

“Using the Sequential Intercept Model to Decriminalize Mental Illness”

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244 YEARS AGO



- **“I must here add, that in some few prisons are confined idiots and lunatics. No care is taken of them, although it is probable that by medicines, and proper regimen, some of them might be restored to their senses, and to usefulness in life.”**
- **John Howard-Prison Reformer-1777**

55 YEARS AGO

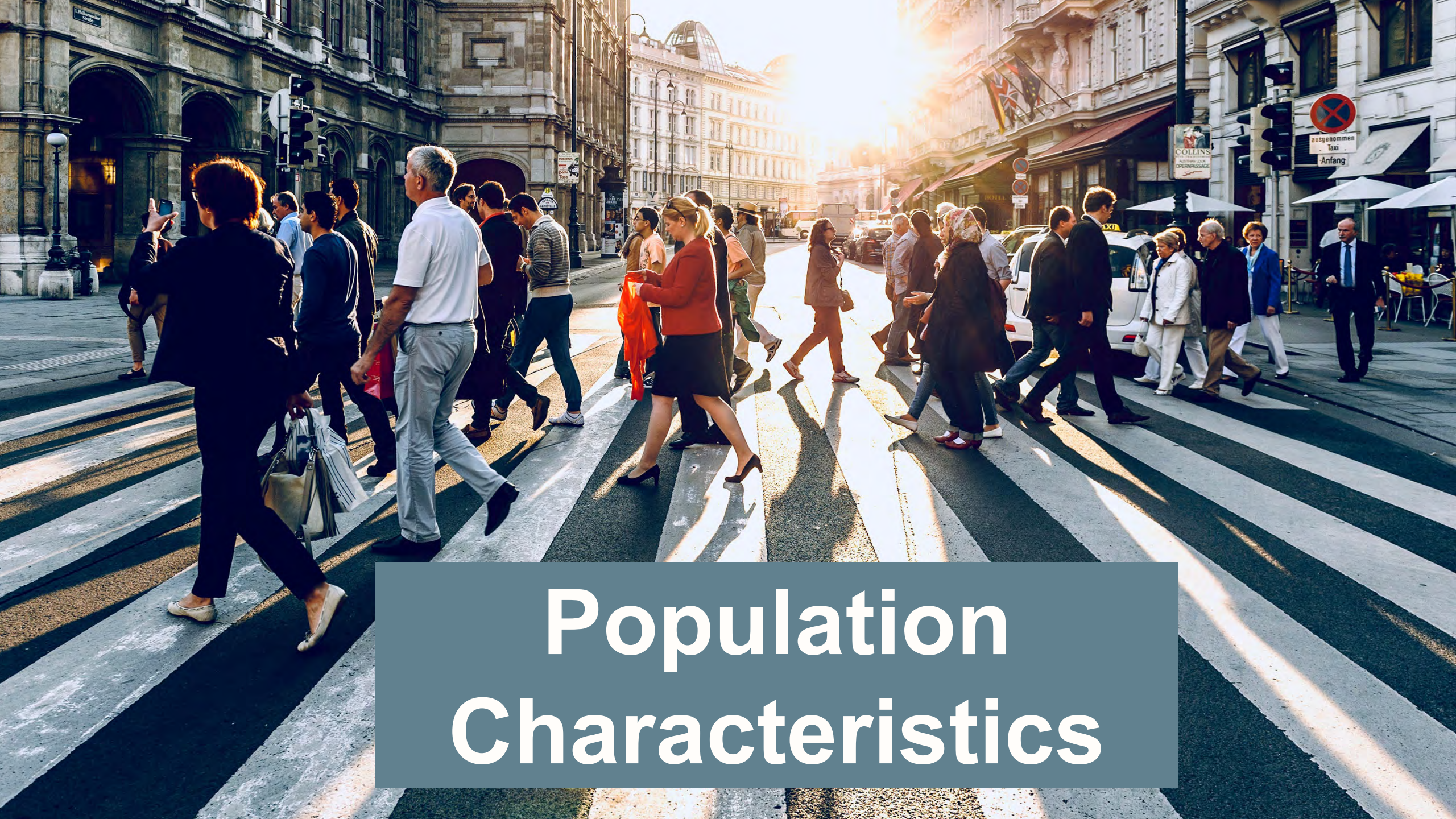
“Poor, uneducated people appear to use the police in the way that middle-class people use family doctors and clergy-men—that is, as the first port of call in time of trouble.”

Cumming, E., Cumming, I., & Edell, L., (1966). “Policeman as philosopher, guide and friend.” *Social Problems* (pp. 285).

54 YEARS AGO

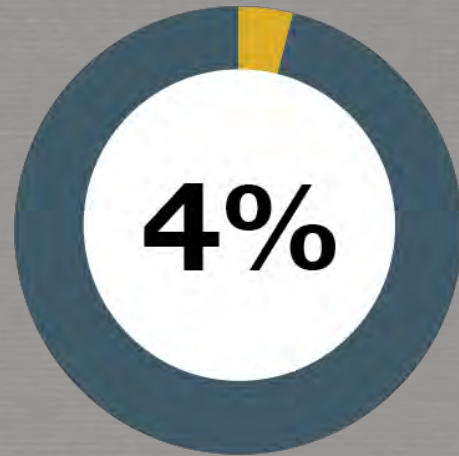
**“Policemen confront
perversion, disorientation,
misery, irresoluteness, and
incompetence much more often
than any other social agent.”**

Bittner, E. (1967). “Police discretion in emergency apprehension of mentally ill persons.” *Social Problems* (pp. 280).

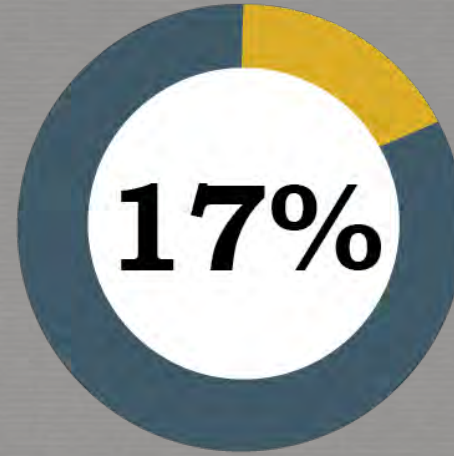


Population Characteristics

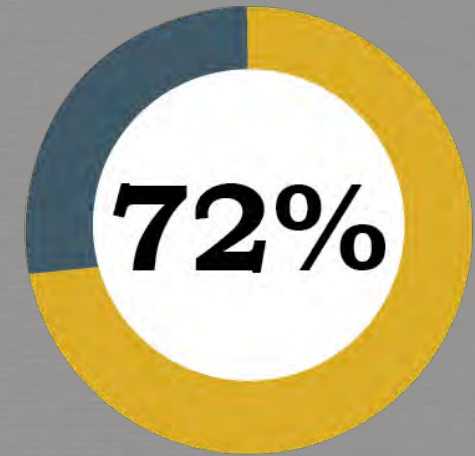
Jails and Mental Disorders



of the **general population** have SMI



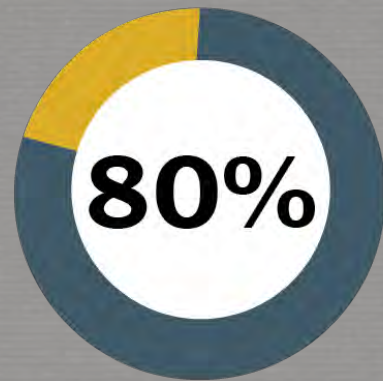
of **jail inmates** have SMI



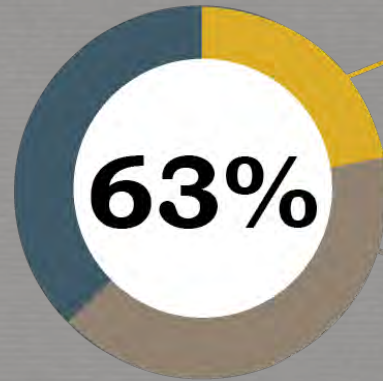
of those in jail with SMI have a **co-occurring disorder**



