are aware of, and work closely with, treatment and criminal legal system stakeholders.
- Partnership Health Center, All Nations Health Center, St. Patrick Hospital and Community Medical Center use Collective Medical data platform to share information.

GAPS AND OPPORTUNITES

Crisis Call Lines

- Many attendees expressed concerns about the 9-8-8 system to include:
    - Educating the public about the 9-8-8 Crisis Line has not been sufficient.
    - Some providers at the workshop acknowledged they hadn't heard about 9-8-8 until the workshop today.
    - Representatives from the 9-8-8 call center were not represented in the SIM workshop.
    - Most callers are still contacting 9-1-1 first, even though the call would be more appropriate for 9-8-8.
    - 988/Lifeline offers three options:
        1. Connect with 988 local center.
        2. Connect with Veteran's Crisis Line.
        3. Connect with the Trevor project (Trevor project is currently in 'pilot' phase).

Peer Support

- A Program of Assertive Community Treatment (PACT) service is available and includes Peer Support Specialist role.
- There is a need to establish a Certified Peer Support Specialist (CPPS) program and embed CPPS services across the intercepts.
- There are two local agencies who work with Peer Support Specialists (PSS). One is focused on deploying 'certified' peers, while the other on non-certified peers. To outsiders it may be confusing as to the differences between the two programs.

Substance Use Disorder and Crisis Services

- There is a lack of substance-use withdrawal options across the County. There is not a social model (non-medical) detoxification center, or a sobering center for people experiencing being under the influence of alcohol, or a non-medical social detoxification center for people

experiencing a drug related substance use disorder (SUD). Medical detoxification is limited to the hospital setting.
    - The Crisis Receiving Center will offer social detox for people experiencing an acute behavioral health crisis.
- Montana does not yet have a commitment law to address people experiencing a substance use disorder (SUD).
- Open Aid Alliance has capacity to do Chemical Dependency Evaluation (CDE) intakes.
- Western Montana Mental Health Center (WMMHC) was not in attendance at the meeting. It is the largest and broadest behavioral health provider in Montana.
        - Leadership changes are taking place, but the nature of the changes has not been clearly messaged to the other community-based providers. SIM participants expressed gratitude to learn about the changes and frustration that the information has not been transparent and available.
        - Recovery Center Missoula (RCM) level of care is being reduced from 3.5 to 3.1.
        - Several staff have been laid off across WMMHC.
        - University of Montana Health and Medicine (UMHM) relies on referrals from WWMHC and has not been receiving any recently. It, among others, has been impacted by the current WMMHC status including children services and those relying on care for developmental disabilities.
    - Prior to Friday, May 19th, RCM (have been 3.5 American Society of Addiction Medicine (ASAM) level -residential) included 151 licensed beds, only 115 in use due to staffing. Not counting beds in their facility in the City of Clinton.
        - The RCM facility in the Columbia Falls community, has 116 beds for males, but with staffing, only 80 are in use. There is a 1 to 2 week wait.
        - A facility in the Clinton community recently opened with 55 beds for adult males. Number and status of the facility was unknown.
        - The facility in the Hungry Horse community, female, 35 beds, all are occupied.
        - Addiction Recovery Center - Recovery Centers of Montana is a community residential treatment center with a licensed capacity of 35 beds.
        - Currently, only 2 crisis houses are remaining.
    - The Crisis Receiving Center on the WMMHC campus (CRC) will move forward and be open 24-hours a day, 365 days a year. People can stay at the CRC for up to 23 hours and 59 minutes.

Civil Mental Health Holds

- Individuals on an involuntary mental health hold are not stabilized or solidly connected to services before being discharged from hospitals emergency departments (EDs).
- Need for increased interventions and coordination while in the ED, and upon discharge, from the ED to community.
- Winds of Change is equipped and ready to provide evaluations; however, it is not being utilized.
- It is difficult to get individuals into the state hospital for an involuntary hold.
    - Currently law enforcement provides transportation to the state hospital which is an hour away.
        - Facilitator Debbie Blalock will provide an RFP on alternative transport services used in Charleston, South Carolina called the Therapeutic Transportation Unit (TTU). A TTU is available in 10 South Carolina counties, and twenty (20) additional TTUs will be available this fiscal year. The TTU is a South Carolina-

contracted non-law-enforcement provider that transports people under commitment papers from an emergency department to a local hospital for treatment.
        - The Jail administration has identified what it costs the department to transport people to the state hospital.
- There is a lack of timely forensic evaluation services for people potentially facing competency hearings.

Residential Crisis and Treatment Beds

- There is no real time open-bed service to help providers identify where they can place people in need of shelter or accommodations.
- Community hospital beds for acute mental health needs have been reduced. Individuals with acute needs may stay in a hospital setting waiting for other state or local care to become available.
- Although some interoperability was identified at the workshop, there is not yet a unified Electronic Health Record (EHR) system.
- Resources for withdrawal management are extremely limited. In particular, the need for a LEVEL 4.0 Withdrawal Management Center was identified.
- No Probation- or Parole-contracted beds are available for withdrawal management services.
- People presenting with Intellectual and Developmental Disabilities (IDD) are a significant challenge for discharge.

<u>Community Services</u>

Homelessness and Housing

- Many shelters have high barrier entry and participation requirements.
    - Lack of Activities of Daily Living (ADLs) management services is also a barrier.
- There is a need for transitional and permanent supportive housing, especially to meet the justice involved population and those transitioning from institutions back into the community.
- People seeking a bed at the WMMHC Dakota Place Crisis Facility (DPCF) must first receive a medical clearance, which is typically obtained from a local hospital emergency department (ED).

Culturally Appropriate Services

- There is a need for culturally appropriate programming to help providers address the issue of people having a historical mistrust of services.

Workforce

- There are workforce shortages across agencies and systems.
    - The lack of adequate workforce levels results in larger caseloads, longer waitlists, and available resources, such as beds, unusable.
- Through the Wellness and Resource Access Program (WRAP), University of Montana graduate students provide some in-reach services into the jail but are not available during the summer school break.
    - There is a need for a full-time supervisor to manage the students in the WRAP.
- The community 'ambassadors' program serving people in the downtown Missoula area ended when COVID caused major shutdowns.

