



Sequential Intercept Model Mapping Report

POLK COUNTY, IOWA | MAY 2023

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Sequential Intercept Model Mapping Report for Polk County, Iowa

May 2023

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RECOMMENDED CITATION

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RESEARCH AND INTERACTIVITY

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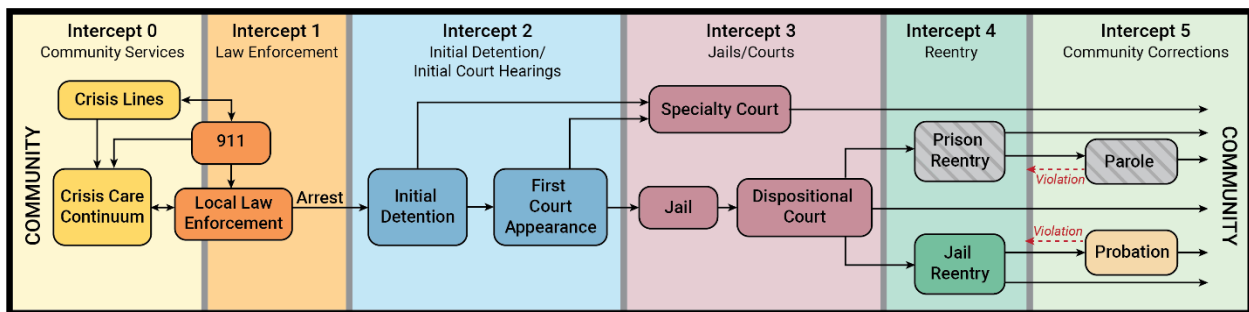
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BACKGROUND

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 opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model mapping is a workshop to develop a map that illustrates 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 for prevention of further penetration into the criminal justice system.



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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 and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.





INTRODUCTION

Annie Uetz of Polk County Behavioral Health and Disability services reviewed general housekeeping items and discussed:

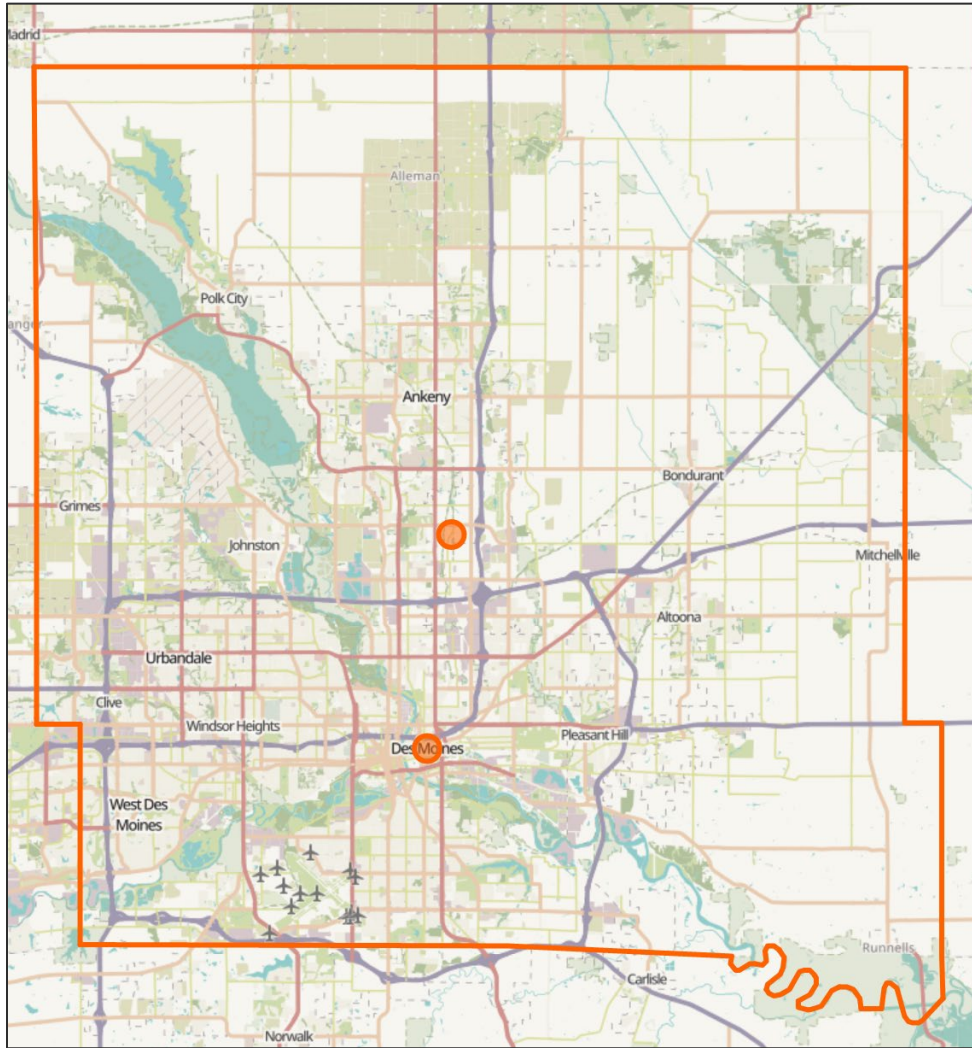
- The history of Polk County Behavioral Health and Disability Services Department's focus.
- Funding parameters.
- The Stepping Up initiative.
- The Familiar Faces program.
- Opioid settlement, 18 annual payments, and the workshop goal of identifying ways for utilization of those funds.

One of the Mapping participants stated that Iowa has built a fractured system with funds and resources which lead to an additional focus of the SIM to rethink how the system works.

On Day 2, prior to the breakout groups, the participants reviewed the opioid settlement guidelines and discussed the parameters in which they could be used as it related to identified priorities.



POLK COUNTY, IOWA SNAPSHOT



Source: OpenStreetMaps.org – Polk County, Iowa

ALL CITIES AND ALL TOWNS OVER 20K POPULATION (2020)

Municipality	Population	Law Enforcement Agency
Polk County	492,401	Polk County Sheriff's Office
Des Moines	214,133	Des Moines Police Department
West Des Moines – Partially in Dallas and Warren Counties	68,723	West Des Moines Police Department
Ankeny	67,887	Ankeny Police Department
Urbandale – Partially in Dallas County	45,580	Urbandale Police Department
Johnston	24,064	Johnston Police Department
Source: 2020 USCENSUS		Map of all Law Enforcement Jurisdictions



Intercept 0

Hospital, Crisis, Respite, Peer, & Community Services

Intercept 1

Law Enforcement & Emergency Services

Intercept 2

Initial Detention & Initial Court Hearings

Intercept 3

Jails & Courts

Intercept 4

Reentry

Intercept 5

Community Corrections & Supports

COMMUNITY

CRISIS & HELPLINES

- 9-8-8 Suicide & Crisis Lifeline
- YourLife Iowa Abbe Center
- 2-1-1 Information Line
- SAMHSA 24/7 Helpline
- 800-662-HELP (4357)
- Veteran's Crisis Line
- 800-273-8255 | Text
- NAMI National Helpline
- M-F 10a-10p ET
- 800-950-6264 | Text

CRISIS SERVICES
(Stabilization, Detox)

- BMC Behavioral Health Urgent Care
- BMC Inpatient Adult Behavioral Health Unit

FIRST RESPONDERS

MOBILE CRISIS SERVICES

- Broadlawns Mobile Crisis Response

9-1-1 & COMMUNICATIONS CENTERS

- Des Moines CC
- Sheriff Bob E. Rice CC
- Westcom Dispatch

CO-RESPONSE TEAM

Broadlawns Co-Response Team (CIT)

LAW ENFORCEMENT

- Polk County Sheriff
- Des Moines PD
- West Des Moines PD
- Ankeny PD
- Johnston PD
- Urbandale PD

EMS & FIRE SERVICES

HOSPITALS & BEHAVIORAL HEALTH CARE

- UCS Healthcare
- Broadlawns Medical

BEHAVIORAL HEALTH SYSTEM

- Polk County Health Department

BEHAVIORAL HEALTH TREATMENT & SERVICES

Broadlawns Medical:

- BMC Crisis Observation
- BMC Crisis Stabilization
- BMC Inpatient Adult Behavioral Health Unit
- Clive Behavioral Health

SUBSTANCE USE TREATMENT & SERVICES

- Covert Action
- Powell Chemical Dependency Center
- Community and Family Resources
- Clive Behavioral Health First Step
- UCS Healthcare
- Full Circle Recovery Community Center

COMMUNITY SERVICES SHELTER & HOUSING

- The Beacon
- Central Iowa Shelter & Services
- Bethel Mission by Hope Ministries
- Hope Ministries Center for Women and Children
- PHC Centralized Intake
- Lighthouse Program
- YSS Homeless Youth Centers

SUPERIOR COURT DISTRICT COURT MUNICIPAL COURT

PROSECUTION

Polk County Attorney

PUBLIC DEFENSE

Public Defender

INITIAL DETENTION

Polk County Jail

HEALTH PROVIDER

NaphCare

Medical & Psychological Assessment & Services

PRETRIAL SERVICES

COMPETENCY & COMMITMENT

Iowa Medical and Classification Center (IMCC)

