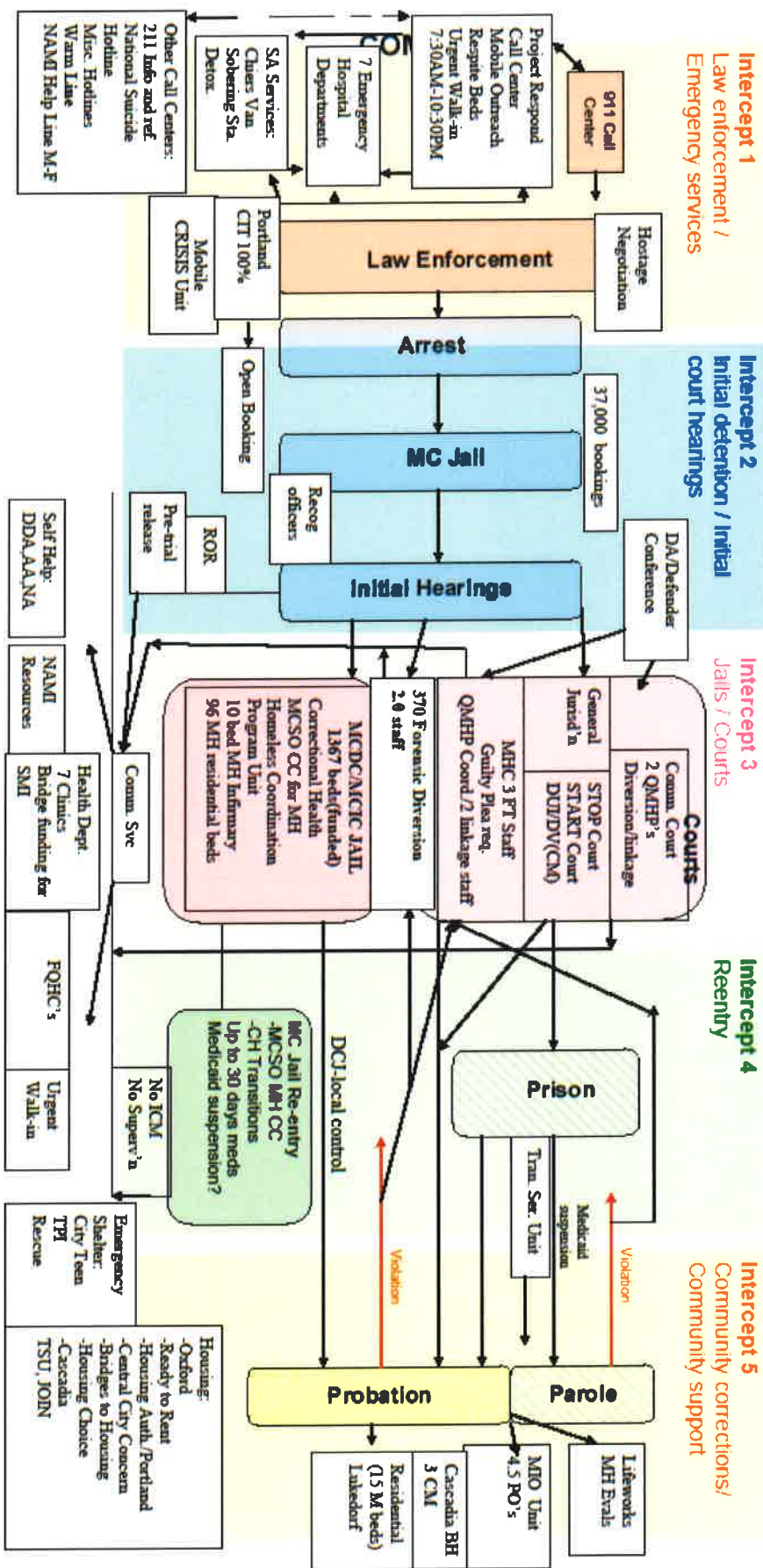


Multnomah County, Oregon

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships



Note: Agency acronyms are explained in the body of the report.

