Sequential Intercept Mapping (updated October 7, 2021)

Highlighted bullet points are from 2021 SIM Map Report

| | Intercept -1: Community Services<br>(Prevention/Early Intervention – Pre-crisis stage, for mental and substance use disorders) |
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| Existing Programs | Shelter/Housing<br>• Supportive housing-Hiawatha Bluffs Living, corporate adult or family adult foster care<br>• Sober living housing-Common Ground (must be enrolled in intensive outpatient CD treatment)<br>• Hiawatha Hall IRTS (Intensive Residential Treatment Services) facility<br>• Recovery housing for men in residential treatment-Common Ground (inpatient treatment)<br>• Seasonal overnight shelter and year-round day shelter-Catholic Charities<br>• Grace House-transitional housing run by Grace Place<br>• Board & Lodges – HVMHC (four homes), Fresh Start of Winona<br>• Subsidized housing – Winona HRA Public Housing, SEMMCHRA-owned housing & others + Section 8<br>• Below market rate or market rate housing<br>People to Help Access Resources<br>• County adult mental health case management-voluntary, must be serious, persistent mental illness, provides service coordination, monthly meetings, Medicaid billable<br>• Peer Recovery Specialists<br>• SEMCIL-SE MN Center for Independent Living – teach independent living skills for anyone identifying as having a disability<br>• ILS & ARMHS (Independent Living Skills & Adult Rehab Mental Health Services) through service providers<br>• Community Connectors (Winona Community Hub)-Winona Health, HVMHC and expanded to Winona Schools & Winona Volunteer Sxs<br>• Family supports/natural supports<br>• Other navigators: Senior Center, Winona Volunteer Services, Grace Place, FARR, probation officers, treatment court coordinators, jail intake worker, Advocacy Center, Warming Shelter, Veteran's Services, SEMCAC, financial or social workers, church members, attorneys<br>Treatment Providers & Supports (See Winona Resources list)<br>• Traditional mental health outpatient care (assessments, counseling, psychiatric, therapy)<br>• Mental health inpatient treatment<br>• Chemical dependency outpatient treatment<br>• Residential chemical dependency treatment (Common Ground Recovery Housing)<br>• Medication Assisted Treatment – but not within Winona; travel required (Rochester, La Crosse)<br>• Peer Support Network at HVMHC-daily drop in center, voluntary, provide groups<br>• People to help access resources (listed above)<br>• Medication management<br>• Support groups: AA, NA, Al-Anon, Celebrate Recovery<br>• Planned Humanity provides harm reduction services, including a syringe exchange program<br>Harm Reduction/Planning<br>• Drug drop boxes (for unused prescriptions) at law enforcement center and at a Winona pharmacy; Alliance for Substance Abuse Prevention also provides drug disposal products<br>• Overdose Detection Mapping Application Program (ODMAP) in use by St. Charles PD<br>• Guardianship/Conservatorships – Advance Psychiatric Directives (– Advance Crisis Planning<br>• Smart 911-phone app into which mental health crisis plan could be put; information provided to emergency personnel upon 911 call<br>Education/Resource Listings<br>• Recently updated Winona Resources list shared among SIM attendees; Great Rivers 211; winonaresources.org, MNhelp.org, Livewell Winona Resource directory, Disability Hub MN, Disability Benefits 101website<br>• Education/Trainings – e.g. Crisis Intervention Training, Mental Health 1st Aid Training; NAMI Groups/Offerings, WRAP+ trainings |

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| Gaps/Challenges<br><br>Highlighted bullet points are from 2021 SIM Map Report | Efficient Resource Connection<br>• Navigating the county system is difficult; county needs to improve access to mental health and substance use treatment (treatment on demand)<br>• Warm handoffs for direct linkage to treatment and support services and assistance with navigating behavioral health and criminal justice systems-chemical health case management, housing stabilization services<br>• Development of a strategy for educating the community about available resources and/or the development of a local resource directory<br>• Increased awareness and greater access to available peer support services<br>• Health insurance – getting and keeping<br>• Help in completing guardianship petitions (not typically done by county atty), advance psychiatric directives, advance crisis planning<br>Early Identification<br>• No implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) model in hospital emergency department<br>• Development of a strategy for identifying familiar faces or high utilizers of behavioral health and criminal justice system and coordination with new WRAP+ Program and all involved agencies<br>Lack of Resources<br>• No authorized MAT or Opioid Treatment Provider (OTP) in Winona County, however there is limited access to buprenorphine providers<br>• Limited psychiatric care – lack of providers<br>• Person with mental and/or substance use disorder has burned bridges w/family; No natural supports<br>• Housing – appropriate to needs<br>• Need additional secure drug takeback locations and drug disposal products (Deterra or Dispose Rx)<br>• Utilization of Overdose Detection Mapping Application Program (ODMAP) by entire County law enforcement<br>Policy/Legal/Training<br>• Additional mental health and substance use training for law enforcement and the involvement of people with lived experience in providing the training<br>• HIPAA/Privacy laws may limit family's ability to engage/help |
