

Sequential Intercept Model Mapping Report for Yakima County, Washington

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September 2021



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ACKNOWLEDGEMENTS

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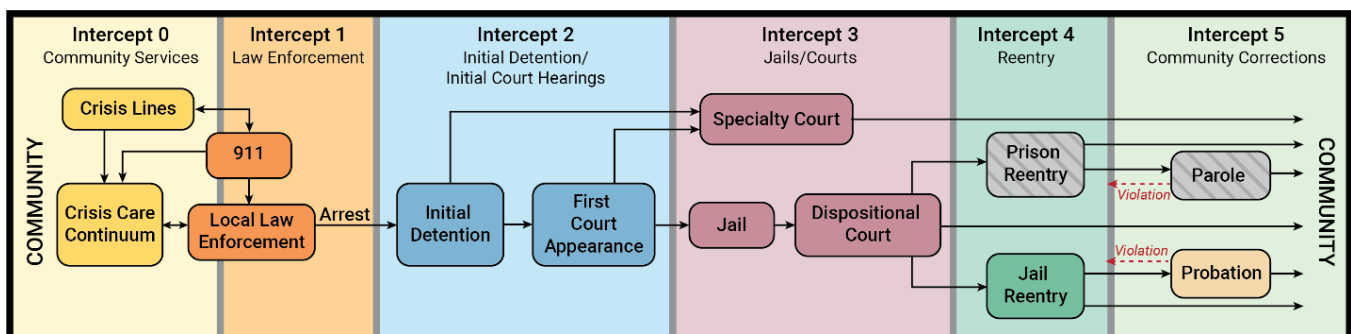
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Background

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 resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pre-trial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others. A Sequential Intercept Model mapping is a workshop to develop a map illustrating how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

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



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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.

Introduction

In September 2021, PRA met with a cross-system group of Yakima County criminal justice and behavioral health system stakeholders. PRA staff delivered a presentation on the SIM model elements of each intercept, followed by facilitated discussions focused on identifying resources available to respond to the needs of adults with mental and substance use disorders involved in the criminal justice system, as well as gaps in services and opportunities for cross-system collaboration and partnerships. The discussions focused on all intercepts of the SIM. Following the initial meeting, PRA coordinated a voting process to prioritize the identified gaps in services, which became the focus of a subsequent meeting.

In September 2021, the PRA met with the same group of stakeholders to review the results of the voting process and discuss the group's priority areas in more detail. PRA staff facilitated the development of draft strategic action plans to outline the next steps to address the top priority areas.

Note: PRA also facilitated a SIM Mapping with Yakima County on August 31, 2017, which helped inform the 2021 mapping. Several participants were present at both events. Top priorities identified during the 2017 mapping are also included in this report.

AGENDA (PART I)



Sequential Intercept Model Mapping Workshop (Part I)

Yakima County, Washington

September 29, 2021

9:00 a.m. – 4:00 p.m. Pacific Time

AGENDA

9:00 a.m. – 9:15 a.m.	Registration and Networking
9:15 a.m. – 9:30 a.m.	Welcome and Opening Remarks
9:30 a.m. – 9:45 a.m.	Introductions
9:45 a.m. – 10:15 a.m.	Sequential Intercept Model Presentation and Q&A
10:15 a.m. – 10:30 a.m.	Break
10:30 a.m. – 12:00 p.m.	Concurrent Focus Groups <ul style="list-style-type: none">• Intercepts 0 & 1• Intercepts 2 & 3• Intercepts 4 & 5
12:00 p.m. – 1:00 p.m.	LUNCH
1:00 p.m. – 2:30 p.m.	Concurrent Focus Groups (Continued)
2:30 p.m. – 3:00 p.m.	Report Outs
3:00 p.m. – 3:45 p.m.	Priorities for Change
3:45 p.m. – 4:00 p.m.	Closing and Next Steps

AGENDA (PART II)



Sequential Intercept Model Mapping Workshop (Part II)

Yakima County, Washington

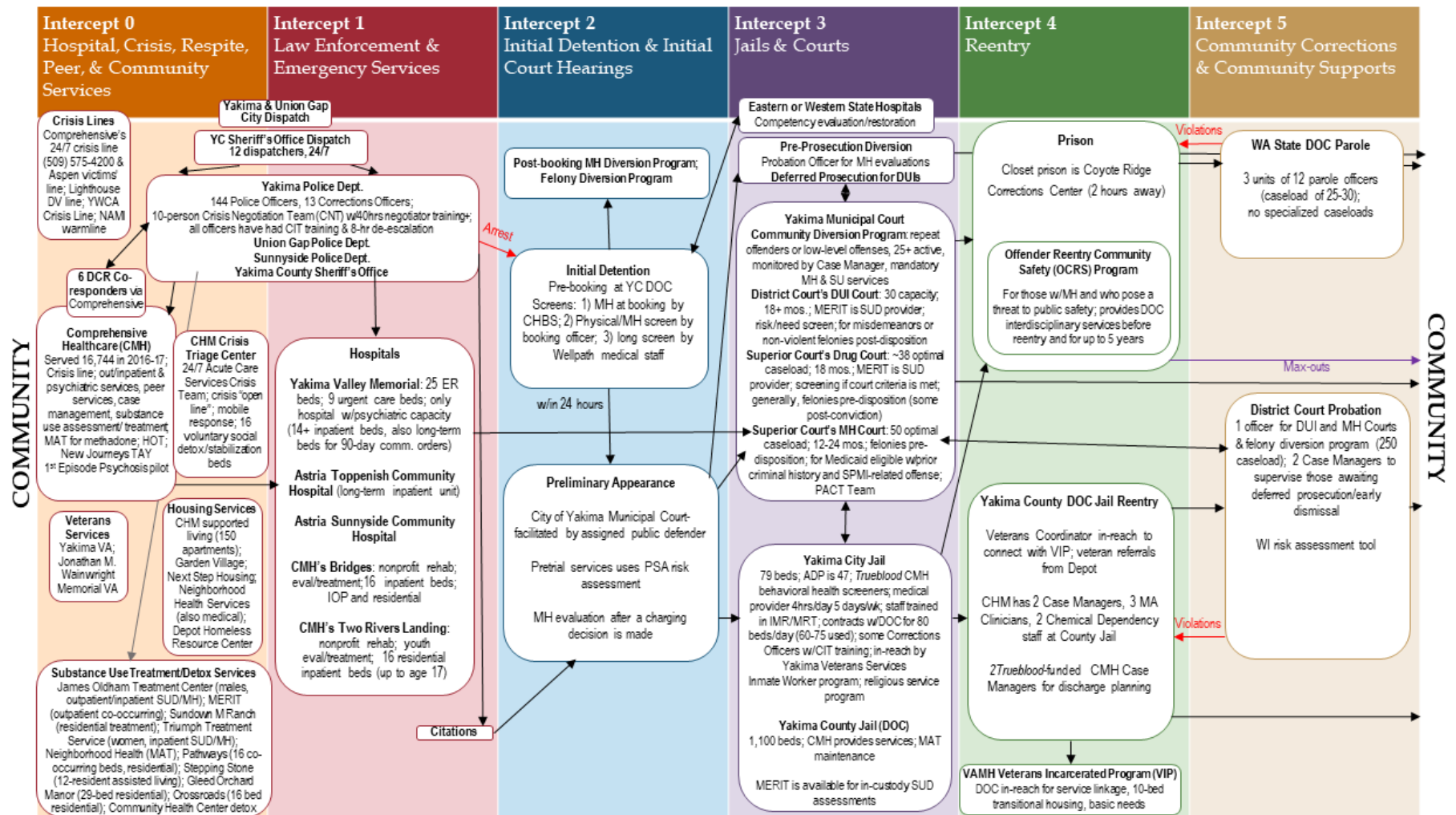
September 30, 2021

9:00 a.m. – 1:00 p.m. Pacific Time

AGENDA

9:00 a.m. – 9:15 a.m.	Registration and Networking
9:15 a.m. – 9:30 a.m.	Welcome and Community Updates
9:30 a.m. – 10:15 a.m.	Review and Discuss Voting Results and Priorities for Change
10:15 a.m. – 10:20 a.m.	Strategic Action Planning Overview
10:20 a.m. – 10:30 a.m.	Break
10:30 a.m. – 12:50 p.m.	Strategic Planning
12:50 p.m. – 1:00 p.m.	Closing and Next Steps

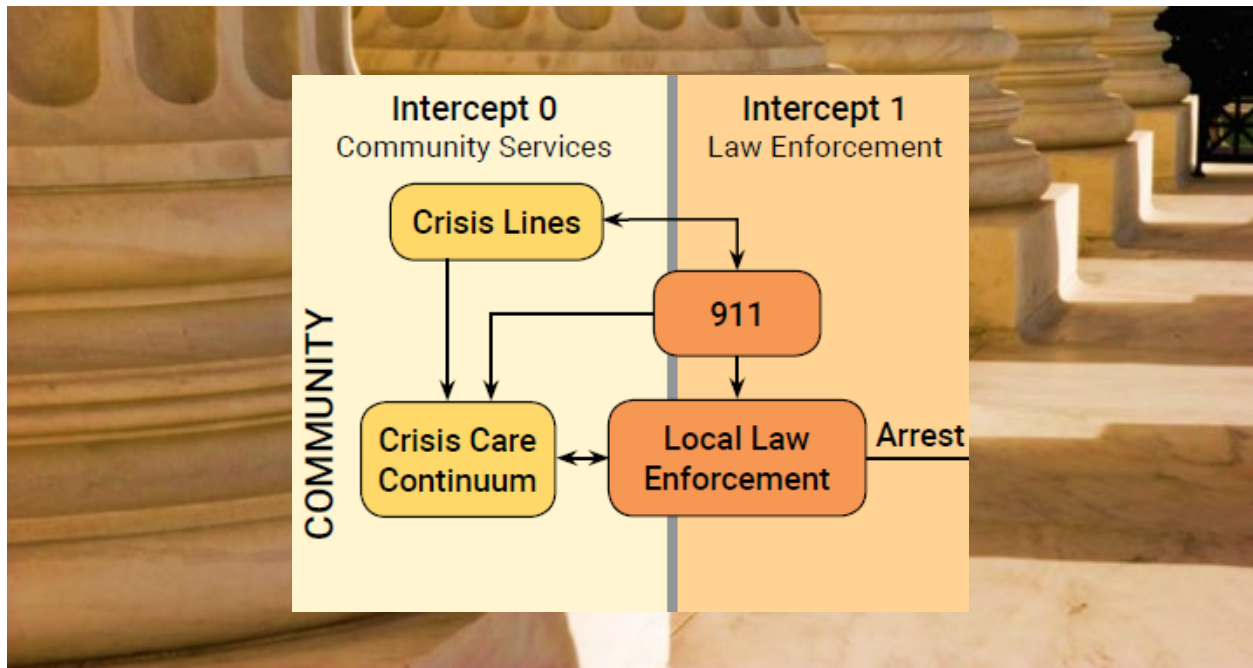
SEQUENTIAL INTERCEPT MODEL MAP FOR YAKIMA COUNTY, WASHINGTON





Resources & Gaps

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever-changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, county planners can use this catalog 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 resources.



