



Working together to interrupt the spiral

Hennepin County
Criminal Justice Behavioral Health Initiative
Five year report: October 2020

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Model offers opportunities to help

Hennepin County residents hold us responsible to care for our most vulnerable, including people whose illnesses and addictions put them on a seemingly unending spiral between the emergency department and the county jail.

In 2015, our partners in criminal justice were sounding alarms. They felt that they weren't making progress on improving safety or well-being. Our Health and Human Services data showed the same thing. Together, we realized that there was a lack of coordination, ineffective policies and outdated service models that failed to address urgent underlying needs.

Our environmental scan revealed that services were fragmented and focused on people who already were in the criminal justice system. We knew we needed to do more on the front end, to try to divert people from jail.

A national model for local change

Hennepin County adopted the Sequential Intercept Model developed by the Substance Abuse and Mental Health Service Administration (SAMHSA). The model breaks the criminal justice system into touchpoints: opportunities to prevent people from needlessly entering the system and a tailored response for those who do. Our five-year plan has focused on people's pre-sentencing experiences with law enforcement and detention.

The change process has created a network of influencers and contributors who advance this work. We have welcomed more than a dozen partners — public and private organizations — inside and outside of Hennepin County.

We know this: No single agency or discipline can stop the cycle. We need to leverage expertise, resources and data from a variety of key stakeholders to transform policies from every angle.

We thank our partners, our supporters and those who are watching our progress. We will keep learning, growing and changing with our community.

Finding opportunities to offer help

Our group adopted the Sequential Intercept Model to help us:

- Understand interactions between the criminal justice and mental health systems
- Identify whom to focus on and how to make a difference at each point as people with mental illness move through the system
- Pinpoint decision makers engaged with strategies to improve community safety and well-being

We have implemented services as guided by the Sequential Intercept Model at touchpoints across the criminal justice system.

The Sequential Intercept Model calls out interplay between policy-level and service-level changes. The systemic reforms needing to work together cluster in three main areas:

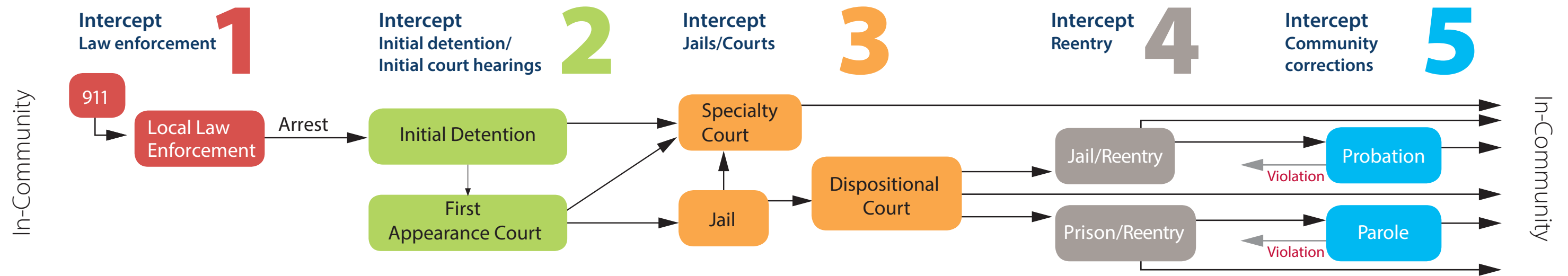
Diversion programs to keep people with serious mental illness out of the criminal justice system and safe in their communities

Institutional services to provide adequate behavioral health services in correctional facilities for people with serious mental illness who need to be in the criminal justice system because of the severity of their crimes

Reentry transition programs to link people with serious mental illness and addiction to community-based services when they are discharged

In Hennepin County, we identified five sets of components to transform our system and provide a pathway for continued work.