Jails and Substance Use Disorders



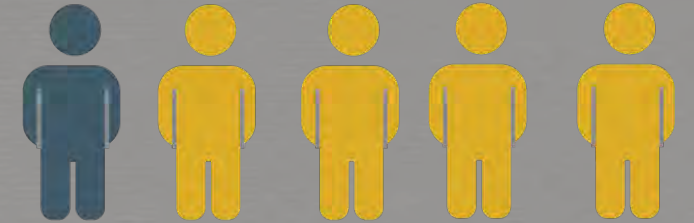
of **arrestees** tested positive for a drug



of jail inmates have a **substance use disorder**

22% have CODs

41% have only SUDs



Only **1 in 5** inmates receive drug treatment while incarcerated

Arrestee Drug Abuse Monitoring, 2013; Bronson, Zimmer, & Berzofsky, 2017; Wilson, Draine, Hadley, Metraux, & Evans, 2011



Prevalence of Trauma

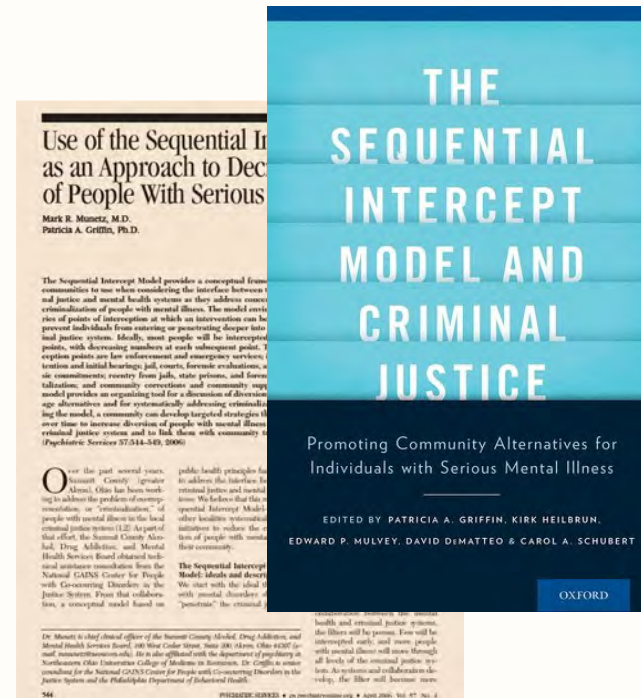
Trauma and the Justice System

Any Physical or Sexual Abuse
(N=2,122)

	Lifetime	Current
Female	95.5%	73.9%
Male	88.6%	86.1%
Total	92.2%	79.0%

Sequential Intercept Model

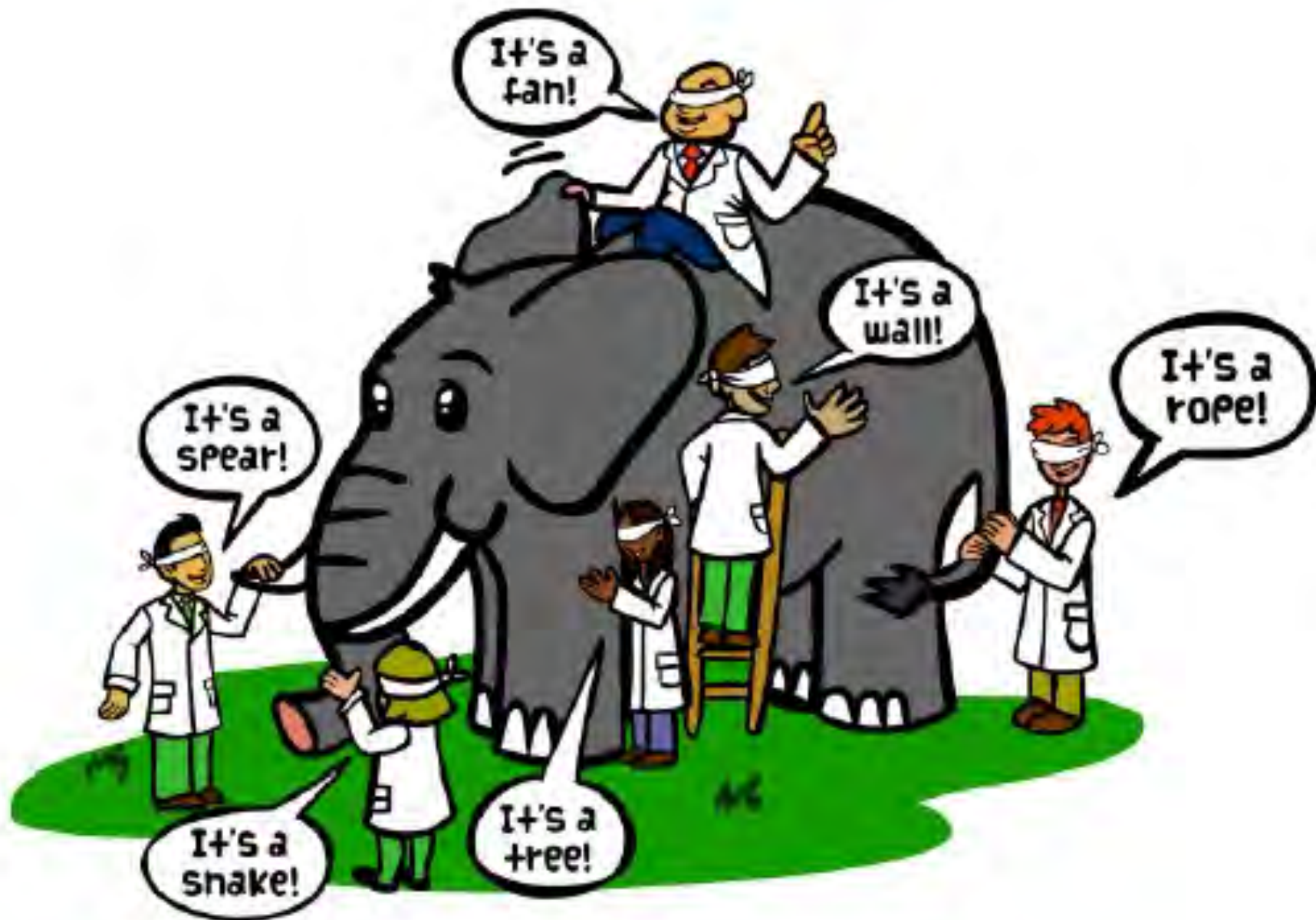
- People move through the criminal justice system in predictable ways
- Illustrates key points, or intercepts, to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through the criminal justice system
 - Engagement with community resources



What is SIM Mapping?

- The Sequential Intercept Model can be used by communities to
 - Transform fragmented systems
 - Assess gaps and opportunities
 - Identify where interventions are needed
 - Streamline duplicative efforts

Depicts how adults with behavioral health needs move through the criminal justice system.



