
Intercept Model for Early Diversion (IMED)



Objective

1. Participants will be able to identify the core components of Critical Time Intervention (CTI) versus standard case management services, and how they are utilized within the IMED.
2. Participants will be able to identify the individual team members, the roles each member plays in the program, and the importance of teamwork as an essential part of the IMED.
3. Participants will be able to identify the potential outcomes achieved through participation in the IMED program (consumers' personal recovery goals and improved stability to remain in their community).
4. Participants will be able to identify the steps taken to ensure the continuous 'education/re-education' about the program to various entities of the Criminal Justice System (District Magistrates; Common Pleas Judges; Public Defenders; District Attorneys; law enforcement, etc.), and community services providers.
5. Participants will be able to identify how the IMED relates to Pretrial Programs (to divert consumers from the criminal justice system, by facilitating community integration and continuity of care), and what the IMED program is and is not intended to do.



What is IMED?

- A team-delivered service that builds upon existing community resources.
- Fosters local, multidisciplinary teams to facilitate collaboration, remove barriers among the criminal justice, mental health, and substance use systems.
- Cultivates a system that engages and is more responsive to individuals with Mental Health (MH) and Substance Use Disorders (SUD).
- Serves adults 18 years of age and older who are **Medicaid eligible** and residents of Luzerne County, who have come to the attention of the criminal justice system via police and/or district judges involvement and present evidence of a behavioral health disorder.
- Individuals targeted for this service include those whose offenses are of a non-violent nature, did not involve the use of a weapon, are of a non-sexual nature, and did not involve the trafficking or distribution of illegal substances.



How do “interceptions” happen?

- Identifying individuals with behavioral health needs as soon as possible (“early diversion”) in their processing by the justice system, through the utilization of evidence based clinical assessments, Critical Time Intervention, and linkage to needed resources.



Type of Intercepts

- Pre-Arrest
 - Requires interface with police and dispatch to provide interventions prior to any charges being filed.
- Post-Arrest
 - Intercept at the preliminary arraignments with local magistrates.
- Jail
 - Prevents a longer periods of institutionalization.
- Prison Reentry
 - Contributes to reintegration into community.
- Probation and Parole
 - Builds collaborative efforts among probation, parole, and community agencies.



Team Members

- Program Director
- Master's Level Clinician
- Behavioral Health Worker
- Certified Recovery Specialist
- Law Enforcement/District Judges



Trainings

- Critical Time Intervention (CTI)
- Pennsylvania Client Placement Criteria (PCPC-3)
- Global Appraisal of Individual Needs– Short Screener (GAIN-SS)



Critical Time Intervention (CTI)

- A time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care, by ensuring that a person has enduring ties to their community and support systems during critical periods.
- The critical time is the time of transition when, without supports, linkages, and resources the person may fall through the cracks.
- The IMED program will be CTI informed, using it as a tool to provide services to participants.



Overall Goals of CTI

To help participants
Understand the Critical
Time Intervention Model
And its benefits.



“If a person has little to no recovery capital (e.g., is homeless, unemployed, and alienated from family), he or she has few resources to draw from when assuming the hard work of recovery, and is thus *unlikely to succeed*. If a person has adequate recovery capital, he or she is likelier to recover independently or with formal help. *Recovery supports are crucial for people who have lost (or never really had) the recovery capital needed to set about recovery in a fully effective and sustainable way.*”

-Larry Davidson, PhD

Some of the Problems

- Transitions can be difficult
- Persons can easily fall between the cracks without support
- Many individuals don't know how to access community services
- Costly for persons to use emergency services or inpatient care vs. community services



CTI Bridges the Gap

- **Shelter**
- **Prison**
- **Hospital**
- **Transitional
Housing**
- **Fragmented
Care**



Critical Time Intervention (CTI)

- A well-researched & cost effective Evidence Based Practice proven to assist with transitions
- A specialized intervention provided at a “critical time”
- Connects people with formal and informal community supports
- Is a time limited (typically 9 months) divided into 3 phases
- Concentrates on a limited number of focused areas that promote successful transitions



