

INFORMATION BRIEF



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INTRODUCTION

Criminal justice professionals frequently interact with individuals with mental illnesses. Between 7 and 31 percent of all police calls in the United States involve a person with a mental illness, and it is well-documented that individuals with a mental illness are overrepresented in jails and prisons, with estimates that up to 14.5 percent of men and 31 percent of women in U.S. jails have a serious mental illness (Shapiro et al., 2015;

way limited to the healthcare settings in which early intervention efforts have traditionally
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 interaction with the criminal justice system (Singh, 2005; Singh, 2015).

Pathways to care often involve delays or bottlenecks due to barriers such as social
 withdrawal and loss of social support, which are common sequelae of psychosis.
 Additionally, many demographic factors such as unemployment, residence in public
 housing, and ethnic minority status are heavily associated with long DUP. Most notably
 for this audience, however, it is known that exhibiting psychotic symptoms can lead to
 justice system involvement and that a history of incarceration, childhood mistreatment, and
 neighborhood disorder are predictors of delays in accessing care and thus longer DUP
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 system represents a critical arena in which capacity for detection of a FEP and referral to
 appropriate services, including the CSC models described in the following section, must be
 deployed and scaled up.

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- Hearing, seeing, tasting or believing things that others don't
 - Unusual thoughts or beliefs
 - Strong and inappropriate emotions or no emotions at all
 - Social withdrawal
 - Decline in hygiene, self-care

Source: <https://www.nami.org/earlypsychosis>

Advances in Early Identification and Treatment of Psychosis

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&6& PRGHOV YDU\ ZLGHO\ EXW DUH EURDVEDBHEJQVHIG DRXIQWLH component approaches to supporting clients' recovery goals and individual needs during and after a FEP. Engaging clients and their relatives as members of the treatment team, CSC programs offer a menu of evidence-based services such as case management, DQG VXSSRUW DQG SKDUPDFRWKHUHS\ DQG SULPDU\ FDUH FR

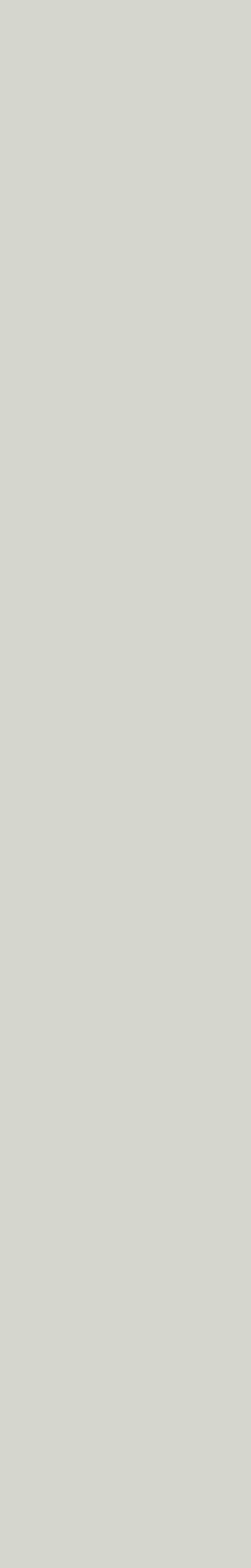


6KHUQ +HLQVVHQ *ROGVWHLQ \$JULQ are usually targeted toward individuals between 12 and 35 years of age who have had psychotic symptoms for no more than 2 years prior to program entry, and are intended to serve clients for 2-3 years until they can step down to less intensive treatment or transition into standard care in the FRPPXQLW\ 1\$60+3' 15, +HLQVVHQ *R \$JULQ &6& SURJUDPV DUH RIWHQ ÀH[LE may provide services across clinic, community, and home settings. In turn, these programs lower barriers to entry into person-centered care, can provide more assertive care during psychiatric crises, and offer a unique opportunity for WKH GHYHORSHPHQW RI UHIHUUDO SDWKZD\V needs (e.g., emergency departments, inpatient settings, and WKH FULPLQDO MXVWLFH V\VVHP +HLQVVHQ

2014). Currently there are over 200 CSC programs operating across the country, and that number continues to grow. Expansion is expected to 48 states by 2018 (Dixon, 2017; *RQ]DOH] *RSOHUXG 6KHUQ