| Possible action steps | • Refer to Health and Human Services Advisory Committee re: access to county mental health and substance use treatment services; possibly map the process and ask current "navigators" to assist with identifying bottlenecks or problem areas<br>• Increase community connectors or peer support services (or similar services) to assist people with system navigation<br>• Creation of a "Navigator Network" so that the people who help others navigate systems and find resources can support each other and share ideas and resources<br>• Increase capacity of "navigators" by offering trainings on how to more easily access resources (example: offer a training on how to fill out a MN health insurance or other public assistance benefit application for the people (navigators) who help others complete those applications<br>• Explore the possibility of using Aunt Bertha software (findhelp.org) as both a resource directory and referral portal<br>• Explore the possibility of a secure communication portal (preferably a phone app based solution) so that providers and consumers can exchange information and documents to reduce the chance that a failure of communication leads to lost benefits or resources<br>• Explore possibility of having Gundersen Lutheran expand its MAT services to the Winona Gundersen location or recruit other provider to provide MAT; explore Xwaiver under Drug Additional Treatment Act (DATA) of 2000 for physicians to treat OUD with buprehnorphine<br>• ASAP explore additional drug takeback locations<br>• Continue WRAP+ mental health and substance use trainings; make recorded trainings accessible online; promote trainings; possible establish a community training network that exists outside of WRAP+<br>• Coordinate with other groups/entities who work on housing needs (such Shelter and Housing Opportunity Council, River Valleys Continuum of Care, SEMMCHRA, Winona HRA etc.) to expand housing opportunities, especially market rate and supportive housing<br>• Expanding peer support: research the steps and costs involved (and background required) for someone to become a peer specialist; offer workshops to communicate this information to persons with lived experiences who are interested in pursuing a career in the field |

| | Intercept 0: Crisis & Crisis Care Continuum |
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| Existing Programs | Crisis Lines/Resource Lines<br>• Crisis Response for SE Minnesota, 24/7/365 crisis line: 1-844-274-7472 (or 1-844-CRISIS2)<br>• Text4Life Crisis Response Textline (HELP to 741741)<br>• National Suicide Prevention Lifeline: 800-273-8255 (and Veteran's Crisis Line)<br>• Great Rivers 2-1-1: 800-273-8255 or 2-1-1; or text zip code to 898211<br>• Warmline: NAMI MN Mental Health Warmline: 877-404-3190<br>Mobile Crisis Services<br>• Crisis Response of SE Minnesota: 1-844-274-7472; 24/7/365 crisis line staffed by regional provider who can connect with trained professionals locally to respond on-site<br>• City of Winona Alternative Response Team – not yet operational; trained mental health professionals respond with or without law enforcement<br>• 911-Dispatchers ID calls involving mental health or substance use and dispatch law enforcement.<br>Hospitals and Crisis Stabilization<br>• Winona Health Emergency Department (ED) – 9 total beds and 1 social worker; no behavioral health unit; third party psychiatric provider makes decisions about 72 hour holds<br>• Hospitals in other communities: St. Mary's Hospital in Rochester – Generose (psychiatric); Franciscan Skemp<br>• Physician's Hold – Prepetition Screening – Civil Commitment (253B)<br>• Southeast Regional Crisis Center in Rochester; opening June 2021<br>• Hiawatha Hall IRTS (Intensive Residential Treatment Services) facility<br>• Safe Harbour in Owatonna, MN has 1 crisis bed available for Winona County<br>Detox and Withdrawal Management<br>• No detox or withdrawal management programs in Winona<br>• Zumbro Valley Crisis Receiving Unit/Detox in Rochester<br>Harm Reduction<br>• Naloxone is available at local pharmacies; a prescription is not required and it provided at no cost for residents who have county health insurance<br>• Planned Humanity provides harm reduction services, including Naloxone and training and a syringe exchange program<br>Other<br>• Physician or law enforcement holds (time-limited) due to danger to self/others<br>• Pre-Petition Screening and civil commitment process |