CRIMINAL COURT

5th Judicial District

Polk County Courthouse

DIVERSION COURTS

- ISP Drug Court
- Family Treatment Court
- Marijuana Diversion

DETENTION | JAIL

Polk County Jail

STATE PRISON

Iowa Department of Corrections (DOC)

RELEASE

JAIL REENTRY

PRISON REENTRY

Reentry Services and Guide

MAX-OUT

COMMUNITY SERVICES

PROBATION & PAROLE

Fifth District Department of Corrections

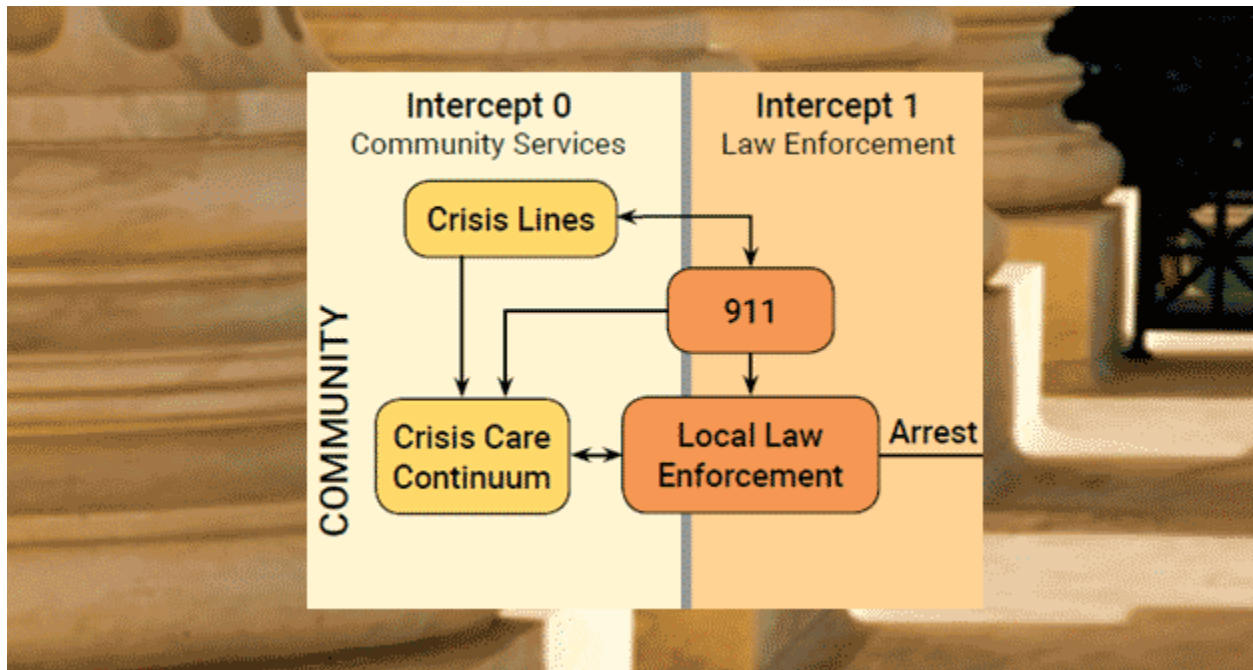
VIOLATIONS

COMMUNITY



OPPORTUNITIES AND GAPS AT EACH INTERCEPT

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 opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.



INTERCEPT 0: COMMUNITY SERVICES & INTERCEPT 1: LAW ENFORCEMENT

OPPORTUNITIES

Crisis Call Lines

9-8-8 Suicide & Crisis Lifeline

Call: 9-8-8 **Chat:** [Online](#) **Visit:** [Web](#)

[Lifeline](#) emergency crisis operators, including from Foundation 2 Crisis Services, are reachable by dialing 9-8-8. This service provides an oftentimes non-law enforcement option for people to seek help and resources for themselves or others experiencing a behavioral health crisis. A Law Enforcement response may be included as needed.

YourLife Iowa

Call: 855-581-8111 **Text:** 855-895-8398 **Visit:** [Web](#)

24/7 mental health, substance-use, and a number of other crisis-related call services.

2-1-1 Iowa

Call: 2-1-1 **Visit:** [Web](#)

Free, comprehensive information referral system connecting callers with area human services programs, community services and other programs and resources.



9-1-1

Call: 9-1-1 **Text:** 9-1-1 **Visit:** [Web](#)

General emergency communications which dispatches law enforcement, EMS, and psychiatric co-response teams as needed.

Trevor Project

Call: 866-488-7386 **Visit:** [Web](#)

24/7 Crisis Phone and Chat for LGBTQ&I young people.

Crisis Text Line

Text: home to 741741 **Chat:** [Chat](#) **Visit:** [Web](#)

Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. [View metrics](#) from nearly 5.7 million crisis conversations since August 2013 and learn more about who, what, and when people connect for help.

SAMHSA's National Helpline

Call: 800-662-HELP (4357) **Visit:** [Web](#)

Also known as the Treatment Referral Routing Service (TRRS), this National Helpline is a confidential, 24/7 information service, in English and Spanish, for individuals and family members facing mental, substance use, or co-occurring disorders. Provides referrals to local treatment facilities, support groups, and community-based organizations.

Veteran's Crisis Text Line

Call: 800-273-TALK (8255) **Text:** 838255 **Visit:** [Web](#)

24/7 National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems. It is a national program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Crisis Call Lines (continued)

- In Iowa, the [9-8-8 Suicide and Crisis Lifeline](#) service is provided on a 24/7 basis.
 - Lifeline is provided through a network of crisis-call service providers, and in Polk County, calls are typically routed through Community and the [Foundation 2 Crisis Services \(F2CS\)](#).
 - Anyone can call, text-message, or chat online through Lifeline or F2CS anytime.
 - In addition to fielding calls for mental health crises, 9-8-8 callers can also field calls relating to substance-use challenges.
- YourLife Iowa (YL) also provides 24/7 mental health, substance-use, and a number of other crisis-related call services. Anyone can call, text-message, or chat online through YL anytime. YL will provide callers with a wide range of resources and referrals, including routing the caller to F2CS.
- Polk County has three communications call centers. The center located in Des Moines fields calls that have been triaged through 9-8-8 and determined to need an in-person crisis team response



in Polk County. The Des Moines Communication Center has a mental health professional co-located in dispatch to receive calls with solely a behavioral health component.

- The Abbe Center for Community Mental Health (ACCMH) provides a 24/7 warmline serving the State of Iowa. ACCMH will provide callers resources as well as connect them directly through warm handoffs to both F2CS and YL.
- The Polk County Resource and Referrals Line (RRL) is a 24/7 service answered by mental-health coordinators. RRL is not a crisis line but navigators are available to connect people to resources, typically for nonemergency services. RRL is also the number anyone can call to get more information on crisis stabilization services for themselves or another person.
- [2-1-1 Iowa](#) provides callers with a wide array of community resources and referrals.
- The [Broadlawns Medical Center \(BMC\)](#) Mental Health Crisis Services (MHCS) provides Polk County with an array of services including:
 - **Mobile Crisis (MC):** team members provide field assessments and crisis management for anyone experiencing a behavioral health crisis. This team is dispatched through 9-1-1 and responds once law enforcement has determined there is not a criminal element or safety risk.
 - To determine which unit to dispatch, 9-1-1 operators triage calls by identifying if the situation includes violence- or weapon-related elements as well as what psychiatric conditions the person is experiencing, including issues with their medications.
 - **C.A.R.E. Team (CARE):** team members are mental health professionals who respond in 2-person teams to calls in the field deemed to not have criminal or safety-risk elements.
 - This non-law enforcement option is available within the City of Des Moines each day during daytime hours.
 - One Care Team member is located in the Des Moines Communications Center (DMCC) to provide telephonic mental health support between 8 a.m. and 4 p.m., Monday through Friday.
 - The care team option was deployed in 2022 after community requests for a non-law-enforcement option answering calls involving someone in a psychiatric crisis.
 - **Safety and Logistics:** the MC and CARE units are equipped with resources including:
 - Vehicles which can be used to transport people in crisis, including a barrier to separate people from the team.
 - The vehicles are outfitted with police computers and radios, as well as GPS tracking.
 - The MC and CARE teams can transport non-violent individuals to a crisis services provider.
 - Additional resources such as collateral materials, phone contacts, and other information that may help people.
 - All MC and CARE team members are cross-trained for both teams and can shift their response as needed when on-scene and as conditions warrant.
 - Teams stay in close contact with dispatchers, keeping them apprised of their destination, arrival, and departure, including if they are transporting the person to services.



- **Crisis Observation Center (COC)** serves people 18-years-old or over who are experiencing a mental health crisis and do not require hospitalization. This is a 23-hour level of care.
- **Crisis Stabilization Residential Center (CSRC)** is a 9 bed short-term step-down home-like atmosphere program serving people referred from the COC for up to 90-days who are in mental health crisis.
- **Co-Response Teams (CIT):** team members serve as co-responders with police officers.
 - All police officer co-response units carry Narcan, to address opioid-overdosing symptoms.
 - The service-coverage area includes the Des Moines western suburbs of Urbandale, West Des Moines, and Clive. The units operate from Monday through Friday between 10 a.m. and 6 p.m., or between 11 a.m. and 7 p.m., depending on the jurisdiction.