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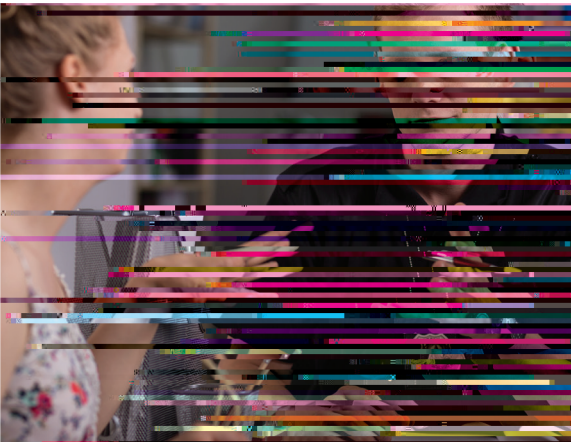
- [Program Directory of Early Intervention Psychosis Programs \(pdf\)](#)
- [On-Line Map of Early Intervention Psychosis Programs](#)
- [&RRUGLQDWHG 6SHFLDOW\ &DUH²\)LUVW \(SLVRGH 3V\FKRVLV early intervention programs are a smart investment](#)
- [Fact Sheet: Building Upon Existing Programs and Services to Meet the Needs of Persons Experiencing a First Episode of Psychosis](#)
- [NASMHPD Early Intervention in Psychosis Virtual Resource Center](#)
- [1,0+ 5HFRYHU\ \\$IWHU DQ ,QLWLDO 6FKL\]RSKUHQLD \(SLVRGH](#)
- [Prodrome and Early Psychosis Program Network \(PEPPNET\)](#)



INTERCEPT 1

LAW ENFORCEMENT

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INTERCEPT 2

INITIAL DETENTION AND PRELIMINARY COURT HEARINGS

reason, it is important that opportunities for diversion to CSC also exist when a person is initially detained and when they make their first court appearance. Screening in the time between when a person is initially detained and when they make their first court appearance is critical to identifying individuals with early psychosis and use that information while developing pretrial release and detention recommendations.

The Enhanced Pre-Arrest Screening Unit (EPASU) in New York City’s Manhattan District Court is a specialized unit that screens individuals for signs of medical, mental health, and substance use issues and can support a path for diversion for those with serious behavioral health conditions (see Text Box: Manhattan

Enhanced Pre-Arrest Screening Unit). Settings that already have the capacity to conduct pre-arrest screening could use this intervention point as a location to conduct screening with advocates, including defense attorneys and family members, to present enrollment in CSC programs at arrest as an alternative to incarceration. In turn, enrollment in appropriate, evidence-based care is likely to increase stability in the community and the likelihood of the individual’s return for any future court hearings.



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The Enhanced Pre-Arrestment Screening Unit (EPASU) pilot launched in Manhattan Criminal Court in May 2015 after a 12-month planning process led by the NYC Health + Hospitals' Division of Correctional Health Services and the Vera Institute of Justice. The EPASU was designed to accomplish three goals:

Increase Manhattan's capacity to deliver medical care to people moving through the ar rest-to-arrestment process;

rest-to-arrestment process;

INTERCEPT 4

REENTRY

Best practices indicate that planning for reentry into the community should begin at jail booking and that periodic screening and assessment during a person's incarceration can help inform the services and supports that are appropriate for them to receive

Collaboration between Criminal Justice Professionals and Coordinated Specialty Care Models

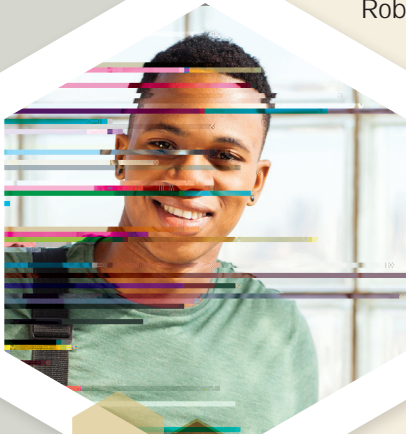
Many CSC programs are already working with people who have current or past criminal justice involvement and further outreach to and engagement with this population is possible. The following recommendations can guide CSC providers and criminal justice professionals who are interested in collaborating.

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A variety of public education campaigns have been launched to expand awareness about FEP and encourage early detection and intervention. The public education campaign launched in southern Connecticut by the STEP program, for example, combines professional outreach with a social media and advertising campaign to promote awareness and shorten the duration of untreated psychosis (Srihari et al., 2015). The campaign targets a variety
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ROBERT'S STORY:

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INVOLVEMENT, AND COORDINATED SPECIALTY CARE



Robert is a 28-year-old who is currently studying for his doctorate. During his senior year in college in Oregon, he began experiencing symptoms of psychosis that caused him to drop out of school and detach from his family and friends. “I basically started wandering around, finding in my psychosis, in my own mind, the meaning of life... I thought the whole world revolved around my perceptions – that people could witness what I was experiencing through my senses.”