Familiar Faces

- Cross-system coordination is lacking to identify, share information, analyze data, and coordinate services for people who fit in the Familiar Faces (FF) program. Having and using that data would improve efficiencies and effectiveness in understanding specific population needs.
    - FF focuses on individuals who have frequent contact with the criminal legal system.
    - The number who would be deemed a 'familiar face' is unknown due to lack of coordination and data analysis.
    - There are complex case conversations; however, there are a lack of coordination and standards to identify which people the team should focus on serving.
    - There is a need to conduct cross-system analysis of municipal and misdemeanor defendants who are engaged by the Frequent Users Systems Engagement (FUSE) program, hospital emergency departments, the Ombudsman, the MCDF, All Nations Health, CIT and other organizations.
        - It was reported that 150 people in the MCDF have had over 20 criminal cases filed against them over the past 2 years.
    - Many agencies are providing Transition Support Services (TSS) to individuals who, through data analysis, would indicate as Familiar Faces; however, the TSS lacks the data on the duration, frequency, intensity, and cross-system coordination needed to address the person's complex needs across systems.
        - The CIT Program offers complex case meetings for planning, coordination, and/or review as appropriate and/or asked for by professionals, organizations, and/or clients.
        - The Office of the Public Defender is not included in the complex case review process, nor does it receive information on this population prior to court hearings.

Community Resources

- The NAMI You Are Not Alone (2022) family guide provided on their website is available but, is limited to mental health resources and providers. See also: Mental Health Conditions, Treatment Options, Missoula County Resource Guide, and Montana County Resource Guide.

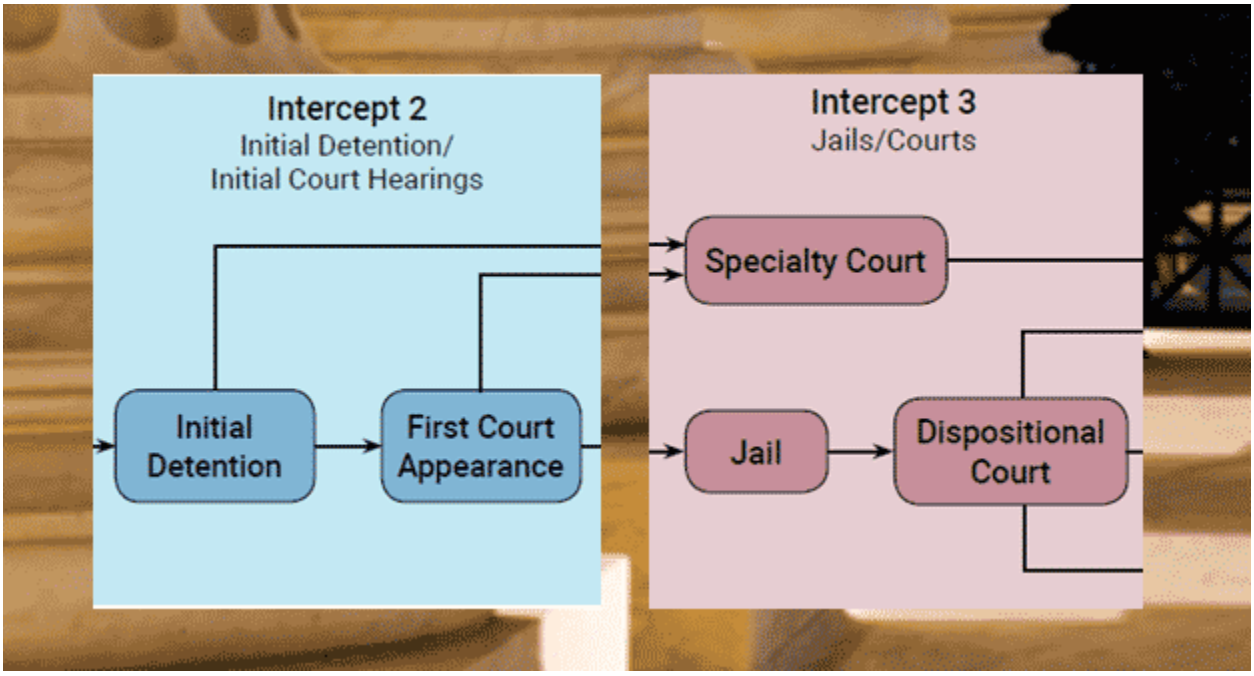
Collection and Sharing of Data to Promote Coordination

- Cross-system coordination is lacking to identify, share information, and coordinate services for the Familiar Faces program.
- There is no universal Release of Information (ROI) policy or practice in place.
- Participants were generally unaware of the federal block grant allocation process and decision making.
- There did not appear to be widespread knowledge or utilization of the Missoula CONNECT Referral system which connects Montana's service providers.
- Workshop participants identified the need for a standardized mental health referral form that would be adopted and accepted by all providers.
- There is a need to lessen duplication of effort when making referrals distributed to multiple agencies.

Ombudsman

- Only 1.5 FTE mental health ombudsman to cover the whole state.
- The top 3 complaints received by Ombudsman include access to services, availability to care, and inadequate jail services.

- When complaints are received, there are no mechanisms to capture the complainant's issues relating to race, ethnicity, or gender issues.
- Workshop participants expressed an interest in reviewing and analyzing state Ombudsman data for complaints relating to mental health services. However, data related to the number and nature of complaints made is not aggregated and made available.



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

RESOURCES

Booking and Jail Services

- People being booked into the Missoula County Detention Facility (MCDF) are initially screened using the Brief Jail Mental Health Screen (BJMHS) tool.
- Wellpath is the current contracted medical provider for the MCDF.
    - Initial health screening is within the first 24-hours of arrival in the facility.
    - Wellpath administers a more intensive mental health assessment but not for a maximum of two weeks later unless acuity issues necessitate quicker assessment or action.
    - Wellpath also inquires about a person's housing needs during intake screening.
- As the contracted MCDF medical provider, Wellpath:
    - Has a psychiatrist working in the MCDF for up to 16 hours each week.
    - There are five clinicians and one social worker who provides the mental health and substance use disorder clinical interventions across the detained population.