9-1-1/Dispatch

- Polk County is served by three Emergency Communication Centers (ECC) staffed by approximately 100 9-1-1 operators and dispatchers.
 - All dispatchers are trained in [Mental Health First Aid \(MHFA\)](#) and most are trained in [Crisis Intervention Training \(CIT\)](#).
 - [City of Des Moines Communications Center \(DMCC\)](#)
 - Fields public safety calls and dispatches police, fire, and emergency management services (EMS) for the City of Des Moines.
 - Once dispatch has triaged the call and have determined there is a mental-health component, the call is transferred to an in-house mental health professional (CARE).
 - The MC team is dispatched through the DMCC.
 - [Sheriff Bob E. Rice Communications Center \(BRCC\)](#)
 - Fields public safety calls for the unincorporated areas of Polk County and 16 law enforcement agencies and 15 fire departments.
 - [Westcom Dispatch Center \(WDC\)](#)
 - Fields public safety calls and dispatches police, fire, and emergency management services (EMS) for West Des Moines, Clive, Urbandale, Waukee, Windsor Heights, and Norwalk.
- 9-1-1 and 9-8-8 call centers have each other's direct numbers to transfer calls as needed.

Police

- **Des Moines Police Department:**
 - Staffed with 370 officers.
 - Began CIT training in 2007 and approximately 65-70% are trained.
 - DMPD utilizes the de-escalation training program by the [Verbal Judo Institute \(VJI\)](#).
- **Polk County Sheriff's Office:**
 - One-hundred-forty (140) officers.
 - Approximately 90% of officers are CIT trained.
 - The PCSO also receives de-escalation training by the VJI.
- **Other area Police Departments:**



- There are a number of area police departments with a range of 2 to 70 officers; including, [Mitchellville Police Department](#) and [West Des Moines Police Department \(WDMPD\)](#) respectively.
- Approximately 90-100% of officers in area police departments are CIT trained.
- CIT training is provided by [Solution Point+](#) out of San Antonio, Texas.
 - CIT training includes a Substance-Use Disorder (SUD) component.
- The [Iowa Law Enforcement Academy \(ILEA\)](#) has trained all recruits in CIT since 2017 through a [partnership](#) with [Broadlawns Medical Center \(BMC\)](#) and [NAMI of Polk County Iowa](#).
- Since 2019, the [Ankeny Police Department](#) has had a Community Engagement Team (CET) which is a team of officers in the form of a specialized mental health response team.
 - The team will co-respond with patrol officers as well as contact the person in crisis afterwards to follow up and make any additional recommendations or referrals.
- Polk County fields 400+ mental health-related calls each month.

County Hospital

- [Broadlawns Medical Center \(BMC\)](#) is a Polk County-funded hospital that provides traditional hospital services as well as a range of outpatient and inpatient behavioral health services. These include:
 - A [Behavioral Health Urgent Care \(BHUC\)](#) unit which serves people on a walk-in basis who are 18-years and older.
 - A [Psychiatric Intensive Care \(PIC\)](#) unit, which acts as a step-up from the [Inpatient Behavioral Health Unit](#), for people whose behavior and symptoms are more severe. A typical stay at this level of service is approximately 3 days. People can be transferred between the PIC and IBHU as needed.
 - Several outpatient clinics including:
 - The mental health, substance-abuse, and co-occurring outpatient treatment program, [New Connections](#).
 - A [Medication-Assisted Treatment \(MAT\)](#) program.
 - A [Medication Management Clinic](#) providing psychiatric evaluation for children and adults, medication, and therapy services.
 - Two inpatient clinics including:
 - The [Inpatient Adult Behavioral Health Unit \(ABHU\)](#), also known as the Inpatient Sands Unit (ISU), a 44-bed unit.
 - The [Depression Unit](#), also known as the Lower Level Sands Unit, a 14-bed unit for people experiencing major depression.
 - Two [specialized medication clinics](#) including:
 - The [Clozapine Clinic](#) provides monitoring of lab testing.
 - The [Injection Clinic](#) provides people with injectable neuroleptics for people referred by a Broadlawns mental health provider.
 - BMC has a Court Clinician who administers court-ordered mobile assessments to determine if the person needs inpatient services.
 - The clinician currently works with the PCSO and is dispatched with deputies to conduct on-site assessments, provide resources to the individual in crisis, and transport the person to an inpatient service as needed. BMC provides Case Management services and



also refers people to a wide range of case managers they identify in their internal database.

- CADC staff will be placed during fiscal year 2024 (FY24).

Civil Commitments

- Iowa is served by two state Mental Health Institutes (MHI), for people facing civil commitments, including:
 - The [Independence Mental Health Institute \(IMHI\)](#) in the City of Independence.
 - The [Cherokee Mental Health Institute \(CMHI\)](#) in the City of Cherokee.

Law Enforcement and First Responders

- Since the Covid-19 pandemic has subsided, the [Law Enforcement and Mental Health Workgroup \(LEMHW\)](#), a group of law enforcement, mental health clinicians, substance abuse providers, emergency room staff, and crisis-services agency staff began collaboratively meeting again on an every-other-month basis.

Overdose Mitigation

- New legislation under [House Bill 595](#) is currently in process and includes provisions that provide a secondary distribution of Narcan to counties throughout Iowa.
- It is expected that an over-the-counter version of Narcan will be [available in late summer](#).

Peer Support

- In the near future, Broadlawns will deploy a Certified Peer Specialists (CPS) role that will serve in the Crisis Observation Center (COC).
- Peer Support Specialist (PSS) services is a relatively new concept to Iowa.
 - The [Full Circle Recovery Community Center \(RCC\)](#) is peer-based, Recovery Community Organization (RCO) that opened in September 2022 and provides substance use recovery support, whether the person is receiving treatment or not.
 - The RCC currently has 4-5 trained recovery coaches and intends to increase these staff levels.
 - Volunteer roles are available for people in recovery and wanting to help a peer on their recovery path.
 - RCC offers telehealth recovery support, walk-in and services by appointment.
 - [UCS Healthcare \(UCS\)](#) has 1 Peer Recovery Coach and is currently seeking to hire another.
- Iowa's Health and Human Services (HHS) provides training, key performance indicator (KPI) development, and a Center of Excellence space with the University of Iowa, with a focus on [Peer Recovery Coach \(PRC\)](#) program development. Iowa does not currently require PRCs to be certified.

Housing

- [The Beacon](#) is a 34-bed residential home for adult women who have experienced substance use, trauma, and systemic inequities. The program length ranges from 6 months to 2 years followed



by 3 years of case management post-graduation. One hundred percent of graduates have moved into permanent housing.

- There are several shelters serving Polk County including:
 - [Central Iowa Shelter & Services](#) is a 150-bed facility for any adult man or woman experiencing homelessness and who may stay for up to a 90-day period.
 - [Bethel Mission by Hope Ministries](#) is a 90- to 106-bed facility serving men experiencing homelessness.
 - [Hope Ministries Center for Women and Children](#) is a 48-bed shelter and program serving women and children experiencing domestic violence trauma.
- Transitional Housing
 - Lighthouse Transitional Living is a [Youth & Shelter Services](#) program for pregnant and parenting moms between the ages of 18 to 24 years old.
 - There are 3 additional family shelters available through the homelessness referral system and centralized intake system serving Polk County.
- Polk County has approximately 150 residents experiencing unsheltered homelessness on any given day.
 - Two Point in Time (PIT) surveys are conducted annually, in January and July, to identify the current level of sheltered and unsheltered homelessness.
 - The group Homeward Iowa serves as Polk County's Homeless Coordinating Council, acting as the homelessness planning body.
 - A November 2022 report on homelessness in Polk County, the [Unsheltered Des Moines Study](#), was commissioned by Homeless Coordinating Council (HCC), and was completed through a collaboration between [Homeward Iowa](#) and Drake University. Researchers presented fifteen (15) recommendations to the [Homeless Coordinating Council \(HCC\)](#). Homeward and other nonprofits, have been facilitating meetings to contribute to the study. They identified several priorities detailed in the study and [summary](#) including:
 - A shelter serving cisgender women and transgender women.
 - A non-congregate shelter, where each person is provided a reasonable living space.
 - The need for more permanent housing inventory available to house homeless individuals and families.
 - Consideration of a number of short-, medium-, and long-term goals detailed in the report.
- The [Primary Health Care, Inc. \(PHC\) Centralized Intake](#) program, a collaboration of more than thirty (30) organizations, has the most flexible funding policies to address homelessness in Polk County.
- Polk County currently has a list of approximately 700 people awaiting housing placement.
 - Priorities for placement are the chronically homeless with a long-term disability, including a substance-use disorder.
 - Rapid rehousing placement is based on the length of time the individual has been homeless and their [Vulnerability Index - Service Prioritization Decision Assistance \(VISPDAT\)](#) assessment tool score.
- 90% of previously homeless people who have been placed in permanent supportive housing have remained housed long-term.



