

# Sequential Intercept Model Mapping Report for East Baton Rouge Parish, Louisiana

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Final Report

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Policy Research, Inc.



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## RECOMMENDED CITATION

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## RESEARCH AND INTERACTIVITY

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# CONTENTS

Contents.....	5
Background .....	6
Sequential Intercept Model Map for East Baton Rouge Parish, LA .....	7
Resources and Gaps at Each Intercept .....	8
Intercept 0 and Intercept 1.....	9
Intercept 2 and Intercept 3.....	17
Intercept 4 and Intercept 5.....	24
Priorities for Change .....	28
Action Plans.....	29
Quick Fixes .....	33
Parking Lot .....	34
Recommendations .....	35
Resources.....	39
Appendix .....	46
Appendix A: SIM Workshop Agendas.....	47
Appendix B - Sequential Intercept Mapping Workshop Participant List.....	49
Appendix C - East Baton Rouge Parish 2019 SIM Workshop Priority List.....	51

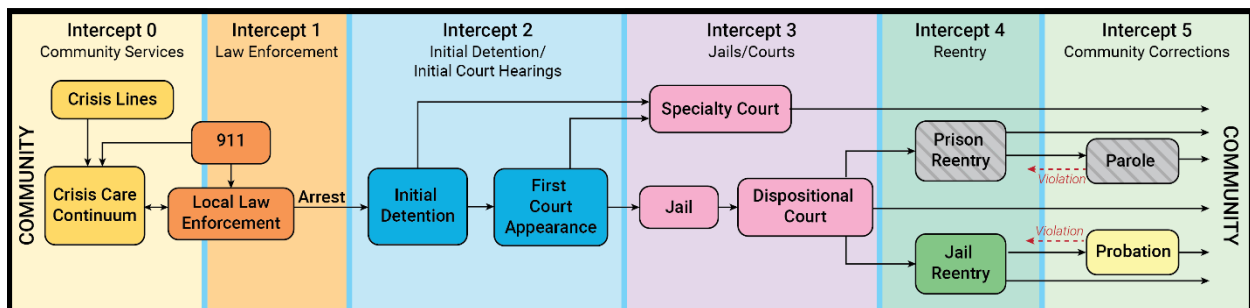
# BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,<sup>1</sup> has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, 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.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



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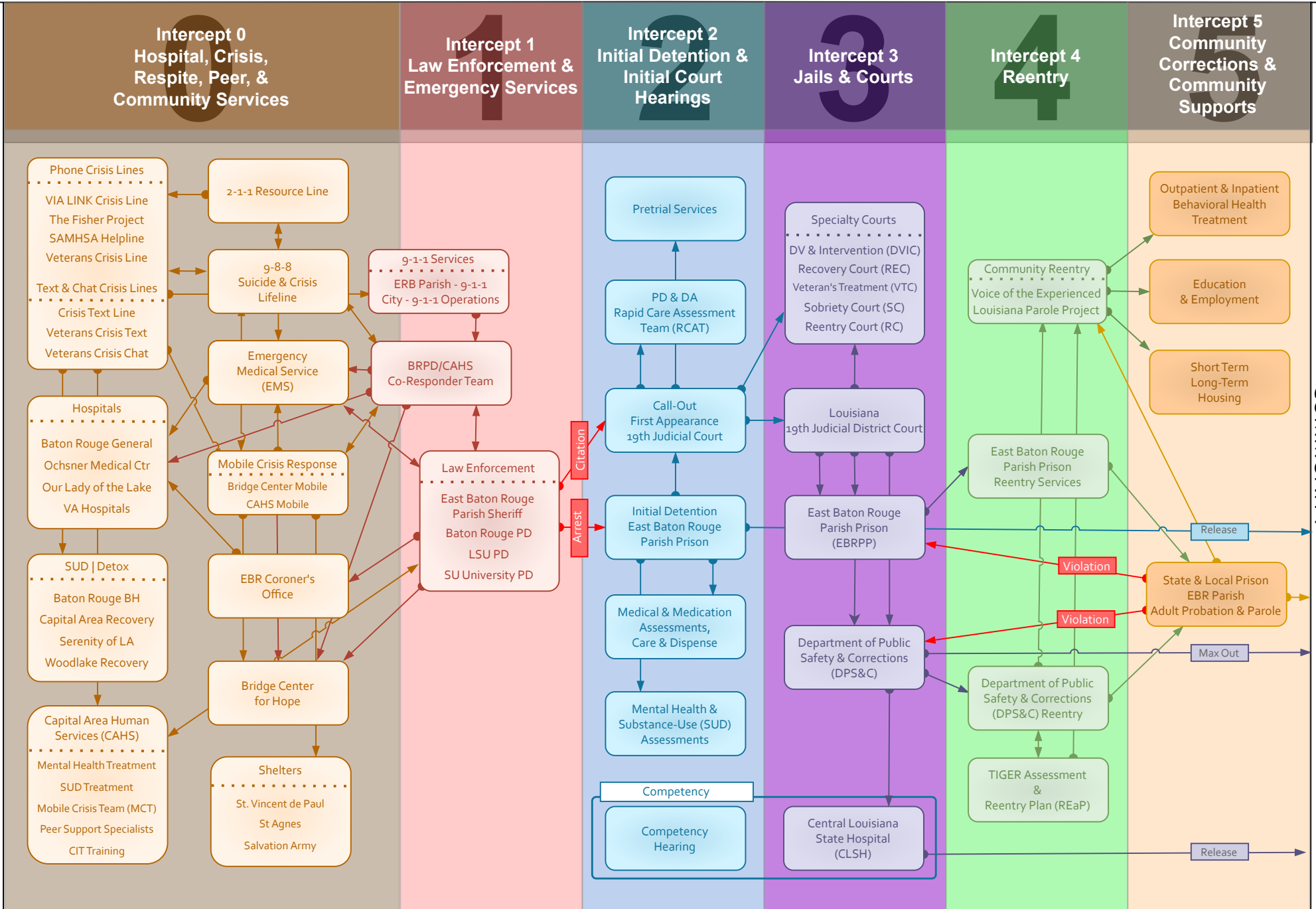
East Baton Rouge also participated in a 2019 Sequential Intercept Mapping workshop with Policy Research, Inc. Top priorities identified during the 2019 SIM are listed in Appendix C.

<sup>1</sup> 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.

# SEQUENTIAL INTERCEPT MODEL (SIM) MAP | EAST BATON ROUGE PARISH, LOUISIANA

COMMUNITY

COMMUNITY

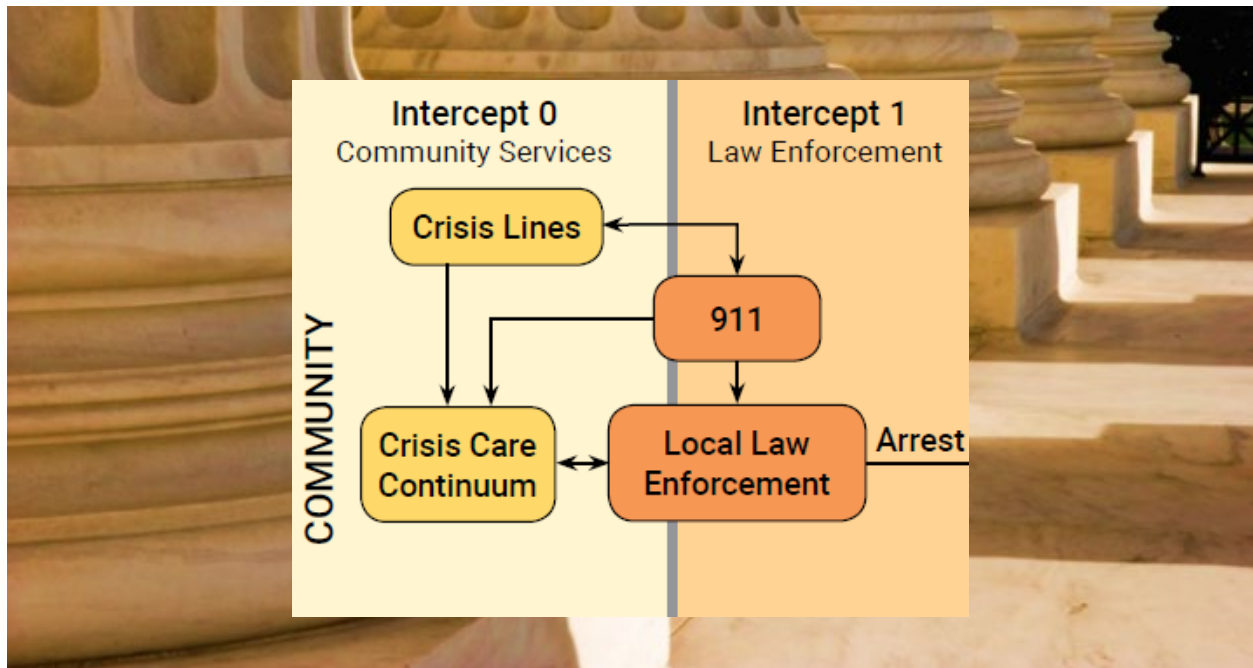




## RESOURCES AND GAPS AT EACH INTERCEPT

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





## INTERCEPT 0 AND INTERCEPT 1

### RESOURCES

#### Crisis Lines

##### **9-8-8 Suicide & Crisis Lifeline**

**Call:** 9-8-8 **Chat:** [Online](#) **Text:** 988 **Visit:** [Website](#)

Lifeline emergency crisis operators are reachable 24/7 by dialing 9-8-8. This service provides a 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.

