Sequential Intercept Model Mapping Report for Boone County

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Sequential Intercept Model Mapping Report for Boone County

Report Released: March 2025

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ACKNOWLEDGEMENTS

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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.

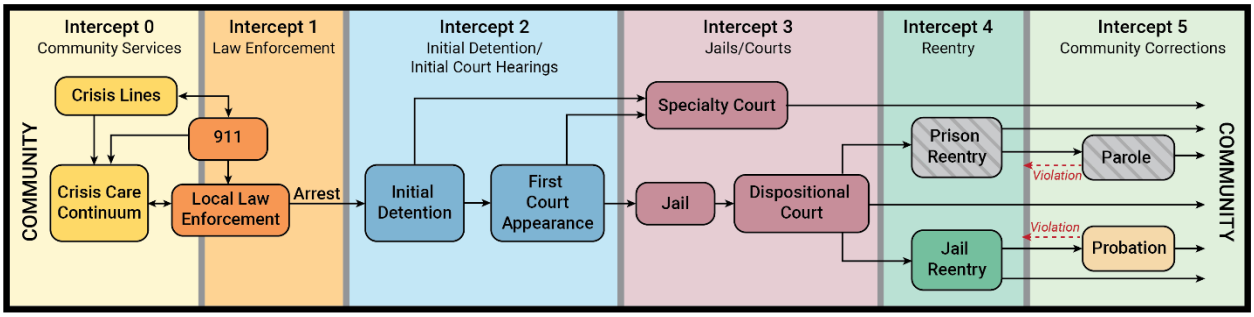
A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how individuals with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how individuals 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



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[1] Munetz, M., & Griffin, P. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, *57*, 544-549.