| Gaps/Challenges | **Facilities and System Infrastructure:**<br>• No local crisis stabilization facility or detox/sobering center; the nearest is an hour away<br>• There is no longer a dedicated behavioral health unit at the hospital (Dept of Behavioral Medicine)<br>• Alternative to hospital emergency dept is needed; due to overuse there are long wait times for accessing ED<br>• Limited access to emergency shelter beds or gender specific shelters<br>• Need additional after-care recovery housing (currently there is a waiting list)<br>• No detox or withdrawal management facilities<br>**Personnel/Training/Programming:**<br>• Need expansion of co-responder program throughout the county (current program is for City of Winona only)<br>• Lack of understanding of civil commitment process/requirements<br>• Discharge planning for people released without law enforcement/physician holds<br>**Medication Assisted Treatments (MATs)** |

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| | • Need expanded access to Naloxone and training for community on SPR and administering Naloxone |
| Possible action steps | • Invite Southeast Regional Crisis Center to present to CJCC and other groups to learn about services/availability<br>• Offer Naloxone training (to be offered in November through WRAP+; Planned Humanity also does trainings)<br>• Continue strategic planning (started in 2nd SIM session) regarding crisis stabilization facility; including detox/withdrawal management<br>• Explore expansion of after care recovery housing options (coordinate with other groups working on housing issues)<br>• Monitor implementation of City of Winona co-responder program and, based upon results, consider expansion of it |

| | Intercept 1: Law Enforcement (911 & Emergency Services) |
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| Existing Programs | • County law enforcement units: Winona Sheriff's Office, Minnesota State Patrol; police departments: Winona, Goodview, Lewiston, St. Charles<br>  ○ Law enforcement officers uphold Good Samaritan Laws which encourage calls for drug overdose and EMS (Emergency Medical Service) carry and will administer Naloxone to rapidly reverse opioid overdose.<br>  ○ Training: some dispatch and Winona County officers have received Crisis Intervention Trainings; and many attend one-day mental health trainings annually. As of 7/1/18, 16 CEU credits of crisis intervention training is required for all MN law enforcement officers<br>• Emergency medical services: Winona Area Ambulance; Winona Fire Department; smaller communities have volunteer ambulance/fire department/1str Responders<br>• 911 - Unified dispatch system (county does all dispatch)<br>  ○ Medical calls are transferred to Gundersen Lutheran for anything that EMS would be sent to; GL would tell caller what to do until EMS arrived.<br>  ○ During call, dispatchers to feed information to law enforcement officers via phone about individuals involved or addresses.<br>  ○ ARMER Radio System has good countywide coverage<br>  ○ County uses and encourages consumers to use Smart911, into which mental health/substance use information can be put and then provided to EMS if 911 is called<br>• Unified software system throughout county (LETG) provides access about prior law enforcement involvement in county<br>  ○ LETG Alerts are available for law enforcement to note special concerns about individuals (master name index- dangerous, weapons in home, known drug users)<br>• Crisis Response for SE Minnesota (CRT) provides county-wide co-response services, but response time varies depending upon where staff member is coming from<br>• City of Winona is implementing a co-responder Alternative Response Team but it is not yet in place |
| Gaps/Challenges | • Knowledge/identification/communication of mental health (and SUD) by dispatch to responding officers/crisis response team<br>  ○ Mental health history may be unknown/inaccessible, so responding officers may not be aware of history<br>  ○ LETG is not consistently being used to denote MH or other issues; Smart 911 information depends upon client input<br>  ○ Dispatchers are trained to take information and get law enforcement out to the scene and not try to determine whether it is a mental health situation (because that could present a huge liability issue). Officers on the scene make those determinations<br>• Additional mental health and substance use training for law enforcement, and the involvement of people with lived experience in providing the training<br>  ○ Staffing shortages and schedules makes it difficult to provide trainings; overtime work/pay sometimes needed for training<br>  ○ Other mandatory law enforcement required trainings make it difficult to require officers to attend non-mandatory trainings<br>• Implementation of the Alternative Response Team will be time and labor-intensive, but there is much information available on the topic<br>• No known formal police-based diversion programs other than officer discretion |
