UTAH ASSOCIATION OF COUNTIES
The Unifying Voice for County Government

An Overview of Criminal Justice Coordinating Councils

What is the purpose?

To develop a strategic plan for the county's/counties' criminal justice system that includes:

- mapping of all systems, resources, assets, and services within that county's/counties' criminal justice system;
- a plan for data sharing across the county's/counties' criminal justice system;
- recidivism reduction objectives; and
- community reintegration goals.

The bill creating these councils (2022 SB 179) was a direct result of the JRI listening tour to increase information flow and allow for better coordination among agencies involved in the criminal justice system.

CCJJ has contracted with UAC to help counties put together their criminal justice coordinating councils and provide staff to help achieve the above goals.

What is the required membership?

Councils must be made up of the following:

- one county commissioner or county council member;
- the county sheriff or the sheriff's designee;
- one chief of police of a municipality within the county or the chief's designee;
- the county attorney or the attorney's designee;
- one public defender or attorney who provides public defense within the county;
- one district court judge;
- one justice court judge;
- one representative from the Division of Adult Probation and Parole within the Department of Corrections;
- one representative from the local mental health authority within the county; and
- one individual who is a crime victim or a victim advocate.

May include one additional member from a local government or criminal-justice involved agency; refer to statute.

What is the timeline to create these councils?

- Counties must create criminal justice councils beginning January 1, 2023.
- These councils must be created by July 1, 2023, to avoid penalties.
- Penalties include the restriction of grant money from the CCJJ to a criminal justice coordinating council.

What are the reporting requirements?

- Criminal Justice Coordinating Councils must provide a written report to CCJJ regarding the implementation of the strategic plan and any data on the impact of the council on the criminal justice system in the county/counties.
- This report is due before November 30 of each year.

What are the meeting requirements?

- None are included in the bill. You may meet virtually or in-person as often as you would like as long as the strategic plan is complete.

To view the statute, please refer to Utah Code 17-55.

The Basics of Criminal Justice Coordinating Councils

Criminal Justice Coordinating Councils (CJCCs)

The criminal justice system is comprised of various independent agencies and entities that have traditionally operated in silos—focusing predominantly on their own individual goals, objectives, and activities. This approach frequently causes the justice system to be fragmented and inefficient. Criminal justice coordinating councils (CJCCs) emerged in the 1970's with the idea that effective system change could be instituted through collaboration amongst justice agencies.

CJCCs are bodies consisting of key decision-makers and stakeholders working together to actively manage and improve local justice systems. CJCCs can take on a wide range of initiatives, such as jail overcrowding, frequent system utilizers, case processing delays, pretrial release, justice data systems, re-entry, etc.

Typical Membership of CJCCs

CJCCs typically include representatives from different levels of government (city, county, and state agencies) and allied stakeholders from other governmental and private entities such as education, health and human services, community-based organizations, service providers, and citizens.

The most common members of a CJCC are the sheriff, district attorney or prosecutor, probation chief, public defender, police chief, presiding/chief judge (felony), presiding/chief judge (misdemeanor), behavioral health director, jail administrator, pretrial services director, clerk of court, social services director, county manager, city manager, court administrator, and a county commissioner.

Features of Highly Effective Criminal Justice Coordinating Councils

Highly effective CJCCs share common features. These features include the following ten items:

1. Systemically focused . Not focused on 1 agency or thing - focus on system
2. Active participation of key decision-makers . Authority
3. Effective leadership . Respected, capable of bringing together. Neutral Co-chairs from budget side & sheriff/pws side
4. Shared responsibility stick together on decisions we make.
5. Consensus decision-making Constitutional responsibilities
6. Reliance on data and evidence-based practices See trends. Invest where a bump is. What is working? Things can be done supported by research.
7. Strategic planning with measurable outcomes 4-6 priorities. Things come up all the time. Sustainability & sense of purpose. Performance metrics.
8. Regularly scheduled meetings that are structured 2nd Th. of month. Priority as much as possible.
9. Active subcommittees and workgroups ← Handoff initiatives. What we will get out of every meeting. Productive every time. Positive Impact.
10. Dedicated support staff