AGENDA

Boone County – Sequential Intercept Mapping Workshop

AGENDA

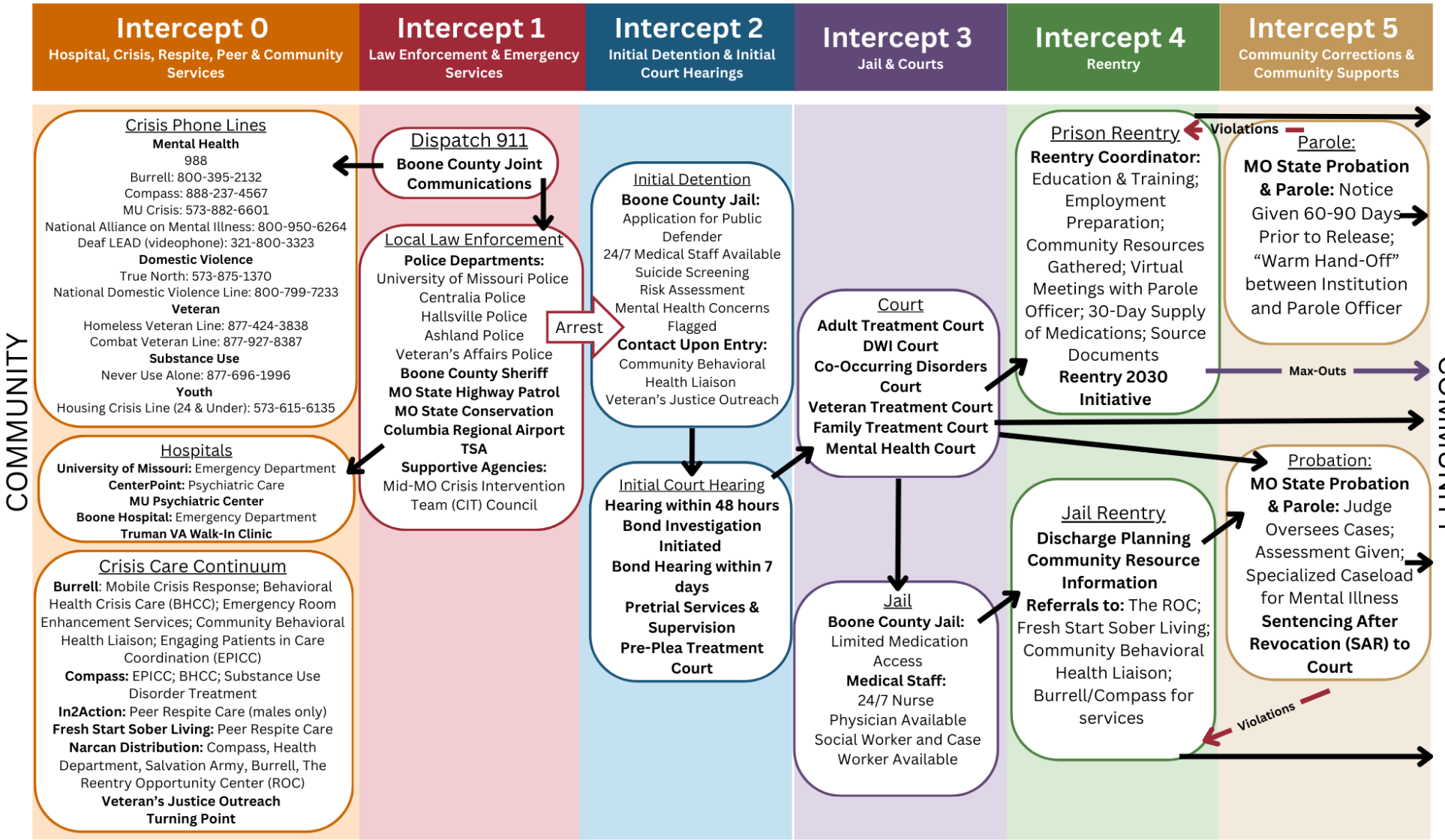
DAY 1 – Monday, December 16

8:00am	Registration/ Continental Breakfast
8:30am	Opening Welcome and Introductions Overview of the Workshop Concerns and Assumptions Collaboration Across the SIM The Sequential Intercept Model
10:30am	Mid-Morning Break (15 minutes) Creating the Local Sequential Intercept Map
Noon	Lunch/Networking (60 minutes) Creating the Local Sequential Intercept Map (continued)
3:00pm	Mid-Afternoon Break (15 minutes) Summarizing the Gaps Reviewing the Keys to Success Establishing Priorities for Change
4:30pm	Adjourn

DAY 2 – Tuesday, December 17

8:00am	Registration/ Continental Breakfast
8:30am	Opening Welcome Preview of the Day
10:30am	Mid-Morning Break (15 minutes) Complete Action Plan Next Steps Summary and Closing
12:30pm	Adjourn

Sequential Intercept Model Map for Boone County, December 2024



The information provided in this Map is not an exhaustive overview of resources within Boone County and is limited to resources identified by SIM participants.

OPPORTUNITIES AND GAPS AT EACH INTERCEPT

The centerpiece of the workshop is the development of a Sequential Intercept Model (SIM) 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 information can be used by planners to establish greater opportunities for improving public safety and public health outcomes for individuals with mental and substance use disorders by addressing the gaps and building on existing opportunities. Both terms are defined below:

- ***Opportunities*** focus on existing resources currently available within the community, along with identifying potential ways to leverage those resources more effectively.
- ***Gaps*** represent unmet needs within the community.

The information provided in the following Intercept descriptions is not an exhaustive overview of resources within Boone County and is limited to resources identified by SIM participants.

ACCESIBLE CARE OPTIONS

The information below consists of resources and programs that are available and accessible across all Intercepts.

Crisis Hotlines

- Mental Health Crisis Lines
  - 988
  - Burrell: 800-395-2132
  - Compass: 888-237-4567
  - MU Crisis: 573-882-6601
  - National Alliance on Mental Illness: 800-950-6264
  - Deaf LEAD (videophone): 321-800-3323
- Domestic Violence Lines
  - True North: 573-875-1370
  - National Domestic Violence Line: 800-799-7233
- Veteran Crisis Lines
  - Homeless Veteran Line: 877-424-3838
  - Combat Veteran Line: 877-927-8387
- Substance Use Crisis Lines
  - Never Use Alone: 877-696-1996
- Youth Crisis Line
  - Housing Crisis Line (24 & Under): 573-615-6135

Hospitals

- University of Missouri Hospital / MU Psychiatric Center
- Boone Hospital
- Truman VA Hospital
- CenterPointe Hospital of Columbia

Crisis Care Continuum

- Burrell Behavioral Health
  - Mobile Crisis Response; Behavioral Health Crisis Care (BHCC); Emergency Room Enhancement Services; Community Behavioral Health Liaison; Engaging Patients in Care Coordination (EPICC), Addiction Recovery
- Compass Health Network
  - EPICC, BHCC; Substance Use Disorder Treatment for Adults and Adolescents, Residential Services for Adults
- In2Action
  - Peer Respite Care (males only)
- Fresh Start Sober Living
  - Peer Respite Care
- Narcan Distribution Locations
  - Compass Health Network, Columbia/Boone County Health Department, Salvation Army, Burrell Behavioral Health, The Reentry Opportunity Center (ROC)
- Veteran's Justice Outreach
- Turning Point Day Center

INTERCEPT 0 – COMMUNITY SERVICES

Intercept 0 looks at local services for individuals who are in crisis. This includes resources that are available without having to call 911 or other emergency services; diversion into crisis care services; and connecting individuals to the appropriate treatment services.