SAMHSA's Sequential Intercept Model



Milestones

2014	2015	2016	2017	2018	2019	2020	2021
<p>Launched Integrated Access Team in jail <i>Page 14</i></p>	<p>Board resolves to address mental health needs of people in jail</p> <hr/> <p>Integrated Access Team (IAT) cohort outcomes</p> <ul style="list-style-type: none"> - 48% reductions in rebooking - 61% fewer emergency room visits 	<p>Trained 100% of Minneapolis police in crisis intervention <i>Page 8</i></p> <hr/> <p>Every month at the jail:</p> <ul style="list-style-type: none"> 20% of detainees screened positive for serious mental illness 100 low-level offenders with mental illness released within a day of booking 	<p>Developed Forensic Intensive Assertive Community Treatment Team <i>Page 17</i></p> <p>Launched co-responder pilot <i>Page 8</i></p> <p>Expanded withdrawal management <i>Page 10</i></p> <p>Received County Championship of Change award</p> <p>Set agreements to embed social workers at key touchpoints in the system <i>Page 9</i></p>	<p>Launched Restorative Court <i>Page 15</i></p> <p>Opened Mental health (MH) crisis residential program at 1800 Chicago <i>Page 9</i></p> <p>Received \$10 million in state and federal funding for triage and assessment clinic at 1800 Chicago <i>Page 10</i></p> <hr/> <p>Co-responder 2017</p> <p>Co-responder program outcomes:</p> <ul style="list-style-type: none"> - 40% remained at home - 30% taken to hospital - 30% gone on arrival - 0% arrested 	<p>Launched embedded social worker model <i>Page 9</i></p> <p>Received \$750,000 from the county board to support two intensive residential treatment programs <i>Page 18</i></p> <p>Awarded Opioid Grant to offer Medicated Assistant Treatment for people in jail <i>Page 14</i></p> <hr/> <p>Crisis residential program 2018</p> <p>Over two years:</p> <ul style="list-style-type: none"> - An average of 87% of people had fewer crisis symptoms and improved stability - An average of 94% of people were discharged to a less restrictive living environment 	<p>Fully opened 1800 Chicago Behavioral Health Clinic <i>Page 9</i></p> <p>Piloted 911 Mental Health Dispatch program <i>Page 9</i></p> <hr/> <p>Embedded social workers 2019</p> <p>Of people referred by police to social workers:</p> <ul style="list-style-type: none"> - 80% received mental health support - 15% connected to substance use treatment - 5% referred for medical care 	<p>Policy reform that furthers early identification of needs and prevents future deep-end criminal justice involvement</p>

Key partners

Minneapolis City Attorney's Office, Hennepin County Attorney's Office, Fourth Judicial District Court, Hennepin County Health and Human Services Department, Hennepin County Public Defender's Office, Hennepin County Sheriff's Office, Hennepin County Department of Community Corrections and Rehabilitation, Minneapolis Police Department, and suburban police departments.

Sequential Intercept Model

Law enforcement

Intercept 1

Responding in a crisis

Each year the Minneapolis Police Department (MPD) responds to more than 6,000 calls involving people experiencing a mental health crisis.

Research indicates that crisis intervention training is an effective and essential tool to help police safely de-escalate volatile interactions.

As part of our work to improve officers' responses to mental health-related calls, we helped MPD and the Hennepin County Sheriff's Office build crisis intervention into their required training. Currently all new MPD and Sheriff's deputies get de-escalation training in the academy and after they are sworn in. Most of MPD's sworn officers have completed the training and there are ongoing classes to reach the rest.

Sharing expertise

We launched a pilot co-responder project with MPD, drawing upon data from the department and models across the country. The goal is to offer a clinical response to people in mental health crisis to reduce officer use of force, officer injury, overall calls and arrests.

Together, a patrol officer and a mental health professional respond to 911 emergency disturbed person (EDP) mental health calls after the initial responding officers have cleared the scene for safety. The co-responder unit also follows up with the resident — whether the unit responded to the initial call or not — to help them stabilize and connect with supports in the community.

A pilot project started in two Minneapolis precincts and has expanded to every precinct across the city. We continue to examine this model as new thinking around criminal justice reform and the role of law enforcement evolves.

Ensuring a safer encounter

Hennepin County 911 dispatch operators field approximately 650,000 calls each year. Safety often depends on a dispatcher's ability to quickly gather and communicate critical information.