        - Receives about 20 referrals daily.
        - Provides both individual and group therapy.
    - Utilizes and maintains access to water infused with electrolytes to help with dehydration during withdrawal.
- People treated by the MCDF Wellpath doctor are released from the MCDF with a medical voucher for medications.

Pre-trial

- The Public Safety Assessment (PSA) is used for pretrial risk assessment for all people in custody who are not on felony probation with the municipal court.
- Pretrial Assistance to Support Success (PASS) Program is administered by the Missoula County Sheriff's Office in coordination with the Missoula Municipal Court.
    - The Montana courts use a wide range of release conditions to ensure people make their hearings, including substance use testing and electronic monitoring.
    - The cost for participating in the pre-trail program is $50. per month.
        - If a potential participant is unable to pay, they can apply for a fee waiver.
        - At the time of the workshop, there were 350 people in the pretrial supervision program.

Treatment Courts

- There are 7 treatment "diversion courts" within the Missoula County Courthouse including:
    - The SMART Court is a post-plea, recovery-based, Co-Occurring Treatment Court focusing on people experiencing mental health and SUD issues. SMART stands for Strategies in Maintaining Addiction Recovery and Treatment.
        - At the time of the workshop, 14 people were participating in SMART Court.
    - The Veterans Treatment Court focusing on veterans with substance-use disorder issues.
    - The Family Treatment Court focuses on people experiencing substance-use disorder (SUD)
    - The Domestic Violence Treatment Court focusing on addressing people on both sides of domestic violence cases.
        - Stakeholders are receiving specialized training and will be utilizing a DV curriculum.
    - The ROAD Court (Responsibility, Opportunities and Accountability for Drivers) is a second SMART court focused on people with driving under the influence (DUI) offenses.
        - At the time of the workshop, 23 people were enrolled in ROAD Court
    - The Youth Treatment Court serving justice-involved youth.
- Currently, staring a Justice of the Peace Domestic Violence (DV) Court. Stakeholders are receiving specialized training and will be utilizing a DV curriculum.

Jail Diversion

- The county developed a 2016 Jail Diversion Master Plan and recently released the 2022 Jail Diversion Master Plan Update.
- The Calibrate Pretrial Diversion Program is a prosecution led pre-trial diversion program for first-time offenders.

Courts and Defense Counsel

- Council of State Governments (CSG) Justice Center worked with the Montana Judicial Branch and released Racial Equity In Montana's Criminal Justice System: An Analysis of Court, Corrections, and Community Supervision Systems, in July 2022.
- Defense attorneys at the city and county levels proactively identify people who are not yet connected to county services; however, they are not connected to service providers including FUSE.
- The Montana Region 1 local Office of the Public Defender (PD) includes specialized staff including:
    - A psychiatric case worker.
    - A Native American Peer Support Specialist (PSS).

GAPS AND OPPORTUNITIES

Jail Medical Services

- According to the contract between Wellpath, and the county and detention facility, the county retains ownership of medical records developed at the MCDF and sustains ownership even if the contract is terminated.
- Referrals are made to the MCDF mental health provider Wellpath, but the wait time for mental health services appointments is typically 1 week out.
- Once people are booked into the MCDF, the MCDF medical team titrates down medication-assisted treatment (MAT) doses, even though the Opioid Treatment Program (OTP) in place delivers methadone.
- Even though people entering the MCDF may be ready to begin a MAT protocol when they are booked into the jail, there is not a program to onboard them.
- In-depth trauma treatments and Eye Movement Desensitization and Reprocessing (EMDR) therapy must be sought outside of the MCDF.
- Wellpath does not have a forced-medication protocol to administer medications to people who are resistant.
- If people entering the MCDF have been off their medications for any more than a 30-day period, Wellpath's policy is to schedule person with medication provider to get new prescription as soon as possible.

Jail Services

- Missoula County Courts have a high rate of failure-to appear (FTA) cases where the person does not attend their court hearings.
    - 100 people were recently interviewed by the county to learn the reasons for their FTA. The most common responses were that the person was experiencing homelessness; forgot the hearing date; were still using substances.

Defense Counsel

- The Office of the Public Defender does not maintain or have a directory of mental health or substance-use disorder (SUD) providers and resources cataloging their services and how one could access them.
- Defense counsel identified the need to collect and review misdemeanor-level data for people with frequent contact with the justice system and identify diversion opportunities.

- Need to compare names of individuals identified by defense attorneys with the FUSE, homeless housing services, hospital, etc.
- There is a need for an efficient process to routinely identify names of individuals provided by defense attorneys with the FUSE list, homeless housing services, hospitals, MCDF, and the Poverello Center.

Diversion

- We did not have the benefit of a representative of the prosecutor's office to talk about diversion, deferred prosecution, and deferred judgement options.

Competency

- There is a relative lack of timely forensic evaluation for people who may not be competent to stand trial.
- For clients deemed needing competency restoration, MCDF does not yet have its own jail-based competency restoration program and must rely on sending the person to the state hospital for restoration.