INTERCEPT 0

Opportunities

- 988/911 Integration
- Collaboration between Behavioral Health Agencies and Hospitals
- Use of Peer Support
- Diversion Opportunities
- New Library Program to Connect to Resources
- Community Collaboration
- Data Sharing Initiatives
- Use of Community Behavioral Health Liaisons and Emergency Room Enhancement Personnel
- Vocational Rehabilitation Opportunities

Gaps

- Transportation
- Housing
- 96 Hour Holds for Psychiatric Evaluation
- Continuity of Care after Hospitalization
- Wait List for Behavioral Health Services
- Basic Needs Support
- General Public Knowledge about Services/Resources in the Community
- IDs and Source Documents
- Public Administrator Caseload

INTERCEPT 1 – COMMUNITY SERVICES

Intercept 1 focuses on the initial contact among individuals with mental and/or substance use disorders and law enforcement and emergency service providers.

INTERCEPT 1

Opportunities

- First Responder Wellness
- First Responder Provider Network (FRPN)
- Mental Health First Aid Training
- Use of Behavioral Health Crisis Center
- Incentivize Hiring of Law Enforcement Officers
- Emergency Services Transportation to Alternative Destination

Gaps

- "Familiar Faces" - Frequent Contact with Law Enforcement Officials, Emergency Services, and Hospitals
- "Hospital or Jail?"- Few Options for People in Crisis
- Staffing Concerns for Columbia Police Department
- Not Enough Crisis Intervention Team (CIT) Trained Officers
- Funding for Law Enforcement

INTERCEPT 2 – INITIAL COURT HEARING/INITIAL DETENTION

Intercept 2 looks at community-based treatment options provided by jail staff, social workers, and court officials during intake, booking, and the initial court hearing.

INTERCEPT 2

Opportunities

- In2Action - Alternative Housing for Jail
- Diversion to Shelter with Citation - Addressing "Familiar Faces" Cycle
- Discuss Options for Detoxing in Jail
- Additional Screenings at Booking - Intellectual and Developmental Disabilities & Traumatic Brain Injury
- Peer Supports
- Contacts upon Entry - CBHL & Veteran's Justice Program
- Jail/Reentry Navigator
- Boone County Mental Health Staffing[2]
- Pre-Trial Services - Everyone in Jail will be Assessed
- Pre-Plea Diversion into Treatment Court
- University of Missouri- Columbia Law School – Veteran Law Clinic
- Public Defender - Holistic Defense

Gaps

- Detox Occurring in Jail
- Significant Delay in Competency Evaluations/Restorations

[2] The Boone County Mental Health Staffing consists of court officials, jail staff, judges, attorneys, and probation and parole officials. During a Mental Health Staffing meeting, all parties convene to discuss current court cases of individuals impacted by mental health disorders.

INTERCEPT 3 – JAILS / COURTS

Intercept 3 focuses on the community-based services that are provided through the jail and court processes after an individual is booked into jail. These services work to prevent the worsening of a person's illness during their stay in jail.

INTERCEPT 3

Opportunities

- Support Groups Available in Jail
- Forensic Mobile Team
- Assisted Outpatient Treatment - More Judicial Awareness of Options
- Good Coordination with Resources upon Release
- More Coordination/Continuity of Care from Jail to Treatment Court
- Health Department Attendance at Community Support Docket
- Peer Support
- Jail Discharge Coordinator
- Use of Community Behavioral Health liaison (CBHL)

Gaps

- Medication Assisted Treatment (MAT) Not Available in Jail
- Alternative Settings for Complex/High Needs Cases - "Housed" in Jail with No Other Option
- Loss of Benefits in Jail
- Jail Capacity at Maximum – Leads to Sending Some to Other Counties
- Transportation to and from Court
- Housing after Detention

INTERCEPT 4 - REENTRY

Intercept 4 looks at community-based treatment options provided by jail staff, social service providers, and court officials during intake, booking, and the initial court hearing.