In this pilot program, a clinical social worker sits alongside 911 dispatchers and provides helpful information as first responders are en route to a mental health crisis. They are also exploring ways to improve dispatcher training on warning signs and symptoms of a mental health crisis, as well as programs to help dispatchers who experience secondary trauma.

This project is a collaboration between the Hennepin County Sheriff's Office and the Human Services Department. The pilot began in August 2019 and is scheduled to go for 18 months.



Making social workers part of the response

Hennepin County Human Services and eight suburban police departments have developed a model designed to proactively address community needs.

The model connects residents facing low-level criminal charges to services addressing mental health, addiction, shelter, food, obtaining identification and more. Officers make referrals to the social worker embedded with their department, who then provides stabilization services for up to 90 days or as each person's individual plan requires.

Stakeholders are committed to restoring clients back to good health and stability, reducing recidivism and making our communities healthy and safe.

Participating communities include Bloomington, Brooklyn Park, Edina, Hopkins, Minnetonka, Plymouth, Richfield and St. Louis Park.

1800 Chicago

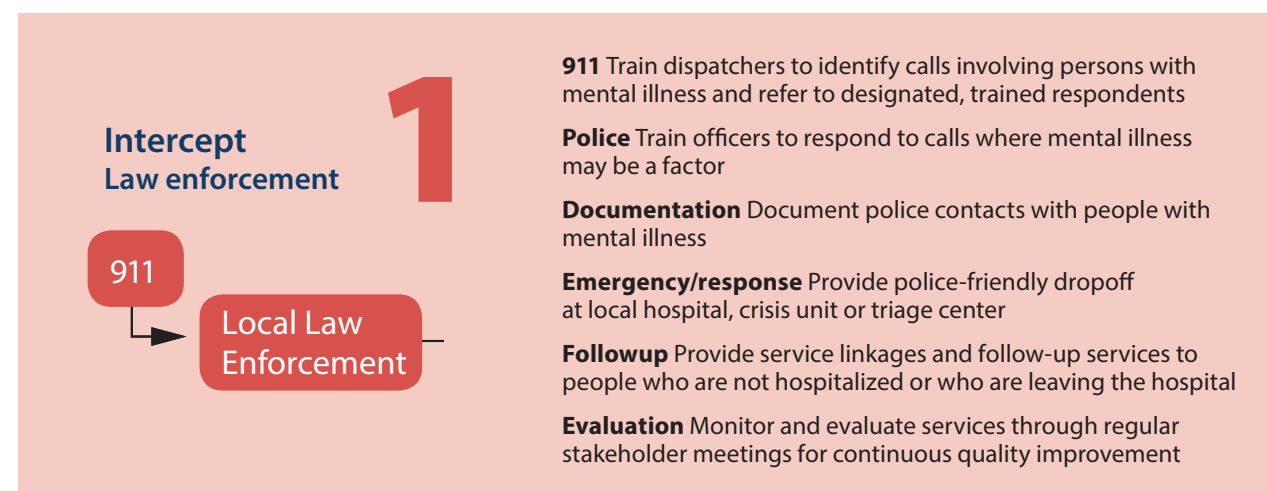
We drew on national models of early diversion facilities as we transformed a county-owned three-story, nearly 103,000-square-foot facility at 1800 Chicago Avenue, just south of downtown Minneapolis. The space offers the right level of care at the right time and provides residents with community health and well-being resources.

Mental health stabilization

In 2018 the county added a 16-bed mental health stabilization program and contracted its operation to a community-based agency.

This program served close to 1,000 people in 2019. Participants experienced:

- 85% reduction in crisis symptoms and improvement in psychiatric stability
- 93% discharged to the least restrictive living environment after treatment



Withdrawal management

In 2019 we renovated a 50-bed detoxification program into a 64-bed withdrawal management program, complete with medication assisted treatment, peer recovery supports and care coordination. This service is operated by American Indian Community Development Corporation, a contracted Native American nonprofit partner.

During reduced capacity in 2020, this program had 5,400 admissions.