##### **2-1-1 Louisiana Statewide Network**

**Call:** 2-1-1 or, 225-923-2114 **Visit:** [Website](#)

Calls are accepted from Monday to Friday 8 a.m. to 5 p.m. Online resources available 24/7. 2-1-1 provides support and referrals for basic human need resources, physical and mental health resources, employment support, as well as support for children, youth, families, adults, and older adults.

##### **The Fisher Project**

**Call:** 225-960-6800 **Visit:** [Website](#)

A suicide prevention program, which includes peer specialists, which collaborates with clients to develop a plan focused on helping the individual avoid suicidal behaviors.

##### **VIA LINK's Baton Rouge Crisis Line**

**Call:** 844-452-2133 **Visit:** [Website](#)

Crisis line for mental health crisis help. Same operator-specialists answering as for 9-8-8 Lifeline.

##### **Trevor Project**

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

24/7 Crisis Phone and Chat for LGBTQIA+ young people.

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**Crisis Text Line****Text:** HOME to 741741 **Visit:** [Website](#)

Anyone in crisis can connect by text messaging and receive 24/7 crisis support with a trained crisis counselor. [View metrics](#) from over 5.6 million conversations since 2013 and learn more about who, what, and when people connect for help.

---

**SAMHSA's National Helpline****Call:** 800-662-HELP (4357) **Visit:** [Website](#)

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.

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**Veteran's Crisis Text Line****Call:** 800-273-TALK (8255) **Text:** 838255 **Visit:** [Website](#)

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).

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**Additional Information:**

- The [2-1-1 Resource Line](#) provides residents of East Baton Rouge Parish (EBRP) with 24/7 support, referrals, and some warm handoffs to providers of basic human-need resources, physical and mental health resources, employment support, as well as support for children, youth, families, adults, and older adults. Historically, 2-1-1 has been the go-to resource because it is locally managed by the [Capital Area United Way](#) and, the human services listings are typically up to date.
- The national [9-8-8 Suicide & Crisis Lifeline](#) is the new, shorter number (formerly known as the National Suicide Prevention Lifeline or 1-800-273-TALK) one can call to help someone experiencing a mental health crisis or suicidal ideation.
  - 9-8-8 is a national network of local crisis call centers available 24/7 for anyone in suicidal crisis or mental health distress.
  - 9-8-8 can also be reached via online chat. 9-8-8 also accepts SMS text messages when sent to the number '988.'
  - Veterans can access the Veterans Crisis Line by calling 9-8-8 then pressing 1, and a referral is sent to the [Louisiana Department of Veterans Affairs](#) (LDVA), which makes at least three attempts to contact the veteran to help connect them to resources and services. If the individual is homeless, a connection to services to the homeless resource center is completed.

**Healthcare**

- There are several Department of Veterans Affairs (VA) medical facilities serving Louisiana veterans including:
  - The [Baton Rouge VA Clinic](#) and the [Baton Rouge South VA Clinic](#).
  - The [Alexandria VA Medical Center](#) is located approximately two hours northwest of East Baton Rouge Parish.

- The [Baton Rouge Vet Center](#) is a state-based organization serving U.S. veterans with emergency mental health care in an outpatient non-medical setting. Clients are referred to area hospitals if there is a medical necessity.
- Baton Rouge is served by five metro area hospitals, including two with psychiatric units (Our Lady of the Lake and Baton Rouge General):

[Baton Rouge General](#)

*Behavioral Wellness Center*  
4045 North Boulevard, Ste. A  
Baton Rouge, LA 70806  
225-387-7652

[Ochsner Medical Center  
Baton Rouge](#)

*Adult Psychiatric Services*  
17000 Medical Center Drive  
Baton Rouge, LA 70816  
225-752-2470

[Baton Rouge General  
Mid City](#)

*Emergency Room*  
3600 Florida Blvd Ste 2020  
Baton Rouge, LA 70806-3842  
225-387-7904

[Our Lady Of The Lake  
Regional Medical Center](#)

*Acute Psychiatric Unit*  
5000 Hennessy Blvd  
Baton Rouge, LA 70808-4375  
225-765-8964

[Woman’s Hospital  
of Baton Rouge](#)

*Woman’s Behavioral Health*  
9229 Bluebonnet Blvd.  
Baton Rouge, LA 70810  
225-215-7498

[Baton Rouge General  
Bluebonnet](#)

*Emergency Room*  
8585 Picardy Ave  
Baton Rouge, LA 70809-3748  
225-387-7000

[Baton Rouge General  
Recovery Health](#)

*Substance Use Treatment*  
933 North Foster Drive  
Baton Rouge, LA 70806  
225-381-2541

[Baton Rouge  
Behavioral Hospital](#)

4040 North Blvd  
Baton Rouge, LA 70806  
225-230-2490

[Baton Rouge General  
Ascension](#)

*Emergency Room*  
14105 Highway 73  
Prairieville, LA 70769-3626  
225-402-2600

**Crisis Services**

- [Capital Area Human Services](#) (CAHS) directs the operation and management of public community-based programs and services relative to mental health, developmental disabilities, and addictive disorders services for the parishes of Ascension, East & West Baton Rouge, East & West Feliciana, Iberville, and Pointe Coupee.
  - The CAHS Mobile Crisis Team (MCT) is available 24/7 to respond to psychiatric emergency calls anywhere in the seven local-parish area.
  - CAHS also utilizes a co-responder model in partnership with the Baton Rouge Police Department. Teams include either a licensed professional counselor (LPC) or social worker (SW).
  - CAHS teams include peer specialists.
  - Referrals to CAHS are made by law enforcement, family members, 9-1-1 dispatchers, and self-referrals.
  - Upon assessment, a client’s treatment plan may include hospitalization as well as management in the community, whereby CAHS MCT’s will visit the client in their home.

- Following initial contact, CAHS team members follow up with clients the following day to answer questions and make additional referrals.
- CAHS collaborates with the [Bridge Center for Hope](#) (BCH) to connect clients to additional resources or services.
- CAHS began providing area Crisis Intervention Team (CIT) training in 2008. Currently, CIT training for new regional law enforcement officers is taught twice yearly at the [police academy](#) through an [elective 40-hour](#) class. An additional 40-hour refresher CIT institute is offered to current law enforcement officers 1-3 times per year, based on demand.
- The [Baton Rouge Community Street Team](#) program, developed by the Baton Rouge Mayor's Office, is a violence reduction program using an evidence-based, trauma informed approach to work with residents.
- The [Start Corporation ACT Team](#) is an Assertive Community Treatment (ACT) team serving the Baton Rouge area. Services to homeless residents are made through the local [One Stop Services and Day Center](#) as well as by mobile community outreach teams.
- The [Bridge Center for Hope](#) (BCH) is a 24/7 walk-in crisis stabilization center for any individual, regardless of housing status, who is 18 years and older.
  - Approximately 25% of BCH clients originate from law enforcement referrals, while the remaining 75% are referred from community service providers, or self-referral.
  - In-county residents are accepted for services regardless of an ability to pay. Out-of-county residents are required to have adequate insurance or self-pay.
  - BCH is an effective alternative option for law enforcement that typically take individuals in mental health crisis to a local hospital emergency room or the Parish Prison.
    - Once at the BCH, the time spent by first responders at the intake process takes an average of less than three minutes.
  - Programs include:
    - **Crisis Observation Unit** - Clients are provided up to 23-hours of crisis stabilization services.
    - **Short-term Psychiatric Unit** - Clients are served for a maximum of 7-days in the 16-bed capacity unit. BCH may refer clients to other area providers to ensure all clients referred by law enforcement can be admitted.
    - **Care Management Team** - The team includes doctors, nursing staff, and peers with lived experience. Services are provided through RI International.
    - **Mobile Response Unit** - A mobile team operating weekdays from 9 a.m. to 5 p.m. will be dispatched to the person's home or other site and will transport the individual to the BCH as needed.
    - **Withdrawal Management and Detox Unit** - Clients in need are referred to area 28-day residential treatment service providers.
  - The Bridge Center was founded utilizing a parish local revenue tax, which covers about 18% of its operating costs.
  - The Bridge Center conducts an annual assessment and report of the East Baton Rouge Parish Prison (EBRPP).
- [The Fisher Project \(TFP\)](#) is a Louisiana Mental Health Association (LAMHA) suicide prevention program offering comprehensive suicide-related follow-up and recovery support services.