INTERCEPT 0 & 1 RESOURCES

Crisis Call Lines

Yakima County has multiple crisis lines to support the community.

- The Central Washington Comprehensive Mental Health (509-575-4200) provides free crisis phone service 24 hours a day, seven days a week, to address mental health and substance use crises. Call services may include identification of resources, mobilizing primary support systems (friends, family, other professionals), and providing access to outpatient services. It may also include a face-to-face assessment to determine if there is a need for hospitalization to expedite treatment and ensure safety. The crisis line outreach professionals are trained to recognize a broad range of behavioral health concerns.
- The Veterans Crisis Line (800-273-8255, press 1) is a free, anonymous, confidential resource available to anyone, not only those registered with the VA or enrolled in VA healthcare. The line is available 24 hours a day, seven days a week.
- The People for People United Way 2-1-1 connects callers to a range of health and human services resources. By calling 2-1-1, callers can access a live Information and Referral Specialist, Monday-Friday, 8 am-5 pm. Trained specialists guide the callers to programs that meet their unique needs, including transportation, housing, food assistance, and legal resources. Calls are free, anonymous, and provided in the caller's preferred language.
- The MCOs have nurses' lines that can serve as emergency department diversion by offering telehealth appointments and prescribing medication in some situations.

- The Lighthouse has a 24/7 crisis line.

Crisis Triage Center and Sub-Acute Detox Facility

- Yakima’s Crisis Triage Center and Sub-Acute Detox Facility is a 16-bed facility licensed by the Washington State Department of Health and the Division of Behavioral Health and Recovery as a non-medical withdrawal management facility and a Residential Treatment Facility. When appropriate, individuals may receive symptom monitoring, case management, and referrals to outpatient or longer-term treatment services. Referrals may be made by telephone and in-person by an individual, family member, law enforcement, or medical or social service professional.
- The Crisis Triage Center and Sub-Acute Detox Facility offer the following services:
 - Crisis Stabilization
 - Sub-Acute Withdrawal Management (detox)
 - Acute Care Services/services from Designated Crisis Responders (DCRs)
 - Diversion Services
 - Corrections — Jail-based Services

9-1-1/Dispatch

Dispatch is operated through the Yakima County Sheriff’s Office. The dispatch team has 12 staff members and is available 24/7. The City and County of Yakima also have a multi-agency/discipline, multi-jurisdiction 9-1-1 and dispatch center, “[SunComm](#).” Dispatch uses mental health codes to identify specific calls.

- SunComm provides dispatch for the City of Yakima Police and the City of Union Gap Police. They also dispatch all fire departments in the Upper Valley, City of Yakima, East Valley, Selah, Training Center, Gleed, Naches, Naches Heights, Nile, Highland, and West Valley.
- The SunComm team includes five supervisors, one training supervisor, 13 dispatchers, and 14 call takers. All team members must complete a robust initial training program and ongoing monthly training.

First Responders

- The Yakima County Emergency Medical Services includes EMS personnel (Emergency Medical Responders, Emergency Medical Technicians, and Paramedics) who work and volunteer at local fire departments. Yakima County Fire Departments rely on the assistance of local private ambulance services, emergency department staff, a 9-1-1 call center, and dispatch centers. The ongoing training of EMS personnel is provided by the Yakima County Department of Emergency Medical Services (EMS Office). The EMS Office creates and implements a training program for nearly 600 certified emergency medical personnel. This training is provided countywide and is held at each county fire district and city fire department.

- The *Trueblood*-funded six Designated Crisis Responders (DCRs) are offered through Comprehensive Healthcare and have been a significant asset to the community since their start in 2018. Before COVID-19, the DCRs were embedded into the cars of police officers. They provided an immediate opportunity to assess the needs of individuals and determine if a higher level of care is needed (hospitalization). They facilitate the individual in getting connected with services by leveraging Comprehensive's range of services. SIM Mapping participants reported that before the DCR program, mental health professionals provided brief intervention, but officers routinely spent several hours involved in behavioral health crisis calls. The average DCR response time is 50 minutes.
- MERIT Resource Services has been chosen to lead a new Recovery Navigator Peer Specialist Program that will serve individuals with a substance use disorder or co-occurring mental disorder. The goals of MERIT are: 1) diverting those charged with drug possession to EMS (fire and rescue) and Recovery Navigator Program, and 2) receiving social contact referrals from other community partners.

Law Enforcement

- The Yakima Police Department employed 135 Police Officers and 13 Corrections Officers at the September mapping. YPD also has a 10-person Crisis Negotiation Team (CNT). In addition to the 40-hour negotiator training, all officers received an eight-hour brief Crisis Intervention Team (CIT) training in 2015, as well as an eight-hour de-escalation training. Over 40 officers had received the full 40-hour CIT training. The YPD is also starting a new initiative around domestic violence and sexual assault, and Lighthouse staff are available to provide training around creating warm handoffs to services. YPD will soon have analysts able to assist with data collection and utilization.

Additional law enforcement agencies represented at the SIM mapping are:

- The Union Gap Police Department provides 24-hour police coverage for the City of Union Gap and responds to approximately 11,000 calls to service annually. At the time of the SIM mapping, the Department employed 17 commissioned Police Officers, six Reserve Officers, and three civilian support staff. The Police Department is broken down into four divisions: Administration, Patrol, Investigation, and SWAT.
- The Sunnyside Police Department is composed of 31 sworn officers, including the Chief of Police and two Commanders.
- At the SIM mapping, the Yakima County Sheriff's Office had 51 fully commissioned law enforcement officers serving the county.

Comprehensive Healthcare's (CMH) Yakima Center

- Comprehensive Healthcare is a non-profit, community mental health agency with a large continuum of care and serves six counties. Their services include outpatient and

inpatient mental health and substance use treatment for adults and youth, along with residential services, Medication-Assisted Treatment (MAT), and crisis services. Comprehensive Healthcare also holds several contracts for various services, including supported living services, extended community services, health home services, and jail-based mental health services.

- Comprehensive Healthcare’s [Yakima Center](#) serves as the administrative hub and offers a broad range of behavioral health services. Providers at the Yakima Center include therapists, case managers, counselors, substance use professionals, prescribers, nurses, and more. The Yakima Center offers the following services:
 - Community Support Rehab
 - Expanded Community Services (ECS)
 - Genoa Pharmacy
 - Homeless Support (PATH)
 - Integrated Dual Diagnosis/Co-occurring disorders treatment
 - Multi-Systemic Therapy — Family Integrated Therapy (MST-FIT)
 - Medications to treat Opioid Use Disorder (MOUD) — Methadone, Suboxone, and Naltrexone
 - New Journeys (First Episode Psychosis)
 - Outpatient Mental Health Services: Adult, Senior Adult, Children, and Families
 - Program for Assertive Community Treatment (PACT)
 - School-based services
 - Substance use disorder treatment: Youth and Adult
 - Yakima Neighborhood Health Primary Care Clinic
 - Wraparound with Intensive Services (WISE)
 - Aspen Victim Advocacy
 - Community education and outreach
 - Suicide and self-harm prevention treatment and support

Behavioral Health Service Providers

The following additional Yakima County, behavioral health service providers were represented at the SIM mapping.

- [Catholic Family & Child Services](#) serves Central Washington with a large variety of services, including child, youth, and family programs, elder care, behavioral health, pregnancy, and parenting support, counseling, affordable housing, and basic needs.
- [United Family Center](#) is a community-based facility staffed with Substance Use Disorder Professionals and Mental Health Professionals to provide a variety of educational and treatment services for adults and youth.
- [Yakima Neighborhood Health Services](#) serves Central Washington with medical/dental services, behavioral health services, pharmacy, medical nutrition therapy, women, infant, and children’s support services, and eligibility/application assistance.

- [Yakima Valley Farm Workers Clinic](#) is a community health center providing a wide variety of services with over 40 clinics in 18 communities across Washington and Oregon.
- [The Lighthouse](#) provides advocacy, prevention, education, therapy, and outreach around behavioral health.

Substance Use Disorder Treatment/Detox Services

Yakima County has the following substance use/detox services for the community.

