

Sequential Intercept Model: The Criminal Justice System and Mental Health in Your Community



Kevin Baldwin, Ph.D.
Applied Research Services, Inc.
Atlanta, GA



Learning Objectives

- Understand the Sequential Intercept Model (SIM) and how it relates to your work
- Learn about the different intercepts and how your community addresses behavioral health issues at each intercept
- Begin to understand how you can use the SIM to better address behavioral health issues

What is the Sequential Intercept Model?

- The model was first conceptualized in the early 2000s by Mark Munetz, MD, Patricia Griffin, Ph.D. and Hank Steadman, Ph.D. of Policy Research Associates (PRA)
- PRA operates the GAINS Center for Behavioral Health and Justice Transformation on behalf of SAMHSA
- The SIM is a conceptual model that depicts the various intersections of people with behavioral health disorders with the criminal justice system

What is the Sequential Intercept Model?

- The SIM is most often depicted as a linear model, which from left to right depicts the criminal justice intercepts sequentially from prior to the first encounter with the justice system (community services) to community corrections
- The SIM is used in communities as an applied strategic planning tool designed to improve cross-system and inter-agency collaboration with the objective of *reducing involvement in the CJ system by persons with behavioral health issues*

What is the Sequential Intercept Model?

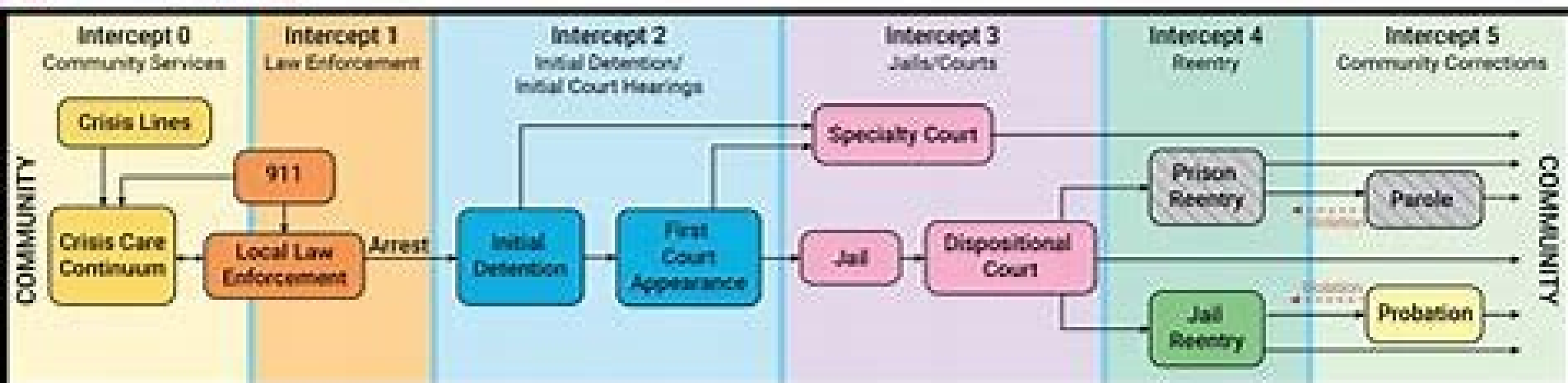
- The SIM depicts the flow of persons from the community into and through the CJ system and then back into the community
- This flow is often viewed as a revolving door, wherein persons with behavioral health disorders enter and exit various aspects of the CJ system oftentimes for years without having their treatment needs successfully or completely addressed

What is the Sequential Intercept Model?