- Enrolled clients receive up to six months of care including screening, ongoing assessments, planning, and warm hand off to area service providers.
- TFP offers Applied Suicide Intervention Skills Training (ASIST), safeTALK, and First-Responder training programs that equip individuals with tools and skills that help them identify and respond to people displaying suicidal ideation. Training is provided by the [American Foundation for Suicide Prevention](#) (AFSP) and the [National Suicidology Training Center](#) (NSTC).

### **Substance Use Services**

East Baton Rouge Parish is served by several substance use disorder (SUD) treatment centers and community services. Some of these include:

- [Woodlake Addiction Recovery Center](#) – Mid-City Detox
  - Inpatient and outpatient alcohol and drug treatment services.
  - Receives clients 24/7.
  - Detox services provided in all seven facilities throughout southern Louisiana.
  - Grants are available for clients who are uninsured or unable to pay.
- [Baton Rouge Behavioral Health](#) by CAHS
  - Adult outpatient treatment and recovery support services for mental health and co-occurring substance use disorders.
- [Serenity Treatment Center](#)
  - 30-day residential treatment program for adults.
  - An intensive outpatient program (IOP) for four-12 weeks.
- [Capital Area Recovery Program](#) (CARP) by Capital Area Human Services
  - 28-day residential recovery program for adults 18 years-old and older.
- [O’Brien House](#)
  - 90-day multi-phase residential treatment, outpatient treatment, and education services.
  - Offers programming specifically serving veterans.
  - There are several step-down recovery houses in the Baton Rouge area. [Youth Oasis](#), serves youth and young adults from 16-24 years old. It has emergency shelter, maternity, and transitional living and housing program opportunities.
  - Sober Living Homes by [Oxford House](#).
  - Faith-Based Sober Living by [Mission Heart](#) – serving women exclusively.

### **Law Enforcement and First Responders**

- The [East Baton Rouge Parish Coroner’s Office](#) may order a person to be taken into [protective custody](#) and transported to a treatment facility or the office of the coroner for immediate examination when a peace officer or other credible person executes a statement under private signature specifying that, to the best of his knowledge and belief, the person is mentally ill or suffering from substance use and is in need of immediate treatment to protect the person or others from physical harm. The order for custody is effective for 72 hours from its issuance. The Coroner may also issue an [Emergency Certificate](#) for a person who is mentally ill or a person who is suffering from substance use to be admitted and detained at a facility for observation, diagnosis and treatment for a period not to exceed 15 days.

- According to discussion at the workshop, prior to the COVID-19 pandemic some people were booked into custody for misdemeanor offenses such as petty theft or trespassing. To help prevent further spreading of the virus during the pandemic, law enforcement were able to use their discretion and issue a summons or promise-to-appear versus booking the individual into the EBRPP. A policy was since developed to continue this practice including:
  - In lieu of jail for all misdemeanors, and many other offenses excluding those involving domestic violence, other forms of violence, or driving while impaired (DWI), local police issue a summons, while the Sheriff's Office typically issues a promise-to-appear (PTA) notice.
- [East Baton Rouge Parish Sheriff's Office \(EBRPSO\)](#)
  - Officers receive Crisis Intervention Team (CIT) training in their academy.
    - If existing officers are POST-certified by the state of Louisiana, they are also required to receive CIT training as in-service training.
  - Officers assess each CIT-related individual case to determine the next steps.
    - If an individual is experiencing a drug overdose, Emergency Medical Services (EMS) is called for intervention.
    - If an individual is intoxicated and not causing a disturbance, they are reportedly typically not charged with an offense.
    - If the individual is in a mental health crisis, and there is no crime involved, officers will contact EMS or an appropriate community-based service provider to intervene.
    - If EMS is unavailable, sheriff's deputies will transport the individual to Our Lady of the Lake or, the Bridge Center for Hope.
    - For individuals in the homeless community who commit quality of life-related crimes such as trespassing to meet their basic needs to gain shelter, officers have the discretion to divert them to a homeless shelter or other agency rather than issuing a promise-to-appear or booking them into the EBRPP. If the individual will be referred to a shelter, deputies must first contact the facility to ensure there is an available bed for the individual.
  - Officers have the option to carry Narcan (Naloxone) which they can administer to individuals experiencing an opioid overdose. It was unclear during the workshop how many officers utilize this practice or whether there was a department-wide policy.
  - The Sheriff's Office currently dedicates three officers to collaborate with the Coroner's Office on cases pertaining to involuntary evaluation and commitment.

### **Housing/Shelters**

The following shelters and services work with many clients, including those in behavioral health crisis:

- [St. Vincent de Paul \(SVDP\)](#) offers two homeless shelters providing overnight beds, as well as daytime programming, to help individuals address workforce readiness and employment, housing, and other human services. SVDP shelters include:
  - Bishop Ott Shelter for Men.
  - Bishop Ott Sweet Dreams Shelter and Day Center for Women and Children.
- [St Agnes Women's and Children's Shelter](#) – a shelter exclusively for women and children. Offers a place to sleep, two meals daily, and help finding employment and permanent housing.



- [The Salvation Army Bed and Butter Shelter](#) – a shelter and meal program exclusively for men experiencing homelessness.
- [Youth Oasis](#) serving youth and young adults from 16 to 24 years old.

## GAPS

### Crisis Lines/Services

- There is a gap in public education regarding the national [9-8-8 Suicide & Crisis Lifeline](#) . There is also confusion and lack of public awareness about which emergency number or crisis hotline one should call, when they should call, and who should call on behalf of the person in crisis.
- Related to this, there is a need for greater coordination and consistency between existing local crisis services and resources, including dispatch and response teams.
- The lack of ability to connect an individual to resources efficiently is a barrier for both the service provider and the individual in crisis. This affects the ability to ensure timely response as well as timely access to resources when making a warm hand-off.
- Most Baton Rouge Parish behavioral health services serve adult clients over the age of 18. There are a limited number of programs serving transition-aged youth (TAY) and young adults that are 16 to 25 years-old. Workshop participants explained that many of the adults in crisis respond to live with the effects of childhood trauma, and that these individuals have mental and emotional developmental needs that are not adequately being addressed.
- According to discussion at the workshop, when people are classified as ‘violent,’ and experiencing psychiatric crisis, they are automatically taken directly to the EBRPP. There was a lack of clarity around violence classification and broader response policy to individuals in crisis.
- There is a lack of long-term treatment and residential services for people experiencing mental health or co-occurring substance use needs.
- Most local longer-term sober-living houses and recovery programs require individuals to carry adequate insurance. Some of these facilities also have work-restriction requirements, and some do not allow participants to receive services while they are also collecting SSI/SSDI benefits.

### Healthcare

- Some local services (or services beyond an initial 90-day period) for veterans are restricted to individuals who have received an honorable discharge . This policy is reportedly under review and, until it is modified, there appears to be some flexibility in this policy for advocates helping veterans receive services.
- Some workshop participants expressed that there are few long-term mental health residential treatment facilities serving the Baton Rouge community.

### Law Enforcement and First Responders

- Comments below reflect the discussion at the SIM workshop, however there was a relatively low level of representation by local law enforcement agencies.
- The Capital Area Human Services (CAHS) co-responder model, currently in partnership with the Baton Rouge Police Department (BRPD), has not been duplicated within the Sheriff’s Office,



resulting in lost opportunities to divert and serve rural community residents experiencing psychiatric crises in particular.

- There are some individuals who frequently engage and cycle through contact with law enforcement, EBRPP, hospitals, and other crisis and homeless services due to unmet needs. The Bridge Center is currently experiencing a 15% rate of re-admission of people who are “familiar faces.” There is an opportunity to create a pilot diversion program based on this familiar face population.
- There is reportedly a gap in alternative options for some individuals who request a non-law enforcement response while they, or others they are concerned about, are experiencing a behavioral health crisis. This may be a policy barrier which has the potential to exacerbate the intensity of crisis.
- In the past, local EMS reportedly had a specialized unit to respond to behavioral health crisis calls. There was some discussion at the workshop of the need to revive this program.

### **9-1-1 Dispatch**

- There were no representatives from area 9-1-1 dispatch at the workshop and, as a result, only minimal knowledge and information was obtained and shared regarding policies, procedures, and training. Dispatch practices vary across EBRPD, the Sheriff’s Office, and EMS.