PLANNING FOR ACTION

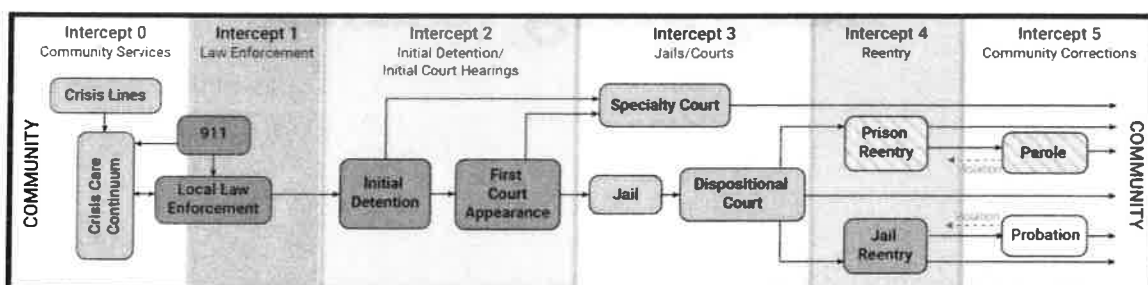
- This 1/2-day optional addition to the SIM workshop is a guided exercise that enables communities to determine areas where immediate steps will affect a more cohesive, integrated approach to service delivery

BENEFITS

- Facilitates cross-system communication and communication
- Helps identify underused resources
- Improves the early identification of people with co-occurring disorders who come into contact with the criminal justice system, increases effective service linkage, reduces the likelihood of people recycling through the criminal justice system, enhances community safety, and improves quality of life

Download the GOBHI SIM brochure

For more information on SIM, download the GAINS Center SIM brochure.



View completed Oregon SIM Maps.



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Sequential Intercept Mapping (SIM)

OBJECTIVES

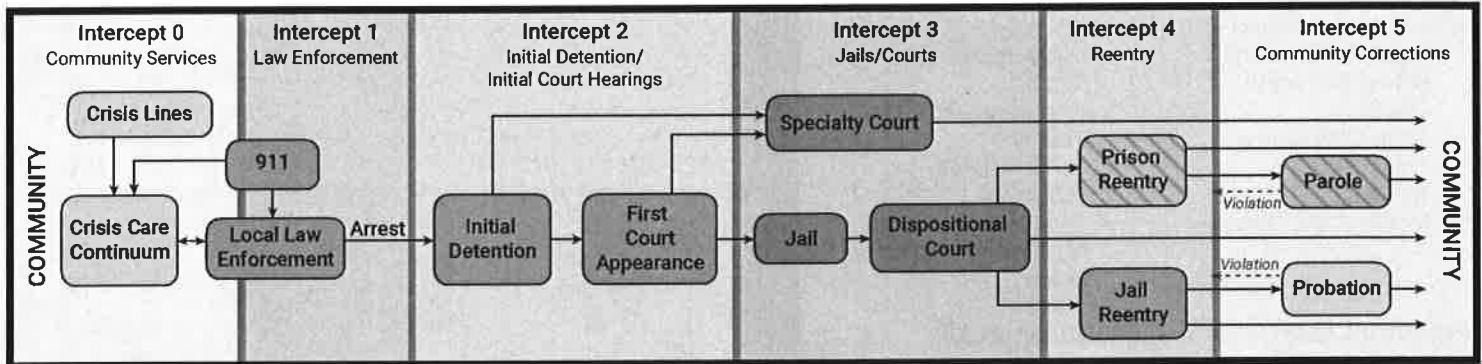
- GOBHI provides examples of successful systems integration, promising programs, and emergent collaborations from around the United States
- Participants establish a local set of priorities for change

THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders



The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.

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

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

Intercept 1

Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Specialized police responses. Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.

Intervening with super-utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.

Intercept 2

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

Data matching initiatives between the jail and community-based behavioral health providers.

Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants 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 detainees needing treatment.

Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4

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

Medication and prescription access upon release from jail or prison. Inmates 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 increases engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5

Specialized community supervision caseloads of people with mental disorders.

Medication-assisted treatment for substance use disorders. Medication-assisted treatment 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 justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.