The “Unsequential” Model

Arrest

Community

Community Supervision

Jail

Initial
Hearings

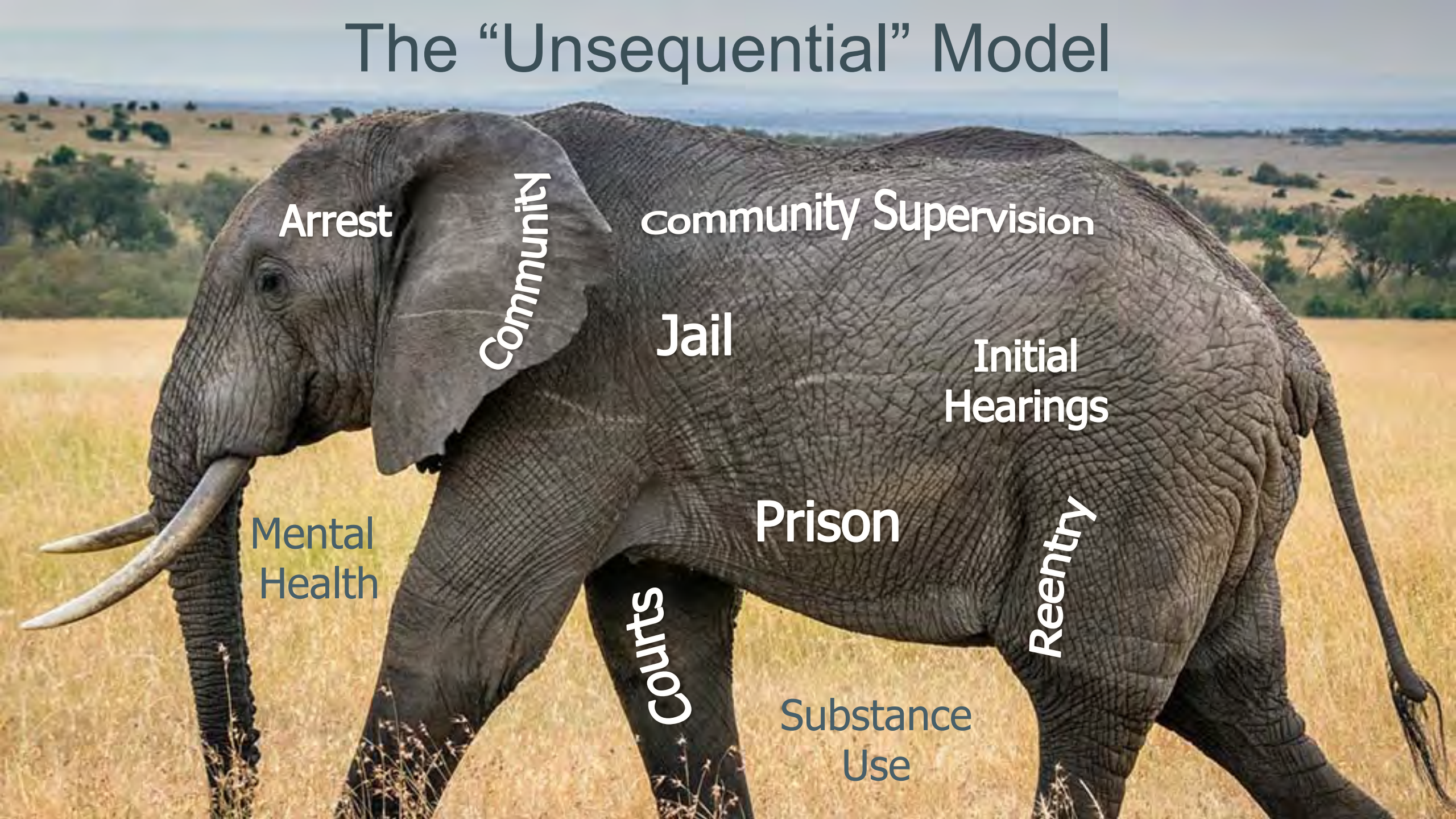
Mental
Health

Prison

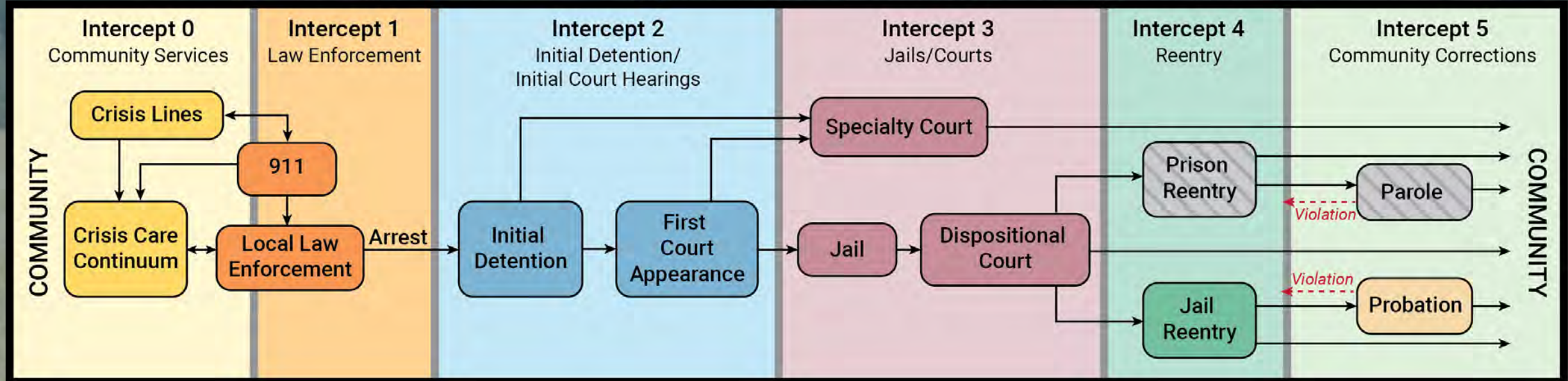
Courts

Substance
Use

Reentry

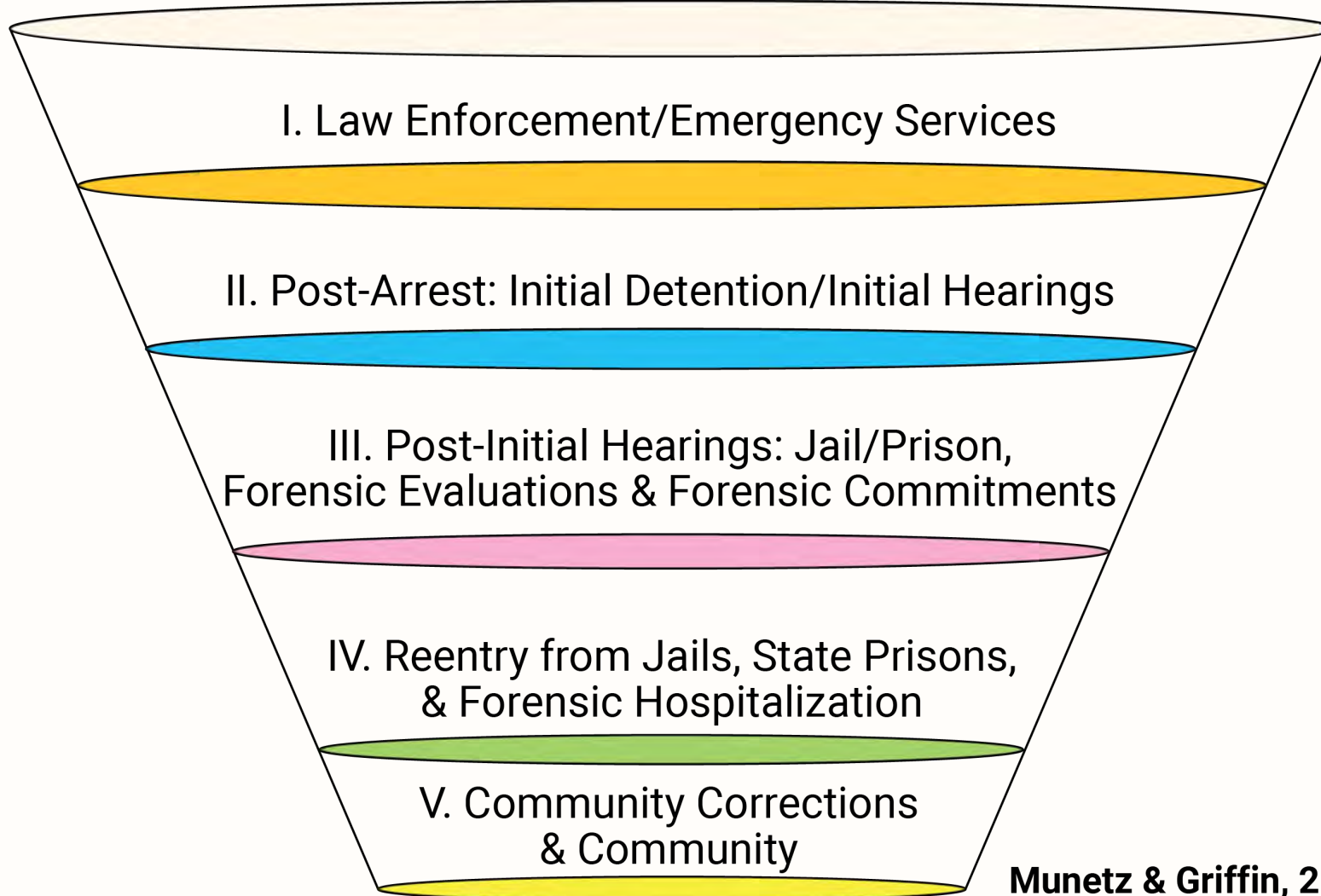


Sequential Intercept Model



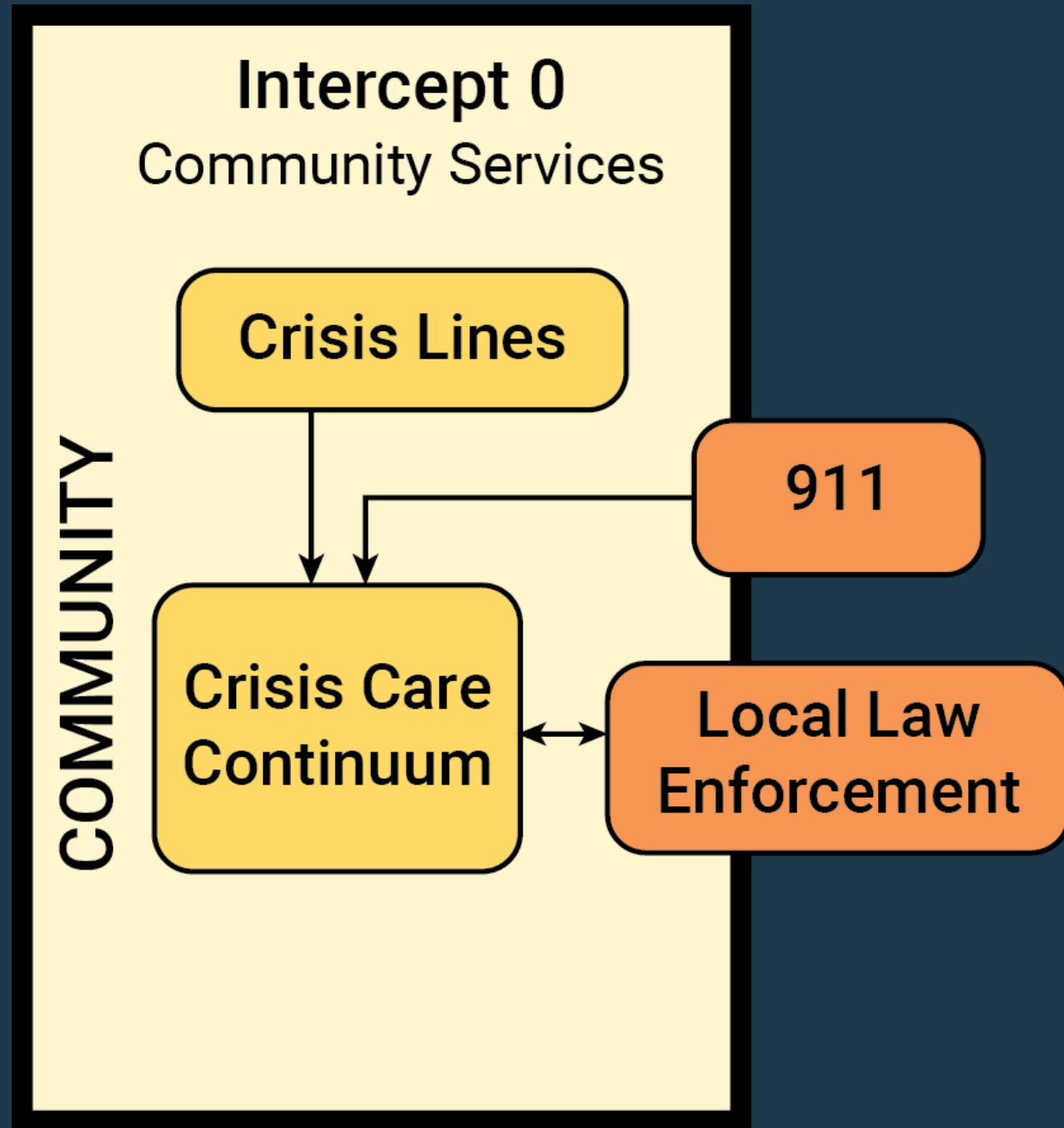
The Filter Model

0. Best Clinical Practices: The Ultimate Intercept



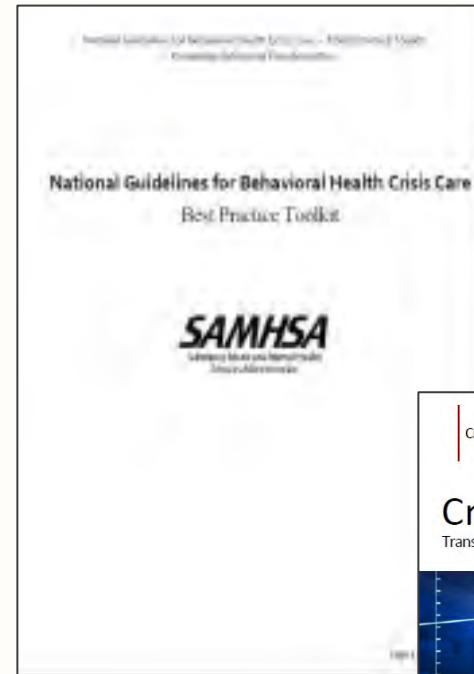
Munetz & Griffin, 2006

Intercept 0 Community Services



Crisis to Stabilization Care Continuum

- Mobile Crisis Outreach/Police co-response
- 24/7 Walk-in/Urgent Care w/connectivity
- ER Diversion and Peer Support/Navigators
- Crisis Stabilization – 16 beds, 3-5 days
- Crisis Residential – 18 beds, 10-14 days
- Crisis Respite – Apartment-style 30 days
- Transition Residential – Apartment-style 90 days
- Peer Respite Residential
- Critical Time Intervention: up to 9 months



Intercept 0 Deep Dive: 2016

Mecklenburg County (Charlotte), NC

PRE-CRISIS (PREVENTIVE)	CRISIS, NOT EMERGENCY	EMERGENCY	POST-CRISIS OR EMERGENCY
<p>National Alliance on Mental Illness Family and consumer education, resource information, and advocacy</p> <p>Monarch Walk-in Clinic Evaluations, medication management, therapy</p> <p>Anuvia Prevention and Recovery Center Detox Services 24/7/365 Social Detox</p> <p>Amara Wellness Walk-in Clinic Evaluations, medication management, therapy</p> <p>Promise Resource Network Recovery Hub</p> <p>Urban Ministry Homeless diversion w/street outreach</p> <p>Charlotte Community Based Outpatient Clinic Charlotte Health Care Clinic For Veterans Individual, group, family counseling</p> <p>Charlotte Vet Center Range of social and psychological services</p>	<p>Davidson LifeLine Crisis hotline, training</p> <p>National Alliance on Mental Illness Family/consumer education, resource recommendations, advocacy Family/consumer support thru crisis</p> <p>Cardinal Innovations Call Center Crisis referral/info 