Initial Hearing

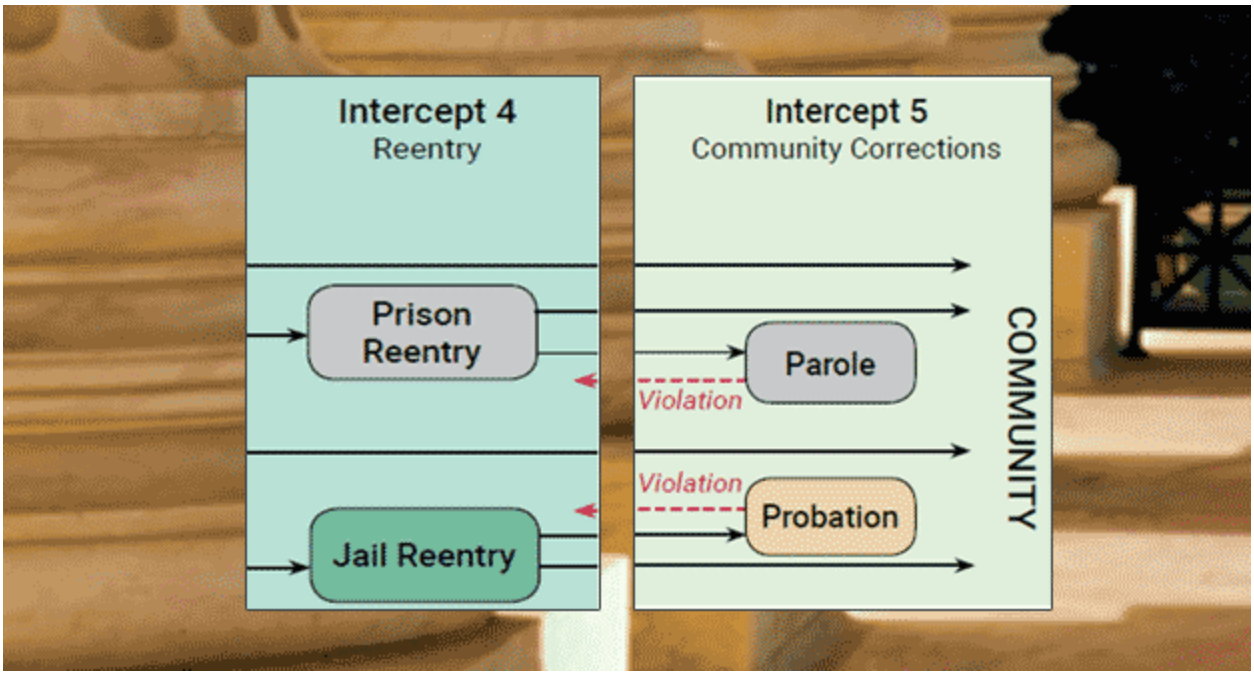
- Defense attorneys do not have ready access to information they need, including what services are provided, eligibility, and how to access the program, so that they can refer people for care.

Treatment Courts

- People charged with misdemeanor offenses are oftentimes released from the detention center on a relatively quick basis, making it difficult for Wellpath to engage and connect them to services.
- There are people who have trespass-related restrictions from multiple locations within the county, but oftentimes do not have a high enough acuity to qualify them for care.
- There were no representatives at the workshop from the County Attorney's Office or court Judges and staff, which limited the insight needed to address challenges they face.
- Treatment courts in Missoula County do not yet have Certified Peer Support Specialists (CPSS) on the care team.
- There has been a lack of information provided to the courts regarding the parameters for treatment program options at the MCDF.

Data Collection and Sharing

- By contract, Wellpath maintains and retains ownership of medical records at the detention center (DC), even if the contract is terminated.
- There is a lack of cross-system communication and coordination of the detained and incarcerated population. Outside of the FUSE process there is little cross-system coordination.
- There is no policy or procedure for a cross-system multi-party release of information practice, which leads to duplication of work with people experiencing multiple intake processes and having to sign multiple releases.



INTERCEPT 4: REENTRY
INTERCEPT 5: COMMUNITY CORRECTIONS

RESOURCES

- A biannually updated main list of people meeting Frequent Users Systems Engagement (FUSE) program criteria is part of both the jail and housing process.
    - Individuals on the FUSE list are prioritized for housing over others who have been enrolled on the coordinated-entry list.
- Montana Offender Reentry and Risk Assessment (MORRA) and the Women's Risk and Need Assessment (WRNA) are the risk and needs assessment tools used. MORRA is based on the Ohio Risk Assessment System (ORAS) and does not include trauma or mental health scales.
- In Montana, Probation and Parole services are combined into one office, the Department of Corrections Probation and Parole Bureau (DCPPB).
    - The Missoula DCPPB utilizes specialized caseload officers including:
        - 1 officer managing people with mental health-related cases.
        - 1 officer managing veterans.
        - 1 officer managing people deemed a low risk, oftentimes involving restitution requirements.
        - 2 officers managing people with sex offenses.
        - 2 officers managing people in the new Domestic Violence Court.
- People at the workshop shared that they are having conversations with court judges on how collaboration across departments and agencies could be improved.