Implementing Intercept 0

Crisis Response

Crisis response models provide short-term help to individuals who are experiencing behavioral health crisis and can divert individuals from the criminal justice system. Crisis response models include:

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

Police Strategies

Proactive police response with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

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

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 stakeholders 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. Employed as a strategic planning tool, communities can use the **Sequential Intercept Model** to:

1. Develop a comprehensive picture of how people with mental and substance use disorders flow through the criminal justice 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

We are a national leader in behavioral health services research and its application to social change. Since 1987, we have assisted over 200 communities nationwide through a broad range of services to guide policy and practice.

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History and Impact of the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental disorders in the criminal justice 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 2004¹ through his leadership of a National Institute of Mental Health-funded Small Business Innovative Research (SBIR) grant awarded to PRA. The linear SIM model was first published by PRA in 2005² through its contract to operate the GAINS Center on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). 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 Griffin³. 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 to improve cross-system collaborations to reduce involvement in the justice system by 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 to assist cities and counties in determining how people with mental and substance use disorders flow from the community into the criminal justice system and eventually return to the community.

During the mapping process, the community stakeholders 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 community stakeholders.

Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act⁵, 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 disorders. SAMHSA has supported community-based strategies to improve public health and public safety outcomes for justice-involved people with mental and substance use disorders through SIM Mapping Workshop national solicitations and by providing SIM workshops as technical assistance to its criminal justice and behavioral health 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 justice involvement of people with mental and substance use disorders⁶.

- 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. DOI: 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. DOI: 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. (In press). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*.

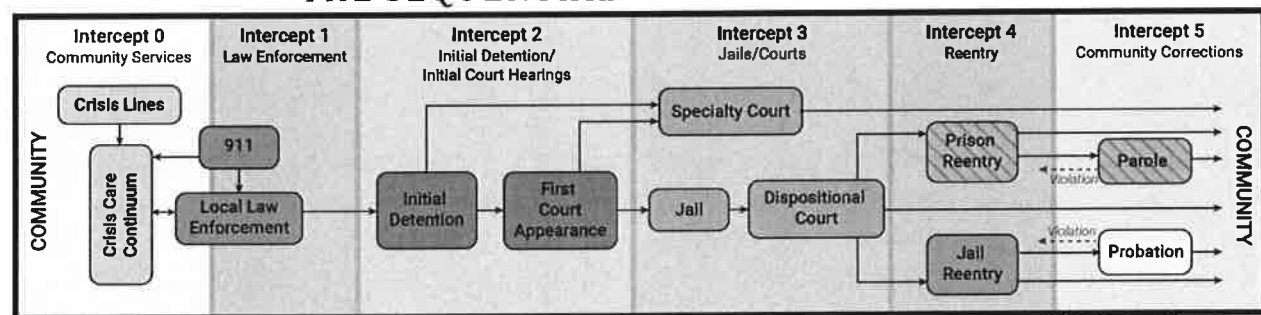
Criminal Justice and Behavioral Health: Using the Sequential Intercept Model

Sequential Intercept Mapping (SIM) is a day and a half workshop that develops a map to illustrate how people with behavioral health needs come in contact with and flow through the criminal justice system. This process brings together stakeholders to create a “systems map” using the mapping framework developed by SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation at Policy Research Associates, Inc. (PRA).

During the workshop, opportunities and resources are identified by the attendees for **diverting** people out of the criminal justice system at various intercepts along the map and **into** appropriate behavioral health services. As you work through the mapping process, the group is able to identify gaps in services. Based on the map and identified gaps, opportunities for system changes and areas of improvement are identified. The group can then determine areas where immediate steps can be taken to positively affect a better approach to service delivery; they can then establish a local set of priorities for change.

This process can help identify underused resources, improves the early identification of people with mental health and substance use disorders coming into contact with the criminal justice system, increases effective service linkage, reduces the likelihood of recycling through the criminal justice system, enhances community safety, and improves quality of life for people in the community.