- 87% connected to ongoing supports post discharge

Offering a range of care at a multidisciplinary 'triage' clinic

With partners from city and county public safety, health, and human service agencies, Hennepin County is creating a new national benchmark for early diversion at the Behavioral Health Care Center.

The center offers services to improve the social determinants of health: triage and assessment, mental health crisis stabilization, residential withdrawal management, a medical clinic, interim case management, peer recovery services, and enrollment in wraparound services.

The program leverages more than \$10 million in grant funding and is multidisciplinary, staffed by community paramedics, health care providers, social workers, peer recovery specialists and case management assistants. It was developed in consultation with community providers, family members and people with lived experience of mental illness.

During the pilot phase, about 500 people visited the clinic; they received more than 800 referrals for community-based supportive services.

With completion of the new space in fall 2020, the clinic will include 12 assessment rooms, two procedure rooms, a lab and pharmacy.



Recognizing our community partners: Intercept 1

Mike Risvold

Wayzata Police Chief

How has the initiative changed your work?

My involvement in the initiative has allowed me to be better informed on the activities and work being planned and implemented. Offering input from the law enforcement perspective is crucial, as police officers are the first point of contact within the criminal justice system.

What results have you seen?

In my opinion, the most meaningful initiative to date is the creation of the Behavioral Health Care Center at 1800 Chicago. This is significant from a law enforcement perspective on multiple levels. From an efficiency standpoint, officers can drop off eligible individuals and leave immediately, allowing them to remain available to their community and handle other service calls. From an individual — or client's perspective — the program opens doors to a myriad of resources. From the community's point of view,

the center provides people the assistance they need, ultimately making them better citizens who cause fewer problems.

We received a call around 9 a.m. regarding a male asleep in the grass next to a bike trail. He was homeless, didn't have any friends or relatives to help him, and appeared to be suffering from some mental illness. Upon talking with him, we felt he could benefit from the services the Behavioral Health Care Center offered. He agreed to go so I transported him there. The process worked just as advertised. It was great to see this firsthand, having been a part of the committee that helped put it together — and it allowed me to get back to Wayzata to handle calls on this busy morning.

Sequential Intercept Model

Initial court hearing

Intercept 2

There has been a consensus among our courts, prosecutors and public defenders that many people who come into the courts system don't need a criminal justice response. The courts are a focal point to redirect people away from the justice system into services.

Right-sizing justice for low-level offenses

Following a successful model in New York City—the Red Hook Community Court—the Minneapolis City Attorney's Office partnered with the Hennepin County Public Defender's Office to advocate for collaboration with Hennepin County Human Services. Social workers were assigned to connect with defendants in misdemeanor arraignment courtrooms; determine eligibility for Hennepin County social services; and develop a plan linking to resources and ongoing support.

In 2019 the Community Court pilot successfully transitioned into a Restorative Court Calendar with an assigned judge. The focus is on addressing people's underlying needs, instead of pursuing a traditional, punitive sanction. Behavioral Health social workers provide early intervention for participants to address their mental health, substance use disorders, shelter and food needs, and to get identification and a host of other services.



Recognizing our community partners: Intercept 2

Mary Ellen Heng

Deputy City Attorney—Criminal Division, Minneapolis City Attorney's Office

Before the initiative started, what main challenges did you face in your work?

Many low-level offenses are driven by external factors, mental health, housing and addiction issues. The criminal justice system is not equipped to appropriately address these issues. Often we would prosecute an individual but not address the underlying reason for the criminal behavior so we would see that person continually return to the justice system.

How has this changed your work for the better?

We used our learning to help create Restorative Court, which provides services to address the underlying behavior and resolve the case more favorably. The goal is to reduce recidivism, restore the individual and the community and lessen the collateral consequences to the individual that a criminal conviction may have.

What results have you seen personally?

A woman I have prosecuted for many years for DWI and prostitution has addiction issues that drive her behavior. She has been in and out of treatment and jail. She started using again and was convicted of gross misdemeanor trespassing.