Substance Use Treatment

- Providers:
 - Medication Assisted Treatment (MAT) clinic, [Covert Action](#).
 - The [UnityPoint Health - Des Moines Powell Chemical Dependency Center \(CDC\)](#), located at the [Iowa Lutheran Hospital](#) in Des Moines, is a substance-use treatment center including inpatient residential programs, an outpatient program, for adult men and women. CDC accepts clients through in-person referrals and who have coverage from a limited number of insurance companies.
 - [Community and Family Resources](#) is an inpatient residential and outpatient treatment program for people and families experiencing impacts of substance-use disorders.
 - [Clive Behavioral Health First Step](#) intensive outpatient services provides treatment for people experiencing substance use, mental health, and co-occurring issues.
 - [UCS Healthcare](#) offers a wide range of integrated mental health and substance use disorder services including psychotherapy, medication management, and related services.
- Workshop participants reported a downward trend in outpatient substance-use disorder treatment programs with an increased rate of referrals to residential treatment programs.
- There appears to be a potential opportunity to develop residential recovery housing and outpatient services programs.
- Some local outpatient SUD programs can accommodate walk-in and next-day appointments.
- Polk County, Broadlawns Medical Center, and St. Vincent de Paul are developing a new Polk County Sobering Center which is planned to open in summer 2024. The center will offer a range of services, including some MAT protocols.

GAPS

9-1-1/Dispatch

- The 9-1-1 and 9-8-8 systems are not integrated and cause unnecessary delays.
- It is yet unknown how the State will address the YourLife Iowa and 9-8-8 service overlap.

Hospitals

- There is a critical lack of community-based mental health institutional resources available.
- At the time of the workshop, Broadlawns Medical Center (BMC) Crisis is treating between 17 and 20 people with mental illnesses including 9 that are court ordered. Since the BMC crisis unit only has 7 beds, the remaining people are placed in a hallway and rest on mattresses placed on the floor.
- Area hospitals can't always handle the volume of people needing substance-use treatment services, particularly detox services and substance use-related crises.
- There is a lack of capacity among hospitals in Polk County.
- The local CIT providers are reluctant to transport individuals with mental health and substance use challenges to the ER because they are typically quickly stabilized and discharged.
- Broadlawns has a limited window of opportunity for people who walk-in for assessments.



- The [Clive Behavioral Health - First Step](#) program is underutilized. Even so, CIT providers have been turned away when the person they are serving is assessed to be too intoxicated. For people in crisis from substance-use related issues there are limited resources and options to treat them. BMC provides detox services, but has a limited capacity, while other providers provide outpatient detox services but not medical services.
- There is a concern among participants that area hospitals are not well educated or equipped with the appropriate resources to manage the demand of behavioral health services.

Law Enforcement and First Responders

- With only 2 officers in the Des Moines Police Department with specialized mental health training, there is a need to train more. One consequence is that, without such capacity, it is difficult to provide adequate field training around behavioral health issues to new officers.
- There is limited access to Narcan for the public. With what resources are available, there is a lack of communication to the public about how to access free Narcan supplies and the training needed to dispense the medication properly.
- Although there are regular [Law Enforcement – Behavioral Health Workgroup](#) (LEBHW), formerly named Law Enforcement and Mental Health Workgroup, meetings, and collaboration for mental-health-related issues, there is no such group focused on substance-use issues with similar levels of representation from SUD providers.
 - After the SIM workshop, the group met and updated its name to reflect their encompassing SUD as a core focus, and additional members that can contribute to that end are currently being recruited.

Crisis Services

- The Broadlawns Mobile Crisis Services teams do not yet routinely carry Narcan and are working on amending policy to accommodate this need.
- The Broadlawns Medical Center (BMC) Mobile Crisis services cover all of Polk County, though there are gaps in geographical and shift coverage of certain teams.
 - The co-response program with law enforcement in the Western suburbs covers for a limited period each day of eight (8) hours during the work week.
 - During these off-times, the BMC Mobile Crisis unit responds to calls as needed when they are available.
 - When the Mobile Crisis unit is unavailable, officers who have been trained in CIT practices are dispatched.
 - The Care Team only responds to Des Moines.
 - This is a gap that is already being addressed as plans have been developed, and funding secured, to hire additional staff to provide 24/7 coverage.
- There is a need for additional options for police to transport people who are experiencing substance use disorders for care and treatment.
 - Given the current options, a person who is ready to receive help must have a certain level of sobriety to be admitted into programs, but, if they are entirely sober, they may not be accepted.

Civil Commitments



- The crisis teams at BMC are inundated with people in crisis.
- For people under consideration for civil commitments there is little to no follow-up for people who do not adhere to the commitment process. Commitments typically expire after 45 days for SUD-involved cases and 90 days for mental health-involved cases.
- People with co-occurring challenges are often discharged when their mental health issues are stabilized without their substance-use issues fully addressed.
- Although the code allows for enforcement of civil commitment, it doesn't typically happen in practice.
- There are challenges with communication among families, with the courts and hospital or care staff, relating to the history of the individual and the impacts on the family.

Peer Support

- Peer supports are generally not yet widely utilized throughout the legal, health, and support systems.
- UCS Healthcare is seeking to hire another Peer Recovery Coach but, at the time of the workshop, compensation offered is approximately \$13. per hour.

Housing

- Individuals are banned from shelters for a variety of reasons and, as a result, join others who have not used the shelter system and camp throughout the city individually and in homeless encampments. The city is continually breaking these encampments up due, in part, to resident complaints, but they quickly reemerge in a new location.
- There are currently few shelters for single women to take refuge.
- There is limited funding for housing supports for people who are homeless. Over the past several years about 500 affordable housing units have been lost. Exacerbating that issue is fewer landlords are willing to work with housing programs.
- There is also a lack of services to support sustainability of housing and educating people about the skills needed to manage long-term housing. Without these resources, advocates are struggling to get people out of survival mode and into sustained-housing mode.
- One limitation of the Primary Health Care (PHC) Centralized Intake program is that they cannot use funds towards hotel vouchers.
- Most shelters do not accommodate people with pets. A potential partnership was discussed with the [Animal Rescue League \(ARL\)](#) to house these pets temporarily.
- Most shelters do not provide secure storage for people's possessions.
- There are currently no respite options.

Treatment Services

- There is a limited number of options for people seeking residential SUD treatment and recovery.
- There are inconsistencies in case management practices where, at times, people have multiple case managers, while others do not have any case management. Most every agency offers some level of case management.
 - There is also no Assertive Community Treatment (ACT)-like case management for people with substance-use challenges.
- There are few employment options for people who have felony convictions on their records.



- When considering harm reduction programs, providers express concerns over limited state funding and state-maintained bias against programs that have proven effective across the nation. One example, there is no local policy or legislation to support needle-exchange programs.
- Some SUD treatment programs are discharging people who, during the course of their treatment program, test positive for THC.

Collection and Sharing of Data

There are data collection and dissemination challenges due to data being siloed and otherwise inaccessible.



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

OPPORTUNITIES

Booking

- The booking process into the [Polk County Jail \(PCJ\)](#) includes medical screening, including the person's physical health, assessments of any suicide-related issues, and to understand any immediate needs.
- More thorough screening, observation, and care is provided for people in the jail for extended periods of time by the Registered Nurse (RN) employed by [NaphCare](#), the PCJ contracted health services provider. The RN also keeps notes on any needs the person may have at their time of discharge from the jail.
- Approximately one-half of people booked on a daily basis are released within 24-hours. PCJ books from 15-17k people into the jail on an annual basis.

Jail Structure and Personnel

- Within the PCJ, NaphCare has 1 full time and 4 to 5 part time mental health providers, four (4) full time licensed clinicians, several psychiatric nurses on demand, and substance abuse counselors.
 - NaphCare facilitates 3 substance-abuse recovery support groups 3 days a week to the general jail population through a 10-week long course. Participants receive a certificate which can be presented to the courts and Probation Officers.
 - NaphCare also meets with all people entering the jail that are under MAT protocols.

Jail Services

- The Jail diversion program is staffed by a team of 5 individuals. These team members are located in the jail and attend court every morning when court is in session.
- In Polk County there are 3 [Community Mental Health Centers \(CMHC\)](#). UnityPoint Eyerly Ball provides jail diversion services in Polk County utilizing Case Managers who have a typical caseload of 20 to 25 people. There are currently 80-85 people a month that participate.
- PCJ staff can transport people in behavioral health crisis to one of 2 behavioral health urgent care providers.
- NaphCare discharge planners work with people preparing to be released. The team has a wide range of capabilities including access to 34 full time doctors, psychiatrists, nurse practitioners, PAs, RNs, LPNs, pharmacy technicians, and social workers.
- When people are booked into the PCJ, NaphCare verifies their current medication protocols. If needed, NaphCare will transfer the person over to the PCJ formulary medications within approximately 30-days.