DIAGRAM OF CTI
9 MONTH PERIOD OF TIME

Intense Period of Engagement

Assessment

Choose Focus Areas

Begin Linkages

PHASE I
Transition to Community

Less Frequent Meetings

Adjusting & Monitoring the Linkages

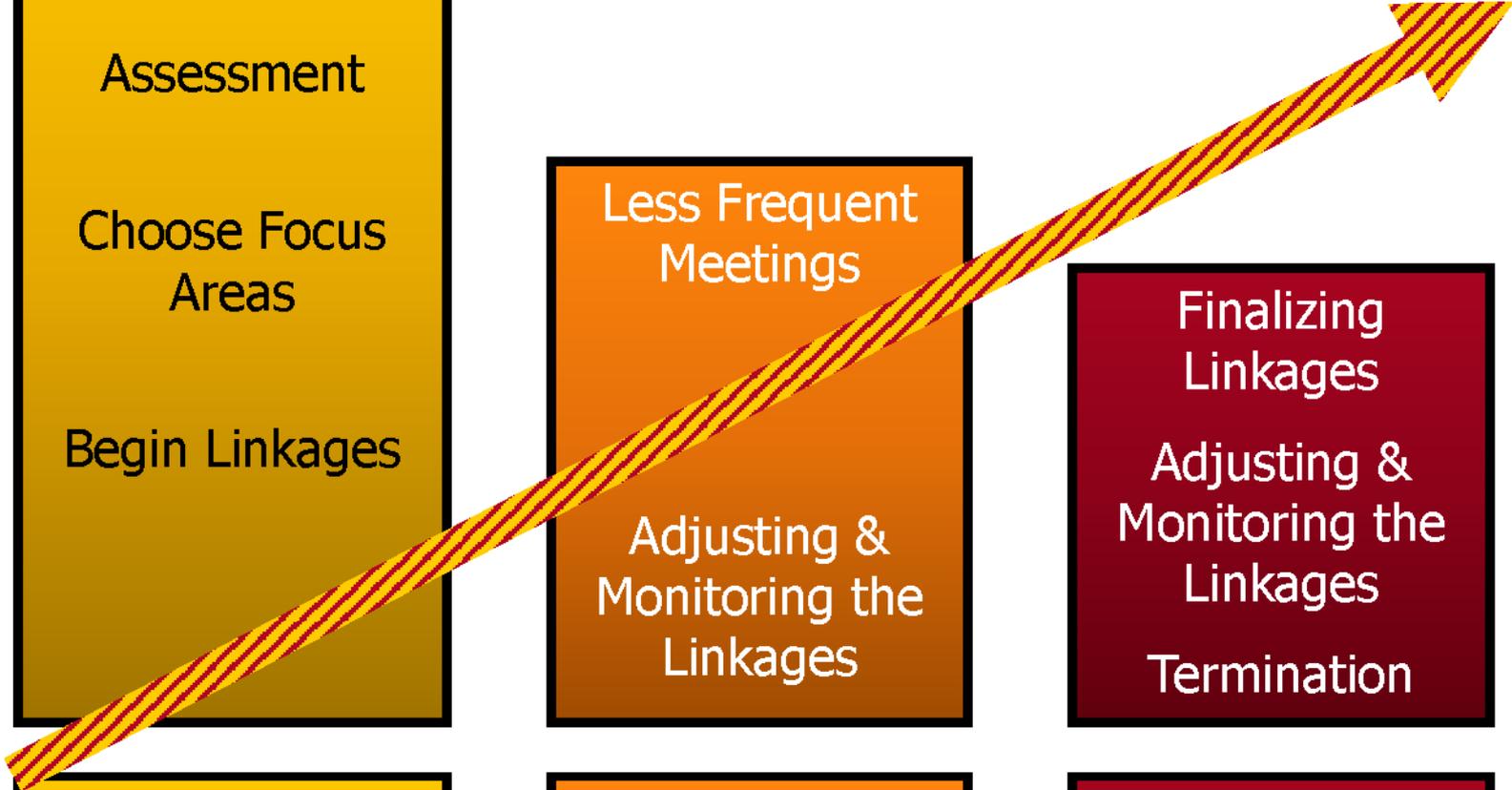
PHASE II
Try Out

Finalizing Linkages

Adjusting & Monitoring the Linkages

Termination

PHASE III
Transfer Of Care



CTI Research

- Fort Washington Armory in NYC
 - Reduced risk of recurrent homeless
 - Cost effective: \$50,000 savings per person
- Homeless families in Westchester county
- Adults with SMI in VA system
- Parolees reentering the community in New Jersey
- Latest research is taking place in South America and also studying CTI using peer specialists