| Possible Action Steps | • Need to gather additional information on officer discretion in issuing citation, as that was included in the SIM Map Report.<br>  ○ Explore police-based diversion programs (to reduce citations/arrests)<br>• Continue WRAP+ Trainings; promote trainings among law enforcement<br>• Convene team of law enforcement heads to discuss a possible countywide training program for officers mental health and substance use.<br>  ○ Possible use of American Rescue Plan funding to provided funding for overtime costs associated with mental health and substance use trainings<br>• Support implementation of Alternative Response Team through research, service on implementation committees, etc. |

| | Intercept 2: Initial Detention & Initial Court Appearance |
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| Existing Programs | • Initial Detention & detention facilities<br>o Winona County Jail handles the initial detention of inmates<br>▪ Current jail (capacity of 80) is deficient in many ways (safety, space, programs) and is currently set to close on September 30, 2021<br>▪ Maximum time for holding in Winona County Jail is 90 days<br>▪ Replacement jail is in process of being designed with construction to begin in the fall; construction expected to last 2 years<br>o Contract with Houston County for 15 inmates pending completion of replacement jail<br>o Inmates must be medically cleared before admission to jail (detox/withdrawal facilities in Rochester or other medical facility used for medical issues)<br>▪ Incoming individuals exhibiting withdrawal symptoms are monitored for 12 hours or until morning; if symptoms are severe, medical providers is contacted<br>• Booking & Screening<br>o Inmate brought into secure booking area and pat down conducted; handcuffs removed and more in-depth pat down conducted before booking<br>o Screenings administered at booking (WRAP+)<br>▪ **Current Process**: ORAS-CSST (risk screen); CMHS-M/-W (mental health screen) and suicide screener (NIMH) plus additional questions and medical screens for jail medial provider. Results recorded in LETG and extracted by Jail Intake Worker. No screener for substance use.<br>▪ **Revised process under WRAP+ on/about 7/1/21**: ORAS-CSST, Brief Jail Mental Health Screen, TCUDS-V (substance use screen) and suicide screener (NIMH). Screening done online and results transmitted to Jail Intake Worker, Jail Social Worker and Grant Manager electronically.<br>▪ During booking process, sargeant or staff can flag an individual for further mental health evaluation (professional override, even if screen does not indicate the need for referral).<br>o Some individuals are released on pre-set bail and are not held in jail, but given a court date to appear (DWI). Also, if the prosecutor determines that there is not enough evidence to support a charge based upon the police reports, the prosecutor will direct the individual to be released.<br>o At booking, inmates are provided with an application for a public defender<br>o The jail booking list is sent to court, social services, public defenders, prosecutors and others and describes who has been arrested and reasons why (probation hold, treatment court hold, new charges, warrant)<br>• Pre-Trial Bail Evaluations (MN-PAT – Minnesota Pretrial Release Evaluation Form and Assessment Tool):<br>o The jail intake worker (JIW) completes a pre-trial bail evaluation for persons being held on new charges.<br>▪ Persons held only on probation holds do not receive a bail evaluation<br>▪ Dept of Corrections' staff backs up the jail intake worker<br>o To perform evaluation, the JIW interviews the inmate, reviews mental health and substance abuse histories, checks the LETG system for emotional behavior calls, works with case managers and others to verify information provided by the inmate and reviews criminal history and prior court appearance batters.<br>o The JIW cannot finalize the MN-PAT until prosecutor finalizes and files the charges; this can cause a delay in the filing and dissemination of the bail evaluation<br>o The completed bail evaluation is filed with the court and distributed to the prosecutor and public defender (and is used by all during 1st appearances<br>o The JIW can also assist inmates with completion of the public defender application form<br>• First Appearance/Arraignment |

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| | ○ 1st appearances are held every business day at 11 am<br>○ Inmates must be brought before a judge within 36 hours of arrest, excluding weekends and holidays<br>○ The Public Defender's office is available to new arrestees Monday through Friday and will contact individuals on the booking list prior to 1st appearance, unless the person explicitly says they do not want a public defender.<br>○ The bail evaluation is used by the prosecutor and public defender during their arguments.<br>○ The current bail evaluation form does not contain a section for mental health issues; but if collateral or victim have mental health info about defendant, this is added into the comment section<br>○ At the 1st appearance, the judge determines whether the person is released on their own recognizance, with conditions or some amount of bail or both.<br>○ Whether released or held in custody, a subsequent hearing is scheduled at the time of the 1st appearance.