

## The Sequential Intercept Model:

### Building Blocks for Strategic Planning and Stakeholder Engagement

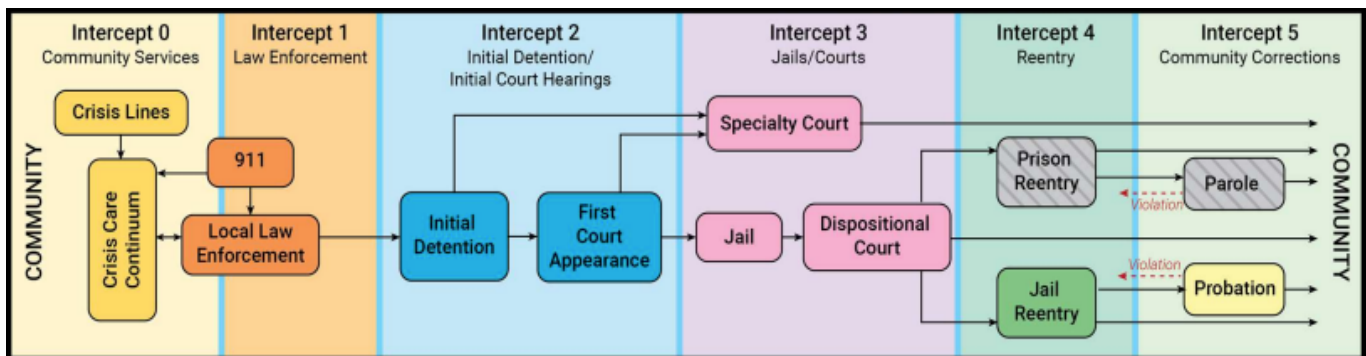
There is an overlap between behavioral health (mental health and substance use disorders) and the criminal justice system. Sixty-four percent of individuals in local jails, 56 percent of individuals in state prisons and 45 percent of those in federal prisons have a mental health disorder.<sup>1</sup> When it comes to substance use, 68 percent of individuals in local jails, 53 percent of individuals in state prisons and 46 percent of individuals in federal prisons meet the criteria of having a substance use disorder.<sup>2</sup>

Recognizing that individuals with behavioral health problems were moving deeper and deeper into the criminal justice system, in the early 2000s, Dr. Mark Munetz and Dr. Patricia A. Griffin along with Dr. Henry J. Steadman of Policy Research Associates, Inc. developed the Sequential Intercept Model (SIM). The SIM is a practical model that maps out six points in the criminal justice system specific to highlighting gaps and resources for individuals in the system with behavioral health needs.<sup>3</sup>

The model is now used as a strategic tool policymakers and criminal justice planners can use to identify key points for intercepting and linking individuals with behavioral health treatment needs to programs and services that will help prevent further penetration into the criminal justice system and ideally avoid return to the justice system altogether.

Those in charge of criminal justice planning, such as State Administering Agencies and local criminal justice planning boards or coordinating councils are uniquely situated to use the SIM as a planning tool to create outcome-informed action, focus on thoughtful use of resources and shared vision with both criminal justice stakeholders and the community they serve.

#### What are the intercepts?



Source: Policy Research Associates

1 Kim, K., Becker-Cohen, M., & Serakos, M. (2015, March). The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System A Scan of Practice and Background Analysis. Urban Institute. <https://www.urban.org/sites/default/files/publication/48981/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf>

2 Bureau of Justice Statistics. (2006, October). Drug Use and Dependence, State and Federal Prisoners, 2004 (NCJ 213530). US Department of Justice. <https://bjs.ojp.gov/content/pub/pdf/dudsfp04.pdf>

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(4), 544–549. <https://doi.org/10.1176/ps.2006.57.4.544>

There are six intercepts on the SIM ranging from 0-5. Each intercept represents a different point of intervention within the criminal justice system and a different opportunity for diversion.