- [Triumph Women's Programs](#) offers co-occurring substance use and mental health treatment opportunities to women of all ages.
 - James Oldham Treatment Center ([JOTC](#)) provides outpatient and residential substance use disorder and mental health treatment for males. Every client at JOTC receives treatment activities, including daily group sessions, individual sessions, educational lectures, and integrated family treatment.
- [Sundown M Ranch](#) was the first non-profit Substance Use Disorder (SUD) Residential Treatment Program in Washington State, as well as one of the first adolescent programs.
- Comprehensive Healthcare's (full description above) Pathways Adult Residential Treatment provides individualized and integrated co-occurring disorder treatment from an interdisciplinary team of professionals. The initial phase of treatment focuses on psychiatric stabilization, including medication management services. The facility has 16 co-occurring beds available. Their adult residential treatment facility provides intensive treatment to individuals who need a higher level of care.
- Other substance use disorder treatment/detox services in Yakima County include [Stepping Stone](#) Group Home (Comprehensive's 12-resident assisted living facility for those transitioning from high-structured care to independent living in Yakima); [Gleed Orchard Manor](#) (Comprehensive's 29-bed adult residential facility in Naches); [Crossroads](#) (Comprehensive's 16-bed adult residential treatment facility in Sunnyside); and Community Health Center detox.
- [MERIT Resource Services](#) is a non-profit outpatient substance use disorder (SUD) provider serving Yakima County for over forty years. MERIT serves Yakima County with offices in Yakima, Wapato, Toppenish, and Sunnyside. MERIT offers outpatient SUD treatment, walk-in SUD assessments, referral to inpatient and co-occurring services. MERIT is involved with therapeutic courts and is the only SUD provider for Yakima County District DUI Court and Yakima County Superior Drug Court.
- [Comprehensive Healthcare's Bridges](#) is a non-profit treatment center with 16 inpatient beds.

Hospitals

Yakima County has the following hospitals that support the community:

- [Yakima Valley Memorial](#) is a 226-bed, acute-care, not-for-profit community hospital with a network of clinics that has served Central Washington's Yakima Valley for more than 70 years. Yakima Valley Memorial has a multispecialty team of more than 300 physicians, offering primary care and a broad range of specialty care. Additionally, it has 25 emergency room beds available, nine urgent care beds, and is the only hospital in the county with psychiatric capacity (14 inpatient beds).
- [Astria Toppenish Community Hospital](#) provides a full complement of inpatient and outpatient services. The hospital's medical services include a 24-hour Emergency Department and Level IV Trauma Services, Intensive Care Unit, 24/7 Inpatient Physicians, a Family Maternity Center, Inpatient and Outpatient General, OB/GYN and Orthopedic Surgical Services, Inpatient Medical Withdrawal Management Program, an Inpatient Psychiatric Unit, a Level 2 Stroke Center, as well as Cardiac Care. Astria Toppenish Hospital also has a Native American Spiritual Center.
- [Sunnyside Community Hospital](#) is a 25-bed hospital within the Astria Health system. It is a critical access hospital that operates a series of primary care clinics and provider-based specialty clinics. The hospital offers a 24-hour Level IV Emergency Room, Intensive Care Unit, behavioral health services, including an Intensive Outpatient Program, a comprehensive psychiatric program for older adults, and Hearing and Speech services.

Peer Services

Comprehensive Healthcare has peer navigators located in the emergency department and in the community. The peer navigators' focus is on opioid addiction. Peer counselors also provide support on most outpatient teams and within dual diagnosis programs and peer coaches in local hospital programs.

MERIT's upcoming Recovery Navigator Peer Specialist Program (discussed above) will employ individuals with lived experience as Recovery Navigators. Rod's House and The Space also provide peer-to-peer programs.

Veterans Services

The [Yakima County VA Clinic](#) and [Jonathan M. Wainwright Memorial VAMC](#) provide supportive services for Veterans in Yakima County. The VA provides dermatology, mental health care, nutrition, primary care, and specialty care. The Jonathan M. Wainwright Memorial VAMC provides behavioral health care, telehealth, primary care, and personal care. The Department of Human Services also operates the Blue Mountain Action Council veterans' program.

Housing/Homelessness

Note: while some local organizations working around housing and homelessness were present at the SIM Mapping, the bulk of detailed discussion of this issue was intended to be delayed

until the separate Yakima County Homeless Response Systems Mapping (HRSM), to be held on November 2-3, 2021.

- [Comprehensive Healthcare](#) provides a complete continuum of residential programs for individuals with serious and persistent mental illness, including supportive services.
 - [Garden Village](#) is a nursing facility operated with Virginia Mason Memorial Hospital. Here, staff provides comfort-driven, quality care for up to 101 individuals with complex, long-term medical, and mental health needs. The facility offers programs designed to serve residents whose needs cannot be met in a traditional nursing home setting. Garden Village can provide Alzheimer's care for residents with dementia who need a secure environment that allows for freedom of mobility and access within it.
- [Next Step Housing](#) (NSH) provides quality, clean and sober supportive housing to residents of Yakima. NSH pioneered the development of Alcohol and Drug Free Communities (ADFCs) in Washington and currently owns and operates the only clean and sober permanent housing for large families with children.
- Yakima Neighborhood Health Services' [Homeless and Housing Services](#) is co-located with the Neighborhood Connections Clinic and can provide housing support and medical respite care.
- Yakima Neighborhood Health Services' [YNHS @ The Depot](#) has a special focus on the homeless population of Yakima County. An interdisciplinary team of professionals provide medical and dental care, counseling, case management, assistance with basic needs and hygiene items, respite care, WIC, immunizations, permanent and supportive housing and more to homeless individuals and families.
- Additional housing providers include Triumph Treatment Services, Union Gospel Mission, the YWCA of Yakima, Comprehensive Healthcare's Veterans Initiative Project and Permanent Supportive Housing program, and Rod's House.

INTERCEPT 0 & 1 GAPS

Services and Treatment

During the SIM Mapping, multiple gaps were identified around healthcare and behavioral health services and treatment at Intercept 0. A specific gap was managing warm handoffs and transitions between services and levels of care. There is an identified need for recovery navigators to help this population and coordinate at Intercept 0, a resource which has been featured in Senate Bill 5476 and will be implemented in upcoming months.

There was an identified need for additional culturally responsive and culturally informed services in the community. There is also a lack of clarity around specific resources available across the Lower Valley/South Valley. Another gap identified is a lack of secured diversion or residential behavioral health treatment that could follow initial detox services and medication engagement. There is also a need for more certified peer counselors for behavioral health agencies in the community.

There appear to be gaps in both scaling and development of new services to serve the various needs at Intercept 0, as well as providing education to the community around currently available resource. Broadly, there is a need for additional coordination to develop a continuum of deflection and diversion opportunities at Intercept 0.

Law Enforcement and First Responders

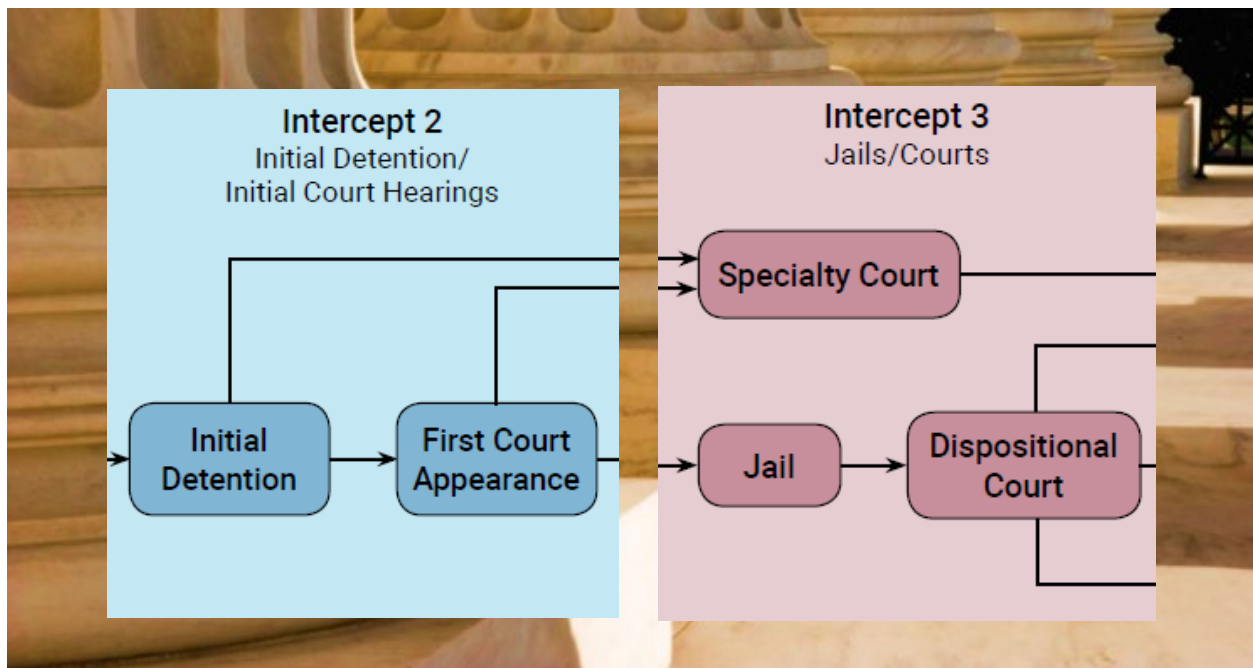
There is a need for alternative crisis response rather than only calling 9-1-1 and receiving a response from law enforcement. There is also a need for public education regarding the distinct purposes and functions of 9-1-1, 2-1-1, and the new nationwide 9-8-8.

A major focus of the SIM Mapping was how to identify and sustain valuable programs funded by the *Trueblood* settlement dollars when the funds end in June 2022. While not exhaustive of *Trueblood*-funded diversion programs, those specifically discussed were the six Designated Crisis Responders (DCRs), behavioral health specialists who perform screenings at jail booking, and jail reentry staff.

COVID-19 has interrupted the ability of the DCRs to be embedded in police vehicles with officers. In addition, there has been lack of clarity due to the passage of House Bill 1310, particularly as to how officers can intervene when a person is experiencing a behavioral health crisis. The law does not prevent law enforcement from responding to crisis calls, but requires them to deescalate use of force, particularly deadly force. It is unclear what the impact of this law may be on the DCR program.