- If the individual is on any medications at the time of the booking, those will be started right away and the individual will be scheduled to see a provider.
- If the person is not currently taking medications but has in the past, they will be flagged to see a provider.
- 21 to 26% of people in the jails have mental illness, while those facing substance abuse issues are consistent with national trends.
- The PCJ mental health team monitors all people considered a high-risk, including those presenting with suicidal tendencies.
- NaphCare manages the PCJ MAT continuation program.
 - Methadone and Buprenorphine can be administered and just recently, NaphCare has been able to dispense naltrexone.
 - MAT treatment can begin immediately with the stipulation that it was started upon intake.
- Although there are some formulary differences between the National Health Institute (NHI) best practices and the PCJ, the jail has the ability to work with NaphCare to modify formulary to meet need.
- Upon release, people are provided documentation of medications and prescriptions that they can access through the [SafeNetRx](#) program.

Competency

- If people are potentially Incompetent to Stand Trial (IST), an evaluation is conducted within the first two weeks of their being held.
 - A petition is made to the court for a probable cause determination and ruling ordering a more thorough evaluation.
 - A preliminary hearing is subsequently held at the earliest opportunity.
- When courts determine an evaluation is necessary, people are ordered to 1 of 2 state forensic psychiatric facilities for assessment. People are ordered to the FPH for either an evaluation for competency to stand trial per [Iowa Code 812.3](#) or for restoration to competency to stand trial per [Iowa Code 812.6](#).
 - [Iowa Medical and Classification Center \(IMCC\)](#), commonly referred to as Oakdale.
 - At the time of the workshop, Polk County had 28 people at the IMCC Oakdale facility.
 - There is currently a 6-month waiting period prior to transfer people from Polk County to the state IMCC facility for competency restoration services.
 - [Cherokee Mental Health Institute \(CMHI\)](#), which is managed by the Iowa HHS, can receive people for services from Polk County.
 - The CHMI provides inpatient acute psychiatric services and specialized treatment and security for adults ordered by the courts to receive competency restoration, as well as adults who were acquitted of a crime by reason of insanity.
 - To mitigate the extended waiting period, Polk County is developing an Outpatient Competency Restoration program launching in fiscal year 2024 (FY24).

Initial Hearing



- Initial hearings are held 7 days a week because Iowa statute requires a person’s Initial Court appearance to be held within 24-hours of booking.
 - All information obtained at booking is shared with the court at the initial appearance.
 - The hearing, including consideration and setting of bail, is managed by an Associate District Judge.
 - The Iowa Judicial Branch publishes a [Guide to Criminal Court Procedure](#) outlining the criminal case processing.

Pre-trial Services

- A pretrial screening instrument, the public safety assessment, is administered to determine any risks or other areas of concern.
- There are 4 phases of community corrections which is managed by the 5th Judicial District.
- The Judge reviews the safety assessment and makes discretionary decisions about the person’s custody status.

Problem-Solving Courts

Intensive Supervision Court Program (Drug Court)

- There are currently 30 participants in the Polk County Intensive Supervision Court Program, also known as the Drug Court.
- The Drug Court does not currently include people with serious mental illness.
- Participants of the Drug Court are offered the opportunity at the discretion of the District Attorney (DA).
- If the person has dangerous felonies or gang affiliations, they are not eligible for the Drug Court.
- The Drug Court was initially designed for people addicted to drugs and who commit crimes related to drug use.
- The Public Defender, or other defense attorney, prosecutor, judge, and case manager manage the participant and allocation of appropriate resources.
- The Drug Court is currently experiencing a 35% success rate of people who have made it through the entire program.

Juvenile Court

- Polk County has a Juvenile Court serving a small population of participating young men and women.
- The Family Treatment Court is a wrap-around Juvenile Court that engages the entire family, provides appropriate resources, and makes referrals for additional services. Gaps

GAPS

Booking

- When people bond out after-hours there are oftentimes a lack of resources available internally and in the community.

Jail Structure and Personnel



- There are currently no Peer Support Specialists serving within the PCJ.

Jail Services

- There is a lack of enough funding for the Jail Diversion program to be made available on a more widespread basis.
- A MAT induction program has not yet been developed to address people that might more successfully overcome their addiction.
 - A secondary concern is people on a MAT program, and who are reentering the community, must have access to continue MAT services.
 - Currently, no psychiatric, medical, or MAT medications are physically provided to people when they are released from PCJ.
 - There is a need for people in the PCJ to be eligible to begin a MAT protocol, who may not have been on one at their time of booking.

Initial Hearing

- Most people do not have Public Defender representation at their initial hearing.

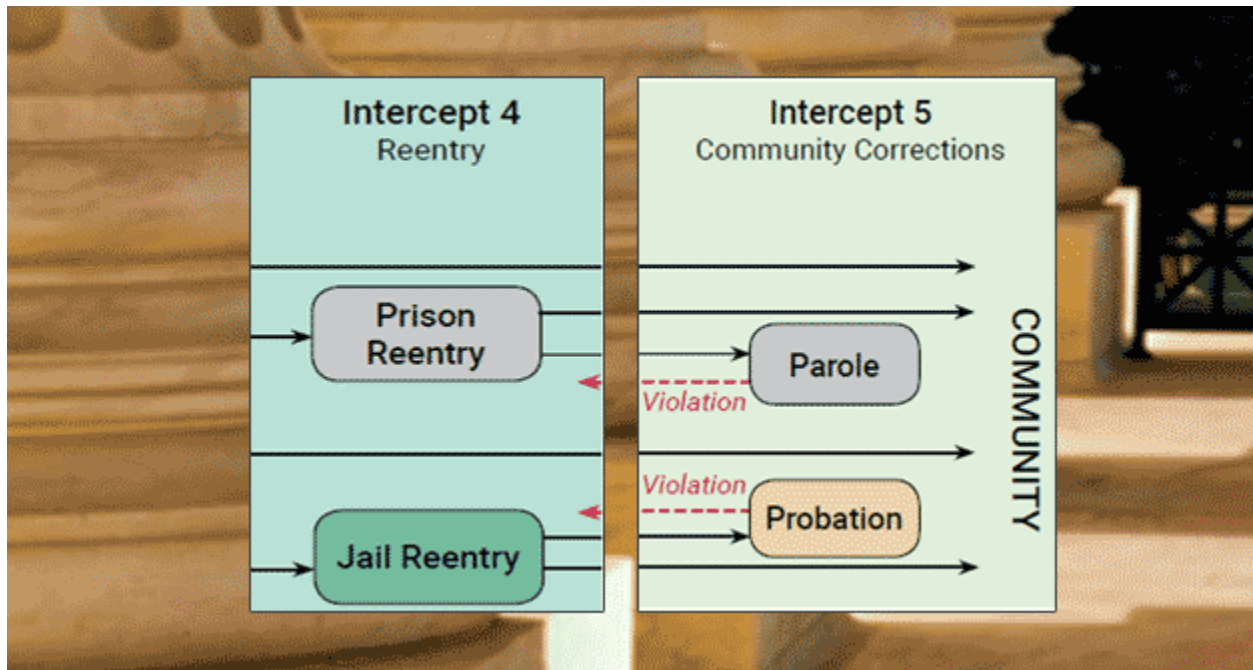
Problem-Solving Courts

- Iowa currently has only 2 specialty courts. Workshop participants expressed hope that a Veteran's Court would be developed at the earliest opportunity.
- The preliminary and arraignment court process is expedited for people who are in custody.
- People facing Class C and higher-levels of charges face the District court, while lesser and lower-risk charges are heard by the associate courts.

Drug Court

- There is a need for additional legislation providing more resources and funding before the full potential of the Drug Court can be realized.
- Currently, people with serious mental illness are ineligible to participate in the Drug Court.





INTERCEPT 4: REENTRY & INTERCEPT 5: COMMUNITY CORRECTIONS

OPPORTUNITIES

Jail Services

- Discharge planner – mental health, substance abuse, other direct care and inmate request.
- Use parts of the GAINS checklist then develop a plan and determine the appropriate follow up.
- Service coordination is county funded and can provide service while in custody and then transfer to case management.

Community Reentry

- The SAMHSA Integrated Provider Network (IPN) prevention grant program funds initiatives addressing priority prevention services focused on recovery from alcohol, marijuana, methamphetamine, prescription medications and opioids, problem gambling, suicide, and tobacco. In Polk County, the grant is used to fund people exiting the jail for access to UCS Healthcare services.
- Iowa, along with all U.S. states, share grant funding through the SAMHSA State Opioid Response (SOR) program to help overcome negative impacts of opioid use and abuse. Polk County will receive a proportionate distribution of funding that may be used to fund reentry initiatives.

Probation

- The Department of Corrections Fifth District provides community corrections probationary supervision services for people released from the PCJ. Caseload sizes are determined using the



risk principle where higher-risk cases are seen by their PO on a weekly basis, and lower-risk cases are seen once every 6 months.

- There are currently 120 Probation Officers (POs).
 - Specialized caseloads are assigned for people who have mental health-related issues, have had sex-related offenses, or who are otherwise classified using risk-needs assessment tools.
 - The PO uses a Level System to stratify risk, with Level 5 being the highest risk, and Level 1 being the lowest risk and cases are assigned to officers accordingly.
 - Each officer typically handles the respective caseload shown here:
 - Level 5 - 25 cases
 - Level 4 - 40 cases
 - Level 3 - 75 cases
 - Level 2 - 200 cases
 - Level 1 - 400 cases
-
- Enhanced Supervision Unit or PO III Officers have a caseload of high-risk cases including the Sex Offender Treatment Unit, Domestic Violence Unit, Mental Health Unit, Youthful Supervision Unit, African-American Re-entry Unit, and Drug Court.
 - Training is provided to POs through a variety of webinars and e-learning modules developed by the Iowa DOC, through training conferences, and specific district training.
 - On average, each staff member completes 80-hours of training each calendar year.
 - POs are typically a part of a person's Forensic Assertive Community Treatment (FACT) team for people experiencing a serious mental illness.
 - Approximately 60-70 POs have received specialized mental health training while most all have received some general mental health training.