- In 2016 the US Congress identified the SIM mapping workshop as a means to advance community-based approaches to reducing the degree to which persons with behavioral health disorders become involved with and penetrate into the CJ system
- The Bureau of Justice Assistance promotes the use of SIM mapping as a priority in their Justice and Mental Health Collaboration Program grants



SAMHSA's GAINS CENTER



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The Intercepts

- Intercept 0: Community Services
- Intercept 1: Law Enforcement
- Intercept 2: Initial Detention/Initial Court Hearings
- Intercept 3: Jails and Courts
- Intercept 4: Reentry
- Intercept 5: Community Corrections

Intercept 0 - activities

- Crisis response strategies to provide immediate, short-term assistance as well as linkages to needed services
- Law Enforcement strategies include Pre-Arrest Diversion (PAD), such as the Law Enforcement Assisted Diversion (LEAD) program in Seattle; CIT as well
- Goal: PREVENT CJ system involvement

Intercept 0 – key issues

- Use of mobile crisis outreach teams and specially trained law enforcement is critical
- Emergency Departments and behavioral health agencies work closely with mobile crisis teams and law enforcement
- The focus is on effectively identifying an issue as involving behavioral health and partnering to divert away from the system

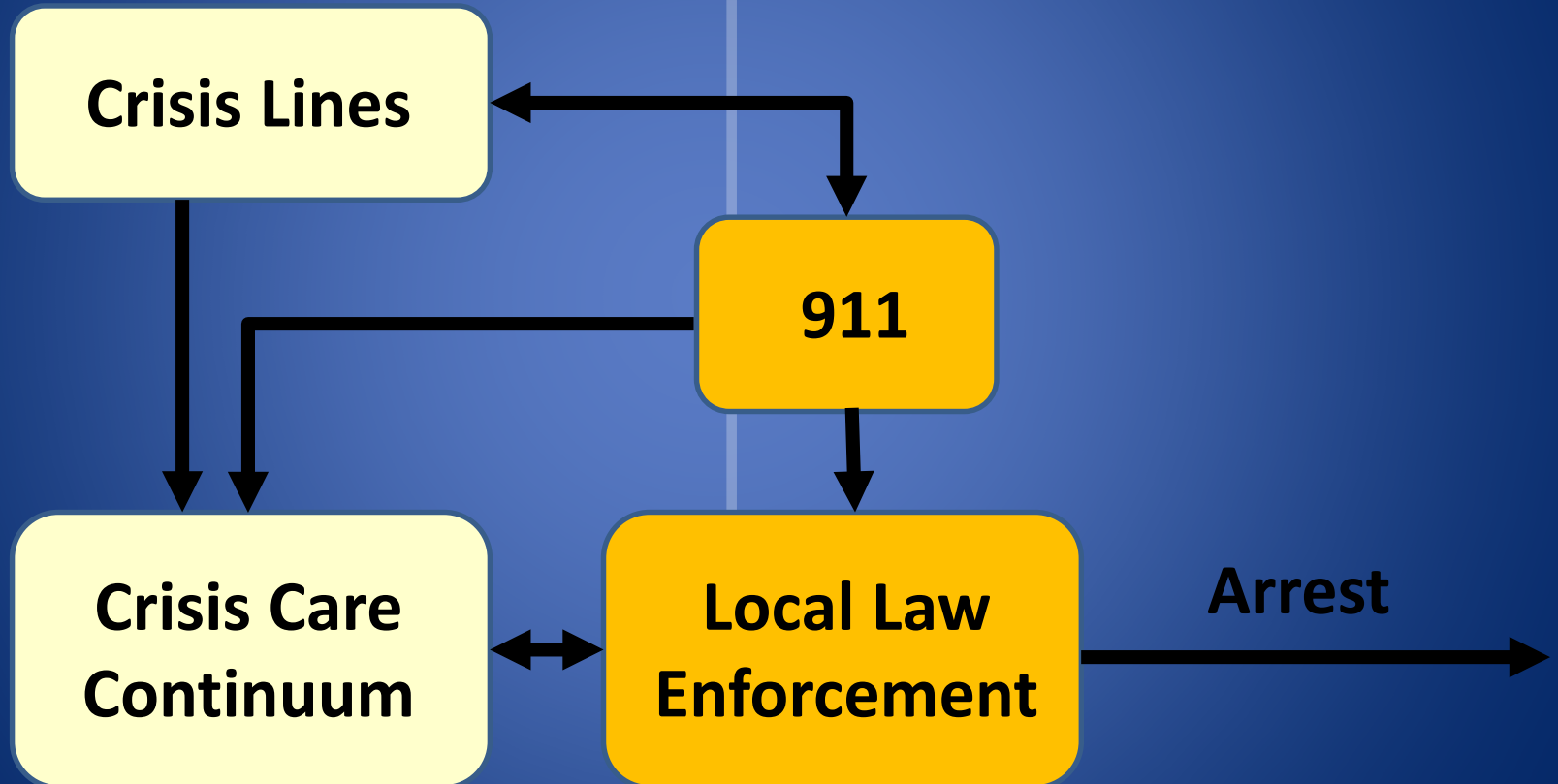
Intercept 0 – best practices

- Strong, collaborative relationships and coordination of initiatives and services
- Community support and buy-in from community leaders and officials
- Law enforcement officers trained in models such as Crisis Intervention Team (CIT) responses

**Intercept 0
Community Services**

**Intercept 1
Law Enforcement**

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Intercept 1 - activities

- 911 dispatchers recognize and respond to situations involving persons with behavioral health disorders
- Law Enforcement officers arrive on-scene prepared to deal effectively and safely in situations involving persons with behavioral health disorders