### ***Intercept 0: Community Services***<sup>4</sup>

Intercept 0 is the earliest point of intervention. In this intercept, individuals are treated before they encounter the criminal justice system. It involves the opportunity to divert people into services without arrest. Intercept 0 was not initially part of the SIM but was later added to highlight the importance of intervening before law enforcement interactions occur.

#### **Examples of Intercept 0 programs include:**

**Crisis lines** – These typically act as 911 alternatives and link those in crisis to treatment or services without the use of law enforcement. One example is the soon-to-be adopted 988 line. In 2020, the Federal Communications Commission (FCC) created [a rule](#)<sup>5</sup> requiring phone providers to link suicide hotlines with the code “988.” In future, 988 could be connected to 911 systems to enable dispatchers to deploy service providers when appropriate.

**Mobile crisis outreach teams** – These teams typically rely on trained social workers and mental health professionals to respond during or after a crisis. The goal is to stabilize those in crisis and link the individual to appropriate services without the involvement of law enforcement.

**Warm handoffs** – These are especially prevalent in locations like hospital emergency departments (ED). In this scenario, individuals receiving services in EDs are connected to appropriate support and care, often via peer support. This helps to encourage a seamless transition from the ED to treatment.

**Law enforcement-led diversion** – To encourage individuals to seek treatment or other services without fear of arrest, many police departments open their doors to those seeking help. In these types of programs, law enforcement brings individuals to places other than jail such as substance use treatment providers, stabilization centers, homeless shelters or other community service providers. Non-law enforcement agencies such as fire departments have also opened their doors through similar programs.



Spotlight: In 2017, Cabell County, WV was experiencing one of the highest overdose and fatality rates in the country. The [Huntington Quick Response Team \(QRT\)](#) was implemented as a deflection program to help address the county’s addiction issues. The QRT consists of personnel from EMS, law enforcement, treatment and the faith community to provide outreach to those who recently experienced an overdose to offer treatment and resources. QRT individuals assure members that the team is there to help and not to arrest them or get anyone into trouble. The QRT also has a referral number that anyone in the community can use to seek help. The use of the QRT has contributed to a 45 percent decrease in overdose calls in Cabell County.

<sup>4</sup> Intercept 0: Community Services. (n.d.). SAMHSA. Retrieved October 19, 2021, from <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-0>

<sup>5</sup> Suicide Prevention Hotline. (2021, October 19). Federal Communications Commission. Retrieved October 19, 2021, from <https://www.fcc.gov/suicide-prevention-hotline>

### **Intercept 1: Law Enforcement**<sup>6</sup>

This intercept provides the first point of contact with the criminal justice system, usually with a law enforcement officer. In this intercept, individuals are diverted out of the system before they are booked or officially arrested.

#### **Examples of Intercept 1 programs include:**

**Co-responder programs** – The [co-response model](#)<sup>7</sup> involves collaboration between behavioral health providers and law enforcement. This model relies on behavioral health specialists to respond with law enforcement when someone is in crisis. The behavioral health professional is there to assess an individual and link them to treatment or support services.

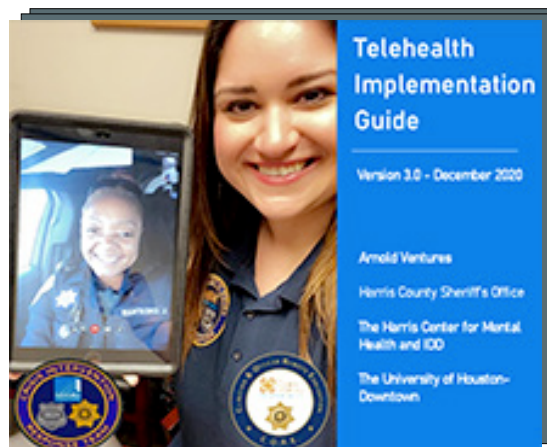
**Specialized law enforcement training** – Crisis intervention teams (CITs) are one of the most popular forms of specialized law enforcement training. CITs receive special training to recognize the signs and symptoms of a behavioral health disorder, treatment options as well as de-escalation techniques.