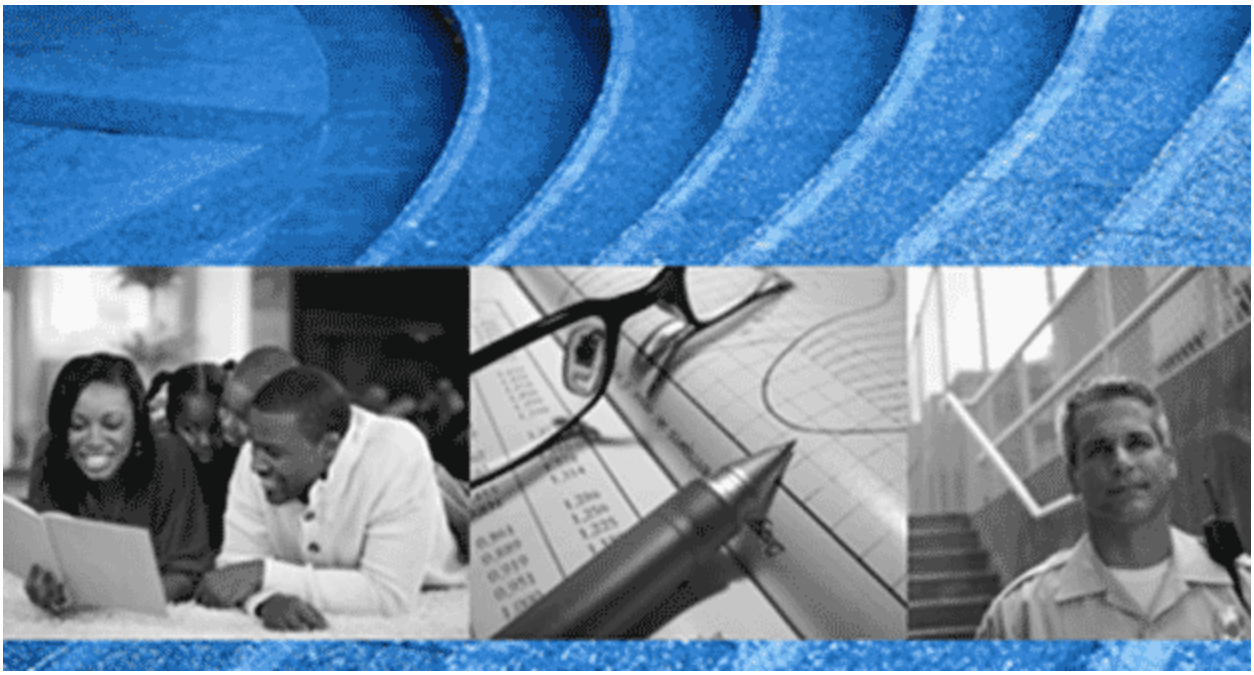
GAPS AND OPPORTUNITIES

Reentry Planning

- No standardized/Universal Transition or Reentry-Needs check list or tool being used to identify needs. A standardized form will not only help identify individual reentry or transition needs, but also, provides an opportunity for a population health approach through aggregated data analysis of the needs identified and resources utilized.
- There is a lack of cross-system communication and coordination for the detained and incarcerated population.
    - As previously noted, there were 150 inmates with over 20 cases in 2 years. Some have felony cases; however, most do not. It is not known how many of these individuals are on the FUSE list.
- There is not a cross-system multi-party release of information. The lack of coordination leads to duplication of work and individuals having to sign multiple releases and do multiple intakes.

Probation

- Specific training levels and ongoing training for Probation officers were not available.
- Workshop participants shared their concern of technical violations being entered because of the existing incentivization and sanctioning tools already in place.
- Technical violations are a concern even though incentives and sanctions are used.



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 has three votes. The voting took place May 24th.

The four (4) priorities used in the SIM workshop Strategic Action Plans are highlighted in **bold text**:

Rank	Votes	Priority
1	**24**	**Develop a coordinated transition services model:** ▪ **Universal release of information (ROI)** ▪ **Up-stream identification of needs**
2	**14**	**Develop universal reentry program / services for those being released from detention center.**
3T	**12**	▪ **Develop withdrawal management programs and services continuum of care to include medical withdrawal.** ▪ **Expand housing opportunities and supportive services.** ▪ **Address the jail health care RFP for services in the detention center.** ○ **Erin will work with the county regarding the RFP.**
4	11	Focus on culturally appropriate liaisons: ▪ Supports and accommodations recognition. ▪ Include persons with lived experienced (in relation to all)

Rank	Votes	Priority (cont.)
5	**9**	**Expand services to after hours and in rural community:** ▪ **Drop-in** ▪ **IOP Treatment beds and services** ▪ **Outreach** ▪ **Supportive services in housing** ▪ **Bed board / registry for mental health and substance use disorder beds.**
6	7	▪ Develop universal familiar faces identification system including data sharing expansion. ▪ Coordinate effort to share, collate, collect, analyze, data: ○ Inform programming decisions ○ Local utilization of rural and urban settings ○ Identify victims and needs
7	7	Basic need's being met
8	3	Expand use of peers / CPSS services
9	0	Education on witness / victim needs including disabilities

STRATEGIC ACTION PLANS

Priority Area #1: Develop a coordinated transition services model to include a universal ROI and upstream identification of needs.

Objective	Action Step	Who	When
▪ Coordinate operations among agencies and programs involved in TSS provision. ▪ Including triage, target population, documentation, policies, and procedures	1. Sam will send Connect demo information. 2. Create MOUs and ROIs to be used by all TSS programs, using MCES/HMIS as inspiration. a. Figure out which agency program will guide priority area. b. Determine and convene agencies that want to, or already provide TSS 3. Determine how TSS programs should coordinate services (including policies, referrals, documentation, etc.) 4. Find funding for Critical Time Intervention. 5. Add Mental Health, Substance use Disorder (SUD), and houseless flags to New World. 6. This group will meet again!	1. Sam and Erin 2. Theresa and Jeremy a. CIT First Responder Council b. CIT First Responder Council 3. TBD, depends on Council 4. Erin Kautz and Theresa 5. Alana, Matt, and Sheryl 6. Group members	1. This week 2. TW's next check-in with Jeremy a. June Meeting b. June Meeting 3. July? 4. This week 5. Next two weeks 6. June 8th
Bring TSS providers together to identify strategy and coordination.			
Explore what his priority area will look like without DOJ funding.			

Interested team members: Bridget Dolan, Stephanie Cole, Carol, Emily Armstrong, Sam Hilliard, Theresa Williams, Alana McCreery, and Eric

Priority Area #2: Develop a universal reentry program and services for those being released from the Detention Center.

Objective	Action Step	Who	When
Warm handoff to resources ▪ Identify needs, assessment, and plan at jail "What does one need when they leave jail?" ○ Self-administered: Housing, Food. Transportation, Mental Health, and Medical. ○ Self-sufficiency matrix tool.	▪ Sign release of information. ▪ Warm handoff. Example: medical appointment with OPD.	▪ OPD, Public Defender, staff, and judges encourage participation. ▪ Where: jail courtroom or, during booking before leaving.	End of Jail court before release
Develop / use standardized release of information (ROI) and assessment on one page, two sides (See Regi for example)	▪ Goes to PASS and pre-trial dependent on status/case.	▪ Theresa will help ensure this is worked on	.
Need a process to distribute resource sheet / list	▪ Need person to hand out / address resource list (not Alysa).	▪ Resource sheet: case managers and student interns. Liz.	
Embedded social worker at booking so this doesn't fall to officers.	▪ Assessment becomes part of global jacket in booking. Slide under mental health.	▪ Liz ▪ Theresa – Practicum student opportunity ▪ Quinn Ziegler ▪ Reggie ▪ Theresa and Jeremy ▪ Jen Malloy and Floyd	
Determine how information gets to the public defender's office.	▪ Identify the process to routinely get information to Public Defender's office.	▪ Liz	
▪ Use navigation center as Gift Shop of Jail > Walk through. ▪ Also, at PHC and All Nations.			