Collection and Sharing of Data

There is a cross-system gap in data collection, analysis, and utilization that could inform programming needs, sustainability, and allocation of resources within Intercepts 0 and 1.



INTERCEPT 2 & 3 RESOURCES

Booking/Initial Detention

Booking occurs at the Yakima County Department of Corrections (DOC). Clients are screened for mental health needs, substance use disorders, acute intoxication, and cognitive disabilities. The screening is completed by a Corrections Officer and a mental health staff member. Mental health screening is performed at the Community Health and Behavioral Services Center (CHBS). All medical information is gathered by the jail's contracted medical provider, Wellpath.

Jails

Yakima City Jail is a 79-bed, full-service facility housing males. Behavioral health staff provide screening and a master's level therapist is funded through *Trueblood* dollars. Staff within the jail are trained in Illness Management and Recovery (IMR) and Moral Reconciliation Therapy (MRT). Medical personnel provide follow up (Monday-Friday) for individuals in need who are identified by jail staff. Medical providers are available four hours a day, five days a week. The medical provider contracts with DOC for 80 beds per day (roughly 60-75 were reported utilized generally). Some Corrections Officers have received CIT training. The jail also has an inmate worker program and religious service program.

Yakima County Jail (DOC) has 1,100 beds and Comprehensive Healthcare provides services. Their staff include two case managers, three master's level clinicians, and two chemical dependency staff.

Medication-Assisted Treatment (MAT) in Jail: MAT is offered for those already on the program (maintenance) at the DOC. Suboxone is the predominant medication offered.

Court Process:

Arraignment: Arraignment and bail hearing is typically within 14 days of preliminary appearance, which is within 24 hours of booking. Preliminary appearance is facilitated by the assigned public defender. Pretrial services staff conduct the Public Safety Assessment (PSA) risk assessment for everyone making a preliminary appearance. Further mental health evaluation and linkage to services normally happens after a charging decision is made.

Competency to Stand Trial: If the mental health staff in the jail identifies someone whose competency to stand trial may be in question, they will reach out to the legal team to expedite an initial evaluation in the jail. Full competency evaluation and treatment is performed at either Eastern or Western State Hospitals.

Post-Booking Mental Health Diversion Program

The Post-Booking Mental Health Diversion Program offers some individuals the option to engage in treatment as an alternative to conviction. Individuals charged with DUI, domestic violence, and sex crimes are excluded.

A felony diversion program also allows for individuals with initial felony charges to enter substance use disorder treatment or community service, if appropriate. Upon successful completion, the charges will be dismissed.

Yakima County also has a community mental health and substance use diversion program for individuals charged with repeat low-level offenses. They currently have about 25 active cases served by a case manager.

Problem-Solving Courts

Problem-solving courts in Yakima County include:

- [District Court's DUI Court](#)
 - Provides intensive court monitored treatment and assistance for individuals repeatedly charged with high-risk DUI offenses by utilizing a collaborative approach which demands accountability of the offenders, court and treatment providers while focusing on public safety and a measurable reduction of DUI offenses.
- [Superior Court's Drug Court](#)
 - The Yakima County Drug Court Program is a voluntary program that includes regular court appearances before a designated Drug Court Judge. The Drug Court Program is based upon the understanding that addiction is a chronic, progressive, relapsing disease that can be successfully treated.

- There are 5 phases in the program. It is a minimum of 18 months intensive program for individuals convicted of nonviolent felonies. Overcoming drug addiction and criminal behavior is the focus through gaining skills in honest, responsible living and through personal support from the Drug Court team. Upon graduating from Drug Court, client's pending charge(s) will be dismissed. Once accepted by Drug Court, clients have a 2-week time frame to choose either to remain in drug court or return to the regular criminal process.
- [Superior Court's Mental Health Court \(MHC\)](#)
 - To be considered for the MHC, an individual must have a serious and persistent mental illness that is related to the behavior that led to the charged offense. Referrals for MHC may come from several sources: Jail Mental Health Team, judicial officers, prosecutors, and defense attorneys. The MHC prosecutor or defender may require that the referring entity complete the MHC screening form. Referrals are sent by fax to the Mental Health Court's Judicial Assistant, who will then send it to the full MHC Operations Team as early notice of the referral. The MHC prosecutor and the MHC defender shall confer and consider referrals. If both agree, the referral will be sent to the MHC PACT Liaison for assessment. The MHC Liaison will review referrals for prior mental health history, conduct an assessment regarding the defendant's suitability for MHC, and schedule the case for staffing by the MHC Team. The MHC Team will review available information and decide whether to accept the defendant into MHC.
 - The court's optimal caseload is 50 (they had eight involved at the time of the SIM Mapping). The program can last from 12-24 months.

INTERCEPT 2 & 3 GAPS

Post-Booking Mental Health Diversion program

The Post-Booking Mental Health Diversion program is underutilized. Officers could be provided additional mental health training. There is also a need to engage multiple partners around diversion strategies. Finally, the target population was unclear and could be better identified.

Jail Services

Gaps were identified in staffing in the City Jail, and medical staff are only available part-time. Additional medical staff would also help implement Medication-Assisted Treatment (MAT) at the City Jail. There are some delays (24-48 hours) in access to mental health and substance use disorder evaluations and services until after a charging decision.

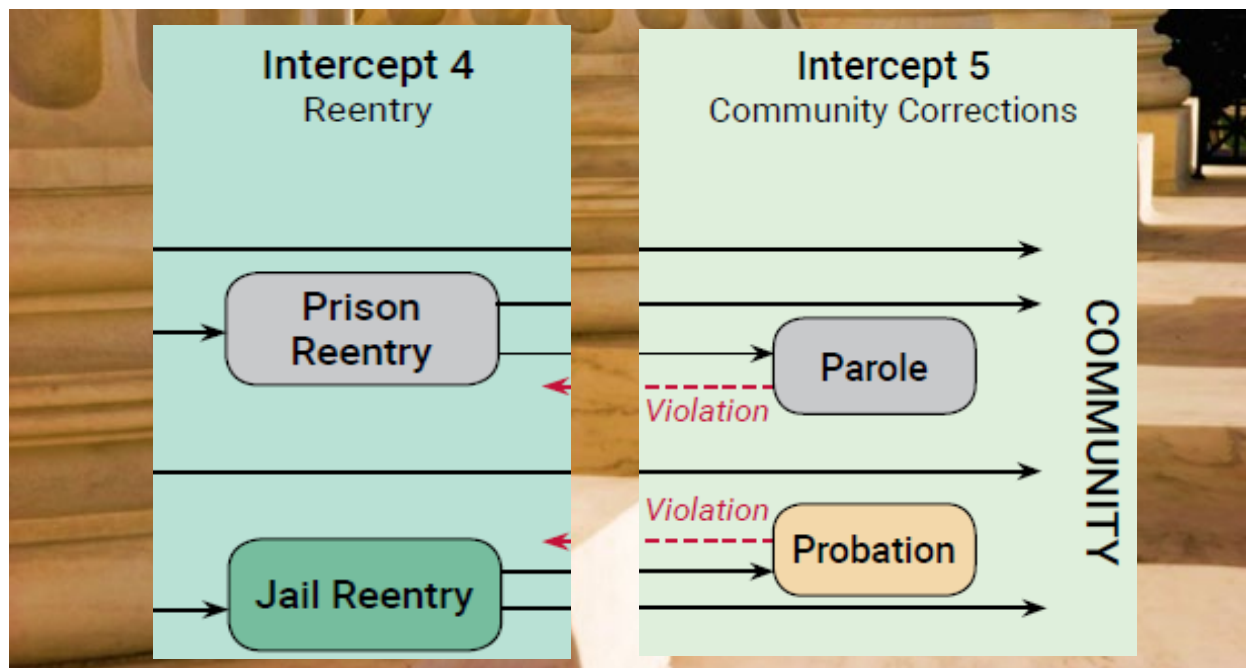
Pre-trial Services

On average, there is a two-week period between appearance and arraignment where individuals booked may not have access to needed mental health or substance use disorder services.

Competency: COVID-19 has created restrictions on transportation to pretrial mental health and competency evaluations, which has also resulted in barriers to timely evaluation. The county may consider holding evaluations virtually.

Courts

There is currently no funding for court-ordered domestic violence treatment, thus clients are forced to pay for treatment out-of-pocket. District Court was not represented at the SIM Mapping.



INTERCEPT 4 & 5 RESOURCES

Prison Services

There is no medium or maximum-security prison in Yakima County. The closest is Coyote Ridge a Corrections Center about 2 hours away, which releases frequently to Yakima. There are treatment providers on staff. There is a work release program through state corrections. The closest prison with psychiatric services is in Spokane.

Jail Services

Comprehensive Healthcare delivers services in the Yakima County jail. Their staff include 2 Case Managers, 3 MA Clinicians, 2 Chemical Dependency staff at County Jail. There are routine follow-through and treatment planning during incarceration. The case managers will make appointments with providers for the clients. Discharge planning is provided to those who are self-referred or institutionally referred by the Corrections Department. Motivational interviewing techniques are used to engage clients as they move towards release. Clients are released with a 7-day supply of prescriptions. Trueblood provides the jail with 2 Case Managers resource needs assessment, to reconnect with treatment. Referrals can be self-made by the inmate or by a correctional officer. MERIT Resource Services also provides offsite jail services such as substance use disorder assessments and referrals to treatment. Referrals for in-custody assessments originate with defense attorneys, incarcerated individuals, or the therapeutic courts.

Community Reentry Services

1-2 case managers are “benefits navigators” as designated trained and certified by the state. DOC will make sure clients are registered for healthcare at release. Clients are provided

with a state identification upon release.