<br>• Release/Pre-Trial Supervision/Supervision of Release Conditions:<br>○ There is no formal pre-trial supervision program with staff to monitor whether a defendant released on conditions is compliant with those conditions. Thus, there is no centralized location/record to determine who is on pretrial release and under what conditions.<br>○ Outside companies are used to hook up monitoring devices (such as GPS or alcosensors) and drug patches.<br>○ The jail has implemented a "color wheel" randomized drug testing for urinalyses test.<br>○ Court date reminders (which are a function of a pre-trial supervision program) are now available through the court system, but are not automatic (they require the defendant to sign up) and this is not being promoted locally<br>○ Release conditions are provided to the defendant in writing post-1st appearances; jail intake worker hands out info sheets to people for whom bail evaluations were completed<br>○ MN still uses bail system and it is regularly used in Winona County by defendants to bail out |
| Gaps/Challenges | Screening and Access to Mental Health Services: Due to quick release/short stays in jail, there is minimal opportunity to provide access to mental health treatment for individuals (most people are released within 7-10 days)<br>Screening/Booking: Jail staff need a plan for screening to occur at booking or before initial appearance. However, the plan must be flexible because there are often issues with obtaining effective/accurate screening for incoming arrestees. They are usually upset and can be unwilling or unable to complete the screening during booking<br>Data<br>• No standard data collection, storing or utilization procedure and it is difficult to obtain useful reports or information from LETG<br>• Minimal sharing of mental health and substance use information among key stakeholders who interact with inmates (data is collected at booking in LETG, for WRAP+, possibly by jail medical provider, by bail evaluator, but each maintain separate data information systems).<br>1st Appearances: Delayed filing of charges creates delayed dissemination of bail evaluation, so valuable information can be lost/diregarded<br>Diversion: No known formal prosecutor-led pre-charge diversion programs, other than prosecutorial discretion<br>Bail: Bail reform has not yet occurred in Winona Co<br>Pre-Trial Supervision: No formal pretrial supervision program. There is a lack of funding to support such a program. |
| Possible action steps | • Through WRAP+, offer electronic screening and booking and repeat screening as needed<br>• Utilize Community Connector and/or Jail Social Worker to create rapid case plans and connections for exiting inmates.<br>• Explore/implement information sharing program (health information exchange) to share information about inmates<br>• Explore/implement prosecutor-led, pre-charge diversion program<br>• Lift bail requirements on certain offenses (See Hennepin Co Atty 12/3/20 announcement on lifting bail requirements for 20 felony level crimes)<br>• Explore/implement pretrial supervision program to effectively monitor conditions of release and provide court reminders; promote/help inmate sign up for court reminders through the MN Judicial Branch reminder system |

| | Intercept 3: Jail & Courts |
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| Existing Programs/Services | Jail-based programming<br>• Jail programming in the Winona County Jail is limited due to space; pre-COVID, some of the programming that was offered included GED classes, CPR classes, Bible Study, AA/NA and employment searches. Programming will be expanded once the replacement jail is built.<br>• Peer-led or peer supports are not emphasized in jail<br>• There is no in-jail cognitive behavioral programming, but will be provided through WRAP+<br>• Inmates housed in Houston County do not participate in programming in Winona County and there are limited opportunities for participation in programming in Houston County<br>Jail-based healthcare services<br>• Full-time Jail Social Worker will be added once hired, through WRAP+, will provide mental health services and connections to needed resources prior to and upon re-entry.<br>• Advanced Correctional Healthcare is the in-jail contracted medical provider<br>o A physician's assistant is available 24/7 by phone and visits once a week for interviews and to prescribe meds. And one nurse for 15 hours on-site<br>o There is one mental health staff (social worker) available to days per week on-site and by phone the rest of the time. The mental health provider prioritizes stabilization, provides supportive counseling and obtains trauma history if possible<br>• Jail staff refer to mental health provider based upon answers to screens or upon observations by staff which indicate mental health concerns<br>• Jail staff referrals to Winona Co. Dept of Health and Human Services (DHHS) for pre-petition screens for the possibility of a civil commitment<br>• Additional assessments available upon referral/request: Rule 25 for chemical dependency and DA (Diagnostic Assessment) for mental health (completed via telehealth due to COVID)<br>• Jail staff refer to mental health provider based upon answers to screens or upon observations by staff which indicate mental health concerns<br>• ACH is responsible for managing medications of inmates, subject to override by the Jail Administrator. If a medication has the potential for addiction, the provider is hesitant to approve it.