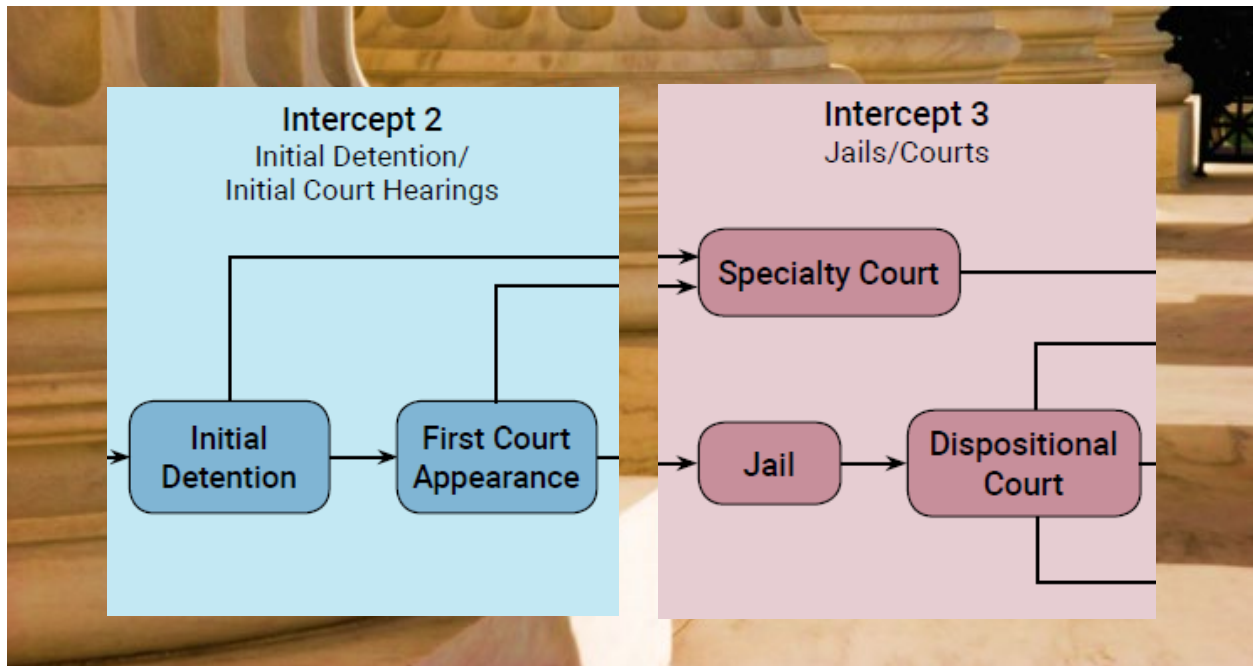
### **Housing**

- There is a gap in affordable supportive housing available to people generally, and specifically those exiting behavioral health treatment programs.

### **Collection and Sharing of Data**

- There is a lack of coordination of services and data integration between Baton Rouge area 9-1-1 dispatches, 9-8-8 Lifeline Centers, and 2-1-1 human resources directory services.





## INTERCEPT 2 AND INTERCEPT 3

### RESOURCES

#### Booking

- Individuals who are placed under arrest are booked into the [East Baton Rouge Parish Prison \(EBRPP\)](#) and are managed by the [East Baton Rouge Sheriff's Office \(EBRSO\)](#).
- [Turn Key Health](#) is the contracted EBRPP medical and behavioral health services provider.
  - The Turn Key team consists of 2 licensed clinicians and 1 psychiatric nurse practitioner who consults with a psychiatrist.
  - Clinical staff are required to participate in 20 hours of continuing education.
  - Clinical staff provide suicide prevention training to correctional staff.
  - Turn Key Health services include counseling and medication management.
  - Family members may also provide list of prescriptions or drop off medications for individuals who are incarcerated.
- Individuals booked into the jail are administered the [Brief Jail Mental Health Screen \(BJMHS\)](#), which is completed by a Turn Key clinician. If deemed necessary, a [Clinical Opiate Withdrawal Scale \(COWS\)](#) assessment is also administered.
- Based on the outcome of the assessment, a referral may be made to the nurse practitioner for medication and follow up.
- Turn Key provides some medication assistance when people are experiencing withdrawal symptoms, but specific details were unclear.
- The [Columbia Suicide Severity Rating Scale \(CSSRS\)](#) assessment is administered to determine if the individual is presenting with suicidal ideation or behaviors.

- Individuals are then classified and placed in appropriate housing, and some require specialized behavioral health monitoring and services. Classifications include:
  - **Suicide Watch:** Individuals presenting with suicidal behavior are placed on a suicide watch protocol including:
    - Being typically assigned to single-occupancy cells.
    - Wearing a specialized garment to reduce risk of suicide.
    - Being checked on by a mental health clinician every 15 minutes on a 24/7 basis.
    - And, if appropriate, being cleared from the suicide watch protocol within 24 hours of being seen by the psychiatric nurse practitioner.
  - **Observation Unit:** Some individuals presenting with other serious behavioral health needs are placed in an observation unit, which individuals refer to as ‘lockdown.’
    - Approximately 50 men and 10 women were housed in the specialized mental health observation unit at the time of the SIM workshop.
  - **Faith-Based Unit:** The EBRPP faith-based unit houses approximately 100 individuals who engage in faith-based activities twice daily. Candidates for this unit are selected based on their behavior.
  - **General Population:** The general population is provided access to mental health services and new arrivals are reportedly seen by a psychiatric clinician within three days.
- Capital Area Human Services (CAHS) provides individuals in the EBRPP with behavioral health services including drug counseling, group therapy, Seeking Safety programming which addresses one’s trauma and addiction, and Alcoholics Anonymous (AA) meetings. CAHS also provides educational opportunities such as parenting classes, GED preparation, and other curriculums.

### **Initial Detention/Callout**

- First appearance in Louisiana is known as “Callout.”
  - The online virtual conferencing service Zoom is typically used for Callout, which occurs at 1 p.m. on weekdays, and 9 a.m. on weekends. During Callout, a determination of probable cause is made as well as what bond, if any, will be applicable to release the individual until their next hearing. Prior to Callout, the court receives an informational packet including the individual’s criminal history and an income assessment to determine if the Public Defender’s office will be assigned to the case or, if the individual has the means to engage private defense counsel.
  - The Offices of City Prosecutor and Public Defender and private attorneys may appear at Callout hearings as they deem advisable and appropriate. The Public Defender and Prosecutor use the Callout period to connect individuals with relevant area resources, although this connection is not always consistent (see gaps).
- A [Rapid Case Assessment Team](#) (RCAT) was created in 2020 and is staffed by two public defender attorneys and one rotating district attorney. RCAT is deployed to resolve cases at both city and district courts at the Callout hearing. The team is also staffed in part with individuals assigned to East Baton Rouge Parish Prison (EBRPP) mental health ‘lockdown’ unit. If client advocates are present, they typically provide additional information to the RCAT about the individual’s needs.

### **Jail Structure and Personnel**

- At the time of the workshop, the average daily population at the [East Baton Rouge Parish Prison](#) (EBRPP) was just under 1,000 individuals, including approximately 900 men and 100 women. The EBRPP population has been reduced by approximately 50% since their involvement in the MacArthur Foundation's [Safety and Justice Challenge](#) (SJC) initiative several years ago.

### **Jail Services**

- At EBRPP, Turn Key has a substance use withdrawal protocol which includes being placed on a medication-assisted treatment (MAT) protocol if appropriate.
- If a newly arriving individual reports they are currently taking a prescribed medication, Turn Key will verify the prescription with the individual's pharmacy, and will decide to continue or suspend the prescription while the individual is in the prison.
- Turn Key clinicians maintain continuing legal education (CLE) certifications to retain their licensing. Clinicians also receive a training on national correctional healthcare standards.
- Turn Key staff train jail staff on suicide prevention protocols and utilizing the [Columbia Suicide Severity Rating Scale](#) (CSSRS).

### **Pre-trial Services**

- The East Baton Rouge District Attorney's [Pre-Trial Intervention](#) (PTI) Program is a post-plea, pre-adjudication opportunity for individuals to receive behavioral health services prior to their being sentenced.
  - The VA's [Veteran Justice Outreach](#) (VJO) program mails eligibility letters to veterans' candidates to introduce them to the PTI. They also have the ability to look up addresses if the letters are returned to the sender and can offer diversion at the later court stage.
  - The program is staffed with case managers who collaborate with participants to develop an individual plan designed to address the underlying behavior causing criminal activity. The program requirements may include educational classes, substance use evaluation and treatment, anger management evaluation and treatment, mental health evaluation and treatment, drug treatment, community service, and restitution to victims. During the period of enrollment, the participants are required to remain arrest free, and substance use free.
  - Applicants may be referred by request of the defendant or a recommendation from a family member, a prosecutor, a defense attorney, or the court.
  - All first time, non-violent, criminal defendants can be considered for diversion. Other cases may be referred for screening by the District Attorney or his designee. PTI participants are released from jail with a four- to six-month treatment plan that includes a 28-day inpatient substance use program, followed by several months' residency at a halfway house, and regular drug testing. Participants with mental health needs are required to attend psychiatric treatment appointments.
  - All PTI participants are required to engage in job training, educational, or other programs intended to ensure they live and work independently and successfully upon program completion. Participants who successfully complete the required treatment plan graduate from the program and have their charges dropped by the District Attorney or City Prosecutor. Applicants reportedly will not be denied entry into the program solely because of an inability to pay the fees to participate. The District

Attorney offers a reduced fee or no fee for those participants who demonstrate an inability to pay.