prominent ongoing

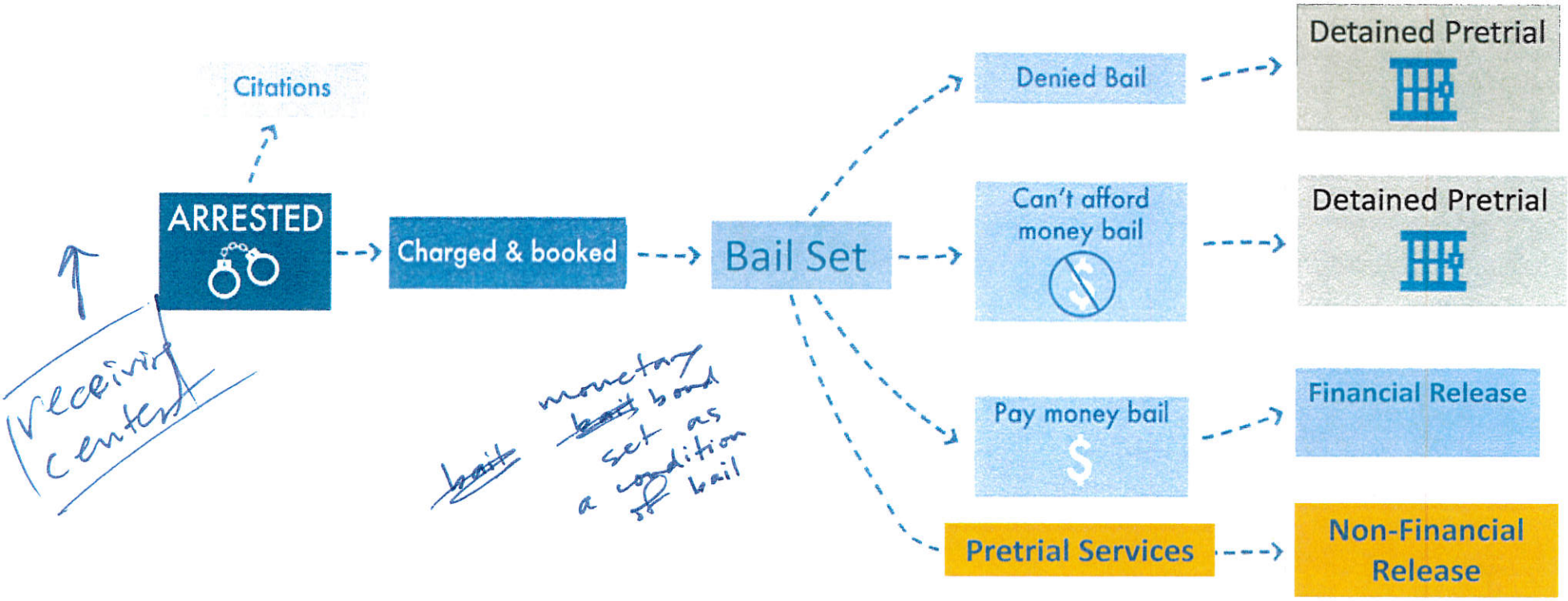
Universe of projects.
Give.
Keep things on track.
Implement strategy
Grant application
Production of data
Position pays for itself.

~~Robust discussion~~ specific. formation of budget. ends.