What we learned from CTI

- During transition people may need enhanced level of support
- Supports need to be drawn from community more broadly
- Care coordination need to be highly focused and individualized
- People need on going support that CTI sets up



Core Elements of CTI

- Time-limited, divided into 3 phases (transition, try-out, and transfer of care).
- Connects people with formal and informal support systems.
- Focuses on up to 3 focus areas per phase, to promote successful transitions.
- As the care coordination with community supports goes up, the direct service with the person goes down.



Barriers to Stability

Systemic

- Limited resources
- Fragmented services
- Lack of affordable housing

Personal

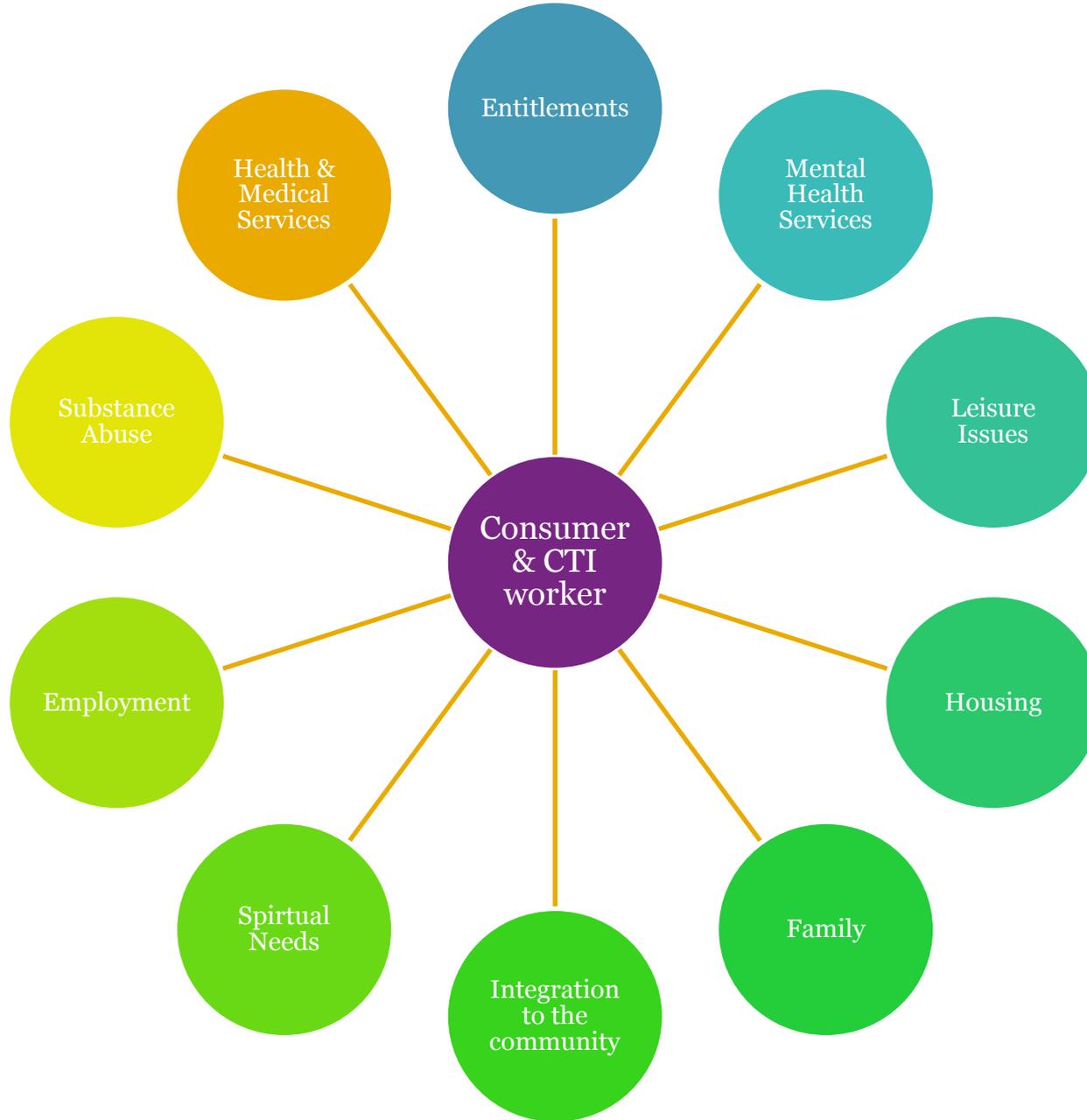
- MH/Substance abuse challenges
- Medical challenges
- Trauma
- Difficulty with social skills