- Goal: PREVENT further penetration

Intercept 1 – key issues

- Dispatchers require specific training to respond appropriately and ensure that CIT officers are dispatched to the scene
- Officers and first responders are CIT trained and also have training in providing trauma-informed responses
- Officers and first responders provide referrals and follow-ups for needed care

Parents of Georgia Tech student shot dead by campus police file suit

(NBC News Online: September 12, 2019: retrieved from <https://www.nbcnews.com/feature/nbc-out/parents-georgia-tech-student-shot-dead-campus-police-file-suit-n1053331>)

On September 16, 2017, campus police responded to a 911 call from a 21-year-old engineering student named Scout Schultz, noting a “suspicious-looking and armed person was on campus”. When they arrived on scene, Schultz had a knife and did not comply with officers’ repeated requests to drop the knife.



After Schultz failed to comply, one of the officers shot him. The lawsuit maintains the officer who fired on Schultz “lacked the necessary mental health training that would have allowed him to respond properly”. Despite having been an officer for 16 months, records indicate that he had not received any crisis-intervention training.

Intercept 1 – best practices

- Persons with behavioral health disorders are identified either through familiarity (frequent utilizers) and/or the use of validated screening assessments
- Collaborative inter-agency practices ensure a “warm hand-off” from law enforcement to behavioral health services
- Follow-up and follow-through are critical

Intercept 2 - activities

- Initial detention – Use of validated screening measures (e.g., the Brief Jail Mental Health Screen) and familiarity with frequent utilizers to identify and appropriately respond to persons with behavioral health disorders
- Detention staff share data with community providers for more rapid assessment and treatment
- Pretrial services divert individuals to reduce frequency and length of jail episodes
- Goal: **PREVENT** further penetration