INTERCEPT 4

Opportunities

- The Reentry Opportunity Center (ROC)
- Fresh Start Sober Living
- Peer Supports
- Some Transitional Housing Available – In2Action
- Coordination/Continuity of Care from Jail to Community
- Case Manager in Jail
- Employment Resources - Department of Corrections & University of Missouri - Columbia School of Social Work
- Behavioral Health Crisis Center can Help with Medication
- Community Health Worker
- Public Defender - Holistic Defense

Gaps

- Access to Transitional Housing – Not Enough Housing Available
- Transportation
- Employer Awareness of Job Fairs with the Department of Corrections
- Unscheduled Release from Jail
- Access to Medication – Jail Lacks Funding for Medications Post-Release

INTERCEPT 5 – COMMUNITY CORRECTIONS/SUPPORTS

Intercept 5 focuses on the community-based services that are provided through the jail and court processes after an individual is booked into jail. These services work to prevent the worsening of a person's illness during their stay in jail.

INTERCEPT 5

Opportunities

- Continuity of Care Communication between Certain Facilities and Probation and Parole
- Room at the Inn - Shelter Option
- Emergency Room Enhancement Personnel Connections - Help Clients Connect to Resources
- Rapport Building with Treatment Providers

Gaps

- Information Sharing from Jail to Probation and Parole – Medications; Physical, Mental, and Behavioral Health History
- Resource Response to Probation and Parole
- Housing Crisis - High Rate of Homelessness
- Co-Occurring Disorders - Complex Needs
- Lack of Appropriate Care Setting Availability
- Disruption of Medications in Jail
- IDs and Source Documentation - Not Available upon Release from Jail
- "Familiar Faces" create Revolving Door to Jail
- Complicated System to Navigate

PRIORITIES FOR CHANGE

The priorities for change were determined through a voting process. After completing the system mapping, the participants were encouraged to review the list of gaps at each Intercept. Workshop participants were then asked to brainstorm areas where immediate steps could be taken to help affect a more cohesive, integrated approach to service delivery. These ideas were recorded and then voted on. Each participant had three votes, and the participants were asked to vote for whichever ideas they believed would be the most impactful for Boone County.

The voting took place on December 17th, 2024, and the top five priorities were selected as topics for action planning. The following page shows all suggested priorities. The top five priorities are highlighted in bold text.

Priorities for Change	Votes
Education and Outreach	8
Housing	33
Transportation	10
Protections for Individuals with Serious Mental Illness	2
One-Stop Shop for Mental Health Services	1
Services to Help Families	2
Services to Support Law Enforcement	3
Improved Discharge Planning	4
Vital Documents / Temporary Address	11
More Robust Street Planning	0
Parenting and Life Skills	0
Data and Information Sharing	37
Employment	3
Long-Term Case Management	2
Prevention	5
Inpatient Detox	4
Food Insecurity / Outreach	3
Long-Term Psychiatric Residential Care*	15
Staffing and Recruitment / Retainment	3
Certified Peers	8
Medication Access and Coordination*	11

**Long-Term Psychiatric Residential Care and Medication Access and Coordination were combined into a single group*

STRATEGIC ACTION PLANS

The participants of the workshop came together to form working groups based on the top five priorities for change. Participants self-selected which priority group they would join based on their interests, knowledge, and skill sets. Participants then worked together to create a Strategic Action Plan to address their priority. Those action plans appear below, as written by the participants at the time of the SIM.

Group Membership:

1. Data and Information Sharing: Gina Jenkins, Cheyenne Downing, Kerby Gerling, Tamara Logsdon, Tequilla Coats, Jenrose Malloy, Marissa VanDover, Jennifer Biery, Anita Kiessling-Caver, Jeremy Spurling, Renee Carter, Steven Kaneaster, Morgan Yarnell, Scott Perkins, Kimberly Shaw, Ashley Givens, Susan Huang, Jacob Clifford, Roger Johnson, Shannon Crowley-Einspahr, Mike Barrett, Diana Winn, Lindsey Martin
2. Housing: Carter Stephenson, Ken Vick, Stephanie Allen, James Bayless, Abigail Stotler, Michele Snodderly, Conrad Hake, Dan Hanneken, Rosie Anderson-Harper, Van Hawxby, Christina Devine, Joanne Nelson
3. Vital Documents and Temporary Mailing Address: Derek Hux, Janie Ridgwell, Victoria Woods, Mary Clark
4. Access to Medication, Mental Health, and Long-Term Care: Justin Meals, Wendy Davis, Casey Clevenger, Pari Smith, Sara Linenfelser, Stephanie Witthar, Shauntel Franklin
5. Transportation: Trina Hays, Amanda McIntosh, Jay-Dee Bush, Jennifer Clark-Williams, Kristine Laucius