Interested team members: Juanita Vero, Dennis Nyland, Jeavon Lang, Stephen Thompson, Liz Byrd, Chelsea Whittmann, Landee Holloway, Misty, Keithi Worthington, Elise, and Alysa Last Star

Priority Area #3: Develop withdrawal management services and programs and continued care to include medical detox

Objective	Action Step	Who	When
Expand current providers in Strategic Alliance Medical Detox taskforce to encompass full-care continuum.	▪ Outline the current continuum of care. ▪ Recruit missing members to taskforce e.g.: ○ Community, RCMT, OAA PHC, Judges, (the Mayor and County Commissioners are already on existing Strategic Alliance Medical Detox taskforce). ▪ Define levels of acuity, resources, providers and at each level collect and analyze data to find cost saving points. ▪ Seek funding. ▪ Utilize Peer Supports in a sustainable way when possible. ▪ Exchange contact information and continue this conversation.	▪ Jeremy Williams ▪ Strategic Alliance med detox committee. ▪ Jake Lapke ▪ (Damien) Chase-Begay Anna Semple, MCCHD ▪ Josh Slotnick and Juanita Vero ▪ Quinn Ziegler and Stephanie Cole of JG Research and Evaluation (See: 2021 Needs and Capacity. Assessment) ▪ SUDC Group #4 ▪ Shannan Sproull ▪ Christa Weathers, Open Aid Alliance	Monthly
Planning to reach 4.0 treatment as a long-term / stretch goal.			Within one-year to plan.
Systemwide education and awareness campaign around continuum (e.g., harm-reduction through full detox). Audience: justice system.			▪ 3-months to define. ▪ 1-year for education.
Research sobering spaces. What works elsewhere?			4-months and ongoing.
Define continuum care for us and include alcohol – commit to keeping information accurate, current, and accessible. What is being offered and where are the gaps? Think countywide and rural and scale as needed.			▪ 3-months to define. ▪ 1-year for education.
Employ peer support in the emergency department.			Jeremy is working on with Shannan S.

Interested team members: Jeremy Williams, Jake Lapke, Mary Parrish, Rebecca Goe, Scott Beaulieu, Jessie McCafferty, Mackenzie 'Mack' Stiff, and Terry Kendrick

Priority Area #4: **Expand services to include after-hours, rural, bed registry, supportive drop-in housing, & intensive outpatient care services**

Objective	Action Step	Who	When
Provide basic needs (ADL) after-hours or any time.	▪ Create hygiene hub (e.g., mobile 'Wellness on Wheels'?). ▪ Identify Provider. ▪ Use Currents off-hours. ▪ Telehealth provider – e.g., wound care etc. ▪ Find funding for mobile unit expanding to rural areas. ▪ Connect Emily about houseless workers resource group.	▪ Hope Rescue Mission ▪ MIC ▪ Parks and Recreation ▪ HOT ▪ Food Bank ▪ Open Aid Alliance & Winds of Change ▪ MPL ▪ All Nations Health Center ▪ Partnership Health Center – CCT ▪ Salvation Army (may have already been done?)	Summer 2023
Create bed-list registry.	▪ Create Google sheet with different tiers, tabs, funding, and billing elements. ▪ See if Fuse will 'hold' list? Or United Way SUDC or, Connect?	▪ Winds of Change ▪ Crosswinds Recovery ▪ Providence St. Patrick Hospital ▪ Mental Health Ombudsman ▪ Mountain Home Montana ▪ WMMHC ▪ Poverello Center ▪ Connect ▪ Recovery of MT	Summer 2023
Determine future of Dakota House and West House.	▪ Possible to have a non-crisis option for after hours? ▪ Maybe incorporate at CRC? ▪ Utilize 9-8-8?	▪ WMMHC	

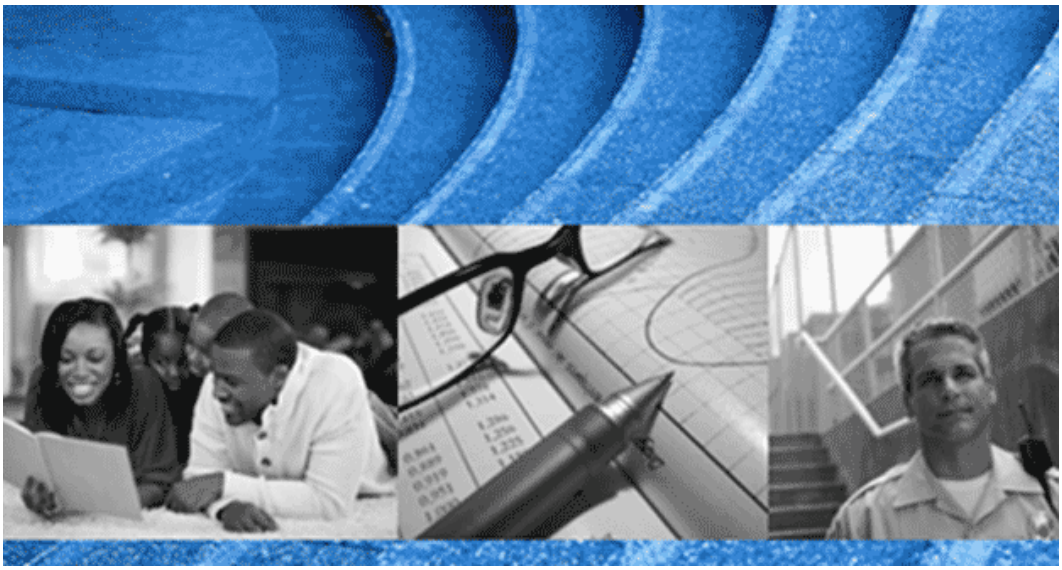
Interested team members: Erin Kautz, Sarah Potts, Beth Brewer, Britney Marx, Rosie Jennings, Shannan Sproull, Erin Shreder, and Zach Barter

QUICK FIXES/LOW-HANGING FRUIT

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. Missoula County had an impressive number of quick fixes!