24/7/365</p> <p>Mobile CriSys 24/7/365 Assess, triage, refer</p> <p>Monarch Walk-in Clinic Evaluations, medication management, therapy</p> <p>Amara Wellness Walk-in Clinic Evaluations, medication management, therapy</p> <p>Anuvia Prevention and Recovery Center Detox Services 24/7/365 Social Detox</p>	<p>911 Dispatch Over 100 Telecommunicators 16-hr Crisis Intervention Team (CIT) training</p> <p>Cardinal Innovations Call Center Crisis referral/info 24/7/365</p> <p>MEDIC 24/7/365 Assess, triage, transport</p> <p>Mobile CriSys 24/7/365 Assess, triage, refer</p> <p>Carolinas Healthcare System Behavioral Health – Charlotte 24/7/365 Psychiatric Emergency Department Inpatient unit Observation unit</p> <p>Behavioral Health – Davidson Psychiatric hospital</p> <p>Presbyterian Hospital Acute Care Emergency Department Behavioral health beds Child/adolescents unit</p> <p>Charlotte Mecklenburg Police Department 40-hr Crisis Intervention Team training (CIT) CIT Mental Health Clinician Mental Health First Aid</p> <p>Mecklenburg County Sheriff's Office 40-hr Crisis Intervention Team training</p> <p>Municipal and College Police Departments Probation</p> <p>Central Regional Hospital Broughton Hospital</p>	<p>National Alliance on Mental Illness Family and consumer education, resource info, and advocacy Support groups Recommendations for on-going recovery support</p> <p>Promise Resource Network Recovery Hub Peer support transition from inpatient setting</p> <p>Peer Bridger Program Transition from Hospital and Jail Peer support transition from inpatient setting</p> <p>HopeWay Residential treatment Day treatment Two transitional living centers</p> <p>Charlotte Community Based Outpatient Clinic Charlotte Health Care Clinic For Veterans Individual, group, family counseling</p> <p>Mecklenburg County Reentry Services For Formerly Incarcerated Individuals Housing, employment, educational support; refer to mental health/substance abuse provider for appointments</p>

