

Douglas County Stepping Up Initiative Workshop

*CVIC Hall
1604 Esmeralda Ave, Minden, NV 89423
March 28th, 2017, 8:00 am-12:00 pm*

Introduction:

The Douglas County Stepping up Workshop was held on March 28th, 2017 at the CVIC Hall in Minden, Nevada and facilitated by Steve Lewis of Douglas County University of Nevada Reno, Cooperative Extension. The primary goal of this workshop was to develop a county plan to collaborate in building healthy communities though stabilizing individuals in chronic crisis in the community and diverting individuals with behavioral health issues from the criminal justice system. This workshop focused on the following objectives aligned with the Stepping up Initiative using the Sequential Intercept Model:

- Examine treatment and service capacity in the county
- Identify state and local policy that could be changed to enhance efforts toward stabilization and diversion of individuals in chronic crisis.
- Identify funding barriers to minimize involvement with the criminal justice system
- Provide treatment and supports in the community

Partners in attendance:

Douglas County Sheriff Pierini, Captain Halsey, Sergeant Savage, Judge Perkins, East Fork Fire Deputy Chief Fogerson, Tahoe Fire Chief Scott Baker, Probation and Parole officers, Nevada DPBH Douglas County Counseling and Supportive Services Clinic Director Jenni Johnson, Douglas County Counseling and Supportive Services DPBH Rural Clinics Director Tina Gerber Winn, DPBH Program Developer Dana Walburn, Tahoe Youth and Family Director Christopher Croft, Suicide Prevention Network Executive Director Debbie Posnien, Partnership of Community Resources Director Cheryl Bricker, Douglas County Social Services Director Karen Beckerbauer, Regional Behavioral Health Coordinator, Jessica Flood, and NAMI representative Sandie Draper.

Intercept 0: Community Prevention

Strengths:

Douglas County's stakeholders at the Stepping up Initiative Workshop, identified Intercept 0 and initiatives established within it as the most important part of the Sequential Intercept Model. Community prevention and intervention efforts prior to crisis or risk of arrest, are viewed as most effective and least disruptive when working to stabilize and integrate individuals with mental health issues back into the community. Intercept 0

consists of the network of community providers, including Douglas County Social Services, National Alliance on Mental Illness, East Fork Fire, Tahoe Douglas Fire, Counseling and Supportive Services, Suicide Prevention Network, Partnership of Community Resources, Tahoe Youth and Family, Carson Valley Medical Center, and more.

Douglas County has made great strides in enhancing collaboration and reducing silos between agencies. This strong network allows agencies to assist individuals who are at risk of crisis to connect to community treatment and services. Douglas County stakeholders are in the process of formalizing relationships and processes through development of policies procedures and interagency agreements.

Anticipated Next Steps

- Develop emergency responder friendly policies and procedures with training throughout the community
- Develop cross-training
- Develop community resource protocol and processes for youth and adults
- Develop county based policies and procedures for FASTT, MOST, CIT, and other initiatives
- Develop MOU's and interagency agreements as needed based upon collaborative initiatives
- Further explore and identify legal foundations of mental health-involved issues such as legal holds, Multi-disciplinary Teams, HIPPA, and releases of information.

Identified Priorities

- Development of law enforcement and EMS/Fire friendly policies and procedures including community training and education was the second highest priority identified for the entire workshop.
 - Development of community resource protocol was included in priority of developing policies and procedures friendly to emergency responders.
- Identify and formalize information sharing strategies was included as one of the top 5 priorities of the workshop as well.

Intercept 1: Law enforcement / Emergency services

Strengths

Douglas County has several important policies in place that support emergency responders in defusing and preventing crises in the community. Douglas County developed and implemented a multi-disciplinary 40-hour Crisis Intervention Training, developed from guidelines of Memphis Model CIT, in the Spring of 2017 to provide first responders with training on effective responses to behavioral health issues and community resources. Additional policies are in place that support appropriate responses to individuals at risk of or currently experiencing behavioral health crisis. EMS/ Fire and law enforcement agencies all have policies in place that enable first responders to implement appropriate responses based upon the situation, behavior of the individual, and available resources. Emergency responders at the scene are also able to help individuals connect with needed community services. Douglas County emergency responders also use a Premise Alert system to obtain forewarning on potential situations that could involve individuals who have autism or mental health issues.

Anticipated Next Steps

- Develop protocols for community crisis triage system

- Development of behavioral health dispatch training to complement Crisis Intervention Training so dispatchers can determine whether mental illness is a factor for all calls.
- Develop system that allows data to be collected regarding calls for service where mental illness is a factor. This information is currently being collected, but is not able to be obtained for data purposes.
- Explore options and resources to develop system for increased availability of mental health/ EMS/Fire/ law enforcement first responder teams
- Formalize crisis management teams for high utilizers of emergency services and for follow up in the community post crisis or reentry.
- Develop crisis receiving center at local hospital or other 24/7 facility for emergency responders and individuals in community to access.
- Identify/ develop mental health module that is provided for all new EMS/Fire and law enforcement officers
- Develop training for behavioral health providers accepting referrals from emergency responders and law enforcement

Identified Priorities

- Expansion of mental health/ EMS/Fire/ law enforcement co-respond teams was the identified as the highest priority of the workshop.

Intercept 2: Initial detention/ Initial court hearings

Strengths

Like community prevention efforts in Intercept 0, Douglas County's Jail was one of the strongest areas their system in the Sequential Intercept Model. The Douglas County Jail is nationally certified _____, and has many process in place that are aligned with national best practices. Jail intake personnel conduct behavioral health and Medicaid eligibility screens to increase connection to treatment upon release. The court system is also able to provide appropriate response to individuals with mental illness: Pre-trial decisions are informed by behavioral health needs and risk of reoffending, defense council is quickly appointed, screen for mental illness and advocate for referral/ diversion when appropriate, and a Medicaid outreach worker is available in detention to connect individuals with Medicaid upon release.