Intercept 2 – key issues

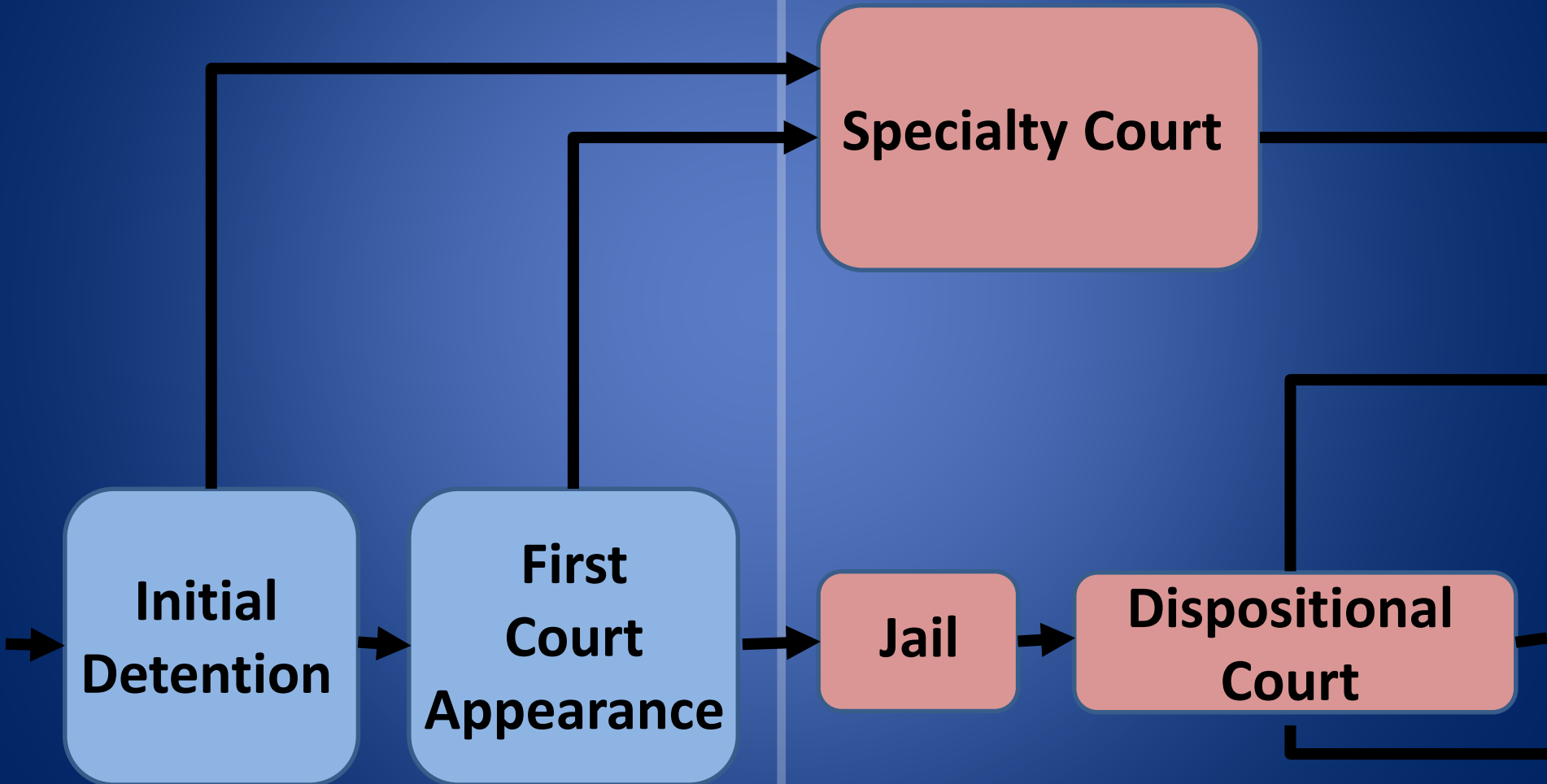
- Detention center (initial detention) and court professionals (first court appearance) work as part of a larger community collaborative to provides assessment and treatment services
- Address and overcome issues with data sharing
- Pretrial services play a critical role

Intercept 2 – best practices

- Routine screening using validated screening measures
- Community-wide, interagency collaborative efforts to address justice-involved persons with behavioral health disorders
- Continuum of care to address both substance use and mental health issues

Intercept 2
**Initial Detention/
Initial Court Hearings**

Intercept 3
Jails/Courts



Intercept 3 - activities

- Treatment services and programming are provided in detention centers, including MAT for persons with substance use issues
- Accountability courts are available in the community to address persons with behavioral health disorders assessed as high-risk/high-need
- Less intensive options provided for persons with less than high risk and needs