Comprehensive Healthcare has supportive residential housing for clients in need. The most frequently assigned co-occurring program is the [Pathways program](#). Their adult residential treatment facility is staffed 24 hours per day and provides intensive treatment to individuals who need a higher level of care than can be provided in outpatient co-occurring disorder treatment.

The legislatively-mandated and state-funded Offender Reentry Community Safety (ORCS) Program has operated since 2000. To qualify for this program, participants must have been diagnosed with a serious mental illness or major mental health disorder, and also pose a threat to public safety. An interdisciplinary team of mental health and correctional professionals provide coordinated case management and community treatment planning such as mental health and chemical dependency treatment, housing, supervision, and expedited Medicaid eligibility for up to five years after release. This program was previously called Dangerously Mentally Ill Offenders (DMIO). For every \$1 the program spends, it saves \$1.90 in costs, according to [an analysis](#) done by the Washington State Institute for Public Policy (WSIPP).

Veterans

The Yakima County Veteran's Incarcerated Program (VIP) works with incarcerated Veterans with various offences in the Yakima County Department of Corrections as well as other municipal jails in the county to successfully reintegrate Veterans back into the community. They can assist with the provision of cell phones and bus passes. The Veteran's Coordinator seeks to engage the Veteran while incarcerated to initiate a positive reentry plan, providing greater opportunity to break the chain of reoffending that often happens.

Probation/Parole

Probation: has 1 dedicated specialty court Probation Officer (average caseload is around 250), 7 probation officers, and 2 case managers. Staff members attend a 2-week academy to learn about case management, interviewing, specialty caseload management. Probation uses the Wisconsin risk assessment tool and use RANT tool for DUI courts. Probation maintains an active list of community providers for referrals and suggestions, specifically for MH & SUD. Trueblood is the funding source half of the probation officers and the probation mental health court.

Parole: has 3 units of about 12 officers. The caseload size is about 25-30 depending on the area. The overall caseload numbers have dropped due to COVID-19.

Peer Services

Comprehensive Healthcare has peer navigators located in the emergency department and in the community. The peer navigators focus is on opioid addictions. There are peer counselors providing support in most outpatient teams and dual diagnosis programs, and peer coaches in hospital programs.

Housing

Yakima Neighborhood Health Services and Rod's House manage the the Anchor Community Initiative to end youth and young adult homelessness (YYA) in Yakima County by 2022, which is defined as a point when more YYA are leaving the homeless system than entering it. This is part of the county's [5-Year Plan to Address Homelessness](#) (currently in year 3), further discussed in the 2021 Yakima County Homeless Response Systems Mapping report (Policy Research Associates. (2021). *Homeless response system mapping report for Yakima County, Washington*. Delmar, NY: Policy Research Associates, Inc.)

INTERCEPT 4 & 5 GAPS

Jail Services

There are currently no MAT services in jail, other than maintenance at the County Jail (DOC).

Community Reentry Services

There is a lack of specialized workforce in the Yakima County (case managers, BH specialists, medical providers, therapists, SUD providers). Another identified gap is peers are sometimes assigned duties of a case manager that step outside of their role as a peer. There are no peer-run facilities as diversion/reentry options.

Probation

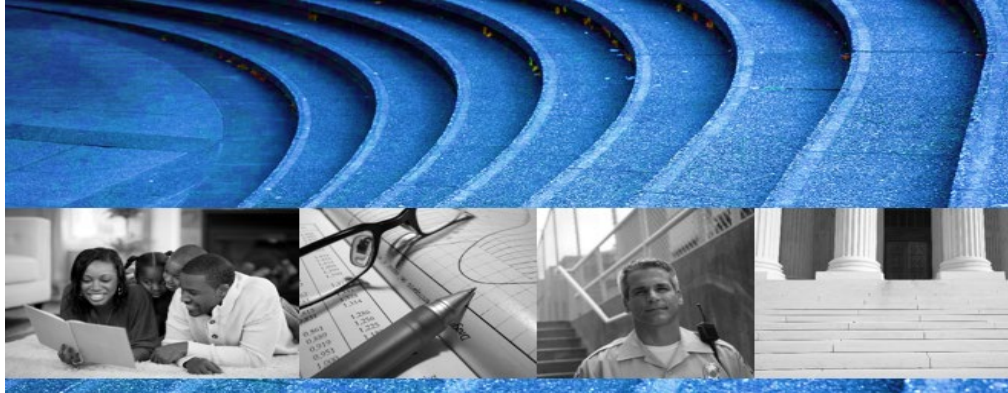
Probation does not have any formal CIT or mental health training. Another gap is that Probation does not track veterans or have specific resources

Shelter and Housing

There is a need for additional re-entry housing and permanent supportive housing. There is no set aside for rapid rehousing funding for those with felonies and sexual offenses. There is a lack of affordable housing. The county is in year 3 of a 5-year plan to end homelessness. Impacts of COVID-19 on housing and homelessness include eviction holds, landlords raising rents and creating unaffordable rent for those who have been unable to maintain housing to this point potentially adding to the homelessness crisis. There are also rental assistance funds that cannot be dispersed.

Other

Trueblood funds expire 6/30/2022, which will impact the entire system's resources. There is currently no funding for court-ordered DV treatment (comes out of pocket).



Priorities for Change

The priorities for change are based on the identification of gaps during the SIM Mapping and their ranking is determined through a voting process. Workshop participants are asked to identify top priorities followed by a vote where each participant has three votes. The voting took place in September 2021.

Note: PRA also facilitated a SIM Mapping with Yakima County on August 31, 2017, which helped inform the 2021 mapping. Priorities identified BOTH in the 2017 and in 2021 mappings are shown in yellow.*

1	Sustaining activities funded by Trueblood after the funding expires in June 2022 (e.g., DCRs, BH specialists who conduct screening in jail booking area, staff for reentry planning).	46.67%	21
2	Coordinated systemic approach to Intercept 0 (Community Services). Alternatives to 9-1-1 and law enforcement response.	40.00%	18
3	Access to stable and affordable housing. Also, re-entry housing and permanent supportive housing (no regulatory body; unable to disburse funds due to lack of housing options).	37.78%	17
4	Access to mental health and substance use disorder treatment prior to a charging decision and between preliminary appearance and arraignment, particularly for individuals who are released from custody.	33.33%	15
5	Funding for court-ordered Domestic Violence treatment (currently an out-of-pocket expense).	24.44%	11
6	Ensuring warm handoffs and smooth transitions between providers/services. Also increasing data sharing and tracking.	24.44%	11
7	Lack of specialized workforce (e.g., case managers, medical and behavioral health service providers) and strategies for addressing staff turnover.	22.22%	10
8	Increasing community education efforts and providing clarity around what is available in lower valley/less-resourced areas. Ensuring that messaging is clear and can be understood.	17.78%	8
9	Increasing diversion options. Increasing utilization of Post-Booking Mental Health Diversion program. Lack of secured diversion opportunities (post-detox service/medication engagement).	13.33%	6
10	Access to full-time medical staff and medications for Opioid Use Disorder in the Yakima City Jail.	11.11%	5
11	Access to culturally appropriate services and bilingual services.	11.11%	5
12	Development of strategies for providing timely access to mental health/competency evaluations during COVID-19 pandemic (e.g., explore virtual options).	8.89%	4
13	Dedicated law enforcement or probation officer for the Yakima County Superior Court's Drug Court.	8.89%	4
14	Development of alternatives and/or strategies for continuing in-reach into facilities during COVID-19 pandemic.	0.00%	0
15	Defining roles/responsibilities and boundaries for peer-delivered services.	0.00%	0
16	Specialized training for probation (e.g., Crisis Intervention Team, Mental Health First Aid).	0.00%	0
17	Increasing access to transportation and related assistance.	0.00%	0
Total			45

**The full list of ranked priorities identified during the 2017 mapping are also included below, for context.*

- 1. Legislative agenda to increase funding support (0.10% mental health tax)- 20 votes*
- 2. Early assessment at booking for mental health to determine decision regarding release or detainment- 13 votes*
 - a. Increase data/expertise about mental health for courts/judges*
- 3. Address the inability to pay for court-ordered treatment- 13 votes*
- 4. Increase options for law enforcement diversion at Intercepts 0-1- 10 votes*
- 5. Enhance Intercept 4 care coordination and reentry/discharge planning- 8 votes*
- 6. Increase utilization of peer support and life coaches across Intercepts- 8 votes*
- 7. Address and increase supportive/transitional housing in the area- 7 votes*
- 8. Transportation options for this population, including utilizing peer specialists- 4 votes*
- 9. Adopt a universal engagement strategy across the criminal justice and behavioral health systems- 4 votes*
- 10. Centralized data warehouse with a data dictionary- 3 votes*
- 11. Create a one-stop resource center- 2 votes*
- 12. Education around available community resources- 1 vote*

STRATEGIC ACTION PLANS

Priority Area 1: Sustaining activities funded by *Trueblood* after funding expires in June 2022. (DCRs, reentry staff, etc.) *Note: the SIM mapping discussion was not inclusive of all programs receiving Trueblood funding that should/may be sustained*

Objectives		Action Steps	Who	When
1.	Identify the activities the community wants to sustain and/or expand	Form a coalition with all systems represented - law and justice, housing, health care, mental health, education, etc. -e.g., Steering committee for Seattle Human Services Coalition		
		Look at the level of effectiveness of each of the priorities as a potential guide for tax revenue distribution		
		Look into revenue bonds		
2.	Following the 0.10% mental health tax passage, the next step is to establish a funding request mechanism	The Behavioral Health Coalition, once convened, will begin efforts towards collaboration and funding	Esther Magasis/Department of Human Services	
		Identify state funding available for supporting programs and involve legislators in efforts		
3.	Collect and display program data to inform/leverage funding opportunities <i>Group agreement that a tax funding public-facing dashboard should exist but undecided on what priority hosts it.</i>	Make data sharable (within legal/privacy requirements)	Matt Murray	
		Creating a countywide shared interactive dashboard to track the measures and outcomes. Information can then be leveraged to apply for future funds and to show the public the use of money e.g., https://capitalprojects.seattle.gov/projects e.g., 211 County Data Dashboard: https://wa211.org/community-data/		
		Perform an outcome analysis		