When she successfully completed Restorative Court, she was nine months sober, had her own place to live and had no new offenses since engaging with the social workers. By all accounts she is a success story and she is staying on this good path.

What changes would you like to see?

We need to continue to look at these low-risk, high-need individuals and continue to develop ways to address their issues in the most efficient manner.

The one big gap is individuals charged with misdemeanor offenses and found incompetent [to stand trial]. Our cases get dismissed but very few get civilly committed. They are simply returned to the streets where they continue to reoffend. But since they are incompetent, the court system cannot assist them. They are simply left with no resources and no help. This has to change.

Intercept 2 Initial detention/ Initial court hearings

2

Initial Detention

First Appearance Court

Screening Screen for mental illness at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers

Pre-trial diversion Maximize opportunities for pretrial release and help defendants with mental illness to comply with conditions of pretrial diversion.

Service linkage Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate, prompt access to benefits, health care, and housing; IDDT is an essential evidence-based practice (EBP)

Sequential Intercept Model

Jails and courts

Intercept 3

We recognize the importance of offering a coordinated response and support to the bench, the Public Defender's Office, the county jail and detention center, and the County Attorney's Office. Embedded social workers identify people's clinical needs and help link them to treatment services and community-based supports. These collaborations incorporate tools from previous successful models and national best practice theory.

In 2015 the Hennepin County Board signed an action to support the national Stepping Up Initiative, giving their direction and support to track and ultimately reduce the jail population of people living with serious mental illness. This action helped forge partnerships and direct county funds to advance reform.

Providing help in the jail

A disproportionate number of detainees at the Hennepin County Public Safety Facility suffer from untreated mental illness and substance use disorders.

Services to address these needs at this Sheriff's Office-run facility are limited and as such, many individuals cycle in and out of jail and emergency services.

- 100 people booked daily into and out of jail
- 75% have previous bookings
- 20% screen positive for serious mental illness
- 60% are at high risk of rebooking

In 2015 Hennepin County Human Services and Sheriff's Office established a multi-disciplinary Integrated Access Team (IAT), including social workers, a chemical health counselor, a housing specialist, a community health worker, and a case management assistant who worked with the Hennepin County Medical Center jail medical team.

The team administers mental health assessments and develops individual service plans/transition plans to link people to services in the community. They help inmates apply for medical assistance and social security, complete files and coordinate care, including ongoing support for 90 days post release.

We have seen a 46% reduction in jail reentry among participants.

Acting as resource for defense

A clinical social worker collaborates with public defender staff and others to assess needs and make recommendations for referrals and legal decisions. They are a resource to help navigate the behavioral health care system, eligibility guidelines, funding, etc. The social worker completes clinical evaluations, determines appropriate service/treatment plans, provides preventive direct services to clients, and monitors intensive long- or short-term service and treatment plans.

Tailoring court process for underlying needs

The Fourth Judicial District has a number of specialty courts that combine treatment and accountability to work with residents with mental illness and co-occurring conditions.

Hennepin County Human Services provides licensed alcohol and drug counselors who provide mental health and substance use assessments, make referrals to treatment, coordinate care and provide short-term case management.

The courts include:

- Model Drug Court
- DWI Court
- Mental Health Criminal Court
- Felony Property/Drug Restorative Court

