

Forensic Assessment Services Triage Team: “FASTT”

PROGRAM DEVELOPMENT:

Data indicate that a significant number of individuals that come in contact with law enforcement and the criminal justice system have a mental health diagnosis, substance use disorder or, in many cases both (co-occurring disorders). More than half of all prison and jail inmates (i.e., people in state and federal prisons and local jails) meet criteria for having mental health problems. Sixty percent meet criteria for a substance abuse/dependence; and more than one-third meet criteria for having both a substance abuse/dependence and mental health diagnosis (co-occurring). Approximately one quarter million individuals with serious mental illnesses are incarcerated at any given moment. Approximately half of those arrested are charged with non-violent offenses, such as trespassing or disorderly conduct. Many of the charges stem from or are highly influenced by the individual's untreated mental health disorder(s) or are the result of the high level of dysfunction created by the disorder. Despite the relatively low level of offense committed, those charged with the crime that have a serious mental illness, tend to stay in jail far longer than their non-disordered counterpart.

The FASTT team was developed in 2012 and represented a community collaboration between mental health providers, law enforcement, family members, and consumer advocates. The purpose of this program is to address the behavioral health needs of people involved in, or at risk of involvement in, the criminal justice system by providing an array of community-based diversion services designed to keep individuals with behavioral health issues out of the criminal justice system while also addressing issues of public safety. The FASTT team committee's goal was to determine the best way to work with law enforcement to avert arrest if possible and link the individual with an appropriate level of care. If an arrest is unavoidable, the FASTT team will work with the inmate at the jail and collaborate with the court to address treatment needs upon the release of the inmate.

This program of early diversion occurs at the point when law enforcement officers encounters an individual and suspects this individual has a mental, substance use and/or co-occurring disorder. The FASTT program allows the officer to transfer or divert the individual to the care of behavioral health providers in the community or connect the individual with a FASTT team member in the jail. Early diversion focuses on the role of law enforcement working collaboratively with community behavioral health providers to prevent arrest and adjudication. While the emphasis of this program is on diversion from arrest, early diversion can still occur up to or during the person's first appearance in court, after charges have been filed as services will be offered in the Carson City Jail including medication management, crisis intervention, group therapy, individual therapy, family support, and case management. This program represents a hybrid between Pre-booking and Post-booking Jail Diversion interventions (e.g., Mental Health Court). This goal is accomplished by providing intensive round-the-clock services in the community. This is accomplished through a Forensic Assertive Community Treatment model involving street enforcement officers, and community based treatment providers.

CLIENT IDENTIFICATION:

- Outside the jail facility, the Crisis Intervention Team (CIT) from the Sheriff's Office will be called to respond to mental health crises in the community. This community outreach portion of the program will facilitate a connection between a potential client in need and a mental health care provider before a crisis develops into an arrestable offense. A CIT trained deputy

will be assigned as a point of contact for crisis calls and will involve an onsite mental health care provider from Carson Mental Health if necessary. Training for CIT officers was completed in March, 2013.

- If an arrest is unavoidable, referrals to the FASTT team will likely come from the arresting officer, booking officer, and the Forensic Health Services Unit located in the jail. Public defenders and the Justice Court Judges may also be a source of referrals, however the program is designed for immediate intervention, prior to the adjudication process. There may be other avenues for referrals but the front-line medical staff/judicial system is most likely to identify appropriate referrals first.

CLIENT ASSESSMENT/TREATMENT:

- Jail inmates referred will initially be assessed by the *Forensic Health Services Team*: Dr. Joseph McEllistrem, PhD, David Ramsey, N.P., and the Carson City Sheriff's Office Medical Deputy.
- Pre-printed intake forms are distributed to the inmates throughout the jail and collected by the FASTT coordinator. The inmate will be responsible for completing, to the best of their ability, the form while the FASTT *Transition Triage Team* is notified. Mary Bryan, the Triage Assessment Coordinator, Kathleen Buscay, LSW, the Psychiatric Case Manager with Nevada Mental Health, and Alama Robinson, from Community Counseling Center, will be notified they need to conduct a screening and case management plan. The screening will be accomplished through the attorney's visiting booth in the jail for safety and ease of access into the facility routinely every Tuesday at 9am and on an as-needed-basis throughout the rest of the week. A decision regarding suitability for the program will be made immediately after the intake screening. A video monitor has been purchased and is being installed in the jail to facility telemedicine/telepsychiatry in cases where a specialty consultation is warranted.
- Treatment will begin in the jail and will include possible medication management, group and individual therapy, family outreach, and case management. David Ramsey, N.P., provides medical care and medication management both at the jail and at the Community Counseling Center's inpatient program.
- Alama Robinson conducts several groups weekly with a specialty and focus on addiction. His time commitment in the jail is twenty hours weekly.