Priority Area 2: Coordinated systemic approach to Intercept 0 (Community Services)

Objectives		Action Steps	Who	When
1.	Explore alternatives to calling 9-1-1 and sending a law enforcement response (9-8-8 is in development)	-Identification and development of alternatives for mobile response -Review the role of LE in referral and appointment making -Comprehensive provides follow-up		
		Define what services are available for diversion to and provide emergency dispatch this information -e.g., alternative models -drop-in center pilot project (Comprehensive exploring) -workgroup EMS/LE (CAHOOTS model) -e.g., REAL peer resource model		
		Explore an additional response unit for crisis response and/or build on DCR program -e.g., community resource coordinators or community service officers (non-enforcement capacity)		
2.	Increase public use and knowledge of 2-1-1 information resource to more effectively update and use services (www.wa211.org ; www.connect211.com)	Identify the systems and resources already available and identify the gaps left		
	In 2021, 2-1-1 booklet provided to police	Regularly update agency information in the 2-1-1 resource list		
3.	Identify population(s) of focus, balancing the use of resources for individuals needing behavioral health services and those that are frequent utilizers of services (goal: reduce impacts on community and have services meet the individual where they are) → Expanding from individuals who may be already “motivated” and identifying recovery-oriented strategies for engaging additional individuals	Track frequent utilizer/familiar face vs the “under-utilizer” population		
		Provide an appropriate service level and maintain contact/facilitating engagement		
		Consider local population and needs in the planning/development of the YCC: give priority to wraparound programing/co-locating		
		Identify opportunities for agencies to join YCC		
		Establish criteria/method for identification of individuals and process for engagement/referral to services (supporting existing DCR efforts)		

4.	Measure the efficacy of existing Trueblood-funded programs to support strategic planning and spending (including cost savings/avoidance and recidivism rates)	Collect quantitative program evaluation data for analysis- planning and coordinating		
		In addition to quantitative data, gather qualitative impact (narratives, etc.) to show program successes		
		Collaborate with Community Information Exchange effort https://ciesandiego.org/		

Note: While some local organizations working around housing and homelessness were present at the SIM Mapping, the bulk of detailed discussion of this issue was intended to be delayed until the separate Yakima County Homeless Response Systems Mapping (HRSM), to be held on November 2-3, 2021. The identified themes below were transferred to the HRSM.

Priority Area 3: Access stable and affordable housing for those with criminal justice system involvement. Include reentry housing and permanent supportive housing (no regulatory body; unable to disburse funds due to lack of housing options)

Objectives		Action Steps	Who	When
1.	Develop co-located housing services... <ul style="list-style-type: none"> Emergency low barrier shelter Permanent supportive housing Transitional housing ...that is justice-involved focused (also consider those with felonies and sex offenses)	Prioritize safe housing		
		Identify places for families		
2.	Blend resources and identify affordable housing options	Affordable housing delegation (pending)		
		Hybrid facilities that allow additional living space and family growth. (Home Coalition, housing trust fund)		
		(Explore 0.10% Affordable Housing Sales Tax (estimated to bring in 4M/year)		



Recommendations

Yakima has a number of exemplary programs that address criminal justice/behavioral health collaboration. Still, the SIM mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed.

- 1. Identify where this work will “live” and a group to move the work forward. Continue to shape efforts by formalizing a county-wide Criminal Justice/Behavioral Health Planning Body to address the needs of justice-involved persons with mental health and substance use disorders, including *Trueblood* program sustainability and use of the 0.10% mental health tax.**

There is a need for ongoing dialogue, joint planning, and increasing awareness regarding system resources. Implementation of initiatives to increase diversion opportunities will require involvement of a broad group of stakeholders with sufficient authority to impact state-, county-, and municipal-level change.

While elements of criminal justice and behavioral health planning and coordination have taken place in Yakima in the past, such as through the Law and Justice Subcommittee, *Trueblood* Diversion Workgroup, and Yakima County Healthcare Coalition, at the time of the SIM mapping there did not appear to be an active cross-systems workgroup with sufficient representation at both the city and county levels. During the SIM mapping, there was discussion around creation of a behavioral health coalition. One task of the coalition (or perhaps a subgroup of the larger group) could focus on sustainability of *Trueblood*-funded programs in the county (see related Action Plan). The facilitators’ recommendation is that this representative stakeholder group would analyze identified priorities related to both the SIM mapping and *Trueblood*-funded initiatives that could result in recommendations to the county.

During the SIM mapping it was clear that there is a need to develop a mechanism/process to inventory and evaluate all *Trueblood*-funded programs within Yakima County. For example, widespread support was evident toward some *Trueblood*-funded programs, such as the DCR co-responders, but there was much less conversation around potentially less-visible programs such as staff providing jail reentry services. It will be important to engage cross-systems stakeholders in discussions around program sustainability and funding, including use of the 0.10% mental health tax; and a criminal justice and behavioral health planning group would be an ideal place to begin.

[Bexar County](#) (Texas), [Memphis](#) (Tennessee), [New Orleans Parish](#) (Louisiana), and [Pima County](#) (Arizona) are examples of counties and municipalities that have developed Criminal Justice Mental Health Planning Committees. Other sites have created Criminal Justice Coordinating Committees or Criminal Justice Coordinating Councils (CJCCs) to collaboratively address issues. Justice Management Institute's [National Network of Criminal Justice Coordinating Councils](#) provides additional resources including [Tips for CJCC Stakeholders](#) (e.g., judges, magistrates, trial court administrators, prosecutors, public defenders, sheriffs, police chiefs, probation and parole, county commissioners).

Also, the following national initiatives can inform planning efforts and provide technical assistance to enhance community collaboration:

- The National Institute of Corrections [CJCC](#) tools and resources
- The International Association of Chiefs of Police's [One Mind Campaign](#)
- [The Stepping Up Initiative](#)

2. Integrate the population of individuals with lived experience (peers) into ongoing and future diversionary programming efforts, specifically at Intercepts 0/1 and 4.

Note: this topic was also identified as a top priority and recommendation during Yakima's 2017 SIM mapping.

It is important to develop diversion programming inclusive of individuals with mental illness and those who have been affected by the criminal justice system. Diversion programming should consider best practices that are needed to help individuals with mental illness be successful in diversion programming. Peer support has been found to be particularly helpful in easing the traumatization of the corrections process and encouraging individuals to engage in treatment services. Settings that have successfully involved peers include crisis evaluation centers, emergency departments, jails, treatment courts, and reentry services.

Comprehensive Healthcare has peer navigators embedded in the emergency department and in the community to provide engagement in services and peer support. While the peer navigators' focus is on opioid addiction and many peer staff are tied to outpatient services and other primary care, there may be additional opportunities to utilize peer staff across the intercepts. In some communities, peer staff act as the primary driver or front door of care and assist the client in linkage to other supports. Yakima may wish to examine

opportunities for peer support in both early intercept diversion (0/1) and reentry services (Intercept 4).

Two specific models to consider are [People USA](#) (formerly PEOPLE, Inc.) in upstate New York and [Keya House](#) in Lincoln, Nebraska, which both operate peer-run hospital diversion homes with lengths of stay of generally a few days. The homes are designed for crisis management with the goals of diverting emergency room visits and maintaining community independence. Mental Health America Nebraska also operates [Honu Home](#), a longer-stay respite designed for individuals returning to the community from state corrections. In Yakima, programs such as these could both increase diversion opportunities at intercepts 0/1 and 4, as well as provide additional time to address housing barriers, which were identified as potentially resulting in additional justice system involvement.

Other communities have integrated peers and case managers into mobile crisis response and initiatives around outreach to those frequently engaging with law enforcement or who are high utilizers of services. Some peer staff work specifically local VA hospitals to help engage veterans in reentry services and fill basic needs such as transportation. Below are a few specific resources. Please see the below Resources on *Peers* for more information.

- [Rose House | People USA](#)
- [Mental Health Association of Nebraska : Keya](#)
- [Mental Health Association of Nebraska : Reentry Programs](#)
- [Mental Health Association of Nebraska : REAL Program](#)
- [Mental Health Division \(houstontx.gov\)](#)

3. At all stages of the Sequential Intercept Model, and particularly at Intercepts 0/1, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.

Note: this topic was also identified as a top priority and recommendation during Yakima's 2017 SIM mapping.

Within Yakima County, there is a cross-system need for streamlined in data collection, analysis, and utilization that could inform programming needs, sustainability, and allocation of resources. Improving cross-system data collection and integration is key to identifying familiar face/high utilizer populations, measuring program outcomes and success, and justifying sustainability and expansion. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

When focusing on data collection and utilization, it is important for each organization to define terms initially, so there is a common definition developed of what populations and issues communities/organizations are trying to understand. Stakeholders should learn from each system

how the data points are collected, coded, and stored, as well as to seek common identifiers to match various populations.

Examining information collected by Dispatch/9-1-1 such as mental health coding of calls can be a place to start. Collecting information on the number of calls, identifying the callers using address flags, and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a “warm handoff” or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

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

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments. The publication “[Data-Driven Justice Playbook: How to Develop a System of Diversion](#)” provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the *Information Sharing/Data Analysis and Matching* publications in the Resources section, in particular [Data Collection Across the Sequential Intercept Model \(SIM\): Essential Measures](#).