<br>• MAT (Medication assisted treatment) is not provided for detainees with substance use disorders; if MAT is needed, a family member must bring it in.<br>Benefit continuation/discontinuation:<br>• Individuals in jail are at increased risk of losing their medical benefits (Medicaid). If the individuals spends more than a few days in jail, benefits are suspended<br>• DHHS provides s financial worker to assist with the qualification process for obtaining a CD assessment<br>Diversion/Treatment Courts<br>• Winona County has a post-charge misdemeanor diversion program as an alternative to traditional court prosecution<br>• There is no formal diversion program or process for felony level charges, but the court may consider releasing an individual to treatment if the issue is raised.<br>• Winona County Treatment Court is post-adjudication specialty court for felony level, nonviolent offenses for people who reside in Winona County and meet criteria on substance abuse/chemical dependency assessments. The Winona County Attorney's Office screens every felony charged for eligibility to TCWC. It can take up to two months to get into treatment court |

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| | • The 3rd Judicial District Veteran's Court is a regional specialty court which accepts clients from Winona County. The VA-Health Administration has a Veteran's Justice Outreach Specialist assigned to this court.<br>Training:<br>• See intercept -1 for additional information on training<br>• Most officer training (pre-WRAP+) was online and not always helpful and no training related to trauma. |
| Gaps/Challenges | Programming (Majority of programs were done in the Annex, which has been closed since COVID)<br>• Little to no programming or recreation space in the jail. New jail will provide space when built)<br>• Lack of in-reach by community providers<br>• Lack of the use of Peer Specialists within programming or in-reach<br>• Current jail does not hold maximum security inmates; inmates held in Houston County cannot utilize Winona County programming<br>Healthcare Services:<br>• Not enough licensed mental health or medical providers on site, specifically, there is no psychiatrist on staff<br>• No MAT provider in Winona County; no MAT in the jail<br>• No resources or effective responding to Nicotine withdrawal for new inmates<br>• Sharing of information obtained while inmate is in jail is problematic; the ACH information is not easily shared<br>• Concerns about jail medications—changing medications or not providing<br>• Delays in prepetition screenings/filing of commitment petitions<br>• Inmates shipped out of county and not accessible; also costs of transport (and liability) and costs of incarceration<br>• Long wait times for mental health treatment (and chemical dependency), even if ordered by court and despite statute to the contrary—people may remain in jail for a long time awaiting opening<br>Benefit continuation<br>• Individuals are at risk of losing federal and state benefits for health care when arrested.<br>• Minimal use of SOAR (Social Security Outreach Access and Recovery) Program<br>• The process for reinstating benefits that are suspended due to incarceration can be challenging<br>Diversion/Treatment Courts<br>• No post-charge felony diversion program<br>• It can take up to 2 months to get approved to participate in Treatment Court. Many offenders give up on the process and just serve their time.<br>Training: Most officer training (de-escalation, crisis intervention, motivational interviewing) is online and not always helpful. Participant stated most training is on the job learning directly from inmates; there is no training related to trauma. |
| Possible action steps | Programming<br>• Ensure that replacement jail contains sufficient programming and recreation space<br>• Recruit/encourage community providers to do in-reach programming and encourage use of peers within programming or in-reach.<br>• Identify cognitive behavioral skills provider through WRAP+ and implement<br>Healthcare Services<br>• Addition of a full-time jail social worker through WRAP+<br>• As noted in intercept -1, explore/recruit local MAT providers.<br>• Explore health information exchange or other software solution to allow information sharing<br>• Research/establish policies or MOUs for sharing of in-jail medical information among in-jail providers (ACH, Jail Social Worker, Jail Intake Worker)<br>• Recruit additional providers for in-jail assessments (substance use and diagnostic assessments) |