**Data sharing** – Data sharing is involved in nearly all intercepts. Data sharing between law enforcement and community service providers can allow individuals to be identified as needing care before they are arrested or further penetrate the criminal justice system.



Spotlight: Based on a successful pilot, the Harris County, Texas police have incorporated [telehealth for patrol](#) into their standard Intercept One options as a cost-effective means of jail diversion and increased access to care. Police officers have access to an appropriate mental health professional 24/7/365 via telehealth. Depending on the needs of the individual, options can include immediate evaluation and consult or transport to local community-based crisis services. Building off their previous success of using traditional co-responder models and community-based crisis services Harris County leveraged telehealth to decrease the cost of this effective intervention and expand access to professional consultation.

The Harris County (TX) Sheriff's Office, in partnership with Arnold Ventures, the Harris Center for Mental Health and IDD, and the University of Houston-Downtown, have published an implementation guide for law enforcement agencies interested in starting a telehealth program.



<sup>6</sup> Intercept 1: Law Enforcement. (n.d.). SAMHSA. Retrieved October 19, 2021, from <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1>

<sup>7</sup> Learning. (n.d.). Bureau of Justice Assistance. Retrieved October 19, 2021, from <http://bjao.org/program/pmhc/learning>

### ***Intercept 2: Initial Detention/ Initial Court Hearings***<sup>8</sup>

This intercept involves those who are detained. Intercept 2 often involves collaboration with community service providers.

#### **Examples of Intercept 2 programs include:**

**Screening for mental health and substance use disorders** – [Screening](#)<sup>9</sup> allows jails to identify those with a behavioral health disorder. This can provide an opportunity to ensure appropriate care is given.



Spotlight: [Colorado Jails](#), in partnership with state behavioral health agencies and through legislative efforts, have improved data sharing to improve health outcomes. A pilot phase in 2019 connected jail medical staff to critical health information such as medications and chronic conditions from their own medical records shared in the Health Information Exchange (HIE). The results were so positive that in 2020 they expanded to add additional jails to the statewide project.

**Pre-trial diversion** – These often provide an alternative to prosecution. In many pre-trial diversion programs, prosecutors seek to divert those with behavioral health conditions away from the jail and into more appropriate settings such as community-based counseling and supervision.

**Data sharing** – During Intercept 2, data sharing between community service providers and detention personnel can identify opportunities for diversion and allow for continuity of care.

### ***Intercept 3: Jails/Courts***<sup>10</sup>

This intercept involves services through jail, prison and court programs and policies.

#### **Examples of Intercept 3 programs include:**

**Specialized treatment courts** – One of the most recognized types of specialized treatment courts are drug courts. While the courts are run in a variety of ways, typically if individuals comply with the terms of program participation such as behavioral health treatment and regular check-ins, charges will often be reduced or in some cases, dropped.

**Jail and prison-based programming and medical services** – Jails and prisons are required to offer adequate medical care to those individuals in their facilities. This includes offering treatment for medical conditions as well as behavioral health conditions. [Medications for Addiction Treatment \(MAT\)](#)<sup>11</sup> is considered the gold standard of care for opioid use disorder and many jurisdictions offer all three FDA-approved medications as treatment options for individuals in need.

**Mental health jail liaisons or diversion clinicians** – These are behavioral health professionals who evaluate mental health assessments and create appropriate treatment plans for individuals needing care.

<sup>8</sup> Intercept 2: Initial Detention/Initial Court Hearings. (n.d.). SAMHSA. Retrieved October 19, 2021, from <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-2>

<sup>9</sup> Peebles, K. (2019, November 20). Screening and Assessment: Training for Jails [Slides]. Washington State Department of Social and Health Services. <http://www.dshs.wa.gov/sites/default/files/BHSA/FMHS/OFMHS-JTA-Screening-and-Assessment.pdf>

<sup>10</sup> Intercept 3: Jails/Courts. (n.d.). SAMHSA. Retrieved October 20, 2021, from <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-3>

<sup>11</sup> Jail-Based Medication-Assisted Treatment. (2018, October). National Sheriffs' Association. <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>



Spotlight: The Rhode Island Department of Corrections was the first state system to offer all three forms of Medications

for Addiction Treatment to all individuals in the correctional system. After the implementation of the program, the number of recently incarcerated individuals who died from an overdose decreased by over 60 percent.