Consumer/Worker Relationship

- Worker doesn't not believe the consumer is ready for independence
- Consumer doesn't not trust worker
- Lack of or miscommunication



Traditional what a member and CTI worker deal with



Core Elements of CTI

- Team based approach
- 6 focus areas (can vary dependent upon individual's specific needs)
 - Housing/Crisis Prevention
 - Behavioral Health: Mental Health/Drug and Alcohol
 - Physical health & wellness
 - Employment-Vocational/Education
 - Community & Life Skills
 - Family and Friends (informal supports)
- Focus areas are chosen by the person with input from the worker, and can change over time.



CTI Focused Role of CTI Worker



Phases of CTI

- **Phase 1: Transition**
 - An intense period of engagement. Assess the person's current community needs, choose focus areas/goal setting, begin setting up supports and linkages.
- **Phase 2: Try-Out**
 - Transfer of care to the community begins with less frequent meetings. Adjust and monitor supports and linkages, assessing/working effectively with other providers & systems (Care Coordination).
- **Phase 3: Transfer of Care and Graduation**
 - Monitor stability of linkages and schedule final meeting with person and supports.



Phase 1: Transition to the Community

Time Frame: Months 1-3

- Begins the first day the worker receives the consumer
- This is the most intense period of CTI where bulk of the work is:
 - Engaging consumer
 - Addressing crisis
 - Assessing for potential long term support systems (CTI allows you to have the “end game” in mind)
 - Begin linking with formal and informal supports



Phase 1

CTI WORKER ROLE:

- Engage consumer
- Develop CTI plan based on more than three of the 6 focus areas
- Meet with community caregivers
- Assess potential long term support systems
- Provide direct service as needed



Assessing other providers

- Agencies philosophies
- Agency mission and outcome success
- Experience with homeless, mentally ill clients
- Experience in co-occurring disorders
- Understanding & use of new practices
- Pay attention to detail



Phase 2: Try Out

Time Frame: Month 4-6

- Meet less frequently with consumers
- Adjust systems of support for the consumer
- Monitor effectiveness of supports & intervening as needed
- Try-out phase is about adjusting systems of support for consumer & locating gaps in services that need further adjustment
- Often involves negotiation and mediation



Care Coordination

- CTI places a premium on doing more work on care coordination than on case management (working directly with the individual)
- Care Coordination is about having all of the individual's providers (both formal and informal) meet/know/be aware of each other and what they are working on so everyone is working together as a team
- This is difficult to do and takes a lot of time and effort; the goal is to try and have as many people on the person's team aware of the other providers and coordinate services

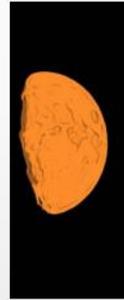


Phase 3: Transfer of Care

Time Frame: Month 7-9

- Completing transfer of care to the community resources
- Work leading to transfer has been done throughout previous phases
- Monitor, fine tuning and finalizing long-term supports
- Transfer care (includes final transfer of care meetings w/consumer and all primary supports)
- Graduate: celebrate all the work that has been done over 9 months





Reducing
the
Intensity of
Services
During the
Three
Phases



Recovery is...

Mental health recovery is a process of change through which individuals improve their health and wellness, live as self-directed life, and strive to reach their full potential.