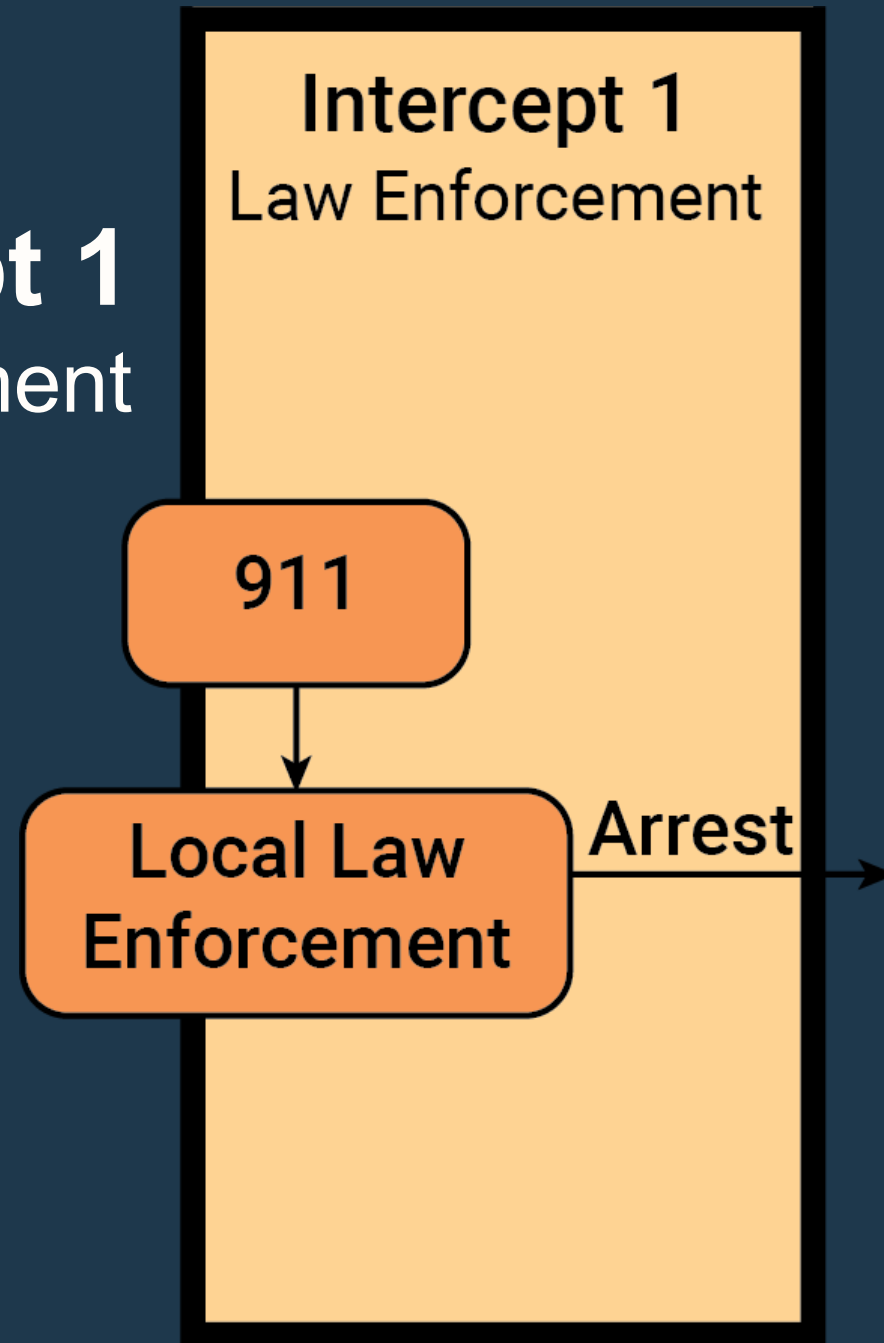
Recovery Advocacy

Promise Resource Network; Mental Health America; National Alliance on Mental Illness

Unifying Principles of a Crisis System

1. Timely
2. Accessible
3. Least restrictive setting
4. Community safety
5. Reduce justice system contact
6. Minimized emergency department boarding
7. Connect people to services and coverage
8. Consumer and family-centeredness
9. Meeting the complex needs of patients

Intercept 1 Law Enforcement



9-1-1: Asking Specifically About BH?

- Does this call involve anyone with mental health issues?
 - If **No**, proceed with call-slip processing
- If **Yes**, the following questions are to be asked and the responses added to the call-slip:
 - Does the individual appear to pose a danger to him/herself or others?
 - Does the person possess or have access to weapons?
 - Are you aware of the person's MH or SA history?

9-8-8 Hotline Implementation

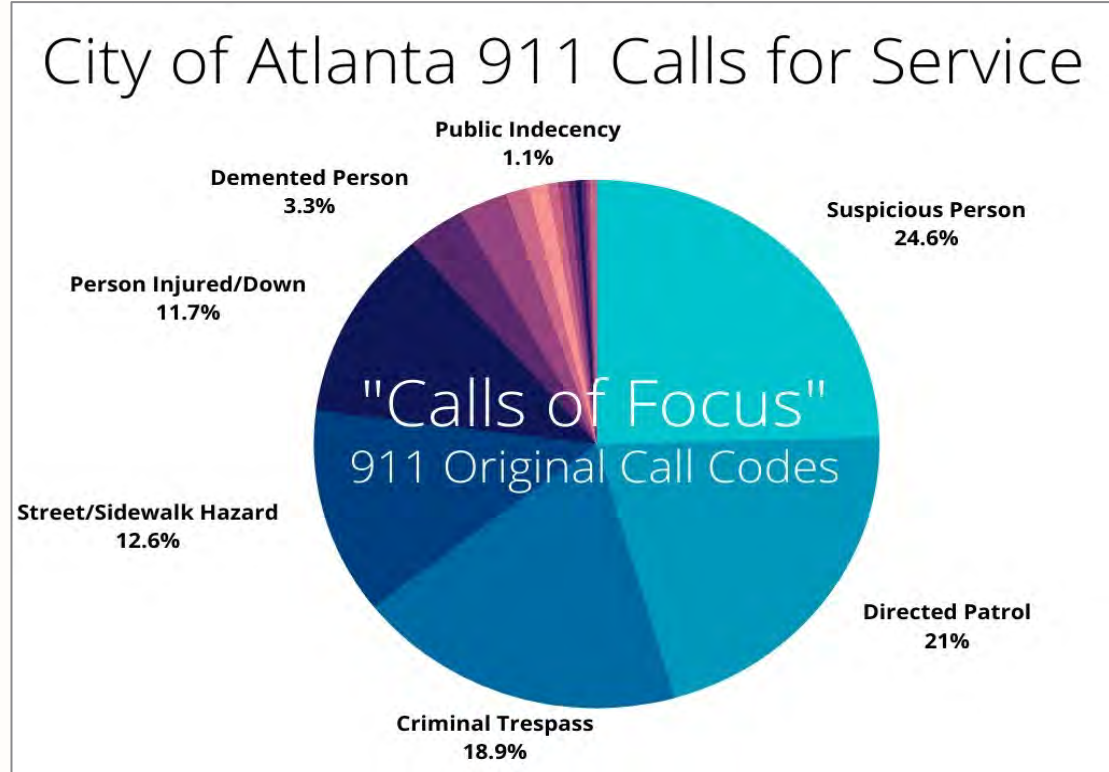
- July 2020: nationwide 3-digit number adopted for MH, substance use, and suicide crisis
- By July 2022: all carriers must direct 988 calls the National Suicide Prevention Lifeline
- Coordination, infrastructure, and funding are necessary