GAPS

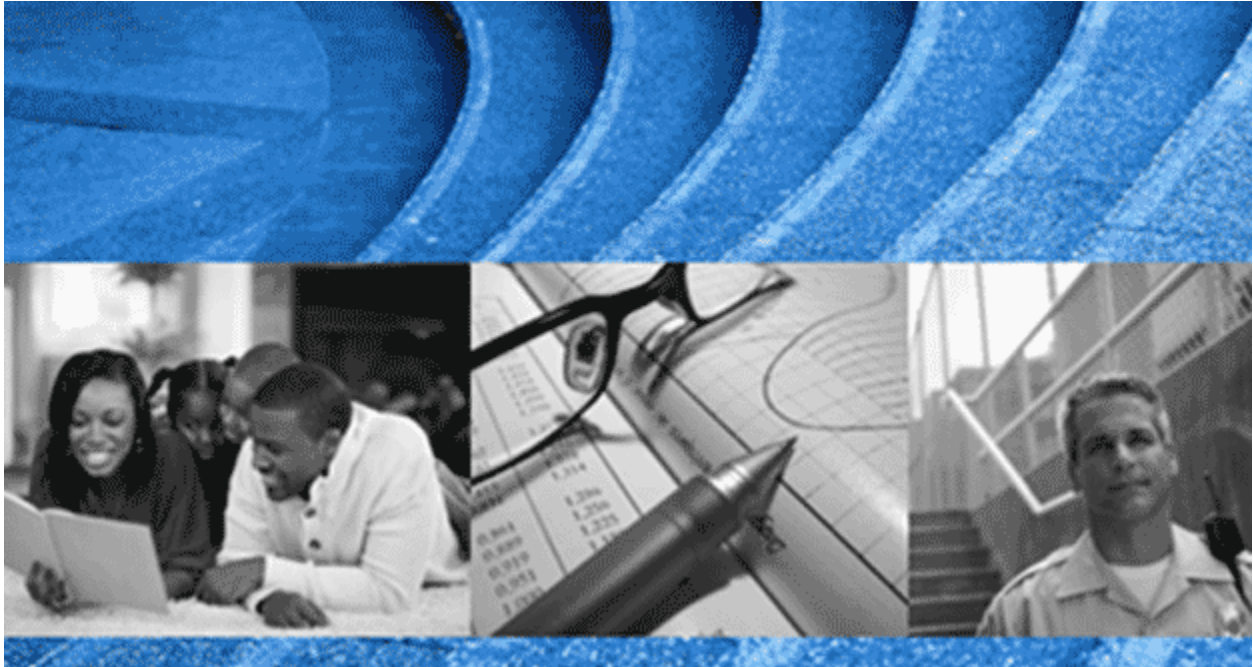
Jail Services

- The Polk County Jail does not have a policy providing people being released with a sufficient supply of medications.

Probation

- Workshop participants shared that probation violations are sometimes issued even though the circumstances of the violation were beyond the control of the person being supervised.





PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place May 19, 2023.

The top three priorities guiding the SIM workshop Strategic Action Plans are highlighted in bold text.

Priority	Votes	Description
1	19	Pre-arrest Diversion
2	15	Housing
3	10	Expanded Jail-based Reentry Supports
4	6	Underutilization of Peers
5	5	Emergency Shelter – non-congregate
6	4	Non-traditional residential treatment
6	4	SA – ACT-like team
7	3	Information / Data Sharing – Priority – Substance Use
8	2	Employer
9	0	Detox

STRATEGIC ACTION PLANS

Priority Area #1: Pre-Arrest Diversion

Objective	Action Step	Who	When
Education on current model (Story County) and other potential models e.g., PAARI, DART, & LEAD.	<ul style="list-style-type: none"> a) Workshop with story and Polk County on current model and how to implement here. b) Educating selves and gathering information for workshop. c) Pitch workshop to Chiefs. 	<ul style="list-style-type: none"> a) BHDS / Julie <ul style="list-style-type: none"> ○ Data person ○ Mobile Crisis b) Haley (doc.) c) Kim 	<ul style="list-style-type: none"> a) 12/2023 b) 7/1/2023 c) 10/1/2023
Program resources: <ul style="list-style-type: none"> • Who runs program? • Where are they referred to (timely)? 	<ul style="list-style-type: none"> • Expansion of mobile crisis existing foundation and relationship. • Inquiring from existing organizations (ROP's) that would be willing and able to facilitate. 	<ul style="list-style-type: none"> • Sobering Center (Rachel) • Urban Dreams (Izaah) 	Next summer.
Outlining what process looks like.	<ul style="list-style-type: none"> • Eligibility requirements. • What does program look like? • How does it function? 	<ul style="list-style-type: none"> • Collaborative counsel outlined in model guidelines. 	December 2023
Launch pilot program.	<ul style="list-style-type: none"> • Monitor process for first year. • Form collaborative counsel to monitor and implement any change identified. 	<ul style="list-style-type: none"> • See model guidelines. 	Summer 2024
Where are resources needed? <ul style="list-style-type: none"> • Staffing • Data assembly and collection 	<ul style="list-style-type: none"> • Workshop educating and recruiting key players. 	<ul style="list-style-type: none"> • 	



Priority Area #2: Housing

Objective	Action Step	Who	When
Create a prioritization process with a single-entry point.	<ul style="list-style-type: none"> a) Workgroup b) Develop prioritization through data compilation. c) Identify models in other communities of a functional housing continuum. d) Identify and add staff for intake. e) Establish tracking (HMIS,MIS) 	<ul style="list-style-type: none"> a) Shelby Ridley b) Shelby & Angie Arthur c) Hanna Landgraf d) Shelby e) ICA 	<ul style="list-style-type: none"> a) July 31, 2023 b) November 30, 2023 c) July 31, 2023 d) January 31, 2023 e) August 32, 2023
Establish emergency shelter: <ul style="list-style-type: none"> • Non-congregate • Low barrier • All genders 	<ul style="list-style-type: none"> • Location • Funding sources • Operations / Case management 	TBD	TBD (Funding dependent)
Establish recovery housing: <ul style="list-style-type: none"> • NARR-certified • Spectrum of shared: <ul style="list-style-type: none"> • bedrooms to individuals • Bedrooms to individual units 	<ul style="list-style-type: none"> • Location • Funding sources • Operations / Case management 	Melissa Vine	November 30, 2023 (Ongoing)
Establish additional permanent supportive housing. <ul style="list-style-type: none"> • Utilize Housing First model 	<ul style="list-style-type: none"> • Location • Funding sources • Operations / Case management 	Cynthia Latcham and Hannah	TBD (Funding dependent)



Priority Area #3: Expand Jail-Based Reentry Supports

Objective	Action Step	Who	When
Engage contracted medical service.	Discuss Reentry Coordinator and staffing needs	Cory Williams	July 2023
Job duties and responsibilities.	Engage with Full Circle, BMC, and UCS Healthcare.	Emma Thomas	ASAP
SafeNetRx.	Engage with SafeNetRx about obtaining an address prior to release.	Cory Williams and Emma Thomas	Current
Expand high-risk inpatient bed space at Broadlawns (BMC).	Engage with Dr. Shah about plan.	DawnMarie	2 Weeks
Identify possible release dates.	Pull reports for plea and sentencing and send to Polk County Jail (PCJ).	Courts / Kellie	Monday
On-site physical location for medications, insurance, etc. Government phone applications. Connect with Probation/Parole.	Engage with St. Vincent de Paul of Des Moines.	Cory Williams, Emma Thomas, and Rachel	August