Resources

Competence Evaluation and Restoration

- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Policy Research Associates. (2007, re-released 2020). [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#).
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#).
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach](#).
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems](#).
- Abt Associates. (2020). [A Guidebook to Reimagining America's Crisis Response Systems](#).
- Urban Institute. (2020). [Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices](#).
- Open Society Foundations. (2018). [Police and Harm Reduction](#).
- Center for American Progress. (2020). [The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call](#).
- Vera Institute of Justice. (2020). [Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses](#).
- National Association of State Mental Health Program Directors. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#).
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#).
- R Street. (2019). [Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response](#).

- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities](#).
- Substance Abuse and Mental Health Services Administration. (2020). [Crisis Services: Meeting Needs, Saving Lives](#).
 - Substance Abuse and Mental Health Services Administration. (2020). [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#).
- Crisis Intervention Team International. (2019). [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#).
- Suicide Prevention Resource Center. (2013). [The Role of Law Enforcement Officers in Preventing Suicide](#).
- Bureau of Justice Assistance. (2014). [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions](#).
- International Association of Chiefs of Police. [One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities](#).
- Bureau of Justice Assistance. [Police-Mental Health Collaboration Toolkit](#).
- Policy Research Associates and the National League of Cities. (2020). [Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#).
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium](#).
- Optum. (2015). [In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs](#).
- The [Case Assessment Management Program](#) (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). [Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs](#).
- National Association of State Head Injury Administrators. [Supporting Materials including Screening Tools and Sample Consent Forms](#).

Housing

- The Council of State Governments Justice Center. (2021). [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health](#).
- Alliance for Health Reform. (2015). [The Connection Between Health and Housing: The Evidence and Policy Landscape](#).
- Economic Roundtable. (2013). [Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients](#).
- 100,000 Homes. [Housing First Self-Assessment](#).
- Community Solutions. [Built for Zero](#).

- Urban Institute. (2012). [Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project](#).
- Corporation for Supportive Housing. [Guide to the Frequent Users Systems Engagement \(FUSE\) Model](#).
 - Corporation for Supportive Housing. [NYC Frequent User Services Enhancement – Evaluation Findings](#).
- Corporation for Supportive Housing. [Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health](#).
- Substance Abuse and Mental Health Services Administration. (2015). [TIP 55: Behavioral Health Services for People Who Are Homeless](#).
- National Homelessness Law Center. (2019). [Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities](#).

Information Sharing/Data Analysis and Matching

- Center for Policing Equity. (2020). [Toolkit for Equitable Public Safety](#).
- [Legal Action Center](#). (2020). [Sample Consent Forms for Release of Substance Use Disorder Patient Records](#).
- [Council of State Governments Justice Center](#). (2010). [Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#).
- American Probation and Parole Association. (2014). [Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing](#).
- The Council of State Governments Justice Center. (2011). [Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Data Collection Across the Sequential Intercept Model: Essential Measures](#).
- Substance Abuse and Mental Health Services Administration. (2018). [Crisis Intervention Team \(CIT\) Methods for Using Data to Inform Practice: A Step-by-Step Guide](#).
- Data-Driven Justice Initiative. (2016). [Data-Driven Justice Playbook: How to Develop a System of Diversion](#).
- Urban Institute. (2013). [Justice Reinvestment at the Local Level: Planning and Implementation Guide](#).
- Vera Institute of Justice. (2012). [Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness](#).
- New Orleans Health Department. (2016). [New Orleans Mental Health Dashboard](#).
- The Cook County, Illinois [Jail Data Linkage Project: A Data Matching Initiative in Illinois](#) became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. [Arrested Guides and Medication Forms](#).
- NAMI California. [Inmate Mental Health Information Forms](#).
- Urban Institute. (2018). [Strategies for Connecting Justice-Involved Populations to Health Coverage and Care](#).
- R Street. (2020). [How Technology Can Strengthen Family Connections During Incarceration](#).

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. [Advancing Access to Addiction Medications](#).
- American Society of Addiction Medicine. (2015). [The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#).
 - ASAM [2020 Focused Update](#).
 - Journal of Addiction Medicine. (2020). [Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder](#).
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#).
- National Council for Behavioral Health. (2020). [Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion](#).
- Substance Abuse and Mental Health Services Administration. (2015). [Federal Guidelines for Opioid Treatment Programs](#).
- Substance Abuse and Mental Health Services Administration. (2020). [Treatment Improvement Protocol \(TIP\) 63: Medications for Opioid Use Disorder](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide](#).
- Substance Abuse and Mental Health Services Administration. (2015). [Medication for the Treatment of Alcohol Use Disorder: A Brief Guide](#).
- U.S. Department of Health and Human Services. (2018). [Facing Addiction in America: The Surgeon General's Spotlight on Opioids](#).

Mental Health First Aid

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

Peer Support/Peer Specialists

- Policy Research Associates. (2020). [Peer Support Roles Across the Sequential Intercept Model](#).
- Department of Behavioral Health and Intellectual disability Services. [Peer Support Toolkit](#).
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). [DIMENSIONS: Peer Support Program Toolkit](#).
- Local Program Examples:
 - People USA. [Rose Houses](#) are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
 - Mental Health Association of Nebraska. [Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists](#).

- Mental Health Association of Nebraska. [Honu Home](#) is a peer-operated respite for individuals coming out of prison or on parole or state probation.
- MHA NE/Lincoln Police Department [REAL Referral Program](#). [The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.](#)

Pretrial/Arrest Diversion

- Substance Abuse and Mental Health Services Administration. (2015). [Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System](#).
- CSG Justice Center. (2015). [Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements](#).
- National Resource Center on Justice Involved Women. (2016). [Building Gender Informed Practices at the Pretrial Stage](#).
- Laura and John Arnold Foundation. (2013). [The Hidden Costs of Pretrial Diversion](#).
- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#).

Procedural Justice

- Center for Court Innovation. (2019). [Procedural Justice at the Manhattan Criminal Court](#).
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Appendices

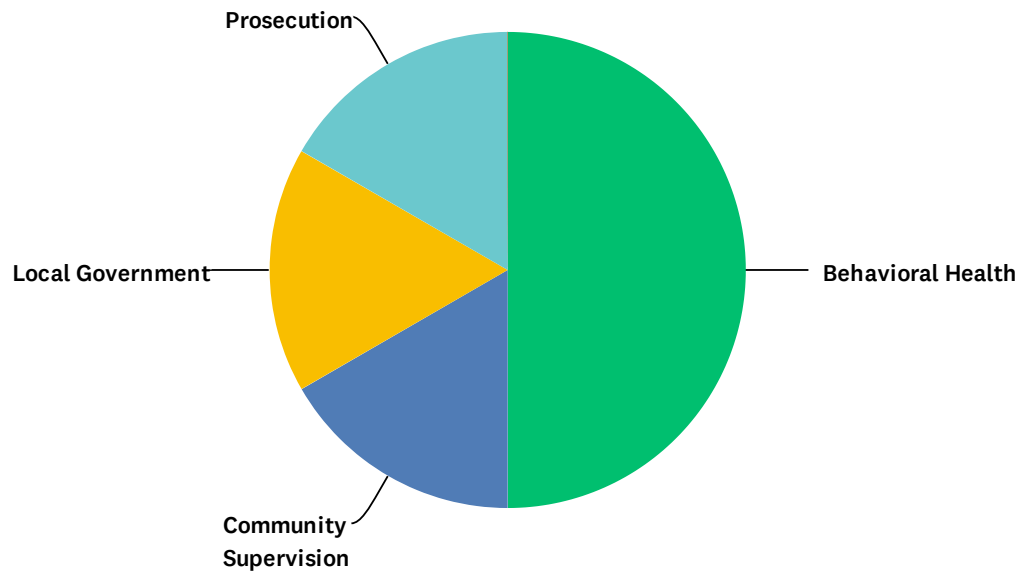
APPENDIX 1 SEQUENTIAL INTERCEPT MAPPING WORKSHOP PARTICIPANT LIST

First Name	Last Name	Agency/Organization	Title	Email Address
Mitch	Nickolds	City of Toppenish	Building Official/Zoning Administrator	mitch.nickolds@cityoftoppenish.us
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Shawna	Estep	Triumph Treatment		
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Violette	Cloud	PRA	Facilitator	vlcloud@prainc.com

APPENDIX 2 COMMUNITY SELF-ASSESSMENT

Q1 What field do you represent?

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Behavioral Health	50.00%	3
Community Supervision	16.67%	1
Local Government	16.67%	1
Prosecution	16.67%	1
Community Services	0.00%	0
Corrections	0.00%	0
Courts	0.00%	0
Defense Counsel	0.00%	0
Emergency Medical Services	0.00%	0
Family	0.00%	0
Housing and Homelessness Services	0.00%	0
Law Enforcement	0.00%	0
Peer/Peer-based Services	0.00%	0
Veterans Healthcare/Services	0.00%	0
Other (please specify)	0.00%	0
TOTAL		6

Q2 Collaboration In order to appropriately and effectively respond to adults with mental health and substance use disorders, agencies should collaborate across the Sequential Intercept Model. Please indicate your level of agreement with the statements below as they relate to your community.

Answered: 5 Skipped: 1

Sequential Intercept Model: Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
2.01 There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	0.00% 0	20.00% 1	0.00% 0	20.00% 1	60.00% 3	0.00% 0	5	4.20
2.02 There is cross-system recognition that responsibility for responding to these adults with mental and substance use disorders lies with all systems.	0.00% 0	40.00% 2	0.00% 0	40.00% 2	20.00% 1	0.00% 0	5	3.40
2.03 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.	0.00% 0	20.00% 1	20.00% 1	60.00% 3	0.00% 0	0.00% 0	5	3.40
2.04 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.	0.00% 0	80.00% 4	0.00% 0	0.00% 0	0.00% 0	20.00% 1	5	2.00
2.05 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.	0.00% 0	40.00% 2	0.00% 0	0.00% 0	0.00% 0	60.00% 3	5	2.00
2.06 Stakeholders have established a shared mission and common goals to facilitate criminal justice and behavioral health collaboration.	0.00% 0	60.00% 3	0.00% 0	20.00% 1	0.00% 0	20.00% 1	5	2.50
2.07 Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities,	0.00% 0	40.00% 2	0.00% 0	20.00% 1	0.00% 0	40.00% 2	5	2.67

Sequential Intercept Model: Community Self-Assessment

challenges, and oversight of existing initiatives.