Law Enforcement/Emergency Services Models

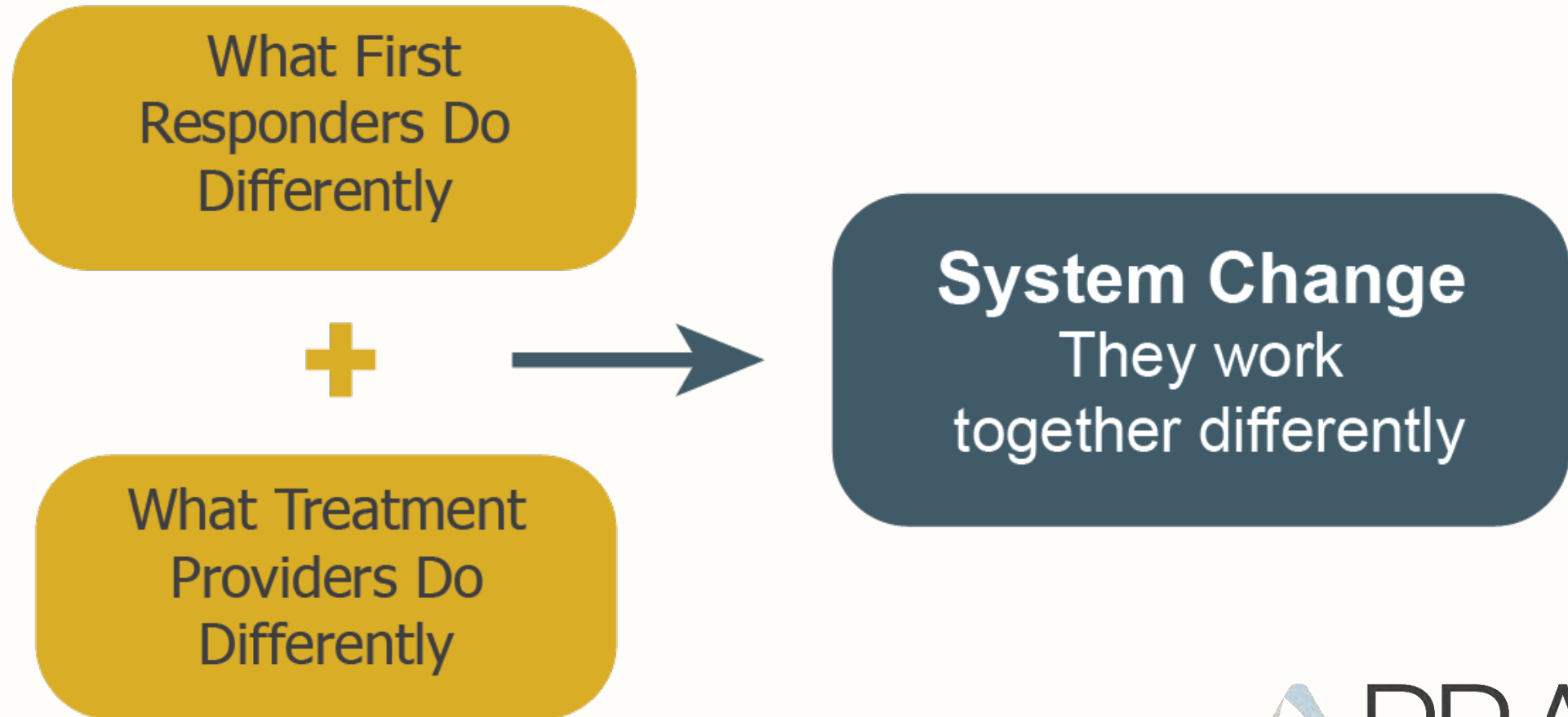
- **Crisis Intervention Teams (CIT)**
 - Community partnership
 - 40-hour training
 - Accessible, responsive crisis care system
- **Co-Responder Model**
 - Mental health professionals employed by, or working alongside police department
 - LAPD MEU: CAMP, SMART; Triage Unit
 - Early Diversion: Boulder; Knoxville
 - Houston PD MH Division
 - Pima County MHIST
 - Denver CIRU
- **Off-site support**
 - Telephone support to on scene officers (Hawaii, Fort Worth)
 - Video conference support to on scene officers (Lincoln, NE, Springfield, MO)
- **Mobile mental health crisis teams**
- **Specialized EMS Response**
 - Ambulance/Fire specialized MH training/co-response (Atlanta, Wake Co, NC, Denver)

Reimagining Response

- Atlanta 911 call analysis = 311 referral line for quality of life concerns, Policing Alternatives & Diversion (PAD) Harm Reduction teams (similar analysis in MI, CT, MN, LA, OR, CA, WA, & AZ cities, CFAP, 2020)
- Denver: STAR: based on CAHOOTS, pairs MH clinician/paramedic
- San Francisco: Fire Dept. paramedic, psychologist/social worker, & peer specialist mobile teams for MH calls
- Tompkins Co, NY: unarmed, civilian-led Dept. of Community Solutions and Public Safety for non-violent call types
- Albuquerque: new Community Safety Department as 3rd dispatch option (social workers, peers, clinicians, etc.)