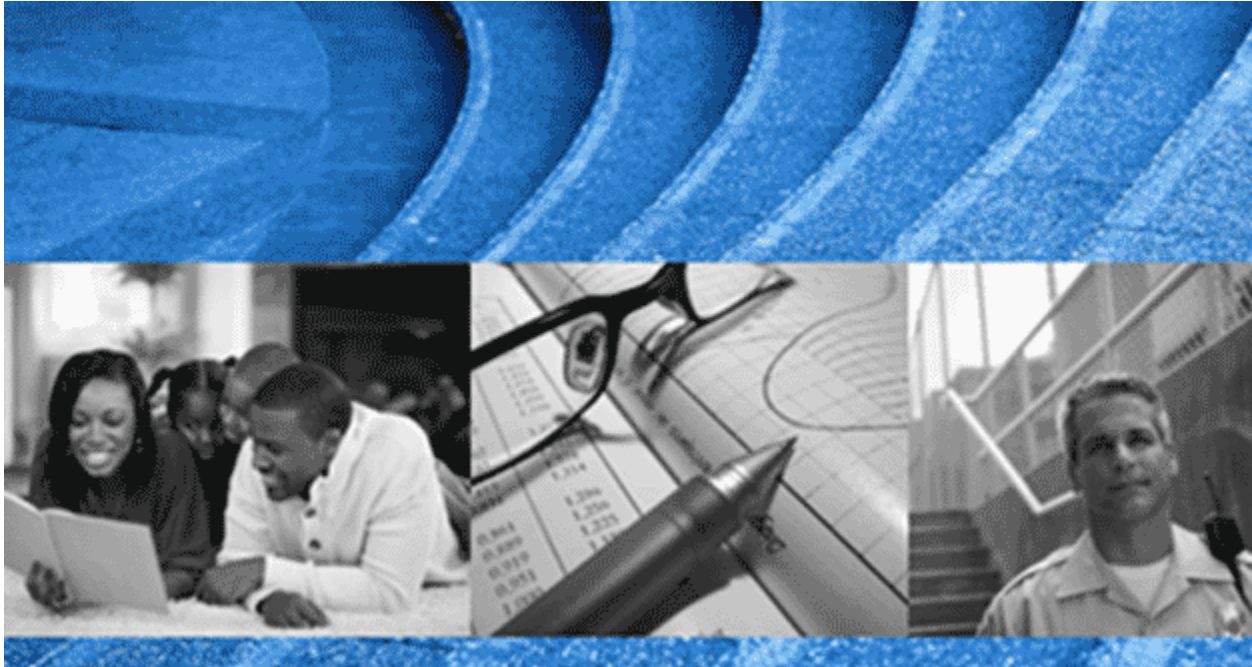




QUICK FIXES/LOW-HANGING FRUIT

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental health and substance disorders who are in the justice system.

- There are available opportunities to develop jail-diversion connections between program participants and recovery-minded advocates and peers.



RECOMMENDATIONS

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

1. **Increase peer support integration across the intercepts.**

Although there are some current and future planned implementation of peer supports, this area is generally underutilized for Polk County.

It is important to develop diversion programming inclusive of individuals with serious mental illness and substance abuse issues. People with mental illness and substance use issues are overrepresented in the criminal justice system. Service delivery models that direct individuals to appropriate treatment and away from the criminal justice system are essential. Diversion programming should consider best practices that are needed to help offenders with mental illness be successful in diversion programming. Diversion programs offer many potential benefits including linking individuals to treatment and other supports, increasing treatment compliance, improving quality of life, reducing recidivism, reducing psychiatric hospitalization, and reducing costs of incarceration.

Increase the purpose and role of peer involvement and support in every priority and agenda item. Peer support has been found to be particularly helpful in easing the traumatization of the corrections process and encouraging consumers to engage in treatment services. Settings that have successfully involved peers include crisis evaluation centers, emergency departments, jails, treatment courts, and reentry services.

Please see *Peers* in the Resources section below for more information.



2. **Expand substance use disorder (SUD) identification and treatment options and integrate strategies with current initiatives.**

The focus of the workshop was on substance use and the utilization of Opioid Settlement dollars over the next 18 years. Due to current funding parameters, these two systems currently function independently and need more integration to effectively serve the population. One example shared during the workshop was the limited number of residential options for substance abuse treatment and another was people discharged from treatment service due to testing positive for THC. This biggest gap, however, rests in the mental health and substance abuse systems not working together. Closing this gap should be a primary focus of utilization of the Opioid settlement dollars.

The 2016 SAMHSA publication, [Screening and Assessment of Co-occurring Disorders in the Justice System](#) developed by Roger Peters and the SAMHSA GAINS Center (see *Screening and Assessment* section of the Resources), provides an overview of screening and assessment and treatment of individuals with co-occurring disorders in the criminal justice system. In addition, Screening and Assessment instruments for mental illness, substance use, co-occurring disorders, treatment motivation and trauma/PTSD.

The SAMHSA publication, [Detoxification and Substance Abuse Treatment](#). Treatment Improvement Protocol (TIP) Series, No. 4 SAMHSA Tip 45, provides communities with guidance on a continuum of inpatient and outpatient care for detoxification services and identifies best practices.

The 2016 [21st Century Cures Act](#) offers significant funding opportunities to address the Opioid Crisis. When the SIM is applied to the Cures Act, communities can more easily examine the funding and programmatic opportunities offered by both HHS and DOJ funding streams. PRA developed a [matrix](#) to depict the funding source and program initiatives as they fall across the six Intercepts. It also indicates which Intercept a particular initiative falls into and whether an initiative spans multiple Intercepts.

Jails and prisons are increasingly utilizing Medication Assisted Treatment (MAT) at the point of reentry, which was also discussed during the workshop. See the *Medication Assisted Treatment* section of the Resources. Review current Medication Assisted Treatment (MAT) processes in the community and jail. Many jails are only giving Vivitrol or Suboxone to women who are pregnant. Ensure support, especially peer support, to help persons maintain MAT and their recovery. Consider a collective impact process to bring together harm reduction, prevention, treatment and enforcement strategies.

Strategies may include treatment on demand, police follow-up and referral to services, a resource center, harm reduction/syringe exchange, and/or first responders trained in and carrying Naloxone.

In the jail, this may include screening for use and withdrawal, withdrawal management on Buprenorphine, maintenance dosing and induction on Methadone and Buprenorphine paired with appropriate psychoeducational classes, peer support in the facility and upon release, and inmates leaving with Naloxone.

Also consider police diversion-to treatment strategies such as [Law Enforcement Assisted Diversion \(LEAD\)](#).



3. **Identify Where this Work Will Live and a Champion to Move 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.**

There is a need for on-going 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. One of the benefits of the workshop is it brings together a group of people that are motivated for change. Polk County can expand on this by developing a local stakeholder's group that includes Substance Abuse providers. This group can look at identified resources and gaps and build on the action plans started at the workshop to implement substantial change to the system. This group could also look at and review data related to the familiar faces and high-risk populations and the at-risk clients with Opioid priority.

[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.

Also, the International Association of Chiefs of Police's [One Mind Campaign](#) is a national initiative that will inform planning efforts and provide technical assistance to enhance community collaboration.

It is also important to identify one or more individuals who may serve as "champions" to gain stakeholder buy-in and help move this work forward. Ideally, the champion should be mission-driven/goal-oriented; qualified to manage people and processes; skilled at communication; experienced at building relationships; respected by others; and committed to the diversion efforts in your community. Designate an individual on your task force to serve as a State Liaison or invite state office personnel to local meetings so the local concerns on key issues can be addressed at the highest levels.

4. **Increase and improve housing options.**

There was a lot of discussion on this area and it was one of the group's priority areas addressed on Day 2 of the workshop. Communities around the country have begun to develop more formal approaches to housing development, including use of the Housing First model. This has become increasingly important since the pandemic as communities across the county have seen a decline in housing resources, an increase in housing costs and a decline in landlords willing to work with the population.

Policy Research Associates, Inc. (PRA) has developed a housing focused Sequential intercept mapping which may be something to consider in the future as Opioid dollars start coming into Polk County.

A strong housing continuum includes emergency shelters, landlord support and intervention, rapid rehousing, Permanent Supportive Housing (with or without Housing First but including supportive services such as case management, treatment, employment, etc.), Supported Housing (partial rent subsidies), transitional housing, affordable rental housing, and home ownership. In addition, consider how dependent care, institutional care, home-based services such as FACT, FUSE and ACT, halfway houses, and respite care can support specific populations needs.



The following resources are suggested to guide strategy development. See also Housing under Resources below.

- GAINS Center. [Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System](#).
- Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. (2012). [Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities](#). *Journal of Forensic Psychology Practice*, 12, 382–408.
- Tsemberis, S. (2010). [Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction](#). Center City, MN: Hazelden Press.
- Stefancic, A., Henwood, B. F., Melton, H., Shin, S. M., Lawrence-Gomez, R., and Tsemberis, S. (2013). [Implementing Housing First in Rural Areas: Pathways Vermont](#), *American Journal of Public Health*, 103, 206–209.
- [Shifting the Focus from Criminalization to Housing](#)
- Lehman, M.H., Brown, C.A., Frost, L.E., Hickey, J.S., and Buck, D.S. (2012). [Integrated Primary and Behavioral Health Care in Patient-Centered Medical Homes for Jail Releases with Mental Illness](#). *Criminal Justice and Behavior*, published online.
- [Built for Zero](#) (formerly Zero: 2016) is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies.

5. **Improve health care outcomes and reduce recidivism for people with mental and substance use disorders through increased jail services and a jail reentry program.**

Although there is some work being done in this area, the workshop identified that more people could be reached and served by a formal reentry process which can improve public safety and public health outcomes by providing transition planning services to inmates with mental and substance use disorders. This could include follow up by the Care Team. As discussed during the workshop, reentry is a matter of life and death and low risk offenders can become high risk individuals for the community without adequate reentry services. At a minimum, transition planning services should be offered to the sentenced population prior to release from the jail. Transition planning services can be provided by dedicated jail staff or by community-based providers who reach into the jail.