Although his friends noticed changes in his behavior and reached out to his family to share their concerns, connection to psychiatric care lagged and Robert's symptoms led to an incident where he was found in a stranger's home. Robert was arrested and charged with burglary. After a period of a few months cycling between a psychiatric hospital and jail while standing trial, he was found guilty except for insanity—Oregon's version of the insanity plea^a. Robert was sentenced to 20 years of supervision under the Psychiatric Security Review Board (PSRB) but granted conditional release to live in the community because his crime was not violent and because the Early Assessment and Support Alliance (EASA) program was available to work with him. EASA is a statewide network of programs in Oregon that uses a CSC approach to early psychosis intervention. Programs work with young people ages 12 to 25 who have had a first episode of psychosis within the last 12 months with the goal of providing the education, treatment, and resources the person needs to be successful in the long-term.

Robert credits EASA with providing him with the “compass” he needed to refocus his life and avoid future disability: “Not only were they helpful in reformulating my reality, but they were helpful in forgiving me. And I felt like EASA was not there to punish me. They were there to teach me. Teach me the ways of how the world actually works.” With their support and connection to employment opportunities, Robert was able to obtain a job as a peer research assistant. He also joined the EASA Young Adult Leadership Council, a group of young people with lived experience

^a Per Oregon statute 161.295, “a person is guilty except for insanity if, as a result of mental disease or defect at the time of engaging in criminal conduct, the person lacks substantial capacity either to appreciate the criminality of the conduct or to conform the conduct to the requirements of law.”

ROBERT'S STORY: (Continued)

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CSC providers have eligibility criteria related to a person’s age, the presence of psychotic symptoms, the duration of symptoms, and the presence or absence of other diagnostic criteria. This means that not all people who might seem appropriate for a CSC program will be eligible upon more careful screening and assessment. Even if a CSC program is not a good match, however, the CSC provider may be able to suggest alternative treatment options for the client.

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 programs are able to serve as mandated treatment providers for people under court order—existing programs have different approaches. Some programs are willing to serve as mandated treatment providers and report back to appropriate entities (e.g., judge,

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 The principle of shared decision-making that undergirds CSC programs can be challenging to uphold in cases where a young person is required to attend treatment (and may face legal consequences for not doing so). In these cases, being transparent with clients about working together toward a future without mandated treatment is a key strategy. This transparency is echoed in literature about providers who have dual roles of care and control, suggesting that effective relationships with clients in such situations involve caring,
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Other CSC programs do not consider themselves to be programs that allow mandated treatment enrollment because
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 Such programs will not, for example, report a client to his or

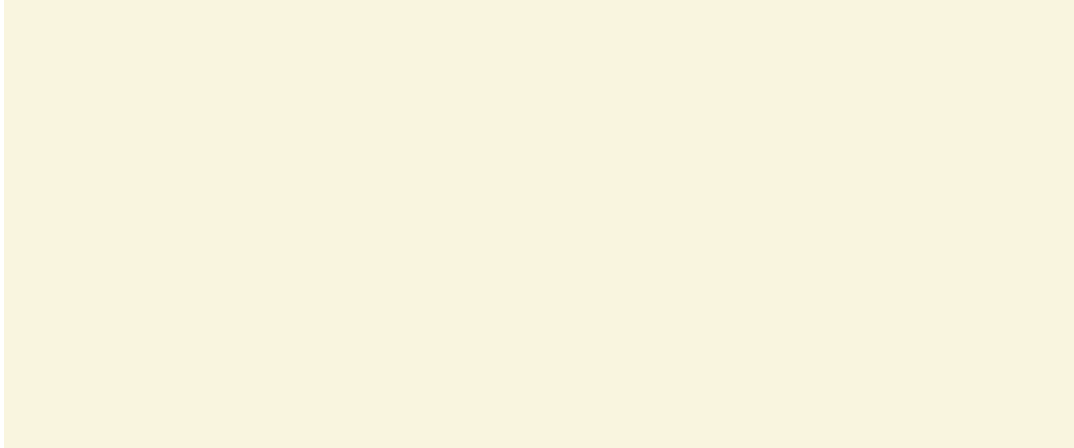
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 willing to report on the client’s progress more generally; in any case, they are clear with the relevant criminal justice professionals up front about the voluntary nature of their program.

Finally, CSC providers consulted also spoke of instances in which they provide voluntary treatment services to justice-involved clients above and beyond whatever treatment is mandated. This type of service layering—in which a client completes mandated treatment with one provider but also enrolls in a CSC program because they have chosen to do something additional—may be particularly effective for people who have minimal treatment
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 works with people on their unique needs and recovery goals. Such an arrangement might not be appropriate for all people. Indeed, there are individuals with treatment mandates who will desire a more structured program to satisfy the terms laid out by the court. But for others, the comprehensive supports provided by CSC programs may be appealing, and voluntary enrollment will help ensure longer-term support beyond the period of court-mandated treatment.



Conclusion

CSC programs have shown great potential to positively impact the trajectory of young



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