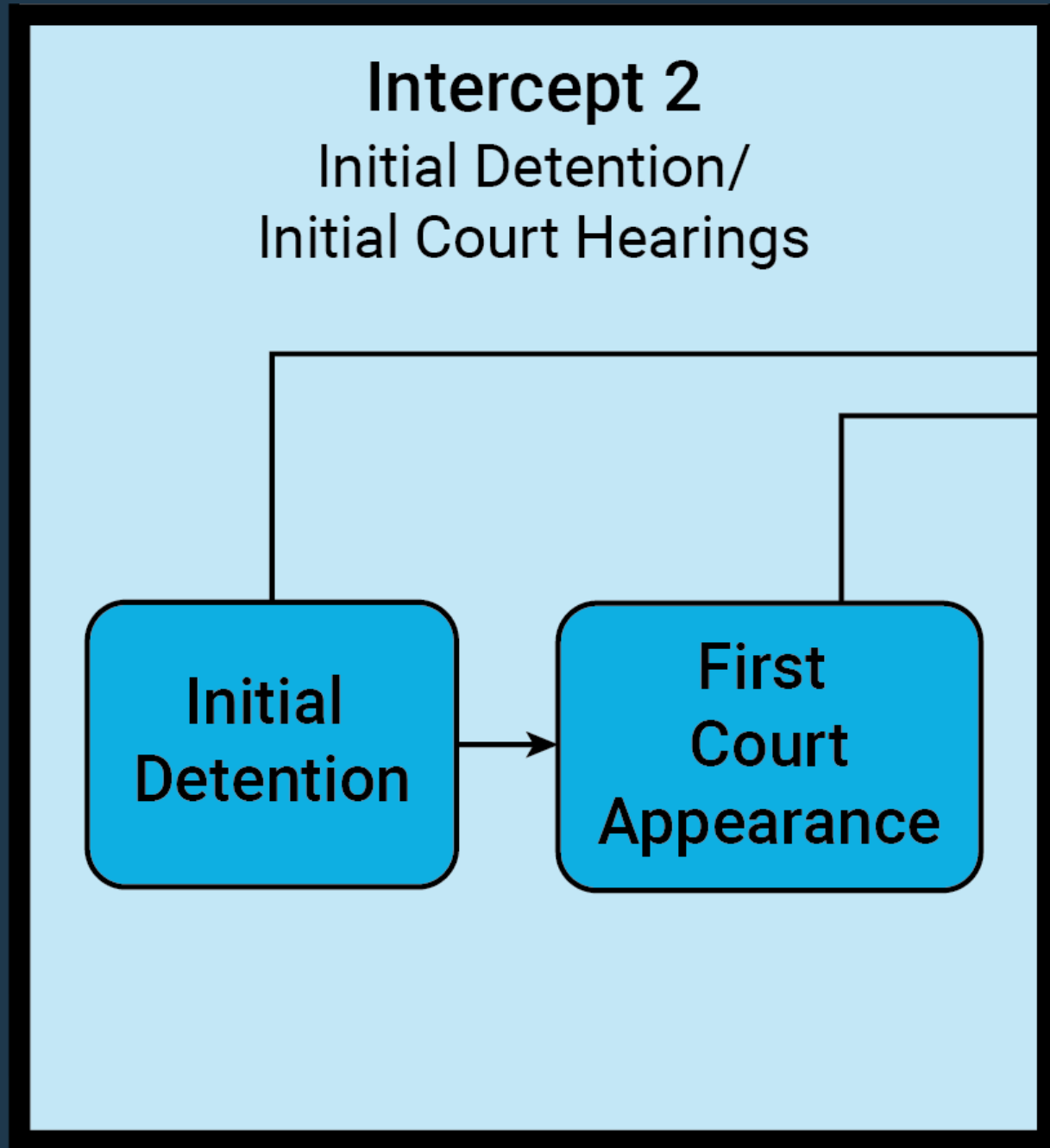
Diversion Equation in Intercepts 0/1



Intercept 0 and 1 Common Gaps

- Lack of Crisis Stabilization Units and continuum of crisis services, including detox
- Lack of sufficient Mobile Crisis Response
- Lack of MH or CIT training for 911 Dispatch

Intercept 2
Initial Detention/
Initial Court Hearings/
Pre-trial



Importance of Intercept 2 Diversion

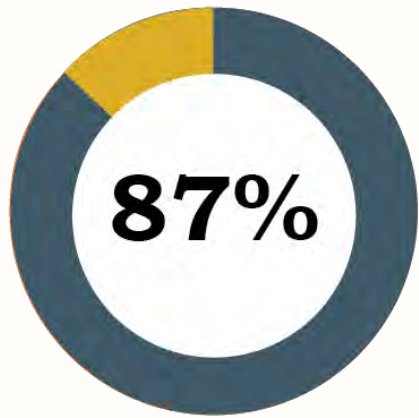
2013 study of pretrial detention in Kentucky (N=155,000)

- When held **2-3 days**, low-risk defendants **40% more likely** to commit crimes before trial
- When held **8-14 days**, low-risk defendants are **51% more likely** to commit crimes 2 years after case disposition

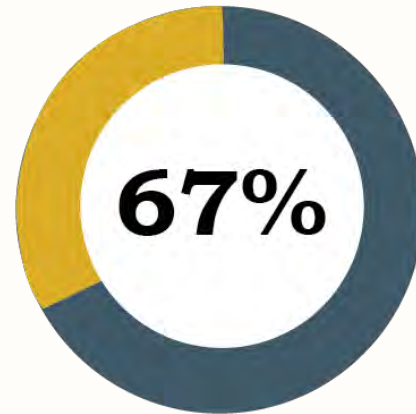
*Detention of **low and moderate-risk** defendants increases their rates of new crimes*

Lowenkamp, Van Norstand, & Holsinger 2013

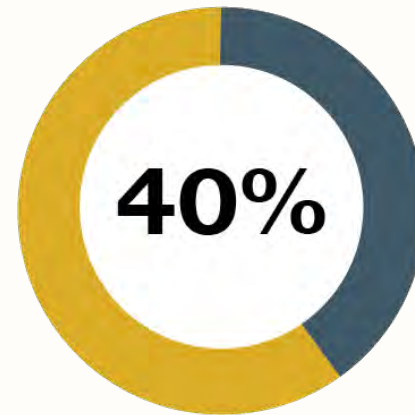
NACo Analysis of Jail Populations



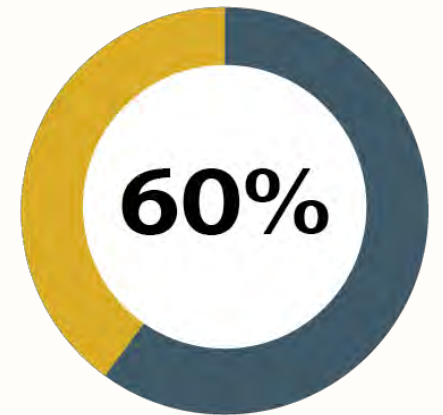
of jails are
owned by
counties



of confined jail
population is
pretrial



of jails
use a **risk
assessment**



of jail population
assessed "low risk"
among jails that use
risk assessments

Identification and Referral

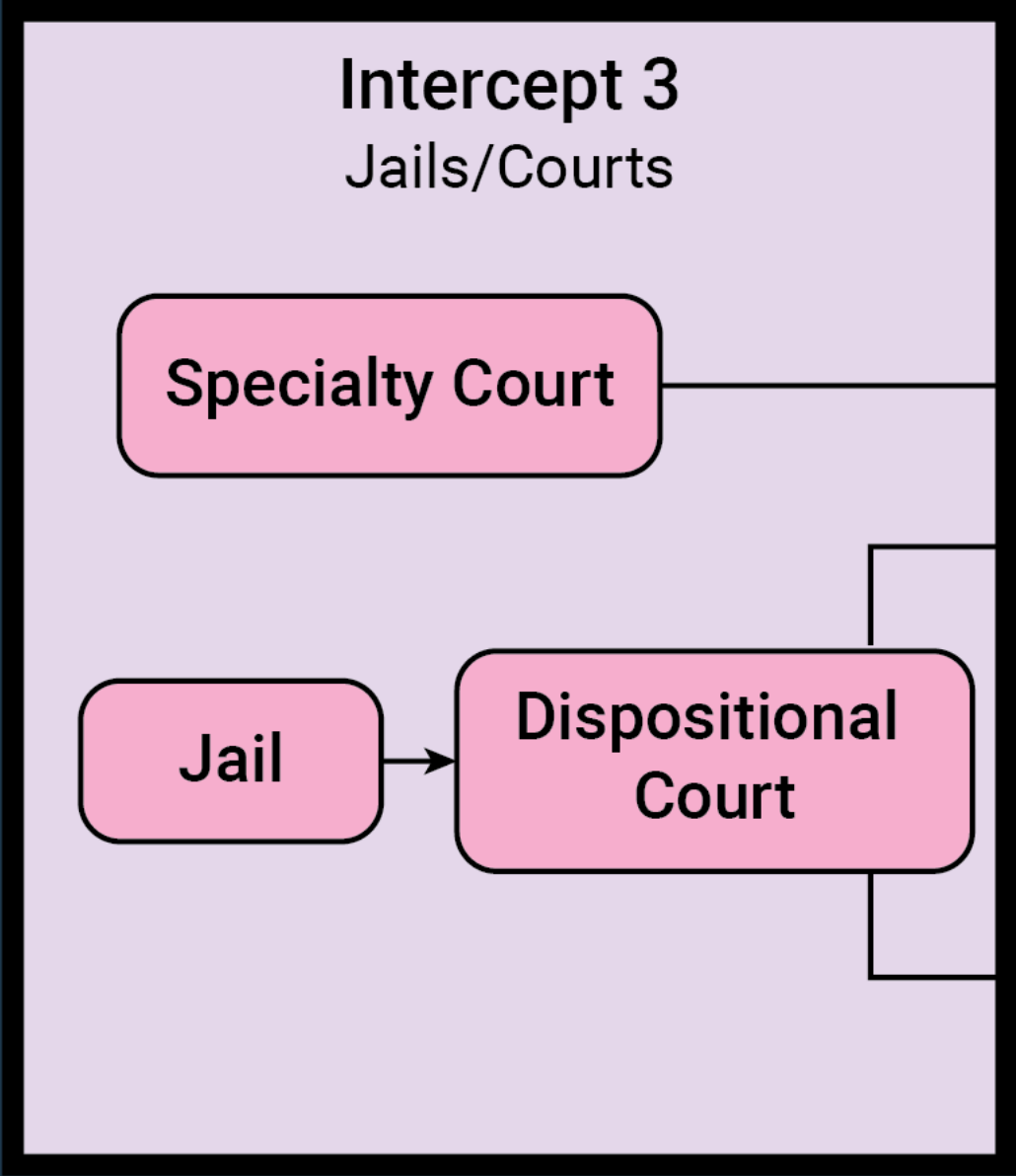
Systems	Strategies
Law enforcement	Law enforcement observations
Pretrial services	Validated risk-based screening/assessment
Booking officers	Inmate identification and classification
Jail medical staff	Medical/BH current & future needs
Prosecutors	Charging and initial diversion options
Public defenders	Identify potential options
Judges	Weighing risk and options