The [Transition from Jail to Community \(TJC\) Initiative](#), developed by the Urban Institute and National Institute of Corrections provides a clear structure for transition planning as well as an [online learning toolkit](#). Also refer to the [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison](#) (Blandford and Osher, 2013) and the [Implementation Guide](#) (SAMHSA, 2017).

Improve access to Medicaid and Social Security benefits for persons released from jail and prison. Medicaid suspension or cancellation while incarcerated is a barrier to recovery. The Affordable Care Act has expanded access to Medicaid, yet communities across the country have lagged in enrolling justice involved individuals in Medicaid. A more aggressive and coordinated approach is needed to ensure Medicaid benefits essential to continuing prescribed medication and accessing critical behavioral health services.



Strategies include providing jail-based or diversion health personnel with access to the local Medicaid database to promptly identify enrollees and ensure continuation of coverage. Social Security Disability (SSD) and Social Security Supplemental Income (SSI) provide medical benefits and income which can improve access to housing and other services. Social Security Outreach Access and Recovery training (SOAR) can improve successful enrollments and reduce approval times from months to as soon as 60 days.

Inmates with mental health disorders should ideally be released with four weeks of medications, a prescription for psychotropic medications, and an appointment with a prescriber. Reentry from jail is an opportune time to connect people with mental health disorders to community-based services.

Expand, coordinate, and connect reentry services to community supervision. Explore developing a Reentry Council or integrating current efforts into the work of existing workgroups/task forces. Issues to address include fair housing, “ban the box,” and educating employers.

Communities may explore national models of faith-based involvement and the use of formerly incarcerated persons as mentors in reentry services. Two programs recommended for further exploration are [Mission Behind Bars and Beyond](#) and the Offender Alumni Association of Birmingham, Alabama.

Please see *Reentry* in the Resources section below for more information.

6. **General communication/education about resources.**

Polk County may benefit from general education to the community about services including how to get a person at risk help. This could be done with media campaigns, town hall meetings, community picnics etc.





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*.
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- 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.](#)
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Jail Inmate Information/Services

- NAMI California. [Arrested Guides and Medication Forms.](#)



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- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
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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](#).

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- Center for Court Innovation. (2019). [Procedural Justice at the Manhattan Criminal Court](#).
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Racial Equity and Disparities

- Mathematica. (2021). [Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation](#).
- Law360. (2021). [Data Collection Is Crucial For Equity In Diversion Programs](#).
- Chicago Beyond. (2018). [Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders](#).
- National Academies of Sciences, Engineering, and Medicine. (2021). [Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief](#).
- Substance Abuse and Mental Health Services Administration. (2015) [TIP 59: Improving Cultural Competence](#).



- SAMHSA’s Program to Achieve Wellness. *Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview*.
- Actionable Intelligence for Social Policy. (2020). *A Toolkit for Centering Racial Equity Throughout Data Integration*.
- The W. Haywood Burns Institute. *Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist*.
- National Institute of Corrections. (2014). *Incorporating Racial Equality Into Criminal Justice Reform*.
- Vera Institute of Justice. (2015). *A Prosecutor’s Guide for Advancing Racial Equity*.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*.
- Substance Abuse and Mental Health Services Administration. (2016). *Reentry Resources for Individuals, Providers, Communities, and States*.
- Substance Abuse and Mental Health Services Administration. (2020). *After Incarceration: A Guide to Helping Women Reenter the Community*.
- National Institute of Corrections and Center for Effective Public Policy. (2015). *Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice*.
- The Council of State Governments Justice Center. (2009). *National Reentry Resource Center*
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies*.

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). *Screening and Assessment of Co-occurring Disorders in the Justice System*.
- The Stepping Up Initiative. (2017). *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask*.
- Center for Court Innovation. *Digest of Evidence-Based Assessment Tools*.
- Urban Institute. (2012). *The Role of Screening and Assessment in Jail Reentry*.
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Sequential Intercept Model

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- Urban Institute. (2018). *Using the Sequential Intercept Model to Guide Local Reform*.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through



utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online [SOAR training portal](#).
- Information regarding [FAQs for SOAR for justice-involved persons](#).
- Dennis, D., Ware, D., and Steadman, H.J. (2014). [Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings](#). *Psychiatric Services*, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). [24/7 Connecting with Counselors Anytime, Anywhere](#). *National Council Magazine*. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). [Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults](#).
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). [Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21](#).
- Roca, Inc. [Intervention Program for Young Adults](#).
- University of Massachusetts Medical School. [Transitions to Adulthood Center for Research](#).

Trauma and Trauma-Informed Care

- SAMHSA. (2014). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).
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- SAMHSA's GAINS Center. (2011). [Trauma-Specific Interventions for Justice-Involved Individuals](#).
- National Resource Center on Justice-Involved Women. (2015). [Jail Tip Sheets on Justice-Involved Women](#).
- Bureau of Justice Assistance. [VALOR Officer Safety and Wellness Program](#).

Veterans

- SAMHSA's GAINS Center. (2008). [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions](#).
- Justice for Vets. (2017). [Ten Key Components of Veterans Treatment Courts](#).

Resources Effective August 4, 2023



APPENDIX

Appendix 1 SIM Workshop Participant List

Appendix 2 SIM Workshop Agenda



APPENDIX 1: SIM WORKSHOP PARTICIPANT LIST

Name	Role	Agency or Organization
Rachel Adams	Program Planner	Polk County Behavioral Health Unit and Disability Services
Angie Arthur	Executive Director	Homeward
Alexandria Atal	Mobile Jail Diversion Case Manager	The Beacon
Ann Breeding	Founder	Steps of Hope Iowa
Stacy Curtis	Trial Court Supervisor IV	Polk County Clerk of Court
Helen Eddy	Director, Public Health	Polk County Health Department
Marissa Eyanson	Division Director, Behavioral Health	Iowa Health and Human Services
Kevin Gabbert	Opioid Initiatives Director	Iowa Health and Human Services
Lorna Garcia	Sergeant	Des Moines Police Department
Julie Gibbons	Program Planner	Polk County Behavioral Health Unit and Disability Services
Don Gookin	Community Systems Consultant	Iowa Health and Human Services
Kimberly Graham	County Attorney	Polk County Attorney's Office
Tracy Gryp	Volunteer Coordinator	Full Circle Recovery Community Center
Dawn Marie Hooker	Nurse Manager Crisis Services	Broadlawns Medical Center
Haley Pederson Hundley	Prevention Manager	Employee & Family Resources
Izaah Knox	Executive Director	Urban Dreams
Hannah Landgraf	Senior Program Manager	Anawim Housing
Cynthia Latcham	President	Anawim Housing
Kelly Meyer		Polk County Courthouse
Michael Jordan Miller	Senior Police Officer	Des Moines Police Department
Patsy Nemmers	Supervisor	Polk County Courthouse Mental Health
Tony Ortiz		Iowa Health & Human Services
Shelby Ridley	Homeless Support Services Director	Primary Health Care
Angie Rodberg	Senior Director of Clinical Operations	Bridges of Iowa
Gabbie Ruggiero	Outreach Coordinator	UCS Healthcare
Shannon Schott	Senior Program Manager	Full Circle Recovery Community Center
Jeff Schulz	Division Manager	5 th Judicial District
Anne M. Sheeley	Clerk of Court	Clerk of District Court, Iowa Judicial Branch
Julie Spicer	Chief Advancement Officer	UCS Healthcare
Hailey Stirm	Jail Diversion Case Manager	Eyerly Ball
Jennifer Sundquist	Team Lead	Broadlawns Mobile Crisis
Emma Thomas	Discharge Planner	NaphCare - Polk County Jail
Lisa Turner	Juvenile Clerk Supervisor	Polk County Clerk's Office
Annie Uetz	CEO	Polk County Behavioral Health Unit and Disability Services
Melissa Vine	Executive Director	The Beacon
Cindy West	Program Director	Full Circle Recovery Community Center
Cory Williams	Chief	Polk County Sheriff's Office



APPENDIX 2: WORKSHOP AGENDA



Sequential Intercept Model Mapping Workshop

Polk County, Iowa

May 18, 2023

AGENDA

- 8:30** **Registration and Networking**
- 9:00** **Openings**
- Welcome and Introductions
 - Overview of the Workshop
 - Workshop Focus, Goals, and Tasks
 - Collaboration: What's Happening Locally
- What Works!**
- Keys to Success
- The Sequential Intercept Model**
- The Basis of Cross-Systems Mapping
 - Six Key Points for Interception
- Cross-Systems Mapping**
- Creating a Local Map
 - Examining the Gaps and Opportunities
- Establishing Priorities**
- Identify Potential, Promising Areas for Modification Within the Existing System
 - Top Five List
 - Collaborating for Progress
- Wrap Up**
- Review
 - Setting the Stage for Day 2
- 4:30** **Adjourn**

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

There will be break for lunch at approximately noon.

Sequential Intercept Model Mapping Workshop

Polk County, IA

May 19, 2023

AGENDA

- 8:30** **Registration and Networking**
- 9:00** **Opening**
- Remarks
 - Preview of the Day
- Review**
- Day 1 Accomplishments
 - Local County Priorities
 - Keys to Success in Community
- Action Planning**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:30** **Adjourn**

There will be a 15 minute break mid-morning.



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