2.08 Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	0.00% 0	0.00% 0	20.00% 1	40.00% 2	20.00% 1	20.00% 1	5	4.00
2.09 Based on research evidence and guidance on best practice, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	20.00% 1	0.00% 0	20.00% 1	20.00% 1	0.00% 0	40.00% 2	5	2.67
2.10 Criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders in the justice system.	0.00% 0	40.00% 2	20.00% 1	20.00% 1	0.00% 0	20.00% 1	5	2.75
2.11 Criminal justice and behavioral health agencies share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement.	0.00% 0	60.00% 3	0.00% 0	40.00% 2	0.00% 0	0.00% 0	5	2.80
2.12 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.	0.00% 0	60.00% 3	20.00% 1	0.00% 0	0.00% 0	20.00% 1	5	2.25

Q3 Identification The behavioral health needs of adults in the justice system should be identified on a systematic basis at each point within the criminal justice system. Please indicate your level of agreement with the statements below as they relate to your community.

Answered: 5 Skipped: 1

Sequential Intercept Model: Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
3.09 Information obtained through screening and assessments is never used in a manner which jeopardizes an adult's legal interests.	0.00% 0	0.00% 0	0.00% 0	40.00% 2	20.00% 1	40.00% 2	5	4.33
3.05 There are procedures in place to access crisis behavioral health services for adults at any point of contact with the criminal justice system.	0.00% 0	0.00% 0	0.00% 0	40.00% 2	0.00% 0	60.00% 3	5	4.00
3.04 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for suicide risk by standardized instruments with demonstrated reliability and validity	0.00% 0	20.00% 1	0.00% 0	0.00% 0	20.00% 1	60.00% 3	5	3.50
3.10 Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	0.00% 0	20.00% 1	20.00% 1	0.00% 0	0.00% 0	60.00% 3	5	2.50
3.03 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	0.00% 0	40.00% 2	0.00% 0	0.00% 0	0.00% 0	60.00% 3	5	2.00
3.06 Mental health assessments are conducted on a routine basis whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	0.00% 0	20.00% 1	0.00% 0	0.00% 0	0.00% 0	80.00% 4	5	2.00
3.08 Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that	0.00% 0	20.00% 1	0.00% 0	0.00% 0	0.00% 0	80.00% 4	5	2.00

Sequential Intercept Model: Community Self-Assessment

balance public safety and behavioral health treatment needs.

3.01 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for mental disorders by standardized instruments with demonstrated reliability and validity.	20.00% 1	40.00% 2	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5	1.67
3.02 Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	20.00% 1	40.00% 2	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5	1.67
3.07 Substance use assessments are conducted on a routine basis whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	20.00% 1	40.00% 2	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5	1.67
3.11 Data-matching between criminal justice agencies and behavioral health providers occurs on a routine basis to identify active and former consumers who have entered the criminal justice system.	20.00% 1	40.00% 2	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5	1.67

Q4 StrategiesA variety of interventions are necessary for a community to effectively respond to adults with mental disorders and substance use disorders involved with the criminal justice system. Please indicate your level of agreement with the statements below regarding a variety of approaches as they relate to your community.

Answered: 5 Skipped: 1

Sequential Intercept Model: Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
4.07 Treatment courts are aligned with best practice standards and oriented to serve high-risk/high-need individuals.	0.00% 0	0.00% 0	0.00% 0	40.00% 2	20.00% 1	40.00% 2	5	4.33
4.12 Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	0.00% 0	0.00% 0	20.00% 1	0.00% 0	20.00% 1	60.00% 3	5	4.00
4.01 Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	0.00% 0	5	3.80
4.04 Law enforcement and other first responders are trained to effectively respond to adults experiencing mental health crises.	0.00% 0	20.00% 1	0.00% 0	40.00% 2	20.00% 1	20.00% 1	5	3.75
4.03 Emergency communications call-takers and dispatchers are able to effectively identify and communicate details about crisis calls to law enforcement and other first responders.	0.00% 0	0.00% 0	20.00% 1	40.00% 2	0.00% 0	40.00% 2	5	3.67
4.05 Pre-trial strategies are in place to reduce detention of low-risk defendants and to reduce failure to appear rates for people with mental and substance use disorders.	0.00% 0	20.00% 1	0.00% 0	0.00% 0	20.00% 1	60.00% 3	5	3.50
4.06 Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	20.00% 1	0.00% 0	0.00% 0	20.00% 1	20.00% 1	40.00% 2	5	3.33
4.08 Jail-based programming and health	0.00% 0	40.00% 2	0.00% 0	40.00% 2	0.00% 0	20.00% 1	5	3.00

Sequential Intercept Model: Community Self-Assessment

care meets 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).

4.10 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.	0.00% 0	20.00% 1	0.00% 0	20.00% 1	0.00% 0	60.00% 3	5	3.00
4.14 Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems.	0.00% 0	20.00% 1	20.00% 1	20.00% 1	0.00% 0	40.00% 2	5	3.00
4.11 Medication assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	0.00% 0	20.00% 1	20.00% 1	0.00% 0	0.00% 0	60.00% 3	5	2.50
4.09 Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	0.00% 0	40.00% 2	0.00% 0	0.00% 0	0.00% 0	60.00% 3	5	2.00
4.13 Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated on a regular basis to determine whether they are achieving the intended outcomes.	0.00% 0	60.00% 3	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5	2.00
4.02 There are adequate crisis services in place to meet the needs of people experiencing mental health crises.	20.00% 1	40.00% 2	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5	1.67

Q5 Services Adults with mental disorders or substance use disorders in the criminal justice system should have access to effective treatment to meet their needs and with the goals of achieving greater community public health and public safety. Please indicate your level of agreement with the statements below as they related to your community.

Answered: 5 Skipped: 1

Sequential Intercept Model: Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
5.06 Justice-involved adults with mental disorders or substance use disorders receive assistance in obtaining legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	0.00% 0	20.00% 1	0.00% 0	20.00% 1	20.00% 1	40.00% 2	5	3.67
5.07 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.	0.00% 0	20.00% 1	0.00% 0	20.00% 1	20.00% 1	40.00% 2	5	3.67
5.02 Regardless of setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are defined manual-based interventions with demonstrated positive outcomes based on repeated rigorous evaluation studies.	0.00% 0	20.00% 1	0.00% 0	60.00% 3	0.00% 0	20.00% 1	5	3.50
5.01 Adults with mental disorder 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.	0.00% 0	40.00% 2	0.00% 0	60.00% 3	0.00% 0	0.00% 0	5	3.20
5.09 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 effective delivery of services and programs.	20.00% 1	0.00% 0	20.00% 1	60.00% 3	0.00% 0	0.00% 0	5	3.20
5.03 Behavioral health service providers	20.00% 1	0.00% 0	0.00% 0	40.00% 2	0.00% 0	40.00% 2	5	3.00

Sequential Intercept Model: Community Self-Assessment

understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.

5.04 Justice-involved adults are fully engaged with behavioral health providers on the development of their treatment plans.	0.00% 0	40.00% 2	0.00% 0	0.00% 0	20.00% 1	40.00% 2	5	3.00
5.05 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.	20.00% 1	40.00% 2	0.00% 0	20.00% 1	0.00% 0	20.00% 1	5	2.25
5.08 There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	0.00% 0	60.00% 3	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5	2.00

APPENDIX 3 VOTING PRIORITY RESULTS

Voting to Establish Priorities for Change in Yakima County

Rank	Answer Choices	Responses	
1	Sustaining activities funded by Trueblood after the funding expires in June 2022 (e.g., DCRs, BH specialists who conduct screening in jail booking area, staff for reentry planning).	46.67%	21
2	Coordinated systemic approach to Intercept 0 (Community Services). Alternatives to 9-1-1 and law enforcement response.	40.00%	18
3	Access to stable and affordable housing. Also, re-entry housing and permanent supportive housing (no regulatory body; unable to disburse funds due to lack of housing options).	37.78%	17
4	Access to mental health and substance use disorder treatment prior to a charging decision and between preliminary appearance and arraignment, particularly for individuals who are released from custody.	33.33%	15
5	Funding for court-ordered Domestic Violence treatment (currently an out-of-pocket expense).	24.44%	11
6	Ensuring warm handoffs and smooth transitions between providers/services. Also increasing data sharing and tracking.	24.44%	11
7	Lack of specialized workforce (e.g., case managers, medical and behavioral health service providers) and strategies for addressing staff turnover.	22.22%	10
8	Increasing community education efforts and providing clarity around what is available in lower valley/less-resourced areas. Ensuring that messaging is clear and can be understood.	17.78%	8
9	Increasing diversion options. Increasing utilization of Post-Booking Mental Health Diversion program. Lack of secured diversion opportunities (post-detox service/medication engagement).	13.33%	6
10	Access to full-time medical staff and medications for Opioid Use Disorder in the Yakima City Jail.	11.11%	5
11	Access to culturally appropriate services and bilingual services.	11.11%	5
12	Development of strategies for providing timely access to mental health/competency evaluations during COVID-19 pandemic (e.g., explore virtual options).	8.89%	4
13	Dedicated law enforcement or probation officer for the Yakima County Superior Court's Drug Court.	8.89%	4
14	Development of alternatives and/or strategies for continuing in-reach into facilities during COVID-19 pandemic.	0.00%	0
15	Defining roles/responsibilities and boundaries for peer-delivered services.	0.00%	0
16	Specialized training for probation (e.g., Crisis Intervention Team, Mental Health First Aid).	0.00%	0
17	Increasing access to transportation and related assistance.	0.00%	0
Total			45