Anticipated Next Steps

- Develop system in which criminal justice and mental health databases are matched to identify behavioral health needs in compliance with privacy mandates
- Develop/ enhance mental health diversion programs in Intercept 2
- Have court based clinician available for consultation, referrals, and client engagement
- Discuss possibility of local bar association in engaging in continuing legal education in mental illness, community resources, alternatives to incarceration etc.
- Train pre-trial officers, judges, court personnel on mental health issues (when they may be a factor in arrest, offense, and options for diversion and/ or special supervision)

Intercept 3: Jails/Courts

Strengths

In the Douglas County Jail, all inmates are assessed for medical and mental health needs which inform placement in custody, and jail staff allow for family and caregivers to provide information regarding medication and treatment needs. Jail staff receive special training on supervising inmates with mental illness, and healthcare providers within the jail are trained in responses to mental illness as well as treatment and placement options. The jail is also supported by the FASTT program. The Forensic Assessment Services Triage Team (FASTT) is a multi-disciplinary in-reach case management team provides weekly substance use and employment groups in the jail, and meets with inmates once per week to provide assessment and case management services.

In the court system, there are regular reviews of release alternatives for people who are unable to make bail, alternatives are used to incarceration when possible. Problem solving courts use an application process to match individuals with appropriate programming, and non-problem solving courts use diversion for first time drug offenders. Douglas County is supported by the Carson City Mental Health Court, whose team regularly attends problem solving court conferences and training.

Anticipated next Steps

- Explore/develop information sharing agreement between jail and local behavioral health and service providers to facilitate uninterrupted treatment and supports at reentry.

Identified Priorities

- Access to mental health support groups and peer support programs in jail was one of the top 5 priorities identified in the workshop/

Intercept 4: Reentry

Strengths

Reentry from the Douglas County Jail is supported by the Douglas County FASTT program. FASTT provides jail in-reach services through a multi-disciplinary team of community providers to ensure that transition plans are consistently developed in jail and that there is a “warm hand off” to community based treatment. Members of the FASTT team are trained on how to match individuals to appropriate and/or available services and supports in the community to support a successful reentry into the community. This program conducts an assessment that includes key supports such as food, transportation, housing, medication management, and treatment, and works to ensure that inmates have information to connect to a treatment provider in the community. FASTT also facilitates Medicaid enrollment for individuals upon release. The Jail releases inmates with the rest of the supply of medications that were prescribed in jail, and FASTT works to get inmates connected to services as soon as possible. Douglas County Social Services works closely with the jail and community deputies to place individuals in temporary housing on a case by case basis.

It was reported at that transition plans are consistently developed in prison as well. The prison is currently working with Nevada DPBH Rural Clinics to develop and in-reach process by community mental health professional to assist in the development of transition plans. The prison is also working to adopt a process in which key supports such as housing are considered when developing transition plans. The prison releases inmates with sufficient supplies of medication, and is in the process of increasing written prescriptions upon release to 60 days in response to long waits to connect with providers in the community.

Next Steps

- Develop processes that encourage connections from family members and other networks for inmates in jail.
- Douglas County FASTT will adopt and implementing the ORAS Community Supervision Tool Assessment and Screen to assess the risk and needs of the inmate to inform discharge plans.
- Identify high risk/ high needs individuals using ORAS in FASTT to assess the need for transition case management and develop resources accordingly.
- Develop increased support for inmates to obtain housing and employment after release from jail.
- Douglas County Social Services, through the FASTT team, is in the process of implementing employment groups in jail
- Douglas County Social Services will identify community providers who are willing to train inmates as well.
- The need for affordable and transitional housing at reentry was discussed
- Address existing gap in community mental health and substance use treatment provider ability to provide timely access to treatment.

Intercept 5: Community corrections/ Community support

Strengths:

In Douglas County, collaborative case management is used by probation and mental health agencies in jail through the FASTT Team. Additionally, evidence based treatment for individuals with co-occurring substance use disorders is available in multiple agencies in the community.

Next steps:

- Parole and Probation is in the process of enhancing mental health programs and officer mental health response through multiple initiatives.
- Parole and probation is developing systems in which supervision plans as based on assessed risks/ needs where, those with high risk/ high needs are prioritized for intensive supervision and low risk/ needs receive a “light touch”.
- Parole and Probation is working to provide their officers with training to respond to individuals with mental illness, and to establish community supervision requirements and responses that appropriate for the mental health population.
- The prison is also incorporating collaborative case management with probation and mental health agencies.

Top 5 Priorities

1. Mental Health/ police/ EMS/ Fire Responder Teams available
2. Police EMS Fire friendly policies and procedure/ education & training
 - a. Develop community resource protocol/ triage flowchart

b. Develop flowchart on decision making process for resources

- during business hours, and after hours
- Incorporate “no wrong door”
- Develop community map
- Provide signage at community agencies in window that signifies if the agency can assist.
- Establish protocols , pilot protocols and feedback, train and communicate protocols

3. Identify information sharing strategies:

- Include parameters for ROI and information sharing in accordance with federal and state law

4. Access to mental health support groups, peer support programs in jail:

- Develop peer groups in jail where there is no contractual obligation
- Obtain peer group recommendations
- Develop peer network
- Develop Behavioral Health Task Force to provide informational incentive on why to engage- what’s in it for them.

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