Intercept 3 – key issues

- Accountability courts, including adult drug courts, mental health courts, co-occurring courts, and Veterans Treatment Courts, along with specialty dockets, interrupt the revolving door and typical justice system approaches
- Persons in detention facilities are guaranteed access to health and behavioral health services – but that's a baseline and we need to improve
- Work with the VA facilities and Veterans Justice Outreach (VJO) specialists to address veterans

Intercept 3 – best practices

- Adult problem-solving courts are strongly supported in the empirical literature
- A number of approaches to persons with substance use disorders, such as MAT, have solid evidence supporting their use
- Persons with co-occurring disorders should have access to Integrated Treatment
- Rely on the Risk-Needs-Responsivity Model

Intercept 4 - activities

- Partnerships between jail/prison staff and community providers result in effective transition planning and a continuum of services matched to risk and need
- Avoiding any lapse in medication and prescription access is critically important
- Use of in-reach specialists results in a “warm hand-off” as persons transition from correctional to community settings

Intercept 4 – key issues

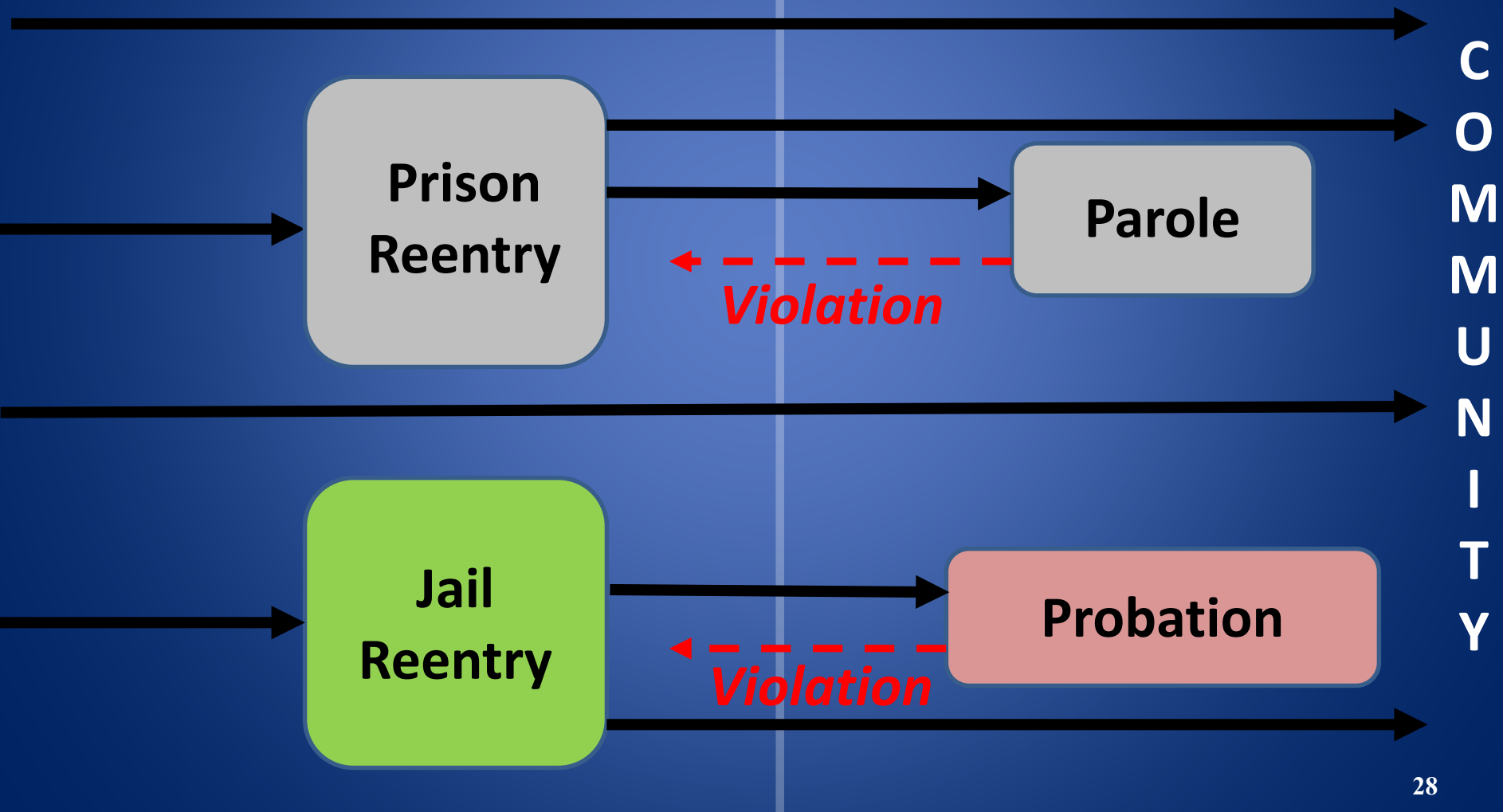
- Incarceration episodes are disruptive to relationships, patterns, arrangements, and public benefits such as Medicaid and Social Security Disability Insurance
- Transitioning back into the community presents unique challenges and can be just as destabilizing as initial incarceration
- Boundary spanners are necessary for both