- Ombudsman resources and connections:
  - Mary will work with Dennis to help him connect with Missoula County resources.
  - Stephanie with JG Evaluation and Research will help with data collection and analysis.
  - Terry will get the list of mental health providers to Dennis to improve coordination.
  - The University of Montana, Public Health Department may have some data analysis resources.
- Anna brought 9-8-8 posters which were updated on the second day of the workshop.
- Mary will add representative from the VA to the First Responder Council.
- Erin will help look for and seek opportunities to develop peer funding resources.
- Stephanie will help connect peer resources to Wellpath.
- Connect home visitation programs to Scott and reentry.
- Terry will investigate state block grants and state funding council.
- Jeremy will share the 'Stop Light' tool with Theresa.
- Open Aid Alliance (OAA) will embed staff and come to agencies.
  - Multiple agencies, including Probation and Parole will reach out to OAA and coordinate CDE assessments and services.
- Landee offered to be the connection point when a discharge plan has been developed.
  - Agencies need to send a chat and can join court hearings via Zoom.

- Theresa will investigate providing a Familiar Face list to dispatch so officers know who to contact for case management.
- Scott has sleeping bags, tents, bags, phones, and other items from grant funds that others can access.
- Chelsea Wittmann will distribute the coordinated entry resource list.
- Mary Parrish extended the offer for others to join peer support committee.
- Mary Parrish also volunteered to be the contact for WMMHC updates.



RECOMMENDATIONS

Missoula County, MT has several exemplary programs and efforts that address criminal justice/behavioral health collaboration. General cross-system alignment, knowledge of what is available, what is working and challenges, and the high number of "Quick Fixes" all point to the many deeply rooted efforts taking place in Missoula County. Still, the mapping exercise identified areas where programs may need expansion or where new opportunities and programming must be developed. In addition to the action plans developed in the workshop, the following recommendations may be helpful.

- Stakeholders, agencies and "collaboratives" may wish to review their multiple meetings as they typically include the same partners and, many times, the same issue. Consolidation, or development of an overarching mechanism to share meeting agendas, notes, and efforts, may improve community impacts and may decrease meeting fatigue and costs. A good question to ask: "Are the people in this meeting, at this time able to identify internal and external needs, approve changes, and commit resources relevant to this meeting's agenda?"

- Streamline data collection, information sharing and cross-system/cross collaborative data analysis. There are several collaboratives and programs that collect data, but the analysis of the data is largely specific to the program or collaborative. Understanding who is being served, and outcomes is one aspect of information sharing and data analysis. Determining who is not being served or is being served at a lower level of need, or higher level of need is equally important but likely not currently taking place.
    - Develop a data dictionary and definitions of terms.
    - Identify, and universally collect and analyze key data points.
    - Identify opportunities to sort populations and review needs, interventions and coordination. Perhaps most importantly, use data to develop a *Familiar Face or Complex Needs* strategy based on cross-system resources utilization.

- Strengthen the RFP process and subsequent contracts with jail-based health care providers to ensure that detainees are getting their needs met, such as continued MOUD while detained, and mental health care. Currently, contracted behavioral health care is limited due to the jail

provider staffing model and contract language. The limited resources impact access to care in a timely manner, access to psychotropic and other medications that support medication continuity and consistency including MOUD.

- Continue to embed peer and recovery services and supports across the intercepts.
- Stakeholders may wish to research the use of Montana's Block Grant dollars as there may be some opportunity to re-prioritize and redirect funds to meet current challenges.

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/Arraignment 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.

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 August 4, 2023

APPENDIX

Appendix 1 SIM Workshop Participant List

Appendix 2 Community Assessment – Workshop Participants

Appendix 3 SIM Workshop Agenda

APPENDIX 1: SIM WORKSHOP PARTICIPANT LIST

Name	Organization	Role
Madeline Alpert	United States Senator Jon Tester	Field Representative
Levi Anderson	WMMHC	CEO
Emily Armstrong	City of Missoula	Houseless Programs Manager
Scott Beaulieu	Department of Corrections Probation and Parole Bureau	Probation and Parole Officer
Jill Bonny	The Poverello Center	Executive Director
Clair Bopp	Poverello Center	Director of Shelter
Beth Brewer	Mountain Home Montana	Children's Services and Clinical Director
Liz Byrd	Wellpath	Care Coordinator | Jail Mental Health Team
Stephanie Cole	JG Research and Evaluation	Research Manager
Jenny Daniel	Missoula County CJD	Justice Initiatives Manager
Bridget Dolan	Office of the Public Defenders	Case Worker
Ann Douglas	All Nations Health Center	Director of Behavioral Health
Stephen Ferguson	Crosswinds Recovery	Executive Director
Leah Fitch-Brody	Missoula City-County Health Department	Substance Use Disorder Prevention Coordinator
Rebecca Goe	Partnership Health Center	Director of Innovation
Alex Hall	Missoula County Detention Facility	Lieutenant
Sam Hilliard	City of Missoula	Coordinated Entry Specialist
Landee Holloway	Justice Court	Justice of the Peace
Rosie Jennings	Winds of Change	CEO
Erin Kautz	Missoula County Grants and Community Programs	Grants Administrator
Terry Kendrick	Strategic Alliance for Improved Behavioral Health	Project Facilitator
Suzin Kratina	NAMI Missoula	Board President
Jeavon Lang	Office of the Public Defender	Managing Attorney
Jake Lapke	4th Judicial District SMART Court	Treatment Coordinator/Administrator
Alyse Last Star	Wellpath	Lead Therapist - Jail Mental Health Team
Todd Lester	VA Montana	CEPC Community Engagement and Partnerships coordinator
Britney Marx	Winds of Change	Staffing/Client Director
Jessie McCafferty	Curry Health Center, University of Montana	Behavioral Health Options Coordinator
Alana McCreery	City of Missoula	CIT Data Analyst
Jen Molloy	University of Montana School of Social Work	Assistant Professor
Dennis Nyland	Montana Mental Health Ombudsman Office	Montana Mental Health Ombudsman
Sharon Parks-Banda	United States Senator Daines	Field Representative