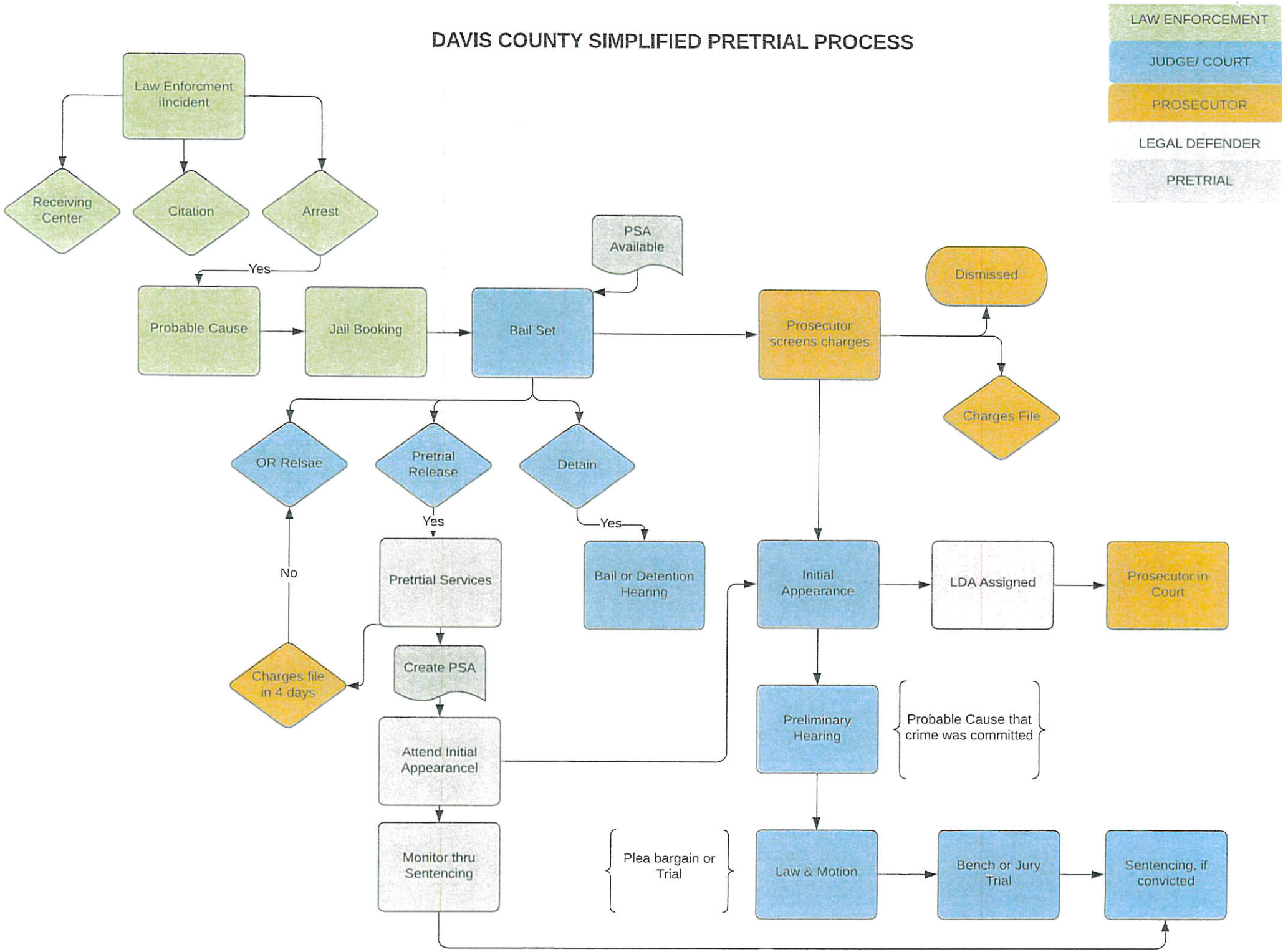
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The Path from Arrest to Pretrial Detention



DAVIS COUNTY SIMPLIFIED PRETRIAL PROCESS

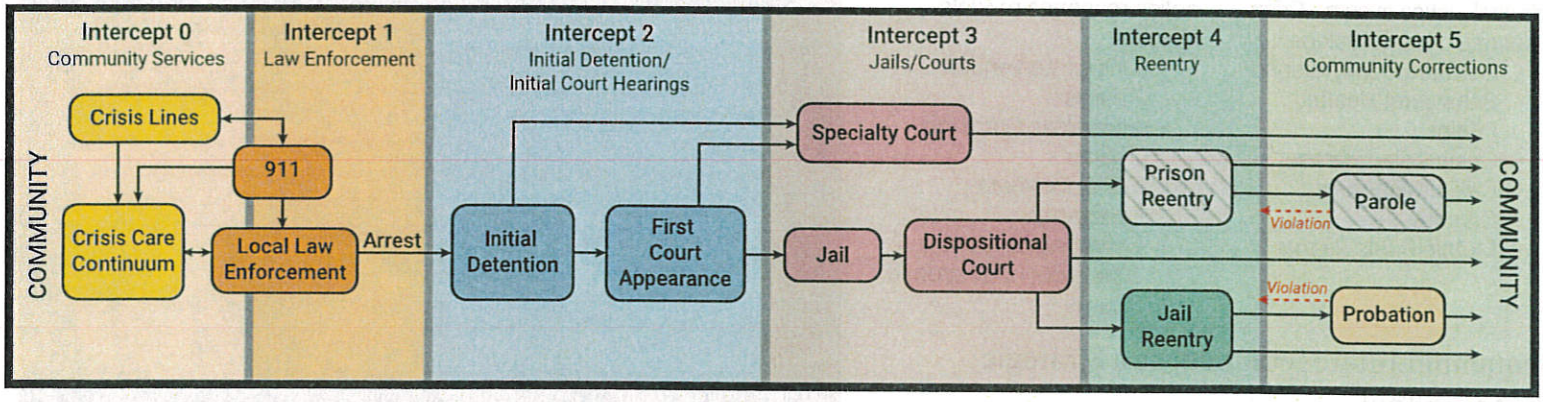


THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders

PRA
POLICY RESEARCH ASSOCIATES

The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis or co-respond to a police encounter.