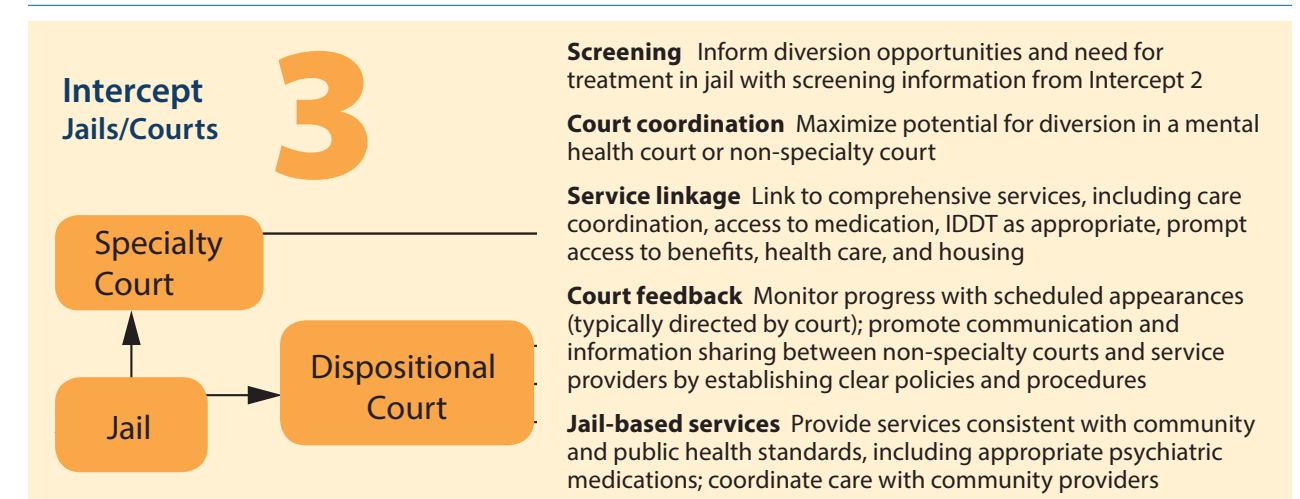
In 2017 and 2019, Human Services partnered with the Hennepin County Attorney's Office to engage and provide services to people with criminal charges who could benefit from treatment rather than incarceration.

Prepping for a better life

Hennepin County was selected to be one of six national demonstration sites for the Transition from Jail to Community (TJC) project, along with the Fourth Judicial District, Hennepin County Sheriff's Office, Department of Community Corrections and Rehabilitation, Human Services Department, and Greater Twin Cities United Way.

The goal is to improve safety, reduce recidivism and improve the lives of clients at highest risk.

The model adapted risk and needs instruments to house inmates by risk of re-offense, and guide pre-release interventions and post-release resource referrals.





Recognizing our community partners: Intercept 3

Cynthia Arkema-O'Harra

Program manager, Hennepin County Adult Behavioral Health

Describe your work before the Criminal Justice Behavioral Health Initiative started. How has the initiative changed your work?

Things were so siloed. When people aren't talking together and coordinating services, there can be delays, mixed messages and frustration.

We've broken down a lot of barriers. All parties realize it's about the individual and not about the department. Our role is to figure out how we work together and share information. I've been here 18 years, through all levels, and have seen changes and how appreciative individuals are of people working together.

What positive outcomes have you personally seen?

The social worker was assisting with connecting to mental health services, applications for health care and an application for supportive housing. Then the landlord said he couldn't go any further because there was an old warrant. The judge quashed the warrant. Before, they wouldn't have. Those personal connections were what led to the client being able to quickly get rid of the warrant and get into his housing. Before, he might have lost his housing because of the delay.

What changes would you like to see moving forward?

I want to see continued growth. We have a lot of great resources for citizens to get connected to resources rather than going to jail or sitting in the emergency department because police don't know what else to do.

Sequential Intercept Model

Transition and probation Intercepts 4 & 5

During the first five years, we have mainly focused on people at the front end of the criminal justice system, where innovation to prevent deep-end involvement is most needed. It is also important to help people leave the system with the tools they need to stay out. CJBHI also improved the transition process by developing tailored, specialty supports in the community.

Providing "hospitalization without walls"

The Forensic Assertive Community Treatment (FACT) model serves people with serious mental illness who are involved in the criminal justice system.

New specialty FACT teams deliver the "hospitalization without walls" community-based model. FACT is client-focused, community-based, time-unlimited, and is delivered by a multidisciplinary team.

Human Services partnered with Hennepin County's Department of Community Corrections and Rehabilitation and the state departments of Corrections and Human Services to develop a FACT team serving Hennepin County. This model is currently under a federal review.