- The [David O'Quin Pre-Trial Diversion and Recovery Program](#) is led by a case manager (LCSW) and Recovery Coordinator, who identify individuals who are unable to bond out and have behavioral health needs. The program will soon incorporate two client navigators as well.
  - Once identified, potential program participants are assessed by the Case Manager to determine suitability for the program, including willingness to engage in treatment, family support structures, and the individual's needs. Eligibility includes non-violent charges, excluding DUIs and domestic violence or gun-related charges. Candidates on probation or parole can participate if their supervising officer agrees.
  - Participants are released from jail after approval from the District Attorney, Public Defender, and Judge to begin a comprehensive treatment plan, all while receiving constant support and guidance from program staff.
  - Participants who successfully complete the required treatment plan graduate from the program and have their charges dropped by the District Attorney and/or City Prosecutor.

#### **Dispositional Court**

- At Callout, the judge considers any recommendations for diversion including the Pre-Trial Intervention and Diversion programs or specialty courts for individuals with charges that do not involve violence, DWI, or guns.
- If client advocates attend Callout, the Public Defender can gain access to one's Brief Jail Mental Health Screen (BJMHS) and use that information during the hearing, which is an opportunity for data sharing and continuity of care.

#### **Specialty Courts**

- **City of Baton Rouge | Sobriety Court (SC)**
  - Candidates for Baton Rouge's [Sobriety Court \(SC\)](#) are typically referred by other attorneys and courts.
  - The SC focuses on candidates with current and past history of driving under the influence (DUI) offenses.
  - The SC is a post-plea program for non-violent offenses.
  - The SC includes five phases of education and typically takes 18-months to complete.
  - Upon completion of the SC, the graduate is issued a suspension or postponement of any sentence under the [L.C.Cr.P. Article 894 \(essentially, charges are dismissed or expunged\)](#).
- **Louisiana 19<sup>th</sup> Judicial District Court | Specialty Courts**
  - Referrals for 19<sup>th</sup> District specialty courts are introduced to the individual by their defense attorneys or during plea agreement negotiations with the District Attorney. All candidates must first obtain the District Attorney's approval to participate. **Reentry Court (REC)**
    - The [Reentry Court \(REC\)](#) is a post-sentence, specialized docket for individuals currently serving time for any offense and, who have a mental health, substance use disorder, or co-occurring diagnosis.
    - REC currently accepts candidates with violence-related convictions.

- REC participants receive training and certification for trades, such as for HVAC training, at the Louisiana State Penitentiary in Angola, about one hour from Baton Rouge.
- Participants in the REC typically participate in the program for 18 months.
- **Recovery Court (RC)**
  - The [Recovery Court](#) (RC) is the only 19<sup>th</sup> District Court *pre-adjudication* specialty court. The RC focuses on substance use-related charges and needs.
  - RC team members, consisting of case managers and clinicians, receive a daily Callout report they use to identify candidates.
  - Candidates are charged with first-time, non-violent offenses, excluding some domestic violence charges, and are inside the jail and unable to make their bond and have an identifiable mental health or substance use need.
  - RC participants may be required to meet current probation or parole conditions and may participate in the RC only if their supervising officer agrees.
  - RC staff go to the jail to meet with the referred individual to explain the program, complete a brief biopsychosocial assessment, including substance use and behavioral health screen, and receive the individuals' input as they develop a plan together.
  - RC does not programmatically utilize peer support specialists, but peer services are available through CARP/CAHS.
  - The RC program has three phases over 18 months. Participants in Phase One attend court weekly, twice monthly in Phase Two, and monthly in Phase .
- **Veteran's Treatment Court (VTC)**
  - The [Veteran's Treatment Court](#) (VTC) will launch in the Fall of 2023.
  - The VTC will have a similar model to the Recovery Court and will include a peer support mentor element.
- **Domestic Violence and Intervention Court (DVIC)**
  - The [Domestic Violence and Intervention Court \(DVIC\)](#) will launch in 2023 as the first Louisiana DVIC pilot.
  - The DVIC will connect both victims and offenders to relevant resources.

### Competency

- EBRPP reportedly conducts some jail-based competency to stand trial evaluation services to individuals as there is a long wait for state hospital beds. An individual staff member is currently assigned to this duty.

## GAPS

### Booking

- At the time of the workshop, it was estimated that 60-75% of the jail population needs behavioral health services and/or psychotropic medications.
- One workshop participant shared that t data from the 2022 Bridge Center annual report demonstrate 89% of people in EBRPP custody, or approximately 16,000 people annually, need mental health services.

*“In 2022, approximately 89% of those incarcerated reported needing routine mental health services, while 10% required immediate mental health assistance and 36% need medication assistance with a psychiatrist or nurse practitioner.”*

*Bridge Center Annual Report 2022. Page 16.*

### **Initial Detention/Callout**

- There is a general gap and lack of clarity around what relevant mental health information is being shared with attorneys and judges during Callout.
  - The judge typically receives limited information, which does not include the Brief Jail Mental Health Screen (BJMHS) administered during the booking process. Multiple judges routinely order “mental health evaluations” from the jail, but the Turn Key provider contract reportedly does not specifically contract these services, which has created delays in court process and individuals potentially bonding out of jail.
  - There is a need to provide judges with additional information to help support decisions regarding bond and pre-trial release, which should be done by a validated risk assessment tool such as [the PSA](#).
  - There is general confusion between competency to stand trial evaluations and screening, assessment, and evaluation for mental illness. Terms were used interchangeably in some instances during the SIM workshop, illuminating the need for additional education across systems and representatives.
- Individual candidates for the District Attorney’s Pre-trial Intervention (PTI) program are only eligible if they are currently in the EBRPP. Individuals released on personal recognizance, or who are free on bond do not typically have any conditions for release requirements and, as such, may not learn about this and other diversionary court opportunities. There were discussions at the workshop on how to best connect these individuals to programs and services.
- There is inconsistency in Public Defender/City Prosecutor area service connection at Callout. It was reported that the CJCC recently hired case navigators (known as client advocates) in some jurisdictions, to connect individuals more consistently to resources at this stage.

### **Jail Structure and Personnel**

- There was no representation of correctional administrative staff or leadership at the workshop, only healthcare staff, so discussions were limited.
- While the overall jail population has been reduced greatly over the last several years, there have also been understaffing challenges. As a result, it is unclear which programs and policies have made sustainable impacts. Some East Baton Rouge Parish Prison units are closed due to difficulties in hiring staff.

### **Jail Services**

- Although a new software program was deployed at the EBRPP to track an individual’s booking records, the ability to record one’s veteran status is not currently included.
- EBRPP jail medical services provided by Turn Key operate under a highly limited formulary.

- One example provided during the workshop was that upon arrival to the EBRPP, Turn Key does not continue individuals' 'feel good' medication including stimulants, sleep aids, or Seroquel, which is used to treat schizophrenia symptoms.
- Individuals who are on a MAT protocol within the EBRPP do not receive any supply of MAT medications at the time of release.
- There is no systematic process at Callout or other hearings to review an individual's medical and medication needs.
- Turn Key does not dispense 'forced' or involuntary-administered medications within the jail.
- Individuals experiencing psychiatric crises in the EBRPP are reportedly not able to be taken to an outside hospital or service provider. At some point, they will be seen by the EBRPP Turn Key psychiatric clinician.
- A variety of challenges within the EBRPP are rooted in critical staff shortages, a lack of resources, and working within an aging 60-year-old facility.
- In addition to other EBRPP understaffing, a psychiatrist is only available intermittently and not consistently stationed at the prison.