### *Intercept 4: Re-entry*<sup>12</sup>

This intercept involves supportive services to those transitioning back into the community after jail or prison. The goal of this intercept is to reduce recidivism by providing continued care and appropriate linkages to community resources.

#### **Examples of Intercept 4 programs include:**

**Transition planning** – Transition planning while an individual is still in jail or prison can improve reentry



Spotlight: A promising practice from San Diego, California is the Amity In-Prison Therapeutic Community (TC). The program showed a

statistically significant lower rate of reincarceration 24 months post release when compared to others without the TC intervention. This incremental program begins with an assessment and clinical screening, provides intensive TC within the prison, reentry support prior to release and finally a community-based invitation to a TC that includes other wraparound services for up to a year post-release.

outcomes. This includes connections to medical coverage such as Medicaid, housing support, job training, transportation and connections to community-based behavioral health treatment providers.

**Medication planning** – It is important for individuals to maintain treatment plans once released from custody. This includes the maintenance of medications such as MAT. Additionally, some forms of MAT are long-acting which may allow for relapse prevention while an individual waits to see a community-based treatment provider. Released individuals should be provided with a minimum of 30 days of medication and have prescriptions in hand upon release.

**Data sharing** – This involves sharing health information (as appropriate) with community providers upon release from jail/detention. The goal is to encourage a seamless transition to care.

### *Intercept 5: Community Corrections*<sup>13</sup>

This intercept involves services to those in the community and on community supervision. The goal of this intercept is to provide services and support to reduce recidivism.

#### **Examples of Intercept 5 programs include:**

**Specialized caseloads** – Providing specialized training<sup>14</sup> to probation and parole personnel on the best ways to support those with behavioral health disorders may lead to better outcomes.

**Transition centers** – Transition centers can be a “one-stop-shop” for those reentering the community. They can provide linkages to medical and behavioral

12 Intercept 4: ReEntry. (n.d.). SAMHSA. Retrieved October 20, 2021, from <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4>

13 Intercept 5: Community Corrections. (n.d.). SAMHSA. Retrieved October 20, 2021, from <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-5>

14 Improving Responses to People with Mental Illnesses. (2009). Council of State Governments Justice Center. [https://www.neomed.edu/wp-content/uploads/CJCCOE\\_I5\\_ImprovingResponses.pdf](https://www.neomed.edu/wp-content/uploads/CJCCOE_I5_ImprovingResponses.pdf)

health care, access to recovery support, housing support and job training.

**Telehealth** – The use of [telehealth](#)<sup>15</sup> can support increased access to treatment. Those reentering the community are often in a state of transition and offering telehealth options may help them to maintain appointments and better adhere to treatment plans.



**Spotlight:** [The Jefferson County \(WV\) Day Report Center \(JDRC\)](#) is a community corrections organization that provides an alternative to incarceration. The center was opened in 2014 after West Virginia saw increased rates of community supervision revocations due to substance use related violations. JDRC provides treatment supervision to nonviolent, justice involved individuals. They work with a team of highly qualified medical and behavioral health professionals to address individual treatment needs and provide wrap-around services to support reentry and recovery.

## How to conduct a SIM

Whether planning for a state or a local jurisdiction, SIM mapping can be a key step of strategic planning. SIM can be integrated into a larger strategic planning process or be its own standalone exercise. The SIM is designed to ignite thoughtfulness and intentionality and will also likely invoke creativity and excitement.

The first step of conducting a SIM is to bring stakeholders together. Stakeholders are key to SIM mapping. Many of these stakeholders are already a part of the strategic planning process. It is important to include stakeholders with a varied set of perspectives. It is helpful to have decision-

makers and line-level staff from all agencies to ensure both perspective and the ability to execute decisions. Some key stakeholders to involve include representatives from each intercept and other community stakeholders as well as individuals with lived experience, advocacy groups and policymakers.

