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| CATEGORY | CORE COMPETENCIES | INTERCEPT 0 | INTERCEPT 1 | INTERCEPT 2 | INTERCEPT 3 | INTERCEPT 4 | INTERCEPT 5 |
|--------------------------|---|----------------|----------------|-------------|-------------|----------------|----------------|
| /ORK | Adopt a single system-wide county definition ofkey terms consistently used by local behavioral health systems, jails, courts, and community corrections, including but not limited to: i. Substance use disorders ii. Serious mental illness iii. Recidivism | ✓ | ✓ | ✓ | ✓ | √ | √ |
| , TEAM | Identify service capacity/interventions/gaps | 1 | ✓ | ✓ | ✓ | ✓ | ✓ |
| ATION 8 | Understand respective roles and responsibilities | 1 | ✓ | ✓ | 1 | ✓ | ✓ |
| COLLABORATION & TEAMWORK | Develop cross system information and data sharing agreements to facilitate communicationbetween systems and to inform progra development and analysis. | ✓ | √ | √ | √ | √ | |
| | Obtain leadership commitment (criminal justicecouncil or task force) i. Develop collaborative criminal justice and behavioral task force if one does not already exist | √ | ✓ | ✓ | ✓ | ✓ | ✓ |

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| WORKFORCE DEVELOPMENT | Identify evidence-based interventions and bestpractices for improving the jail to treatment pipeline i. MAT (LAIs) ii. TIC iii. Motivational Interviewing iv. CBT v. Housing services vi. Family support vii. Vocational Training viii. Literacy training ix. Employment assistance x. Peer Navigators/Recovery Coaches | | | | ✓ | ✓ | ✓ |
| WORKFORC | Provide cross-systems training on: i. Substance Use Disorder and MAT ii. Implicit bias iii. Data and evaluation iv. Trauma-Informed Care v. MHFA for public safety vi. Motivational Interviewing vii. SBIRT viii. Peer Navigators/Recovery Coaches ix. Integrated mental health treatment forco-occurring substance use disorders | √ | ✓ | √ | √ | √ | ✓ |

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| | Assess the individual's clinical and social needs and public safety risk | | | ✓ | ✓ | ✓ | √ |
| ESSMENT | Implement validated screening and assessment tools and an efficient screening and assessmentprocess • Inclusive of social determinantsscreenings and assessments | | | 1 | 1 | 1 | √ |
| SCREENING & ASSESSMENT | Utilize the Risk, Needs, Responsivity (RNR) Modeland ensure alignment with behavioral health treatment approach. • Criminogenic risk • Substance use/misuse • Mental illness | | | ✓ | ✓ | ✓ | ✓ |
| | Share assessment information with partners tostreamline workflow and coordinate care | 1 | 1 | √ | √ | √ | √ |

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| | Utilize the Assess, Plan, Identify, and Coordinate (APIC) Model to coordinate re-entry services | | | | ✓ | ✓ | ✓ |
| NOITA | Develop process for linking to services (warm handoffs) | √ | √ | √ | 1 | 1 | √ |
| CARE PLANNING & CARE COORDINATION | Plan for the treatment and services required to address the individual's needs, both in custody and upon reentry Inclusive of in-reach services related to Medicaid suspension/enrollment | | | | 1 | 1 | √ |
| NING & C | Identify required community and correctionalprograms responsible for post-release services | | | | | 1 | ✓ |
| CARE PLANI | Coordinate the transition plan to ensure implementation and avoid gaps in care withcommunity-based services i. Guidelines for Successful Transition ofPeople with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide ii. Data Collection Across the Sequential Intercept Model (SIM): Essential Measures | | | | | √ | ✓ |

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| CULTURAL HUMILITY* | Apply and address across remaining categories once competent in these principles: Implement/enhance structural racismtraining and education. Adapt services to both language, gender andpronoun preferences and cultural norms of population served. Promote diversity among staff teams, executive leadership, boards. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| COL | Develop task force that is inclusive of individuals with lived experience to spearhead the implementation/assessment of anti-racist policies and procedures, training, and education. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| TIES | Identify and address racial disparities within Criminal Justice system involvement and in healthcare access and quality for populations served. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| RACIAL & ETHNICDISPARITIES | Develop task force for racial and ethnic disparities to help achieve the following goals: i. Set qualitative process and outcomegoals for racial and ethnic disparity reduction. ii. Set a numerical target for reducing justice system involvement and/or improving outcomes for Black, Indigenous, and people of color (BIPOC.) iii. Set a numerical target for reducing therelative likelihood of justice system involvement for BIPOC compared to White adults. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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| | Develop a city/county-level training plan thatincludes quality assurance to ensure fidelity. | < | ✓ | ✓ | √ | ✓ | ✓ |
| FMENT | Develop a city/county-level plan for information/data sharing: i. Data Collection Across the SequentialIntercept Model (SIM): Essential Measures | ✓ | ✓ | ✓ | ✓ | √ | √ |
| EVALUATION & QUALITYIMPROVEMENT | Agree on how to measure recidivism and otherhealth outcomes. For example: Recidivism outcomes: Reduction in police contact, arrest, and reincarceration. Health outcomes: Reduction in wait time for accessing services Track no-shows. Track medication refills. Rate of homelessness upon release/access tohousing. Reduction in hospitalization/ER rates. Increase access to care coordination. Reduction in wait time for Medicaidreinstatement. | | ✓ | ✓ | ✓ | √ | ✓ |

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| FUNDING & SUSTAINABILITY | Prioritize policy, practice, and fundingimprovements. For example: i. Understand Medicaid/SSA coverage ii. Routinely communicate with the peopleresponsible for the county budget iii. Utilize data to justify funding iv. Explore federal funding opportunities | ✓ | ✓ | √ | ✓ | √ | ✓ |

^{*}Cultural Humility is another way to understand and develop a process-oriented approach to competency.