### **Specialty Courts**

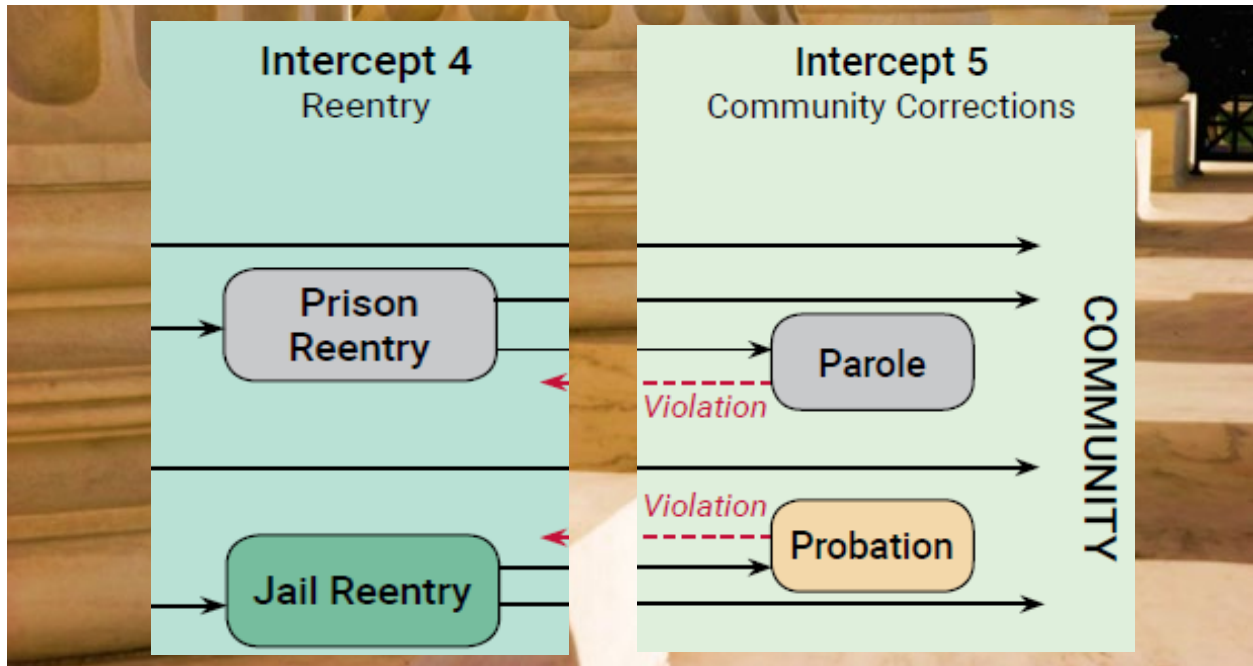
- Potential candidates for specialty courts are notified about the City Court's PTI program via U.S. mail. Some individuals may never see that mailing and miss any opportunity to participate.
- All specialty courts are post-adjudication except for the 19<sup>th</sup> Judicial Circuit Court's Recovery Court (RC).
- Workshop participants reported there were additional people in need of diversion who were not eligible for the City of Baton Rouge Pre-trial Diversion Court, the Pre-trial Intervention (PTI) Court, or the Recovery Court (potentially due to type of charge).
- There is no specialized mental health-related court docket focused on individuals with behavioral health challenges; however, individuals with mental health needs are found in other pre-trial and specialty court programs.
- There is a need for additional peer specialists to be employed by the specialty courts.

### **Competency**

- There are significant delays in completing competency to stand trial evaluations. Workshop participants reported that the District Court might reset case hearings for as long as six months to provide enough time to conduct evaluations. Some jail-based evaluation is reportedly available, but there is also a shortage of evaluators.
- There are significantly long waiting lists for individuals to be placed in state psychiatric hospital beds and to receive competency restoration services.

### **Data Collection and Sharing**

- There is limited sharing of individual's behavioral health needs and history at multiple points across Intercepts 2-3 (see above).



## INTERCEPT 4 AND INTERCEPT 5

### RESOURCES

#### Jail Services

- If an individual has an anticipated release date upon arrival at the EBRPP, reentry service planning begins immediately.
  - Typically, an EBRPP coordinator begins conducting discharge plans with individuals who are within one year of release. The coordinator collaborates with CAHS, which provides workforce preparation and housing connection services. Individuals identify their needs, and the coordinator works to connect them with the appropriate resources.
  - The coordinator also works to reinstate Medicaid enrollment, but it was unclear if this was an overarching procedure.
    - Managed care organizations (MCO) may begin providing services prior to an individual's re-instatement.
- EBRPP reported providing individuals with a 14-day supply of Suboxone and doses of Narcan (Naloxone) upon their release. Individuals are also provided with a voucher for a seven-day supply of other prescribed medications.

#### Community Reentry

- Since 2016, the non-profit [Louisiana Parole Project](#) (LPP) advocates for and assists individuals being released from Louisiana prisons to help them as they transition back into society.
  - LPP's primary focus is serving those who have been incarcerated a minimum of 20 years.
  - LPP also focuses on 6-10 cases of juveniles who have been received life sentences.
  - LPP conducts an assessment and eligibility scan to identify candidates.



- The majority of LPP clients are referred from the state parole boards.
- LPP helps provides transportation of the individual from their point of release to their communities.
- LPP has seven transitional housing facilities and four post-transition condominiums where clients can reside.
- The non-profit [Voice of the Experienced](#) (VOTE) project advocates to reform Louisiana’s corrections systems as well as to improve policies affecting, and rights of, people currently incarcerated and those released, in the areas of medical wellness, employment, and housing.
- VOTE is also working with DPS&C staff to routinely screen people for post-incarceration syndrome (PICS). For individuals who have not been identified as struggling with trauma, mental illness, or substance use disorder before incarceration, PICS symptoms may originate once people have been incarcerated. Individuals reentering the community who have sex-offense convictions are supported with housing, counseling, and a supply of basic necessities by [One Touch Ministries](#) (OTM) program.

### **Prison Services**

- The [Louisiana Prisoner ReEntry Initiative](#) (LA-PRI) is the primary in-reach framework deployed across Louisiana prisons to serve individuals reentering society by providing them with the tools and resources they need to succeed. LA-PRI focuses on reducing recidivism rates in twelve target parishes.
- A number of resources for individuals reentering society are available at the Louisiana Department of Public Safety and Corrections’ [Prison Programs and Resources](#) website.
- When individuals are released from Louisiana Department of Public Safety and Corrections (DPS&C) prisons, they are provided a packet of information, a copy of which is also sent to the local Parole office. The packet includes the individual’s medical and mental health diagnosis, if applicable.
- Individuals being released work with DPS&C staff to develop a discharge plan outlining details of their reentry into the community.
  - DPS&C focuses on securing two valid forms of identification for individuals about to be released. DPS&C also helps prepare the individual for discharge by helping identifying residence and employment resources.
  - [Targeted Interventions Gaining Enhanced Reentry \(TIGER\)](#) is a 69-question risk-need assessment developed by LSU and administered by a prison staff member prior to an individual’s release.
  - To identify opportunities to improve an individual’s reentry success, a second TIGER assessment is administered post-release by the individual’s parole agent.
- DPS&C utilizes Peer In-Reach Specialists (PIRS) who ensure individuals with mental illness are provided appropriate services.

### **Probation and Parole**

- Behavioral health and de-escalation training for Probation and Parole Officers is offered one to three times per year through the BRPD academy. This POST-certified training includes a diversity of areas including, in part, a focus on identifying and eliminating sex trafficking and domestic violence offenses, developing one’s motivational interviewing skills, Louisiana’s [Mental Health Parity Act](#) (MHPA) requirements, and dispensing Narcan for opioid overdose victims.

- Parole officers typically specialize in supervising individuals reentering society by the types of crimes they were convicted of having committed. Some specialties include DWI, violent, repeat, or habitual offenders, high profile cases, and those who were not guilty by reason of insanity.
- Parole officers manage various sized caseloads of specialized populations. A typical parole officers manages 110-120 clients, specialized officers handle 100-110, and officers supervising sex offenders manage 40 cases.

## GAPS

### Jail Services

- The EBRPP does not routinely check individual's Medicaid status.
- Individuals are not provided physical medication upon release, only the seven-day prescription, which is usually not enough to engage with a provider and access a refill. Many individuals leaving state or local prisons do not yet have a primary care provider (PCP), or general practitioner (GP) physician, and as such, cannot get more immediate medical attention within a relatively reasonable time from their release.
- There can be a gap in identification upon reentry, which creates barriers to accessing benefits, housing, employment, etc.
- Some individuals at the EBRPP are released unexpectedly from court or in the middle of the night, which creates challenges for reentry planning.
- There are no transportation or support services available for people being released from EBRPP during off-hours.
- There is a lack of general trauma-related training for DPS&C and EBRPP staff.

### Community Reentry

- It has been difficult for the [Louisiana Parole Project](#) (LPP) to link people to services because of several reasons:
  - No medical information provided to the individual or LPP prior to or at the time of release.
  - Obtaining mental health and other medical records can be cost-prohibitive for individuals released.
- It has also been challenging for service providers to identify and secure housing for individuals with sex offense convictions.