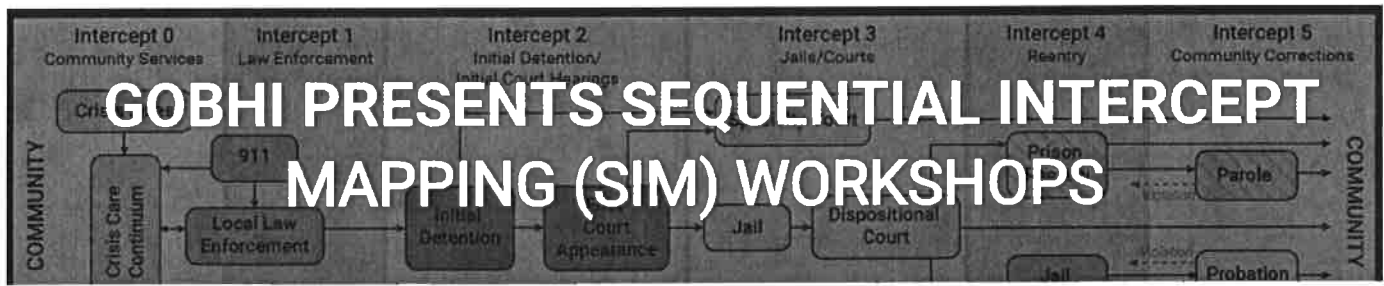
THE SEQUENTIAL INTERCEPT MODEL



Participants will also receive a final report (including a map). This report can be used as a strategic plan to improve the services in the community. There are facilitators in Oregon to help communities with the Sequential Intercept Mapping process.

Who should attend – anyone involved in bettering the system of care for corrections involved people with behavioral health issues – law enforcement, ER staff, court and jail staff, probation / parole, mental health treatment providers, addictions treatment providers, service providers, consumers and other interested community members.

For more information, or to request a SIM in your county, please contact Carol Speed at carol.speed@gobhi.net or 541.298.2101. You can also visit <http://www.ocbhji.org/training/sim/>



ABOUT THIS TRAINING

This 1-day workshop, with an optional additional ½-day guided exercise is designed to tap into local expertise by bringing together key stakeholders to develop a “map” that illustrates how people with mental and substance use disorders come in contact with and flow through the local criminal justice system. This map identifies opportunities and resources for diverting people to treatment and indicates gaps in services. The SIM workshop is based on the Sequential Intercept Model developed through SAMHSA’s GAINS Center at Policy Research Associates (PRA).

OBJECTIVES

- GOBHI provides examples of successful systems integration, promising programs, and emergent collaborations from around the United States
- Participants establish a local set of priorities for change

PLANNING FOR ACTION

- This ½-day optional addition to the SIM workshop is a guided exercise that enables communities to determine areas where immediate steps will affect a more cohesive, integrated approach to service delivery

BENEFITS

- Facilitates cross-system communication and communication
- Helps identify underused resources
- Improves the early identification of people with co-occurring disorders who come into contact with the criminal justice system, increases effective service linkage, reduces the likelihood of people recycling through the criminal justice system, enhances community safety, and improves quality of life

ABOUT PRA

PRA is a national leader in behavioral health services research and its application to social change. Since 1987, PRA has assisted over 200 communities nationwide through a broad range of services to guide policy and practice.

Learn more about PRA: www.prainc.com

REFERENCES

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(4), 544-549. doi: 10.1176/appi.ps.57.4.544

SAMHSA’s GAINS Center. (2013). Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

