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. (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 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 2004, through his leadership of a National Institute of Mental Health-Sponsored Small Business Innovative Research grant awarded to PRA. The linear SIM model 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). 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. 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.

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 coordination 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 Act— the 114th Congress of the United States of America identified the SIM, specifically mentioning the map as a tool for promoting community-based strategies to reduce the justice system involvement of people with mental and substance use 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 mapping workshops as technical assistance to its criminal justice and behavioral health grant programs. In addition, the Bureau of Justice Assistance has supported community-based strategies to reduce the justice system involvement of people with mental and substance use disorders through the SIM mapping workshop national solicitations and by providing SIM mapping workshops as technical assistance to its criminal justice and behavioral health grant programs. In addition, the Bureau of Justice Assistance has supported community-based strategies to reduce the justice system involvement of people with mental and substance use disorders through 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 its utility as a strategic planning tool for communities who want to address the justice involvement of people with mental and substance use disorders.

5. 21st Century Cares Act, Pub. L. 114-255, Title XVI, Subtitle B, Section 14021, codified as amended at U.S.C. 3797a, Title (Section 299)

Sequential Intercept Model as a Strategic Planning Tool

The Sequential Intercept Model is most effective when used as a community strategy planning tool to address 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, criminal 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 and identify the distinct intercept points
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, Inc. was founded in 1987 with the stated mission of “creating positive social change through technical assistance, research, and training for people who are disadvantaged.”

Beginning with one research project, we have grown in size and project diversity while maintaining our expertise in technical assistance, research, and behavioral health. PRA is composed of approximately 50 talented employees, dedicated to bettering the lives of underserved populations.

We are committed to giving back to our local community, and have developed a number of long-standing charitable giving campaigns and volunteer projects. Whether it be serving breakfast at our local homeless shelter or competing in a company-wide fundraising challenge, each staff member plays a part in serving our neighbors in need.

INTERCEPT 0

Expanding the Sequential Intercept Model to prevent criminal justice involvement

Crisis Response

Crisis response models provide short-term help to individuals who are experiencing mental or substance use 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 responses with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Police response models include:

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

Tips for Success

Strong support from local officials
Community partnerships
Law enforcement training
Behavioral health staff training

INTERCEPT 0 - Expanding the Sequential Intercept Model to prevent criminal justice involvement

The Sequential Intercept Model

**Key Issues at Each Intercept**

**Intercept 0**
- Mobile crisis outreach teams and responders: Behavioral health practitioners who can respond to individuals experiencing a crisis or substance use disorder.
- Crisis care continuum: Services that can address mental health issues.
- Local law enforcement: Police officers who can respond to individuals experiencing a crisis.

**Intercept 1**
- Dispatcher training: Dispatchers can identify mental or substance use crisis situations and pass that information along to Crisis Intervention Team officers to respond to the call.
- Specialized police responses: Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.
- Intervening with frequent users and providing follow-up after the crisis: Police officers, crisis services, and hospitals can reduce frequent utilization 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 pretrial 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, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.

**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: MAT medications prescribed for substance use disorders.
- Warm hand-offs from corrections to providers increase engagement in services:
  - MAT for substance use disorders.
  - Provides access to recovery supports, benefits, housing, and competitive employment.
  - Reducing barriers to access is critical.

**Intercept 5**
- Specialized community supervision caseloads of people with mental disorders.
- MAT for substance use disorders.
- Approaches can reduce relapse episodes and overdoses among individuals returning from detention.

**Best Practices Across the Intercepts**

- Cross-systems collaboration and coordination of initiatives: Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.
- Routine identification of people with mental and substance use disorders: Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessment as warranted.
- Access to treatment for mental and substance use disorders: Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.
- Linkage to benefits to support treatment success, including Medicaid and Social Security: People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.
- Information sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness service providers: Information-sharing practices can assist communities in identifying frequent users, provide an understanding of the population and its specific needs, and identify gaps in the system.