Name	Organization	Role
Mary Parrish	Partnership Health Center	Missoula County Mental Health Coordinator and CIT Program Advocate
Sarah Potts	Partnership Health Center	Dir of Behavioral Health
Ray Reiser	Missoula County Attorney	Pretrial Diversion Coordinator
Lara Salazar	Partnership Health Center	CEO
Amy Schaer	Youth Homes	Chief Operating Officer
April Seat	Hope Rescue mission	Director of outreach
Anna Semple	Missoula City-County Health Department	SUD Prevention Coordinator - Early Childhood
Erin Shreder	Missoula County Community Justice Department (CJD)	Just Response Coordinator
Shannan Sproull	United Way of Missoula County	Project Manager
Mackenzie Stiff	VA/VHA	Suicide Prevention Case Manager
Stephen Thompson	Missoula Municipal Court	Community Services Administrator
Juanita Vero	Missoula County Board of County Commissioners	Commissioner
Christa Weathers	Open Aid Alliance	Executive Director
Mitchell Webber	Missoula Municipal Court	Court Support Specialist
Charlie Wellenstein	Youth Homes	Chief Operations Officer
Jeremy Williams	Providence St. Patrick Hospital	Director of Psychiatric Services
Theresa Williams	Missoula Police Department	CIT Program Manager
Chelsea Wittmann	Missoula County Community Justice Department (CJD)	Justice Initiatives Coordinator
Keithi Worthington	Missoula City Attorney's Office	Chief Prosecuting Attorney
Quinn Ziegler	Missoula County CJD	Data Analyst

APPENDIX 2: COMMUNITY ASSESSMENT

SIM Workshop Participants by Role and Level of Agreement

Where on the Sequential Intercept Model is your role most related?		
SIM Role	**Responses**	
Intercept 0: Community Services	52%	16
Intercept 1: Law Enforcement	3%	1
Intercept 2: Initial Detention/Initial Court Hearings	0%	0
Intercept 3: Jails/Courts	32%	10
Intercept 4: Reentry	0%	0
Intercept 5: Community Corrections	3%	1
Other	10%	3
Total	**100%**	**31**

Please indicate your level of agreement with the following statements about your community.	Answered	30

Key Theme: Collaboration	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR 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.	0%	3%	3%	47%	43%	3%
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	7%	10%	33%	37%	7%	7%
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.	0%	23%	20%	50%	0%	7%
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.	10%	23%	40%	7%	0%	20%
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.	13%	23%	33%	17%	0%	13%
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	3%	10%	43%	30%	0%	13%
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	3%	7%	30%	43%	3%	13%
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	3%	7%	40%	27%	3%	20%

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.	3%	20%	27%	37%	0%	13%
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%	20%	33%	30%	3%	10%
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	7%	20%	47%	10%	0%	17%
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%	20%	37%	23%	3%	13%

Please indicate your level of agreement with the following statements about your community.					Answered	29
Key Theme: Identification	**STRONGLY DISAGREE**	**DISAGREE**	**NEITHER AGREE NOR 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.	3%	24%	21%	10%	0%	41%
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	3%	14%	21%	14%	0%	48%
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	10%	24%	10%	3%	0%	52%
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	3%	14%	21%	14%	0%	48%
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	3%	10%	14%	41%	3%	28%
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	7%	21%	21%	7%	0%	45%
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	3%	17%	17%	21%	0%	41%
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.	3%	17%	28%	24%	0%	28%
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	3%	7%	17%	7%	10%	55%
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	3%	28%	7%	7%	0%	55%

Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	10%	24%	17%	3%	0%	45%

Please indicate your level of agreement with the following statements about your community.					Answered	29
Key Theme: Strategies	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	28%	21%	21%	24%	3%	3%
There are adequate crisis services to meet the needs of people experiencing mental health crises.	45%	38%	7%	7%	3%	0%
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	0%	14%	21%	31%	10%	24%
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	3%	10%	31%	41%	3%	10%
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.	3%	14%	17%	28%	7%	31%
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	14%	17%	24%	0%	3%	41%
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	0%	3%	28%	34%	7%	28%
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).	10%	31%	28%	3%	0%	28%
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	17%	17%	21%	3%	0%	41%
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.	21%	10%	14%	3%	3%	48%
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	7%	21%	17%	3%	0%	52%
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%	3%	21%	21%	7%	48%
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.	10%	10%	34%	3%	0%	41%
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	7%	14%	31%	10%	0%	38%

Please indicate your level of agreement with the following statements about your community.						Answered 29
Key Theme: Services	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR 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.	21%	41%	10%	10%	3%	14%
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.	3%	21%	17%	10%	0%	48%
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.	3%	21%	14%	14%	0%	48%
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	14%	28%	17%	3%	0%	38%
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.	3%	0%	24%	34%	10%	28%
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).	0%	14%	24%	24%	3%	34%
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.	21%	31%	17%	7%	0%	24%
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	7%	21%	10%	24%	0%	38%
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.	10%	7%	24%	34%	0%	24%

APPENDIX 3: WORKSHOP AGENDA

SAMHSA's GAINS CENTER

Substance Abuse and Mental Health Services Administration SAMHSA www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Sequential Intercept Model Mapping Workshop

Missoula County, Montana

May 23, 2023

AGENDA

8:30 **Registration and Networking**

9:00 **Openings**
- 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
- Setting the Stage for Day 2

4:30 **Adjourn**

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

There will be break for lunch at approximately noon.

SAMHSA's GAINS CENTER

SAMHSA

Sequential Intercept Model Mapping Workshop

Missoula County, Montana

May 24, 2023

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

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

12:30 **Adjourn**

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

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