U.S. Department of Health and Human Services

www.samhsa.gov



The CTI Approach

Harm Reduction

- Helps the consumer reduce the harm associated with maladaptive behaviors i.e. substance abuse

Stages of Change

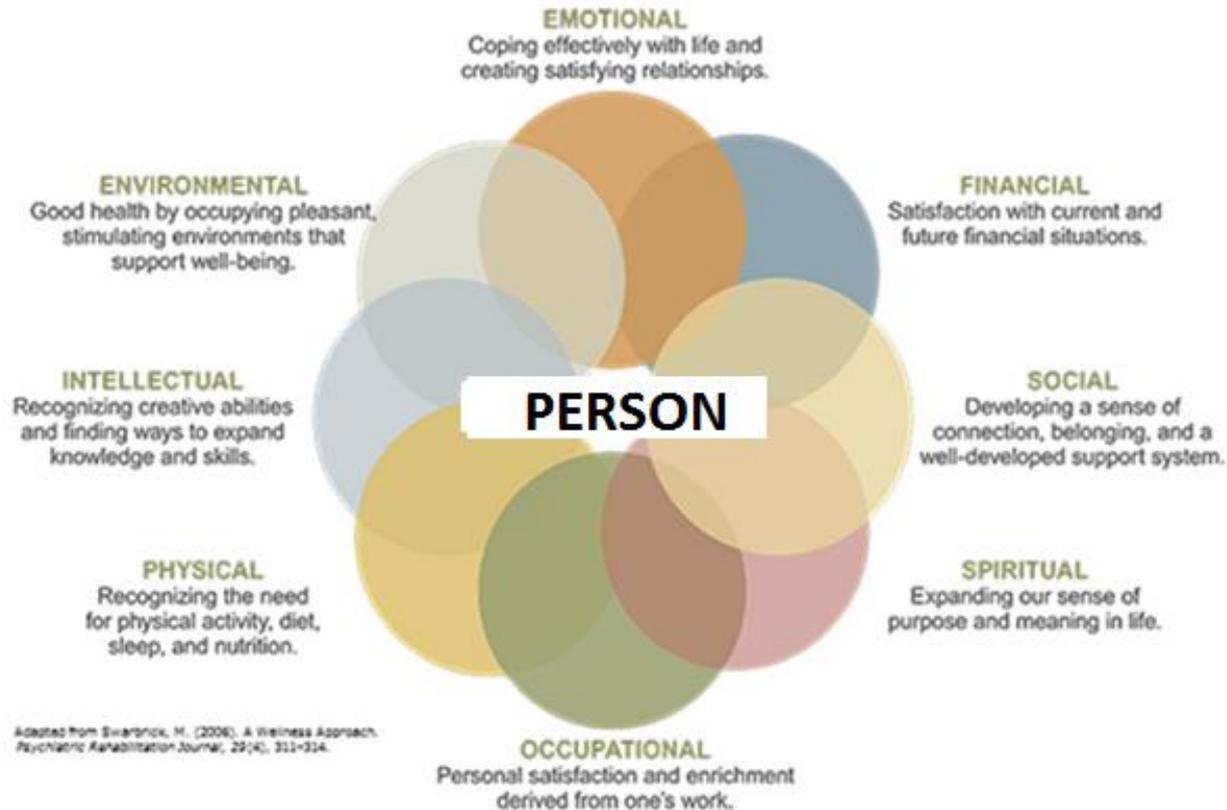
- Raises awareness of how some behaviors impact the consumers' stability

Motivational Interviewing

- A communication style that helps the consumer work through ambivalence around behavior change



IMED and Wellness



Outcomes and Tracking: IMED

Improvements related to the persons personal recovery goals including:

- Housing stability
- Relapse reduction and long-term recovery
- An increase in individuals being diverted from jail and treatment courts
- An increase in treatment follow-up with formal/informal support services
- Increased employment/vocational/educational goal attainment



Case Study: Jane Doe

37 year old Female, incarcerated for reckless endangerment, original charges arson.

- Can't return home
- No income
- Has college education but can't find job
- Poor social supports
- Mental health instability

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Phase 1?

Phase 2?

Phase 3?



Case Study: John Doe

25 year old male, charges were possession of paraphernalia, awaiting sentencing

- No income
- Poor social supports
- Used drugs an income
- Noncompliant to mental health treatment

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Phase 1?

Phase 2?

Phase 3?



Case Study: Jasmine Doe

35 year old female, incarcerated for probation violation

- Child custody issues
- Drug addiction
- No income
- No job
- No housing
- No social supports
- Mental health instability
- Noncompliant to medical appointments

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Phase 1?

Phase 2?

Phase 3?



Questions?