### Prison Services

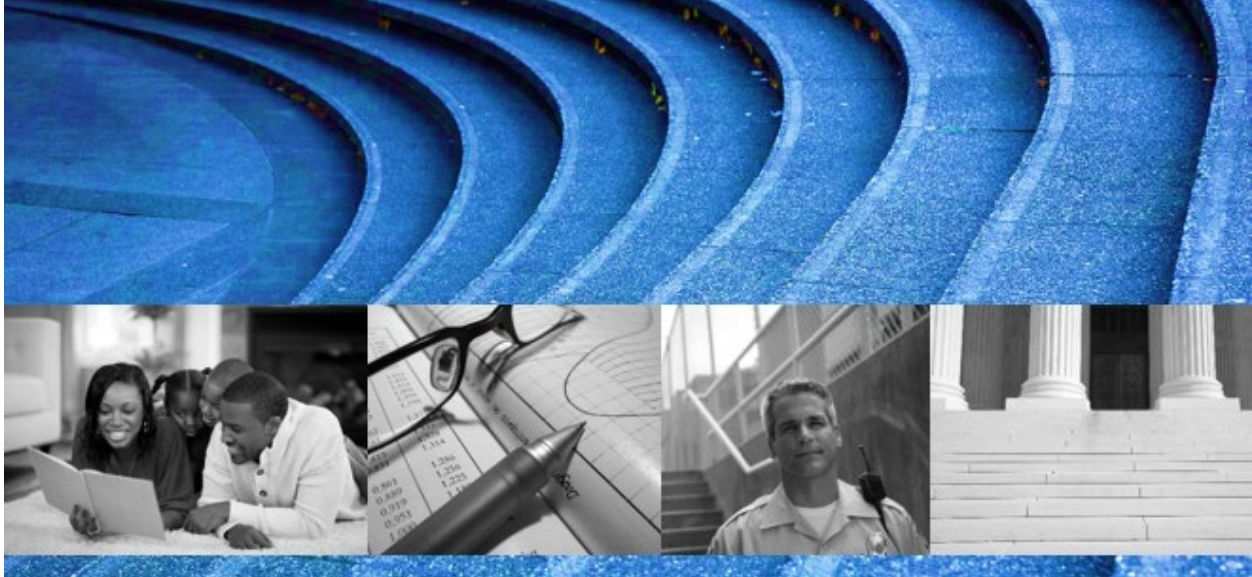
- Currently, referrals to community services for individuals reentering are made only upon request. For individuals who do not initiate such requests, they may experience missing opportunities for programs and services that will directly affect their chances of successful reentry.
- DPS&C reportedly does not provide any MAT medications upon release.

### **Data Collection and Sharing**

- There is a gap in standardized policies, procedures, nor memorandums of understanding (MOUs) that span across DPS&C and EBRPP and the reentry agencies and community service providers who serve the reentry population. As a result, service providers are significantly inhibited to effectively serving reentering individuals.

### **Probation and Parole**

- It is unclear what types of relevant training Parole Officers receive (human trafficking, mental illness, substance use needs, etc.).
- It was unclear if training to identify and address individuals presenting with post-incarceration syndrome (PICS) is available for parole and probation officers. There is pending legislation being presented in this current session relating to corrections and community corrections resources.



## 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 on March 14, 2023. The top three priorities are highlighted in italicized text. See Appendix C for the East Baton Rouge Parish 2019 SIM Workshop Priority List.

Votes	Priority
10	<i>Increase cross-training and cross-education between systems and disciplines, particularly criminal justice, and behavioral health.</i>
9	<i>Provide comprehensive mental health information/evaluation and/or risk assessments to judges to inform their bond decisions for people who are incarcerated.</i>
9	<i>Expand cross-agency jail discharge planning and resource connection, involving peers and family members.</i>
8	Increase continuity of care, including wrap-around services, across the intercepts.
6	Coordinate crisis response, beginning with “who to call” (988, 988, 211, crisis lines, etc.).
6	Increase affordable and supportive housing options.
4	Identify frequent utilizers across the systems.
3	Identify and establish contact with “pockets” of incarcerated (jail and prison) veterans/people who have served in the military, for the purpose of service connection.
3	Expand behavioral health and crisis services for youth- 3 votes
1	Develop and/or enhance and publicize an interactive, up-to-date, and accessible service/resource community database. Possibly using/building on the Healthy BR database
1	Increase Crisis Intervention Team (CIT) training and/or mental health training for criminal justice professionals (law enforcement, corrections staff, dispatch officers, etc.).

# ACTION PLANS

**Priority Area #1: Increase cross-training and cross-education between systems and disciplines, particularly criminal justice, and behavioral health.**

Objective	Action Step	Who	When
<p>Gain knowledge and collaboration with all systems and agencies (workshop series).</p> <p>“Train the trainer”</p>	<p>Hold workshops by intercept (luncheon, CLE); quarterly meetings (combining intercepts).</p> <p>App/system with full list of services/resources (more user friendly).</p> <p><u>Potential examples:</u></p> <p>Healthy BR</p> <p>Capital Area United Way 211</p> <p>Unite Us</p> <p>DHH has list</p>	<p>CJCC</p> <p>Agency heads for each intercept.</p> <p>Influences (people with decision-making power).</p> <p>People with lived experience.</p>	<p>Within 2023</p>
<p>Identify points of access to resources.</p>	<p>Visit sites for training.</p> <p>Establish point of contact.</p>		

**Priority Area #2: Provide comprehensive mental health information/evaluation and/or risk assessments to judges to inform their bond decisions for people who are incarcerated.**

Objective	Action Step	Who	When
Provide the court with more information on defendants, including mental health recommendations.	Possible implementation of validated risk assessment tools.  Customize tool or add too to include mental health information.  Train judges on use.	19 <sup>th</sup> Judicial District, DA, community, CJCC, PD, behavioral health professionals.	Judges training by 2023?
Find providers for mental health evaluation and funding	Medicaid?  Set up meeting with City-Parish to find funding sources.	LDH? Legislative issue?  CJCC	2023

**Priority Area #3: Expand cross-agency jail discharge planning and resource connection, involving peers and family members.**

Objective	Action Step	Who	When
Get all information needed to develop a comprehensive reentry plan.	Make contacts/coordinate with DOC, parish (frequent utilizers) (MOUs).	DOC- Rhett Covington Parish- Sid Gautreau Warden Grimes, Turn Key City – TBD	ASAP
Identify current standards for discharge reentry planning.	Make contacts with current discharge planners at state, parish, and city levels.	DOC – TBD Parish – TBD City – TBD	ASAP
Strengthen community alliances and partnerships.	Increase communication and collaboration between stakeholders; following up.	Probation & Parole, reentry services, LDVA, One Touch, Reentry Coalition.	ASAP

**Priority Area #4: Increase continuity of care, including wrap-around services, across the intercepts.**

Objective	Action Step	Who	When
Build list of resources/providers. <ul style="list-style-type: none"> <li>Family support</li> </ul>	Organize providers.	BRCC, LSU, SU, Family Support, DOC-reentry, CAPARC, school law clinic, college, church/ministry.	90 days
Training reentry professionals.	Representative from each provider attend quarterly meetings. <ul style="list-style-type: none"> <li>One of the providers to host.</li> </ul>	DOC	6 months from 90 days in #1
Remove barriers to peer support certification and training.	IWTP peer training- grant.	LDH, DOC, CJCC	
Create incarceration roadmap/checklist.		BRCC, LSU, SU, Family Support, DOC-reentry, CAPARC, school law clinic, college, church/ministry, and DOC.	30 days from 90 days (above two steps)





## QUICK FIXES

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 and substance disorders in the justice system.

- Add a screening question to the CAJUN jail information system that will help identify veterans who are booked into custody.
- Utilize Oracle to upload the Louisiana Department of Public Safety and Corrections (DPS&C) information packet for individuals who are preparing for reentry.
- [Capital Area Human Services](#) (CAHS) will provide Narcan training to the YWCA (a request made at the SIM).
- Link representatives from the VA with Louisiana Parole Project (LPP) and One Touch Ministries (OTM) to assist veterans to begin obtaining their VA benefits.
- Develop a referral process for VA representatives to communicate with [Woodlake Recovery](#) about veterans in need of substance use intervention following their campus visit as well as to maximize the veteran's benefits.
- The Bridge Center informed SIM workshop participants of the [Healthy BR](#) dashboard to access behavioral health resources locally. Other health-data resources include:
  - Louisiana Department of Health (LDH) [Medicaid Expansion Dashboard](#).
  - Louisiana [County Health Rankings and Roadmaps](#) by University of Wisconsin Population Health Institute.
  - [Louisiana Healthy State Dashboard](#) by mySidewalk
  - Other Louisiana Department of Health [Behavioral Health Links](#)



## PARKING LOT

Some gaps identified during the Sequential Intercept Mapping were too large or in-depth to address during the workshop. These issues are listed below.

- There is a limited amount of youth crisis response and trauma-informed treatment and other services available in East Baton Rouge Parish.
- There are lengthy delays in competency evaluations and treatment due to long waitlists for placement of individuals into state psychiatric hospitals.
- The Bridge Center currently receives a limited 55% Medicaid reimbursement rate, oftentimes receiving a 'not medically necessary' determination. The level of reimbursement from insurance companies is extremely low.



## RECOMMENDATIONS

East Baton Rouge 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 resources and programming must be developed.