Intercept 4 – best practices

- Provision of aftercare following prison-based substance use treatment is well-supported in the professional literature
- Provision of at least 30 days' worth of medication, including MAT for persons with substance use disorders, is critical
- Intensive Case Management and Assertive Community Treatment (ACT) services

Intercept 4 Reentry

Intercept 5 Community Corrections



Intercept 5 - activities

- Community corrections protocols provide treatment based on assessed risk and needs as well as according to behavioral health needs of those being supervised
- A specific area of need concerns persons with opioid use disorders coming out of detention needing MAT to avoid overdose
- Providing access and referrals to ancillary recovery supports – housing, transportation, employment, education

Intercept 5 – key issues

- Provision of services to address behavioral health issues requires a collaborative multi-agency effort as well as the data sharing necessary to be effective in reducing risk of relapse and recidivism
- Suspension, rather than termination of key services in detention (e.g., Medicaid) can shorten the time to benefit resumption

Intercept 5 – best practices

- Community supervision utilizing aspects of Cognitive Behavior Therapy (CBT)
- Use of Motivational Interviewing
- Swift, Certain and Fair responses
- Adhering to suggested caseload sizes
- Avoiding the temptation to over-supervise, which can result in increased recidivism (e.g., intensive supervision)

So Now What?

- Get in touch with the Carl Vinson Institute of Government, who provide the SIM process free-of-charge throughout the state:
 - Holly Lynde at the Carl Vinson Institute of Government • (404) 463-6826 •
lhlynde@uga.edu
- Apply for a Sequential Intercept Mapping Workshop through SAMHSA's GAINS Center (<https://www.prainc.com>)

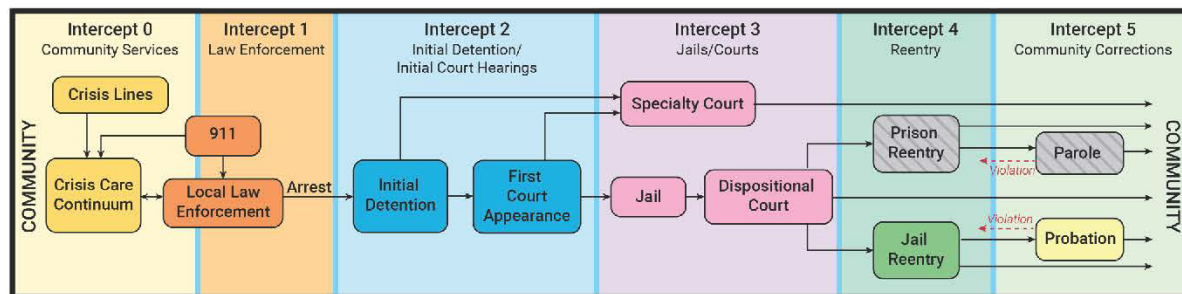
THE SEQUENTIAL INTERCEPT MODEL

MAPPING A LOCAL SOLUTION TO A NATIONAL PROBLEM

What is the Sequential Intercept Model?