Priority Area #1: Data and Information Sharing			
Objective	Action Step	Who	When
• Reducing barriers to service • Better service delivery • Seamless Continuity of Care	• Share contact information within an identification system (e.g. UniteUs, MyResourceConnection) • In-person networking and meetings (resource sharing, discussing ongoing care) • Sharing data sharing protocols (MOUs, who houses the data, etc.) • Further organization collaboration (Crisis-Intervention Team (CIT) information shared with Missouri Highway Patrol (MHP); jail sharing vet status with Veteran's Affairs; etc.)	• Committee formed • Anita Kiessling-Caver and Jeremy Spurling connecting to discuss specific collaboration	• Week of 12/16/24 • Week of 12/23/24

Priority Area #2: Housing			
Objective	Action Step	Who	When
Ban the Box with apartment landlords	• Craft language for ban the box for landlords to include in lease for city ordinance • Engage city council	• Dan Hanneken • Christina Devine • Conrade Hake	Jan. 2025
Application fee issues (charging fees while knowing they won't accept application)	• Single platform for applicants (ex. ARCH by Homescreen)	• Conrad Hake • James Bayless	Jan. 2025
Landlord incentives and ongoing funding (mitigation funding)	• Incentives are currently held at Love Columbia – figure out parameters • Contact Steve Scott – Mid-Mo Legal Services	• Christina Devine • Conrad Hake • Abigail Stotler	Jan. 2025
Longer case-management services	• Get Release of Information (ROI) signed • Some funding exists – Love Columbia • Look at sharing information with housing providers	• Rosie Anderson-Harper	Jan. 2025
3rd party intermediary for justice involved clients	• Get ROI • Develop a place to go that housing providers can contact • Prior to filing eviction notice	• Love Columbia • Veteran's Affairs	Jan. 2025
Increase master leasing	• Get non-profits to hold master lease • Get training on what master leases are and what is behind them • Housing Director at Department of Mental Health – Kelli Kemna	• Christina Devine	Jan. 2025

Priority Area #3: Vital Documents and Temporary Mailing Addresses			
Objective	Action Step	Who	When
No barrier mailing address (post-release, immediate access)	• Identity possible locations to be temporary mailing addresses • Outreach to those locations • Coordinate with discharge planning at jail	• Janie Ridgwell • TBD • Derek Hux	Meet within 30 days
Fast and accessible source documents (post release)	• Identify providers/barriers (when and how to access documents) • Connect and learn from existing groups • Create and share list of resources	• Victoria Woods • Mary Clark • TBD	Meet within 30 days

Priority Area #4: Access to Medication, Mental Health, and Long-Term Care			
Objective	Action Step	Who	When
Access to Medication Assisted Treatment (MAT) in Boone County Jail	• Meet with Boone County Jail administrator • Consult with Boone County Sheriff for MAT/Narcan training • Gather MAT policies from other agencies	• Casey Clevenger • Shauntel Franklin • Justin Meals • Sara Linenfelser	• Within 30 days • Within 30 days • Within 2 weeks
Gather information for local community-based long-term psychiatric care	Meet with Regional VP of local long-term care facility • Plans for additional facility • To-do list	• Stephanie Witthar	• Within 30 days
Research other Missouri-based facilities	• Contact other facilities & gather criteria and funding info	• Stephanie Witthar	• Within 30 days

Priority Area #5: Transportation			
Objective	Action Step	Who	When
To ensure individuals experiencing mental health issues have the means to get to the places to meet their basic needs (food, documents, Probation and Parole, medical).	Outreach to organizations, churches, volunteers, to provide rides or to join forces to form a task force/grassroots organization to address transportation needs	Transportation Committee	Deferred until next meeting
	Contact First/Last Mile Valet Service to discuss a partnership (Miles Gibson: 573-415-0230)	Kristine Laucius	Jan. 2025
	Explore funding options & other community organizations (ex. Burrell, Compass, Centerpointe)	Transportation Committee	Deferred until next meeting
	Set meeting to report back	Trina Hays	Jan. 2025

QUICK FIXES/LOW-HANGING FRUIT

While most priorities identified during a Sequential Intercept Model mapping workshop may require significant planning and resources to implement, quick fixes are priorities that could be implemented with only minimal investment of time and little, if any, financial investment. Throughout the workshop, participants identified simple yet impactful solutions that, with further discussion, could significantly influence the paths of individuals with mental health and substance use disorders in the justice system. The following list summarizes some additional collaboration and planning priorities which were brought forward.