<u>Monday</u> 9:30 – 11:00 Group 11:00 – 12:00 Screenings, Referral contacts and source contacts, Individual meetings with FASTT clients 12 – 1 Lunch 1 – 2 Group 2:30 – 3:30 Group 5 hours	<u>Tuesday</u> 9 – 12 FASTT Screenings with team 12 – 1 Follow up and triage group list 4 hours
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<u>Wednesday</u> 9:00 – 11:00 Group 11:00 – 12:00 Screenings, Referral contacts and source contacts, individual meetings with FASTT clients 12 – 1 Lunch 1 – 2 Group 2:30 – 3:30 Group 5.5 hours	<u>Thursday</u> <u>9:00 – 11 Group</u> 11 – 12 Follow up with FASTT participants, screenings, referral sources, source contacts, individual meetings with FASTT clients 12-1 Lunch 1 – 2 Group 2:30 – 3:30 Group 5.5 hours
Week 1 Criminal Thinking and Substance Abuse Week 2 Anger and Substance Abuse Week 3 Healthy relationships and substance abuse Week 4 Setting Goals using SMART Week 5 Family roles in addiction and codependency Week 6 Enabling and substance abuse Week 7 The human body and substance abuse Week 8 Core beliefs and substance abuse	

- Mary Bryan, FASTT Coordinator comes twice weekly to the jail for a total of ten hours to provide therapeutic support for the chronically mentally ill with and without co-occurring disorders. She consults with the FASTT triage team each Tuesday in the identification of clients and treatment planning.
- Erika Lera, Family Advocate Supervisor from Ron Wood Family Resource Center, provides inmates with education, job training opportunities, housing, and outreach to the inmate's family members. She addresses many of the functional needs of the inmate and their family.
- Kathleen Buscay, LSW, Psychiatric Caseworker, provides screening, treatment planning, and case management for all clients in the FASTT program
- Wrap around services drafted by the FASTT triage team (Kathleen Buscay, Mary Bryan, Alama Robinson) will be provided through an exit interview with the inmate before they leave the facility. If ancillary services (e.g., Inpatient Substance Abuse Treatment, Carson City Health and Human Services (CCHHS), and Sierra Family Health) are necessary, the Triage Assessment Coordinator will make arrangements for further assessment. In most cases, a CIT deputy will meet the inmate at the release door of the facility to introduce themselves to the client and to encourage contact with the CIT officer should a new crisis develop.

CLIENT TRANSITION TO SERVICES:

- When the FASTT team deems the inmate suitable through the intake process at the jail facility, Dave Ramsey (Nurse practitioner) will be notified of the inmate's first psychiatric appointment with Carson Mental Health. He will write, within reason, scripts of all necessary medications to bridge the gap between the inmate's departure from the jail and their first medication

appointment. A bi-lingual Community Health Worker through Partnership Carson City will be available if the inmate needs assistance navigating through the follow up plan.

- The FASTT Triage Assessment Coordinator and Psychiatric Case Manager from Carson Mental Health will maintain contact with the prospective client periodically until their first appointment is conducted.

DUAL DIAGNOSIS

- Approximately 80 percent of inmates identified with mental illness are also dually diagnosed with substance abuse or dependence. The Community Counseling Center (CCC) will set up a three bed “pod” for dual-diagnosed FASTT clients. The high percentage of dual diagnoses both in the community and in jail populations suggest a dual diagnostic approach to treatment more beneficial. Dave Ramsey provides follow up care at CCC to provide continued medical coverage, assessment, and medication management. This will allow for continuity between the jail and Community Counseling Center. State Mental Health will provide a psychologist with expertise in dual diagnosis clients to counsel these individuals during their treatment at CCC.

ON GOING MONITORING:

- The Court encouraging may make participation with the FASTT team a condition of the inmate’s release.
- Coordination with Department of Alternative Sentencing (DAS) - The FASTT Triage Assessment Team Coordinator, Mary Bryan, will be the point person that DAS can call to identify new problems or needs of the client that are revealed during the course of their normal routine of supervising the individual. Intervention by the FASTT Triage Assessment Team can then occur to avoid a crisis and DAS can continue on with their responsibilities. DAS will have the most contact with the individual and will most likely identify problems first. They need a point person they can rely on to get in touch with immediately to address the needs of the client.
- Clients that do not follow through with recommendations for treatment may be in violation of probation/parole, and required to return to court, or referred to Drug or Mental Health Court.
- Clients violating conditions of parole/probation may be returned to jail.

PROCEDURAL CONSIDERATIONS:

- Transportation may be needed to get FASTT clients to point of service. Many inmates lack transportation and fear the bus system (for lack of use, knowledge of bus lines and procedures, or funds for a bus card). Others can’t follow directions due to the dysfunctional effects of their disorder. Some fear the notion of going to a MH facility. A one-time ride to the facility by, possibly the treatment coordinator or DAS, may reduce fear, identify the location and directions to the location from the inmate’s residence, and encourage ongoing participation. The treatment coordinator may need to shadow the inmate to the bus stop, the purchase of the fare, and ride to the facility to demonstrate the process. Nevada Mental Health will be asked to purchase 125 bus passes.