### **1. Enhance coordination across the Intercept 0-1 crisis continuum of care to provide effective, timely responses to calls for service, particularly alternatives to law enforcement response.**

While East Baton Rouge has various beneficial resources to meet the behavioral health needs of individuals in the community, it was evident through conversation at the SIM workshop that there is a need for greater coordination and consistency between existing local crisis services and resources. Once coordination is enhanced, there will also be a need for uniform messaging and education to community members, providers, and first responders around what options are available to serve specific needs, when these services are available, and any exclusionary criteria.

One example provided during the SIM was lack of clarity and public awareness around which emergency number or crisis hotline to call for each situation (911, 988, 211, The Fisher Project, VIA LINK's Crisis Line, etc.). Additionally, while the Bridge Center for Hope provides a significant resource to individuals with behavioral health emergencies since its opening in 2021, it is only one piece of the [Roadmap to the Ideal Crisis System](#). Additional challenges regarding coordination at Intercepts 0/1 are included in this report.

Implementation of the 9-8-8 national hotline creates an alternative to 9-1-1 for mental health and other emergencies. The rollout of 9-8-8 lays the groundwork for a national strategy for emergency mental health response that does not default to or rely on law enforcement as the primary response and is focused on connection with community resources. Many states have public-facing resources around 9-8-8 that may be beneficial for Louisiana and East Baton Rouge: Washington was the first state to [propose implementation legislation](#) for 9-8-8; [Utah was the first to pass it](#); and [Georgia's work](#) may also provide some beneficial information. For 9-8-8 to be fully effective, it must be integrated with 9-1-1 and first responders. Dispatch/9-1-1 should also be able to coordinate with and transfer calls back-and-forth 9-8-8 call centers when an immediate acute emergency response is not needed.

When an in-person response *is* needed, co-response and mobile crisis teams should be adequately staffed to respond promptly to crisis calls across East Baton Rouge Parish. Currently, a co-responder program is only functioning through the Baton Rouge Police Department, not the EBR Sheriff's Office, which leaves a service area gap.

Responding effectively to calls related to crisis or behavioral health needs will require a variety of services because a one-size-fits-all plan (such as opening one crisis care facility) usually does not adequately meet the needs of the community. Data and guidance from people with lived experience should be brought together to explore innovative additions to the crisis care continuum of services, which could include a variation of the following models:

- Atlanta's [Policing Alternatives & Diversion Initiatives](#) 311 Community Referrals program is one outcome of their 911 analysis
- Community paramedic programs
- Crisis response programs utilizing clinicians without law enforcement presence – [CAHOOTS](#) (Eugene, OR), [STAR](#) (Denver, CO), and [Community Response Team](#) (Colorado Springs, CO). The [Crisis Response Unit](#) (Olympia, WA) incorporates peer navigators into the response team
- [Peer respite programs](#), such as the [Promise Resource Network's Retreat @ The Plaza](#)

Also see *Crisis Care, Crisis Response, and Law Enforcement* in the Resources below.

## **2. Target strategies/interventions to address the arrest, incarceration, and re-arrest cycles of homeless individuals and other individuals that return to the health care and/or criminal justice system repeatedly.**

Identifying frequent utilizers or “familiar faces” across the systems was also identified as a top priority item at the SIM workshop. In general, there are four categories of criteria used to identify people with frequent jail contact: 1) the specific type of jail and other criminal-legal system contacts counted; 2) the number of contacts considered frequent; 3) the window of time in which repeat contact occurs; and 4) inclusion of contact with other systems such as homeless servicers, ER/hospital care, and first response. The Center for Supportive Housing FUSE Resource Center describes [supportive housing initiatives for super utilizers](#) (familiar faces) of jails, hospitals, health care, emergency shelters and other public systems.

Communities across the country have developed strategies to concentrate resources on familiar faces within relevant services. Strategies involve a developing a coordinating committee composed of mid-level managers of provider agencies, direct service individuals, and criminal justice personnel who can identify and mobilize resources to engage individuals in a timely way and at periods of high need (e.g., an ER visit, police contact, or arrest). Often the individuals identified as familiar faces have priority for intensive services including Assertive Community Treatment (ACT), case management and housing. These initiatives commonly report reductions in ER use, inpatient stays, police contacts, and homelessness.

Once a coordinating team has been established and definitions of familiar face are identified, it is important to examine, update, and reanalyze the data from a familiar faces study for the purpose of documenting the costs associated with not meeting the accurate needs of this population to the entire system of care. Communities can use this information to justify and substantiate local funding needs for the crisis system of care. Sites might consider a “crisis care safety tax” to help underwrite the staffing and development needs for mobile co-responder crisis services in community.

[Camden New Jersey](#) has developed a promising collaboration of health care, social service, and law enforcement services to address their “complex care” populations that have frequent contact with their

hospitals and sometimes police. They have been showing success in reducing repeated contact and improving health.

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

Expanding cross-agency jail discharge planning and resource connection, involving peers and family members, was identified as a top priority area at the SIM workshop (see Action Plan 3). It was also identified as a top priority in East Baton Rouge’s 2019 SIM workshop. While representatives from the East Baton Rouge Parish Prison were not present at the 2023 SIM, the reentry process was outlined by the jail’s contracted vendor, Turn Key Health (see report for specific gaps).

East Baton Rouge can improve public safety and public health outcomes by providing robust transition planning services, particularly to those with mental and substance use disorders. 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 (or ideally by both). 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).

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

A critical element of transition planning is improving access to Medicaid and Social Security benefits for persons released from jail and prison. Medicaid suspension or cancellation while individuals are 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. In April 2023, the [Centers for Medicare and Medicaid Services \(CMS\) released groundbreaking new reentry guidance](#), offering states a roadmap for using Medicaid to strengthen health care at reentry and improve people’s health and wellbeing as they leave prison and jail. Using Medicaid coverage to improve continuity of health care between carceral and community settings can help ensure that people have the resources they need to return to their communities healthy and whole. Additional strategies include providing jail-based or diversion health personnel with access to the local Medicaid database to promptly identify enrollees and insure 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 also improve successful enrollments and reduce approval times from months to as soon as 60 days.

It is also important to expand, coordinate, and connect reentry services to community supervision. Explore developing a Reentry Council or integrating current efforts into the work of existing workgroups such as a CJCC. Related issues to address can include fair housing, “ban the box,” and educating employers about hiring individuals with criminal history backgrounds.

See also *Reentry* in the Resources section later in this report.



## 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

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- New Orleans Health Department. (2016). [New Orleans Mental Health Dashboard.](#)
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### Jail Inmate Information/Services

- NAMI California. [Arrested Guides and Medication Forms.](#)
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- [Mental Health First Aid](#). Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
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- Department of Behavioral Health and Intellectual disability Services. [Peer Support Toolkit](#).
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- Local Program Examples:
  - People USA. [Rose Houses](#) are short-term crisis respites that are home-like alternatives to hospital psychiatric emergency rooms 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](#).
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- Mathematica. (2021). [Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation](#).
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- 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.](#)
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- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.](#)

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- 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.](#)
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## Sequential Intercept Model

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## 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](#).
- 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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- 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](#).

# APPENDIX

- Appendix A** SIM Workshop Agendas
- Appendix B** Sequential Intercept Mapping Workshop Participant List
- Appendix C** East Baton Rouge 2019 SIM Priority List

# APPENDIX A: SIM WORKSHOP AGENDAS



Supported by the John D. and Catherine T. MacArthur Foundation

## *Sequential Intercept Mapping*

### AGENDA

East Baton Rouge, LA

March 14, 2023

**8:45**      **Registration and Networking**

**9:00**      **Opening**

- 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

**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 Mapping*

# AGENDA

East Baton Rouge, LA

March 15, 2023

- 8:45**      **Registration and Networking**
- 9:00**      **Opening**
- Remarks
  - Preview of the Day
- Review**
- Day 1 Accomplishments
  - Local Priorities
  - Keys to Success in Community
- Action Planning |**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:00**      **Adjourn**

*There will be a 15-minute break mid-morning.*



## APPENDIX B - SEQUENTIAL INTERCEPT MAPPING WORKSHOP PARTICIPANT LIST

Name	Title	Agency	Email
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## APPENDIX C - EAST BATON ROUGE PARISH 2019 SIM WORKSHOP PRIORITY LIST

These are the Priorities developed at the 2019 SIM Workshop:

Votes	Priority
17	Create convenient, standardized cross-systems information sharing to enhance outcomes
13	Increase affordable, supportive housing
10	Transition jail/hospital to community
10	Cross-systems education regarding local resources, including public awareness
	Stakeholder education of role/opportunity of the Coroner's Office
9	Increase transportation options
7	Increase diversion options at Intercept 0
6	Increase information sharing to judicial decision-making and release process
5	Explore options for Medication-Assisted Treatment (MAT) in the jail
4	Expand transitional and long-term bed capacity
3	Navigation/forensic case managers for coordination, including peers
0	Increase ease of access to psychotropic medications



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