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| | • Review ACH contract, including staffing, policies, information sharing and prescribing/administering of inmate medications to determine if it is meeting the needs of the inmates.<br>Benefit Continuation:<br>• Research SOAR and determine how it can be used more effectively in Winona County.<br>• Provide information/training to Jail Social Worker, Jail Intake Worker and Community Connector (through WRAP+) on the process for reinstating benefits suspended due to incarceration so they are better equipped to advise inmates.<br>Diversion/Treatment Courts:<br>• Research/implement prosecutor-led post-charge felony diversion program<br>• Review and update policies for post-charge misdemeanor diversion program; ensure that information is widely publicized and accessible<br>• Review treatment court processes to determine how to reduce the time for approval.<br>Training: See discussion of training under intercept -1. |

| | Intercept 4: Reentry |
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| Existing Programs/services | <u>WRAP+ (Winona County Reentry Assistance Program Plus)-to be implemented by November, 2021</u><br>• Expanded qualification criteria to serve justice-involved individuals (which can mean probation, call for mental health crisis, someone who has spent time in jail, child protection involvement and more)<br>• Screening occurs upon booking (for persons arrested and booked into the jail) or at any time (for people out of jail who want to participate). Persons can be re-screened multiple times<br>• Persons who qualify based upon results of screens and agree to participate and are not excluded due to violent offense are referred to a Community Connector employed through WRAP+ by Hiawatha Valley Mental Health Center<br>• Information sharing: WRAP+ relies upon the participant signing a Release of Information. An MOU is being considered to further define the use of information/information sharing between agencies<br>• Case Management<br>o Community Connector will conduct intake interview; using that info and client input will determine case plan (pathways) and follow Community Hub process to address social determinates of health (housing, education, insurance) Community Connector will walk clients through the services, not just provide referrals and then stop. They can provide transportation<br>o For persons who remain in jail, the jail social worker will assist with integration back into the community by facilitating connections and other needed resources.<br>• Assessments: mental health and chemical dependency assessments can be funded through the WRAP+ Recovery Support Service<br>• Recovery Support Services Funding: Funding is available for recovery support services, such as housing, transportation, medical and prescription, identification cards and similar expenses<br><u>Other:</u><br>• A Winona County financial worker helps re-entering inmates with public assistance benefits, including health insurance. This will continue with WRAP+<br>• The Jail Intake Worker and other jail staff also provide resources/referrals to reentering inmates<br>• Pre-COVID, a veteran's services officer would go into the jail to assist with re-entry and Veteran's benefits. |
| Gaps/Challenges | <u>Benefit Continuation</u><br>• Benefits-individuals that enter jail receive 10 day notice of benefit discontinuation. Depending on when in the month the individual enters jail, there is a big variance as far as how much time the individual has before their benefits are cut off<br>• Jail discharges can be unpredictable due to last minute plea deals, lack of communication, etc. and this makes discharge planning difficult—can't notify service providers, obtain benefits, make probation appt, etc<br>• Medication continuation – need assistance for individuals that are incarcerated with maintaining their current medication regime<br><u>Participation:</u> WRAP+ is voluntary; many justice-involved individuals do not want more supervision/intervention<br><u>Information Sharing:</u><br>• There are siloes within the system and an opportunity for more communication amongst stakeholders.<br>• It can be traumatizing for individuals to repeat their stories over and over to access benefits.<br>• Case plans are often a duplicative effort by jail and probation. There is an opportunity for collaboration and alignment between stakeholders.<br>• Probation not involved in release planning/don't meet client until after release; client does not know what conditions of release are until AFTER re-entry occurs<br><u>Other:</u><br>• Lack of knowledge of community resources – see Intercept -1<br>• Sustainability of grant-funded positions through WRAP+<br>• Homeless individuals may remain in jail because of the requirement of a verifiable address when leaving the jail; lack of local supportive or other appropriate housing options |

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| | • There is a lack of social support for folks coming out of the jail system-what to do with their time and how to engage them in a meaningful way to keep them focused on constructive healthy distractions. One major issue that has been long standing is how to accommodate individuals with significant legal history into programming |
