# THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for People With Criminal Legal System Contact Who Have Mental and Substance Use Disorders

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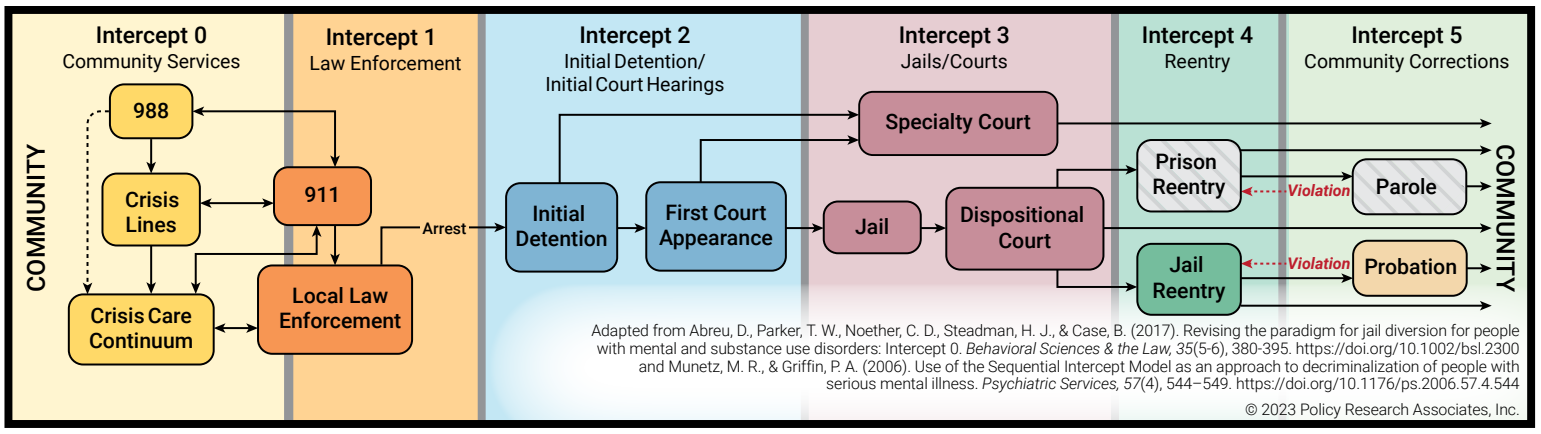
## The Sequential Intercept Model

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## Key Issues at Each Intercept

### Intercept 0

**Mobile crisis outreach teams and co-responders.** Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis or co-respond to a law enforcement encounter.

**Emergency department (ED) diversion.** ED diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.

**Law enforcement-friendly crisis services.** Law enforcement officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite centers.

**Dispatcher training.** Dispatchers should coordinate with 988 and understand triage protocols.

### Intercept 1

**Dispatcher training.** Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call. They should coordinate with 988 and understand triage protocols.

**Specialized law enforcement responses.** Law enforcement officers can learn how to interact with people experiencing a crisis in ways that promote engagement in treatment and build community partnerships.

**Intervening with people who have frequent behavioral health crises and/or jail contact and providing follow-up after the crisis.** Law enforcement officers, crisis services, and hospitals can provide specialized responses to people who frequently use 911 and ED services.

### Intercept 2

**Screening for mental and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, holding cells, court lock ups, and prior to the first court appearance.

**Data-matching initiatives between the jail and community-based behavioral health providers.** Jail-led efforts to share information with community-based providers may be effective due to more restrictive rules related to information sharing for behavioral health providers.

**Pretrial supervision and diversion services to reduce episodes of incarceration.** Risk-based pre-trial services can reduce incarceration of people with low risk of criminal behavior or failure to appear in court.

### Intercept 3

**Treatment courts for high-risk/high-need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.

**Jail-based programming and health care services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to persons needing treatment.

**Collaboration with the Veterans Justice Outreach (VJO) specialist from the Veterans Health Administration (VHA).** VJO specialists can support Veterans by connecting them with VHA-provided services and other benefits to support recovery.

### Intercept 4

**Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around a person's needs in advance of release.

**Medication and prescription access upon release from jail or prison.** People should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release.

**Warm hand-offs from corrections to providers increase engagement in services.** Case managers and peer support specialists can play an important role in supporting individuals in their recovery and community reintegration. They can assist with navigating the myriad demands placed on an individual, including transportation and scheduling, increasing positive outcomes.