Emergency department diversion. Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.

Police-behavioral health collaborations. Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.

Intercept 1

Dispatcher training. Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Specialized police responses. Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.

Intervening with frequent utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.

Intercept 2

Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

Data-matching initiatives between the jail and community-based behavioral health providers.

Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Intercept 3

Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.

Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.

Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4

Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.

Warm hand-offs from corrections to providers increase engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5

Specialized community supervision caseloads of people with mental disorders.

MAT for substance use disorders. MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.

Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to mental and substance use treatment services. Removing criminal justice-specific barriers to access is critical.

Implementing Intercept 0

Crisis Response

Crisis response models provide short-term help to individuals who are experiencing mental or substance use crisis and can divert individuals from the criminal justice system. Crisis response models include:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams

Police Strategies

Proactive police responses with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- Systemwide Mental Assessment Response Teams

Sequential Intercept Model as a Strategic Planning Tool

The **Sequential Intercept Model** is most effective when used as a community strategic planning tool 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, people with lived experiences, family members, and many others. Employed as a strategic planning tool, communities can use the **Sequential Intercept Model** to:

1. Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections
2. Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders
3. Develop priorities for action designed to improve system and service-level responses for adults with mental and substance use disorders

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History and Impact of the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. (PRA). The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

After years of refinement and testing, several versions of the model emerged. The "linear" depiction of the model found in this publication was first conceptualized by Dr. Steadman of PRA in 2004[1] through his leadership of a National Institute of Mental Health-funded Small Business Innovative Research grant awarded to PRA. The linear SIM model was first published by PRA in 2005[2] through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The "filter" and "revolving door" versions of the model were formally introduced in a 2006 article in the peer-reviewed journal ***Psychiatric Services*** authored by Drs. Munetz and Griffin.[3] A full history of the development of the SIM can be found in the book ***The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness.***[4]

With funding from the National Institute of Mental Health, PRA developed the linear version of the SIM as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system by people with mental and substance use disorders. Through this grant, PRA, working with Dr. Griffin and others, produced an interactive, facilitated workshop based on the linear version of the SIM to assist cities and counties in determining how people with mental and substance use disorders flow from the community into the criminal justice system and eventually return to the community.

During the mapping process, the community stakeholders are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by community stakeholders.

Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act,[5] the 114th Congress of the United States of America identified the SIM, specifically the mapping workshop, as a means for promoting community-based strategies to reduce the justice system involvement of people with mental and substance use disorders. SAMHSA has supported community-based strategies to improve public health and public safety outcomes for justice-involved people with mental and substance use disorders through SIM mapping workshop national solicitations and by providing SIM mapping workshops as technical assistance to its criminal justice and behavioral health grant programs. In addition, the Bureau of Justice Assistance has supported the SIM mapping workshop by including it as a priority for the Justice and Mental Health Collaboration Program grants.

With the advent of Intercept 0, the SIM continues to increase its utility as a strategic planning tool for communities who want to address the justice involvement of people with mental and substance use disorders.[6]

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1 Steadman, H.J. (2007). ***NIMH SBIR Adult Cross-Training Curriculum (AXT) Project – Phase II final report.*** Delmar, NY: Policy Research Associates. (Technical report submitted to NIMH on 3/27/07.)

2 National GAINS Center. (2005). ***Developing a comprehensive state plan for mental health and criminal justice collaboration.*** Delmar, NY: Author.

3 Munetz, M.R., & Griffin, P.A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. ***Psychiatric Services, 57,*** 544-549. DOI: 10.1176/ps.2006.57.4.544

4 Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., & Schubert, C.A. (Eds.). (2015). ***The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness.*** New York: Oxford University Press. DOI: 10.1093/med:psych/9780199826759.001.0001

5 21st Century Cures Act, Pub. L. 114-255, Title XIV, Subtitle B, Section 14021, codified as amended at 41 U.S.C. 3797aa. Title I, Section 2991.

6 Abreu, D., Parker, T.W., Noether, C.D., Steadman, H.J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. ***Behavioral Sciences & the Law, 35, 380-395.*** DOI: 10.1002/bsl.2300