Intercept Reentry 4

Jail/Reentry

Prison/Reentry

Assess clinical and social needs and public safety risks; boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies

Plan for treatment and services that address needs; GAINS Reentry Checklist (available from www.gainscenter.samhsa.gov/html/resources/reentry.asp) documents treatment plan and communicates it to community providers and supervision agencies — domains include prompt access to medication, mental health and health services, benefits, and housing

Identify required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams

Coordinate transition plans to avoid gaps in care with community-based services

ResCare Phoenix FACT opened in spring 2017 with a capacity of 70. It has operated at 90% or higher for the past two years.*

- 95% health care coverage and medical care for high-need clients
- Successful completion of probation
- Nearly complete enrollment in voluntary services after probation supervision
- 61% have stable housing and employment
- 32% have maintained employment

Program shows decreased recidivism

- 58% of clients had no new offenses or parole violation reports
- Many of the remaining 42% had lower level offenses tied to substance use, lack of housing and trying to meet basic needs

* According to the Consumer Monthly Status and Outcomes Data report

Creating a safe place after civil commitment

In 2018 the Hennepin County Board and Minnesota Department of Human Services approved additional Intensive Residential Services (IRTS) for people with complex mental health and behavioral needs who are leaving a state facility under civil commitment. These specialized programs provide competency restoration and medicated assisted treatment. The programs use motivational interviewing and incorporates criminogenic risk and needs and correctional best practices into their treatment plans.

The county allocated \$750,000 to purchase and renovate properties. In 2019 two new IRTS programs opened to serve people leaving Direct Care and Treatment and people with co-occurring conditions. The addition of these two programs brought the bed capacity in Hennepin County for this level of care to 164 and offered a unique location for underserved populations in our community.

Reducing reliance on regional treatment center

As Minnesota's most populous county, Hennepin County is the largest user of the Anoka Metro Regional Treatment Center (AMRTC).

In 2018 Hennepin County's 87 admissions accounted for 30% of all statewide admissions. Admissions for justice-involved individuals under Rule 20 competency restoration orders are the single largest contributor.

A pilot project is diverting people out of detention and Direct Care and Treatment and into community-based mental health competency restoration.

- 513% increase in Rule 20 competency restoration orders for Hennepin County since 2013
 - Comprises 62% of all Hennepin County AMRTC admissions
 - More than double number of Rule 20 admissions compared to next largest urban county
 - More than all other counties combined

Community-based restoration programs are best for people with cognitive or developmental disorders and major mental illnesses, when placed in a program to meet their clinical needs.

- 250 days: Average length for competency restoration
- 120 days: Required for initial competency restoration, according to best practices, in the least restrictive setting consistent with public safety and treatment need
- 40 days: Shown to restore competency in voluntary models, at significant cost savings to system

Hennepin County developed a local competency restoration program delivered by an existing IRTS provider. The program serves individuals held in custody at the time that commitment petition is issued as a result of an incompetency finding. Participants are screened for clinical need and public safety risk. Participation must be agreed upon by all criminal and civil parties and does not guarantee dismissal of civil commitment. The model attempts to show that local treatment options are viable and effective alternatives to state hospitals for restoring competency for certain individuals.

**Intercept
Community
corrections**

5

Screening Screen everyone under community supervision for mental illness and co-occurring substance use disorders; link to necessary services

Maintain a community of care Connect people coming out of jail to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing

Implement a supervision strategy Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training

Graduate responses and modify conditions of supervision Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Building a better future

The past five years have taught us many lessons. We have learned to work across disciplines and share resources through partnerships that grew from our collective mission. We designed interventions that build from a comprehensive review of our system and national best practices. These five years serve as building blocks to continue the reforms we need to achieve safety and well-being for all residents of Hennepin County.

As we move ahead, we will incorporate community engagement into our work as we continue to grow our programs to address racial disparities in safety, justice and health.

We have done significant work to resource new services. Our systems must continue to mature so we can move beyond what's required to find the most effective way to address people's needs.

Using the Sequential Intercept Model to guide us, we know that service level improvements are only effective if we also advance policy-level improvements. We will continue to work toward policy reform that furthers early identification of people's needs for care, and prevents future deep-end criminal justice involvement.

We are excited to continue this journey together.



Hennepin County

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