Quick Fix Items

1. Notice of Detainment	When a client's veteran's status is identified upon initial screening, the Boone County Jail will notify the Veteran Association's Justice Program (VJP). The VJP will help connect the client with veteran specific services.
2. Continuity of Care	The Boone County Jail and the Probation and Parole office will work to increase communication about recently released clients. This communication will include, among other things, information about the client's physical, mental, and behavioral health history.
3. Jail Case Manager	As of January 2025, the Boone County Jail has hired a Discharge Coordinator to assist clients reentering the community.

PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. Participants added these items to a Parking Lot list.

Parking Lot Items

1. Competency Evaluations	Currently, there is a significant delay in Competency to Stand Trial Evaluations. This leads to longer wait times in jail for clients who may face significant mental and behavioral health issues.
2. Medicaid Suspension in Jail	When a client reenters into the community, their Medicaid is not always reactivated. This creates a service gap where clients may have to wait several weeks or months to continue essential care or receive a prescription.

RECOMMENDATIONS

Boone County has several 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. This section synthesizes the primary themes discussed throughout the workshop.

Recommendations

1. Increase Access to Transportation

Across all Intercepts, accessible transportation is a major need. The City of Columbia is undergoing a transportation study to address gaps.

2. Increase Access to Safe and Affordable Housing

There is a critical shortage of housing across Boone County, especially in transitional housing options for this population. A comprehensive Housing Study with recommendations was recently released. Boone County and the City of Columbia are currently working through and prioritizing the recommendations.

3. Increase Diversion Opportunities

While some initiatives are in place across Intercept 0, 1, and 2, more efforts need to be made to divert people from jail. This includes identifying and utilizing opportunities for evidence-based diversion into treatment centers.

4. Find or Create "Alternate Settings" for Appropriate Care

Currently, the Boone County jail and the hospital emergency room are the primary options for people in crisis. Additional settings need to be identified or created to provide the best care, in the most appropriate setting, for people in crisis.

5. Expand Jail Reentry Services

When a client reenters the community following release from jail, efforts should be made to connect them to the appropriate community resources. Agencies that can support client success should be notified of reentry so that they can quickly provide needed services and/or case management.

6. Create Data Sharing Platform

There is a need for data-sharing among providers. A data-sharing platform should be created to help notify providers of client history and needs, share information, and connect them to resources.

7. Increase Support of LEOs and EMS Personnel

Efforts should be made to support local Law Enforcement Officers (LEOs) and Emergency Services (EMS) Personnel. These supports could include: increasing staffing and retention efforts to address staffing shortages; increasing access to mental health supports; and increasing the amount of Crisis Intervention Team (CIT) trained officers.

APPENDIX

Sequential Intercept Mapping Workshop Participant List

Stephanie Allen
Rosie Anderson-Harper
Mike Barrett
James Bayless
Jennifer Biery
Jay-Dee Bush
Karen Cade
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Conrad Hake
Dan Hanneken
Heather Harlan
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Ashleigh Hoose
Susan Huang
Derek Hux
Gina Jenkins
Roger Johnson
Patricia Joyce
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Crystal Kent
Carisa Kessler
Anita Kiessling-Caver
Kristine Laucius
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Justin Meals
Jerrell Morton
Melany Neal
Joanne Nelson
Jessica Obuchowski
Jeffery Scott Perkins
KC Rafferty
Janie Ridgwell
Kimberly Shaw
Pari Smith
Michele Snodderly
Jeremy Spurling
Megan Steen
Carter Stephenson
Josh Stockman
Abigail Stotler
Janet Thompson
Michelle Tucker
Marissa VanDover
Ken Vick
Diana Winn
Stephanie Witthar
Victoria Woods
Morgan Yarnell

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.

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- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

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

Housing

- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
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Information Sharing/Data Analysis and Matching

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- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
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- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
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Medication-Assisted Treatment (MAT)/Opioids/Substance Use

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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/Arraignment Diversion

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- 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.

Procedural Justice

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- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
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- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
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Reentry

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- 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.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

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.
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Telehealth

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Transition-Aged Youth

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- 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.
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- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma Informed Judicial Practice.
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Thank you to the Missouri Behavioral Health Council for compiling these resources.