SAMHSA'S GAINS Center

SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

Developing a Comprehensive Plan for Behavioral Health & Criminal Justice Collaboration: The Sequential Intercept Model

The Sequential Intercept Model

Developed by Mark R. Munetz, MD, and Patricia A. Griffin, PhD, in conjunction with the GAINS Center, the Sequential Intercept Model provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with behavioral health disorders. Within the criminal justice system there are numerous intercept points — opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Model has been used as a focal point for states and communities 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 abuse, law enforcement, pre-trial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

Sources

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Plan Health & Justice The Intercept

Three Major Responses for Every Community

Three Major Responses Are Needed:

1. **Diversion programs** to keep people with behavioral health disorders who do not need to be in the criminal justice system in the community.
2. **Institutional services** to provide constitutionally adequate services in correctional facilities for people with behavioral health disorders who need to be in the criminal justice system because of the severity of the crime.
3. **Reentry transition** programs to link people with behavioral health disorders to community-based services when they are discharged.

The Sequential Intercept Model has been used by numerous communities to help organize behavioral health service system transformation to meet the needs of people with behavioral health disorders involved with the criminal justice system. The model helps to assess where diversion activities may be developed, how institutions can better meet treatment needs, when to begin activities to facilitate reentry, and how to provide appropriate treatment and supervision in the community.

The GAINS Center

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation serves as a resource and technical assistance center for policy, planning, and coordination among the mental health, substance abuse, and criminal justice systems. The GAINS Center's initiatives focus on the transformation of local and state systems, jail diversion policy, and the documentation and promotion of evidence-based and promising practices in program development. The GAINS Center is funded by the Substance Abuse and Mental Health Services Administration. It is operated by Policy Research Associates, Inc., of Delmar, NY.

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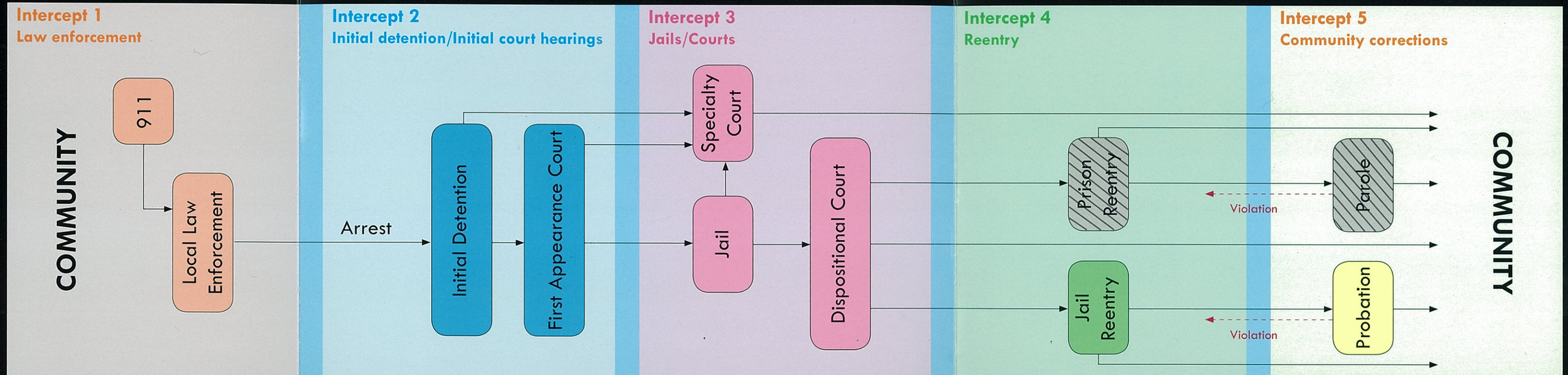
Action for System-Level Change

- Develop a comprehensive state plan for behavioral health/criminal justice collaboration
- Legislate task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training
- Engage persons with lived experience in all phases of planning, implementation, and program operation
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with behavioral health disorders in the criminal justice system
- Take legislative action establishing jail diversion programs for people with behavioral health disorders
- Improve access to benefits through state-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for them prior to release
- Make housing for persons with behavioral health disorders and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Expand access to treatment; provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorders
- Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer support
- Ensure constitutionally adequate services in jails and prisons for physical and behavioral health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed – with specific interventions for women, men, and veterans



Action Steps for Service-Level Change at Each Intercept

- ***911:*** Train dispatchers to identify calls involving persons with behavioral health disorders and refer to designated, trained respondents
- ***Police:*** Train officers to respond to calls where mental illness and substance use may be a factor
- ***Documentation:*** Document police contacts with persons with behavioral health disorders
- ***Emergency/Crisis Response:*** Provide police-friendly drop off at local hospital, crisis unit, or triage center
- ***Linkage:*** Ensure positive linkages among law enforcement, mobile crisis teams, forensic case managers, and key community service providers
- ***Follow Up:*** Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- ***Evaluation:*** Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement

- ***Screening:*** Screen for mental illness, substance use disorders, and trauma and assess for criminal risk at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers; implement a criminal risk-needs-responsivity model
- ***Pre-trial Diversion:*** Maximize opportunities for pretrial release and assist defendants with behavioral health disorders in complying with conditions of pretrial diversion
- ***Service Linkage:*** Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate, prompt access to benefits, health care, peer support, and housing; IDDT is an essential evidence-based practice (EBP)

- ***Screening:*** Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- ***Court Coordination:*** Maximize potential for diversion in specialty treatment courts or non-specialty courts
- ***Service Linkage:*** Link to comprehensive services, including care coordination, access to medication, IDDT as appropriate, trauma-specific programs, prompt access to benefits, health care, peer support, and housing
- ***Court Feedback:*** Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures
- ***Jail-Based Services:*** Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers

- ***Assess*** clinical and social needs and public safety risks; boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community behavioral health and community supervision agencies
- ***Plan*** for treatment and services that address needs; GAINS Reentry Checklist (available from http://gainscenter.samhsa.gov/topical_resources/reentry.asp) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, behavioral health and health services, benefits, and housing
- ***Identify*** required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams
- ***Coordinate*** transition plans to avoid gaps in care with community-based services

- ***Screening:*** Screen all individuals under community supervision for mental illness and substance use disorders; link to necessary services; use a criminal risk-needs-responsivity approach
- ***Maintain a Community of Care:*** Connect individuals to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- ***Implement a Supervision Strategy:*** Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- ***Graduated Responses & Modification of Conditions of Supervision:*** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release