CONTACT GOBHI

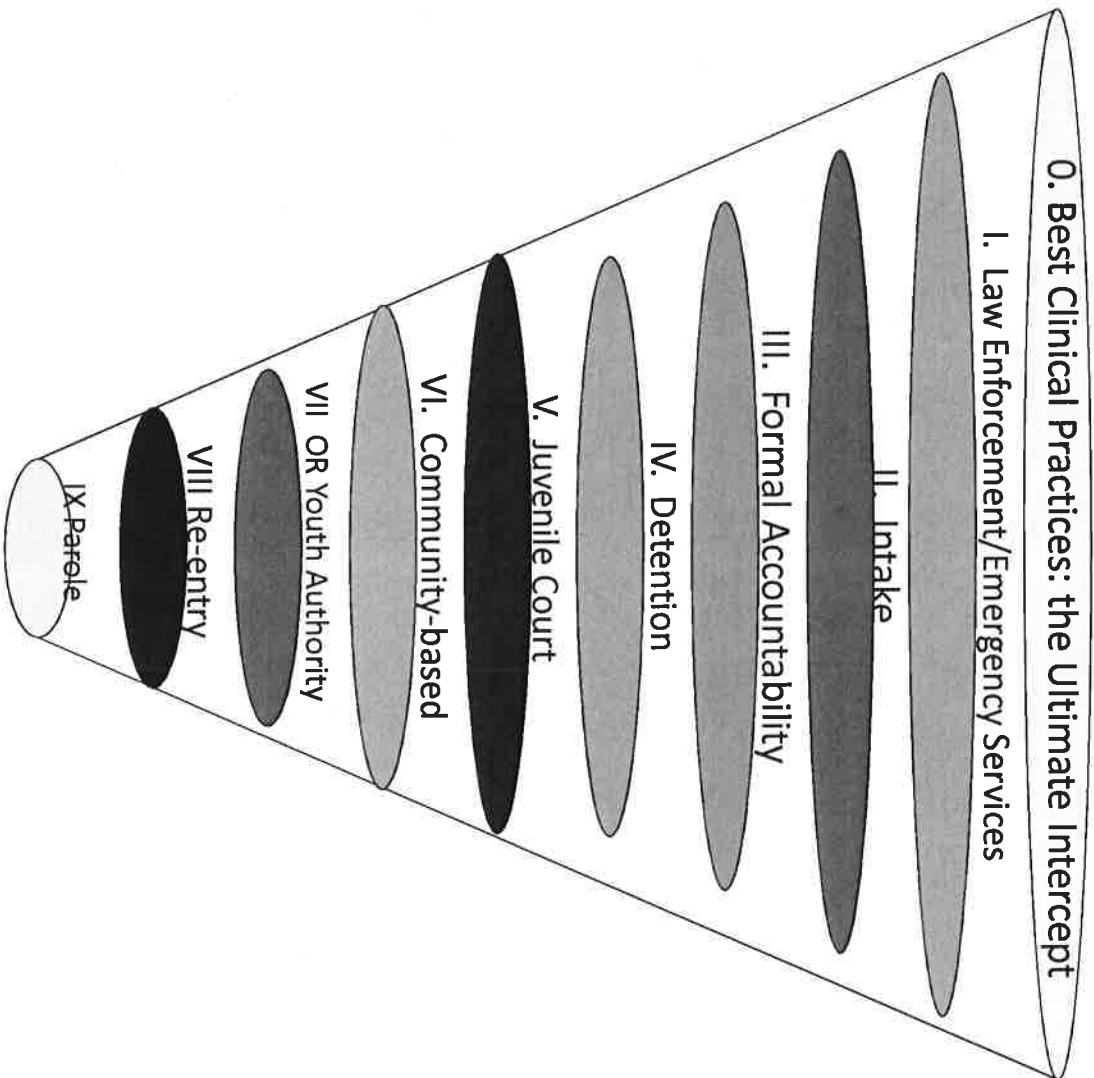
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Oregon Center on
Behavioral Health &
Justice Integration



CREATING POSITIVE SOCIAL CHANGE



Juvenile SIM - Intercepts

1. Prevention
2. Law enforcement/Emergency services
3. Intake
4. Formal Accountability Agreements
5. Detention
6. Juvenile Court
7. Probation
8. Oregon Youth Authority
9. Reentry (from detention and OYA facilities)
10. Parole

Partners to Include:...

- School Resource Office – Law enforcement
- Juvenile justice intake worker
- Juvenile case workers / probation staff (those working with diversion, FAA, and adjudicated youth)
- Juvenile Court personnel (judge, assistant DA, defense – specialty courts)
- Detention staff
- School personnel
- Public Health
- Mental health staff (youth program)
- Additions treatment staff (youth program)
- Others related to collaborative process for preventing and treating youth with behavioral health issues and in the juvenile justice system – or at risk of delinquency