### Intercept 5

**Specialized community supervision for people with mental and substance use disorders.** Officers trained on the complexities of mental and substance use disorders can support connection to community-based services and supports.

**Medication-assisted treatment (MAT) for people with substance use disorders.** MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.

**Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to criminal legal system-involved individuals as access to treatment services. Removing barriers to access is critical.

## Implementing Intercept 0

### Crisis Response

Crisis response models provide short-term help to individuals who are experiencing mental or substance use crises and can divert individuals from the criminal legal system. Crisis response models include the following:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams

### Law Enforcement Strategies

Proactive law enforcement responses are a unique method of diverting individuals from the criminal legal system. Proactive response models include the following:

- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- Systemwide Mental Assessment Response Teams

## The Sequential Intercept Model as a Strategic Planning Tool

The **Sequential Intercept Model** is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of community partners that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, people with lived experiences, family members, and many others. Communities can use the **Sequential Intercept Model** to achieve the following:

1. Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal legal system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections.
2. Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders.
3. Develop priorities for action designed to improve system and service-level responses for adults with mental and substance use disorders.

## Policy Research Associates

Policy Research Associates, a women-owned small business, has led behavioral health systems transformation since 1987. We provide research, technical assistance, training, and policy evaluation services. We specialize in creating positive social change in areas like the criminal legal system, homelessness and income supports, Veterans, systems mapping, and positive youth development.

We help communities implement evidence-based practices and design solutions to improve policies and outcomes for the people they serve.


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## History and Impact of the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed in the early 2000s by Mark Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. (PRA). The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal legal system.

After years of refinement and testing, several versions of the model emerged. The "linear" depiction of the model found in this publication was first conceptualized by Dr. Steadman of PRA in 2005 through his leadership of a National Institute of Mental Health-funded Small Business Innovative Research grant awarded to PRA.[1] The linear SIM was first published by PRA in 2005 through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA).[2] The "filter" and "revolving door" versions of the model were formally introduced in a 2006 article in the peer-reviewed journal *Psychiatric Services* authored by Drs. Munetz and Griffin.[3] A full history of the development of the SIM can be found in the book *The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness.*[4]

With funding from the National Institute of Mental Health, PRA developed the linear version of the SIM as an applied strategic planning tool. It aims to improve cross-system collaborations to reduce involvement in the criminal legal system involvement of people with mental and substance use disorders. Through this grant, PRA, working with Dr. Griffin and others, produced an interactive, facilitated workshop based on the linear version of the SIM. This mapping workshop helps jurisdictions visualize how people with mental and substance use disorders flow from the community to the criminal legal system and back to the community.

During the mapping process, community partners are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by attendees.

Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act, the 114th Congress of the United States of America identified the SIM, specifically the mapping workshop, as a means for promoting community-based strategies to reduce the justice system involvement of people with mental and substance use disorders.[5] SAMHSA has supported community-based strategies to improve public health and public safety outcomes for criminal legal system-involved people with mental and substance use disorders through SIM Mapping Workshop national solicitations and by providing SIM Mapping Workshops as technical assistance to its grant programs. In addition, the Bureau of Justice Assistance has supported the SIM Mapping Workshop by including it as a priority for the Justice and Mental Health Collaboration Program grants.

With the advent of Intercept 0, the SIM continues to increase its utility as a strategic planning tool for communities who want to address the criminal legal system involvement among people with mental and substance use disorders.[6]


1 Steadman, H. J. (2007). *NIMH SBIR Adult Cross-Training Curriculum (AXT) Project – Phase II final report.* Delmar, NY: Policy Research Associates. (Technical report submitted to NIMH on 3/27/07.)

2 National GAINS Center. (2005). *Developing a comprehensive state plan for mental health and criminal justice collaboration.* Delmar, NY: Author.

3 Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57,* 544-549. https://doi.org/10.1176/ps.2006.57.4.544

4 Griffin, P. A., Heilbrun, K., Mulvey, E. P., DeMatteo, D., & Schubert, C. A. (Eds.). (2015). *The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness.* New York: Oxford University Press. https://doi.org/10.1093/med:psych/9780199826759.001.0001

5 21st Century Cures Act, Pub. L. 114-255, Title XIV, Subtitle B, Section 14021, codified as amended at 41 U.S.C. 3797aa, Title I, Section 2991

6 Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35, 380-395.* https://doi.org/10.1002/bsl.2300