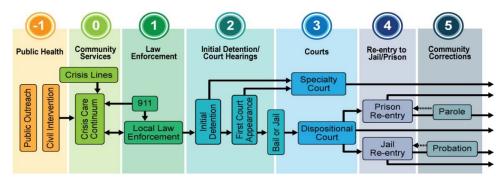
## Assessing the Mental Health and IDD Landscape by Intercept



## **INTERCEPT -1: PUBLIC HEALTH**

- □ What public outreach on mental health and intellectual and developmental disability (IDD) currently exists (e.g., awareness campaigns)?
- □ What public benefit assistance is available for mental illness (MI) and IDD services? What assistance exists for obtaining and maintaining it?

## **INTERCEPT 0: COMMUNITY SERVICES**

- ☐ What resources are available in the community that provide MI and IDD services? What are potential referral sources?
- □ Does your county maintain a contract for services with your local mental health authority? If so, what services are included?
- ☐ What options exist for establishing advanced directives for individuals at risk for mental health crises?

## INTERCEPT 1: INITIAL CONTACT WITH LAW ENFORCEMENT

- What law-enforcement and first-responder efforts exist related to crisis intervention (e.g., Crisis Intervention Team, Mobile Crisis Outreach Team, Mental Health First Aid)? What challenges to intervention exist?
- How frequently are emergency-detention/admission and civil-commitment procedures utilized in lieu of arrest? If infrequently, why?
- □ What data are collected on MI and IDD during law-enforcement responses?
- ☐ Are dedicated stabilization units established in the community to handle mental health crises?
- What information-sharing protocols are established to access MI and IDD information across agencies (e.g., data collected by law enforcement, past evaluations, information relating to current or past receipt of services and treatment)?

INTERCEPT 2: INITIAL DETENTION AND COURT HEARINGS	
	What protocols and screening/assessment tools are in place to identify MI and IDD needs upon intake to detention?
	How are individuals with MI- or IDD-related needs identified by courts?
	What protocols are established to reduce redundancy in conducting and maintaining screening/assessment results?
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IN	TERCEPT 3: COURTS
	Is there a mental health/IDD liaison to connect courts with detention facilities and/or conduct evaluations?
	Are referral sources (e.g., prosecutors, defense attorneys, judges) familiar with identification of individuals with mental illnesses and IDD, and do they understand potential judicial responses?
	Is there a mental health court in your community? Are referral sources informed about eligibility criteria? Is the referral process in writing?
	How are individuals identified and referred for competency evaluations? Are the processes efficient? What competency restoration, treatment, and education services are provided?
	What mental health/IDD information is provided to judges for consideration at sentencing?
	Is prescription continuity ensured throughout an individual's progress through the justice system?
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INTERCEPT 4: RE-ENTRY TO JAIL/PRISON	
	What treatment and services are available to individuals while incarcerated?
	Are individualized re-entry plans developed that include treatment and social services?
	What is done to facilitate benefit (re)enrollment upon re-entry to the community?
	Are wrap-around services coordinated for indivdiuals prior to re-entry to the community?
	What community engagement strategies are provided upon re-entry (e.g., employment, education, or pro-social activities)?
Intercept 5: Community Corrections	
	What screening and treatment/service coordination does probation conduct for individuals with MI or IDD?
	What pro-social behaviors or wellness indicators are monitored by supervision agencies (e.g., housing, health, peer support)?
	What proactive measures are available to establish advanced directives or guardianship?