### Examples of representatives from each intercept include:

**Intercept 0** — Civil code enforcement (e.g., animal control and code violations), advocacy groups, withdrawal management treatment providers, hospitals and crisis and support phone lines, including 988.

**Intercept 1** — Law enforcement, community treatment providers, including those with telehealth capacity, and co-responder programs.

**Intercept 2** — Jails and detention centers, pre-trial programs and providers, detention-based treatment providers.

**Intercept 3** — Courts (including district attorney's offices, public defenders, judges, magistrates and court programming staff), jails, detention and community-based treatment providers and social services.

**Intercept 4** — Jails and prisons, Medications for Addiction Treatment providers and in-reach social services.

**Intercept 5** — Probation, parole, community corrections, community treatment providers, faith-based organizations and Second Chance Act grant recipients.

15 Could a Telehealth Program Improve Outcomes for Justice-Involved Women? (n.d.). NIH HEAL Initiative. Retrieved October 20, 2021, from <https://heal.nih.gov/news/stories/wjcoin>



SIM mapping is best completed in several workshops spanning over weeks. The process takes commitment, which is why it is recommended to leverage buy-in with a Memorandum of Understanding (MOU) that unites stakeholders to a shared vision, values, and mission including details such as expectations regarding participation. Participants should be willing to take time and be ready to catalog ideas for improvement during the mapping phase, to return as a stakeholder group, and to prioritize and collaboratively plan.

Many jurisdictions find that it helps to have a dedicated entity or individual to oversee and support the SIM process. This can be an external entity (by contract, consultant or other available resources) or an agreed upon existing stakeholder such as the criminal justice planner for the community's justice coordinating council.

At the conclusion of SIM workshops, jurisdictions will have a systems map outlining gaps and resources, priority areas and an action plan moving forward.

## Benefits and Outcomes

The impact of embarking on the Sequential Intercept Model mapping and approach within a state or locality may bring a variety of intended and unintended outcomes. At its foundational core


SIM brings awareness and understanding to all stakeholders about the flow, current state at each intercept and relationship between all six intercepts.

### At a minimum, the SIM helps to facilitate:


- Prompt access to treatment
- Opportunities for diversion and community alternatives
- Timely movement through the criminal justice system
- Linkage to community resources
- Cross systems mapping – brings together stakeholders to tap into local expertise

When used as a strategic planning tool, SIM provides a framework for states and localities seeking to plan their criminal justice efforts. The developers of this model intentionally focused on how SIM can identify gaps and resources and conceptualize informed responses that target improved outcomes for both the justice system, its stakeholders and involved individuals with mental health and substance use disorders.

Those in charge of criminal justice planning, such as State Administering Agencies and local criminal justice planning boards or coordinating councils are uniquely situated to use the SIM as a planning tool to create outcome-informed action, focus on thoughtful use of resources and shared vision with both criminal justice stakeholders and the community they serve.



## SIM Spotlight



In 2014, Hennepin County (MN) launched its [Criminal Justice Behavioral Initiative](#) to create a county where “people in the criminal justice system who have behavioral health needs are quickly identified and are able to easily access appropriate services; where county systems are aligned and coordinated so that resources are maximized; and where services reflect best practice approaches and lead to successful outcomes county residents.” The County adopted the Sequential Intercept Model to create a tailored approach to identifying those in need and provided services. Using the SIM model as a strategic planning guide, the county has implemented numerous programs and policies which include: crisis intervention training, development of a forensic intensive assertive community treatment team, a co-responder program, embedded social workers at various intercept points, restorative courts, a 911 mental health dispatch program and the opening of a behavioral health clinic.

With support from the Bureau of Justice Assistance, NCJA provides training and technical assistance regarding the use of the Sequential Intercept Model. For more information, please contact [strategicplanning@ncja.org](mailto:strategicplanning@ncja.org).

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