

1. Does Pretrial Services have a behavioral health—including mental health, alcohol, and/or substance use—assessment for individuals under supervision?

There is no formal assessment used at this time. However, if individuals are referred to Pretrial Services for alcohol, drug, or mental health-related charges or conditions, then there are informal conversations to connect them to treatment. Pretrial Services cannot mandate treatment unless the Court mandates it as a pretrial release condition. Pretrial Services social workers can encourage treatment, but individuals are free to reject treatment. Ideally, if assessments were to be implemented, they would be implemented before the pretrial referrals in the jail, since having the information on intake would be useful to Pretrial Services social workers. It could also be overwhelming to do the assessment during intake, when defendants must already consume a lot of information. Additionally, trust may need to be established between a Pretrial Services social worker and the defendant before administering such an assessment. There may be added issues of whether the assessment could be admissible in Court. If that is the case, then defendants may not feel comfortable answering honestly. Obviously, invalid information is not useful to supporting defendants. It would be important to determine whether assessments would be voluntary or court mandated.

2. If an individual under supervision begins to display signs of an underlying behavioral health condition, how does Pretrial Services respond?

If someone has mental health conditions that are actively impacting their court status and ability to comply with bond conditions, then Pretrial Services must report that behavior to the Court. If someone has mental health conditions that are *not* actively impacting their court status, then Pretrial Services would likely not make a report (with some exceptions). Pretrial Services only needs to report mental health hospitalization in specific circumstances, like if they may be hospitalized during a scheduled court appearance, and would not be able to appear so a warrant is not issued. Typically, this information would be reported to the Court as an informational report, not a violation report. Certain violations, however, will *always* be reported to court. Should a worker observe a behavioral health condition, that raises to staff the possibility of competency issues, that worker may reach out to defense counsel to share their observations so that counsel can then make a decision of whether to raise competency with the court.

Substance use is only reported when there is a bail condition set stating defendant “should not use or possess a controlled substance or drug paraphernalia without a valid prescription” in addition to a drug test that shows that someone tested positive, or a positive alcohol test with our Remote Breath unit, in combination with a no alcohol condition set, not anonymous tips or self-reports. Should a defendant be testing positive for drugs or alcohol in violations of bond conditions staff will talk with them about their interest in exploring treatment options. Should they be interested, Pretrial Services staff tries to connect the client to resources, but without insurance, there are limited options for treatment (both in-patient and out-patient), especially mental health for those who are uninsured. Insurance in general is challenging for anyone to navigate and our DCPS staff always tries to help the defendants with this by providing resources/numbers and or trying to help determine where they can go with their insurance or if not insured, those options. We also encourage defendants to look into recovery coaches through Safe Communities and or providing meeting lists for AA/NA and or Smart recovery for additional support. However, unless treatment is ordered as a bond condition, whether they seek out support is voluntary.

3. Does Pretrial Services have a direct referral process to in-patient and out-patient behavioral health treatment services?

Pretrial Services only has the resources that the county provides. This includes Journey for individuals and Synergy for group therapy. If defendants do not have insurance, then they are directed there. If they do have insurance, Pretrial Services emails a county contact who guides them on where they can direct their client to treatment services within their insurance plan. BadgerCare has different opportunities for different HMO plans. After they are referred, and have completed an assessment, defendants can be placed at times on a waitlist. Delays in services can lead to defendants violating bond conditions that prohibit substance use because needed help to stop using. The average time until treatment starts varies widely, and there is no identifiable “average” time on a waitlist as it’s program specific and based off the number of consumers seeking treatment with those agencies.

When defendants are uninsured and are seeking residential treatment, they are screened by the county to determine their needs and if they qualify for residential treatment. This is called the TRC (Treatment Readiness Center). Access to residential treatment in general, has been impacted by COVID, especially for those needing Methadone Services in combination with residential treatment, due to residential care restrictions and exposure risk.

For most outpatient services, many defendants have an initial appointment and a treatment planning appointment, but then have to wait weeks at times to receive additional treatment services. In-patient treatment has a range in terms of waitlist, and if defendants miss their “spot” on the waitlist, then someone else gets it.

Medicated assisted treatment is a huge need given our opioid dependent clients. Whether you can access, Methadone, Suboxone or Vivitrol, is dependent on your insurance and what medicate assisted treatment they cover vs individualized needs.

Another barrier now is that effective 2/1/21 Forward Health no longer covers the room and board for residential treatment. Although we were informed that consumers can apply with the county to cover that piece, should the county not approve it, and the defendant not be able to self pay then residential treatment is not a viable option.

4. What behavioral health resources would be most helpful to Pretrial Services moving forward (post-COVID)?

Behavioral health resources must also include services towards homeless individuals. Persons experiencing homelessness generally do not have phones to engage in telehealth, nor do they have a quiet and secure place to do a telehealth appointment. Before COVID, homeless individuals struggled to find reliable transportation, but accessing a phone and quiet place for a telehealth assessment is even more difficult. Homelessness adds complexity to all other issues and behavioral health conditions.

Once we return in in person contacts, resources to help fund bus passes for transportation to these appointments would be very helpful.

Peer Support Specialists. They could provide additional support to defendants and would be helpful resources to assist with mental health, substance abuse, anger management and in general just provide extra support while defendants are on bond in the criminal justice system. Walking along side someone

who has been there can be a huge tool to help set up these clients for success while on bond and perhaps after their cases are resolved.

A standardized, one-page referral process to one county agency for those uninsured, would expedite referrals and improve efficiency.

There are also insurance issues that block people from receiving the appropriate care, such as coverage for only certain medicated assisted treatment for addiction. In some cases, insurance is dictating which medicated assisted treatment they can access, and treatment should be individualized to each person.

Substance abuse and mental health conditions and needs often co-exist. Thus, having both services accessible through the same agency would support pretrial defendants

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