The **SIM** is “an effective framework for systematically assessing available community resources, determining critical service gaps, identifying opportunities to safely divert people from needless involvement in the criminal justice system, and implementing reforms at six distinct justice decision points, or ‘intercepts.’”

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Evidence shows that one of the most effective ways to divert people with mental illness from the criminal justice system is through increased collaboration between the behavioral health and criminal justice systems. The SIM was developed in the early 2000s by Policy Research Associates, Inc. as a means to document and improve that collaboration. It is a federally-recognized best practice.

A SIM Mapping Workshop brings together the following stakeholders in your community:

- law enforcement officers
- judges
- prosecutors
- defense attorneys
- local government officials
- accountability court team members
- pre-trial service providers
- jail administration and correctional officers
- community supervision officers and staff
- behavioral health clinicians and administrators
- housing providers
- drug treatment professionals
- medical personnel
- 911 operators/dispatchers
- consumers/family members with lived experience
- and others

How can my community benefit from a SIM Mapping Workshop?

A Sequential Intercept Model (SIM) Mapping Workshop can help your community answer these questions:

- How and when does a person with a mental illness come into contact with and move through the criminal justice system in our community?
- Where are the gaps that prevent diversion?
- Where are the points the person can be diverted out of the criminal justice system in our community?
- Where are the opportunities for cross-intercept and cross-system?

How can I schedule a SIM Mapping Workshop for my community?

Contact Holly Lynde at the Carl Vinson Institute of Government • (404) 463-6826 • lhlynde@uga.edu

For more information, visit <https://cviog.uga.edu/cj-bh-collaboration>



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So Now What?

- With or without a workshop, you and your court can examine your community and assess the degree to which you possess the factors necessary to reduce the entry and further penetration into the criminal justice system and work to address gaps.
- Ensure that the financial buy-in exists at the respective agencies as well as the collective wherewithal at the top level (e.g., commission level) to have champions that can push it at this level.

Additional Resources

The SAMHSA GAINS Center

<https://www.samhsa.gov/gains-center>

The Council of State Governments

Justice Center

<https://csgjusticecenter.org/mental-health/>



Kevin Baldwin, Ph.D.

Applied Research Services, Inc.

Direct: 770-286-8312

kbaldwin@ars-corp.com

www.ars-corp.com

Visit our web site at www.ars-corp.com or call (404) 881-1120



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ABOUT us



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Based in Atlanta, GA, Applied Research Services, Inc. (ARS) is a private, small business consulting firm specializing in complex research design and analysis. Founded in 1994, ARS employs state-of-the-art analytical, survey, data and business intelligence tools to deliver decision support. With extensive experience in dissecting criminal justice agency data, we are able to convert data into empirically based decision-making devices such as risk assessment tools and simulation models. Our clients include state and local courts, secure and community corrections agencies as well as various public policy stakeholders.

WHERE we deliver



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OUR blog

Stay tuned for the launch of the ARS blog for interesting information on industry trends, updates on current ARS projects and more. → [Read More](#)

WHO makes our team

A multi-disciplinary team of criminologists, psychologists and computer scientists. → [Read More](#)

NEWS ARS in the news

Kevin Baldwin, ARS team member speaks about the heroin use in Fulton County.



Dr. John Speir, ARS partner, speaking about overcrowding in the Alabama prison system.



Kevin Baldwin, ARS team member, is interviewed by CNN for his expertise on sex offender crimes.