| Possible action steps | • Review ACH Policy on dispensing on medications upon release to determine if it meets the inmate's needs; if not, work with ACH and local providers to determine solutions<br>• Jail Social Worker and Community Connector utilize releases of information to gather client information from other providers and probation<br>• Explore HIE or other information-sharing solution to share information about client between providers.<br>• Increase awareness of community resources through an online resource directory – see Intercept -1<br>• Research external funding through Medicaid billable services, i.e. Officer Involved Community Based Care Coordination, Substance Use Disorder Treatment Coordination and Housing Stabilization Services<br>• Support Community Hub in its effort to seek reimbursement from health insurance for services provided by Community Connector<br>• Continue exploration of supportive housing options for released individuals |

| | Intercept 5-Corrections/Probation |
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| Existing Programs/Services | • Probation conducts PSIs (pre-sentence investigations) on some clients (all felonies and most lower level) prior to sentencing, so PO could have some knowledge of mental health concerns; final PSI to judge could include info regarding mental health/CD needs<br>• If defendants are going out of state, defendants must report immediately upon sentencing or discharge from jail due to interstate compact issues<br>• Defendants who are not going out of state are expected to schedule an appointment with probation within a relatively short time frame in order to go over probation agreement<br>• Every probationer signs a probation agreement which incorporates the judge's order/conditions<br>• Probation relies upon court administration to provide information about sentencing or conditions.<br>•<br>• Probation administers LSCMI-An initial assessment is completed on all felony level offenders, all person offenses for misd/GM level offenders and a pre-screen on all other Misd/GM non-person offenses. Depending on the score of the pre-screen, an LSCMI may be done. A reassessment is done annually until the offender reaches minimum level supervision. Reassessments may be done when a violation occurs. There are questions related to mental health (anti-social pattern) and emotional/personal on the LSCMI<br>• Agents who ID or suspect mental concerns can make recommendations to address concerns (counseling) but can't force them if not court ordered<br>• Case plan is developed with agent for some (always enhanced level offenders) and is intended to assist them with successful reintegration.<br>• Supervising agent is often known prior to release; if defendant is already on probation, they will return to the same agent. Otherwise, agents are assigned based on the offender's LSCMI score. |
| Gaps/Challenges | Client contact/communication:<br>• Although the individual is supposed to schedule an appointment within days of release, the actual appointment may not take place until a couple weeks later. By that time, some clients have already lost their way<br>• Clients do not always do their part to follow up when they are supposed to or make themselves accessible (no voicemail set up)<br>• If individual doesn't report to DOC upon release, DOC will send letter or try to contact at last known address; if that is not current, DOC cannot contact them and that will lead to a warrant.<br>Conditions of Release/Sentence<br>• Probation sometimes does not receive all/accurate info on sentencing or conditions from Court Admin<br>• Clients do not always receive clear communication regarding their conditions of release, or do not become aware of their conditions of release until they meet with probation. The jail does provide court minutes if a defendant is in custody.<br>Other:<br>• High caseloads for probation officers – traditional or medium risk is 75 cases and low-level felony caseload covers 3 counties and is 300 clients<br>• No specialized caseloads for personal with mental health issues<br>• No ability to require defendant to engage in helpful, but not court-ordered, services<br>• Lack of financial resources |
| Possible action steps | • Identify a "navigator" who can assist the Defendant in scheduling an appointment with probation; provide clear written information to Defendant on how to contact probation and the timelines for doing so<br>• Probation be included in the secure client communication portal suggested in Intercept -1 to improve communication with clients<br>• Court obtain correct contact information for Defendant at time of sentencing and provide it to Probation<br>• Troubleshoot the issue of inaccurate/incomplete information on sentencing or conditions of release at the Courts Committee<br>• Probation encourage referrals to Community Connector and communicate with Connector about probation conditions, needed services, etc.(using a proper release of information) and encourage use of WRAP+ recovery support services funding for needed resources |