Goal:
Balancing public safety, personal rights, and appropriate use of jail

Gaps at Intercept 2

- Lack of diversion opportunities
- Lack of specialized supervision for people with mental disorders on pretrial supervision
- Lack of multiple mental health screening strategies

Intercept 3 Jails/Courts



Jails and Courts

- In-jail Services
 - Assessment of in-custody needs
 - Access to medications, MH services, and SU services
 - Communication with community-based providers
- Specialty/Treatment Courts
 - Drug/DUI courts, mental health courts, veterans court, DV, Tribal Wellness courts, reentry courts, etc.

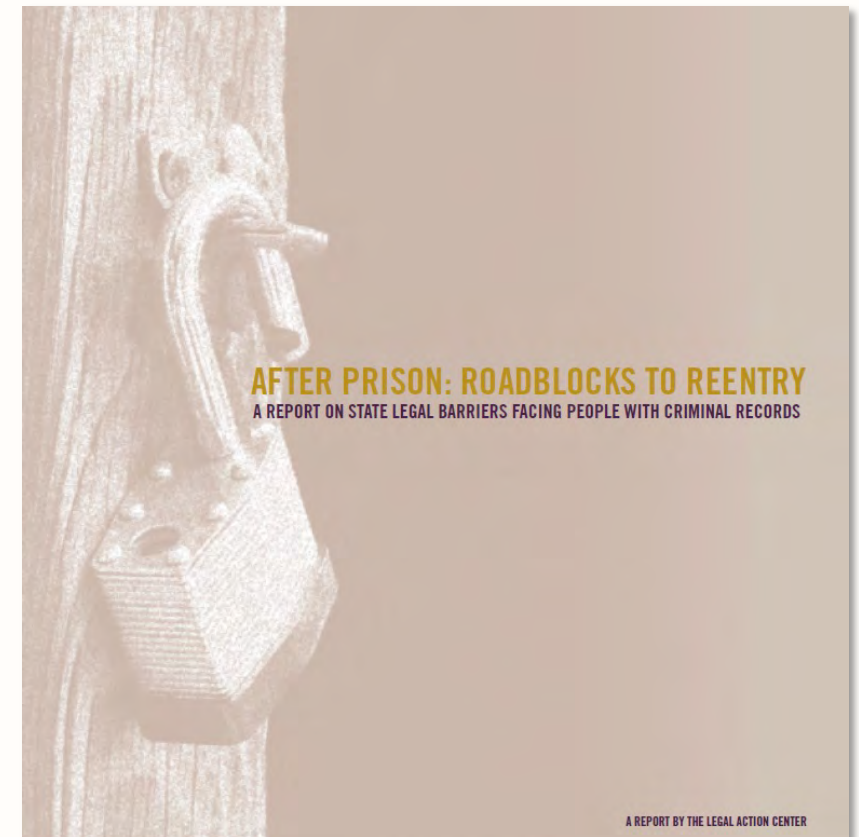
Using Criminal Charges as Treatment Leverage

- Pre-plea: diversion to services in lieu of further case processing
- Post-plea: deferred or modified sentence, often to treatment court
- Probation-Based: conviction with treatment as term of probation



Consequences Courts Must Consider

- Employment/Ban the Box
- Housing
- Voting
- Driver's License
- Student Loans
- Temporary Assistance for Needy Families
- Food Stamps



Treatment/Problem-Solving Courts (NADCP)

Model	# of Courts
Adult Drug Court	1,540
Mental Health Court	533
Family Drug Court	305
Veterans Treatment Court	461
DWI Court	471
Tribal Healing to Wellness Court	138

Common Gaps at Intercept 3

- Jails
 - Lack of screening for veterans/military service
 - Medication continuity
 - Off-formulary medication
 - Insufficient data about the SMI population with the jail census
- Courts
 - Over reliance on treatment courts
 - Treatment courts limited to post-conviction models
 - Only misdemeanor or only felony models
 - Co-occurring disorders not understood

Intercept 4
Reentry

Intercept 4
Reentry

Prison
Reentry

Jail
Reentry

Reentry: A Matter of Life and Death?

- Study of 30,000 prisoners released in Washington State (2007)
 - 443 died during follow-up period of 1.9 years
 - Death rate 3.5 times higher than general population
 - Primary causes of death
 - Drug overdose (71% of deaths)
 - Other: heart disease, homicide, and suicide
- Consider suicide risk both during and after release
- Post-release opioid-related overdose is the leading cause of death among people released from jails or prisons (2019)

Case Management is Critical

Multiple Needs

- Mental health
- Medications
- Housing
- Substance abuse
- Health
- Income support/benefits
- Food/clothing
- Transportation
- Other (often used for child care needs of women)



Multiple Systems

- Mental health services
- Substance use services
- Health services
- Food, clothing
- Medicaid
- SSA
- Veterans benefits
- Parole/probation
- Housing
- Transportation

The APIC Model of Transition Planning

Assess **Assess** the inmate's clinical, social needs, and public safety risks

Plan **Plan** for the treatment & services required to address the inmate's needs

Identify **Identify** required community & correctional programs responsible for post-release services

Coordinate **Coordinate** the transition plan to ensure implementation and avoid gaps in care with community-based services

GAINS Reentry Checklist

- Based on APIC model
- Assist jails in re-entry planning
- Quadruplicate form
- Surveys inmate's potential needs
- Steps taken to address

GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs				
Detainee's Name Last: _____ First: _____ M: _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth mo: ____ / day: ____ / yr: ____	Today's Date mo: ____ / day: ____ / yr: ____
		Jail ID # _____ SSN# _____		
Name of Facility	Name of Person Completing Form and Phone Number	Current Status <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	Date of Admission mo: ____ / day: ____ / yr: ____	Projected Release Date mo: ____ / day: ____ / yr: ____
Potential Needs in Community After Release	Steps Taken by Jail Staff and Date(s)	Detainee's Final Plan & Contact Information for Referrals		
Mental Health Services <input type="checkbox"/>	_____	_____		
Psychotropic Medications <input type="checkbox"/>	_____	_____		
Housing <input type="checkbox"/>	_____	_____		
Substance Abuse Services <input type="checkbox"/>	_____	_____		
Health Care <input type="checkbox"/>	_____	_____		
Health Care Benefits <input type="checkbox"/>	_____	_____		
Income Support/Benefits <input type="checkbox"/>	_____	_____		
Food/Clothing <input type="checkbox"/>	_____	_____		
Transportation <input type="checkbox"/>	_____	_____		
Other <input type="checkbox"/>	_____	_____		
Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____		Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Detainee refused <input type="checkbox"/> Court released before plan completed <input type="checkbox"/> incomplete for other reasons <input type="checkbox"/> Specify: _____				
Facility Use				

GAINS Reentry Checklist Domains

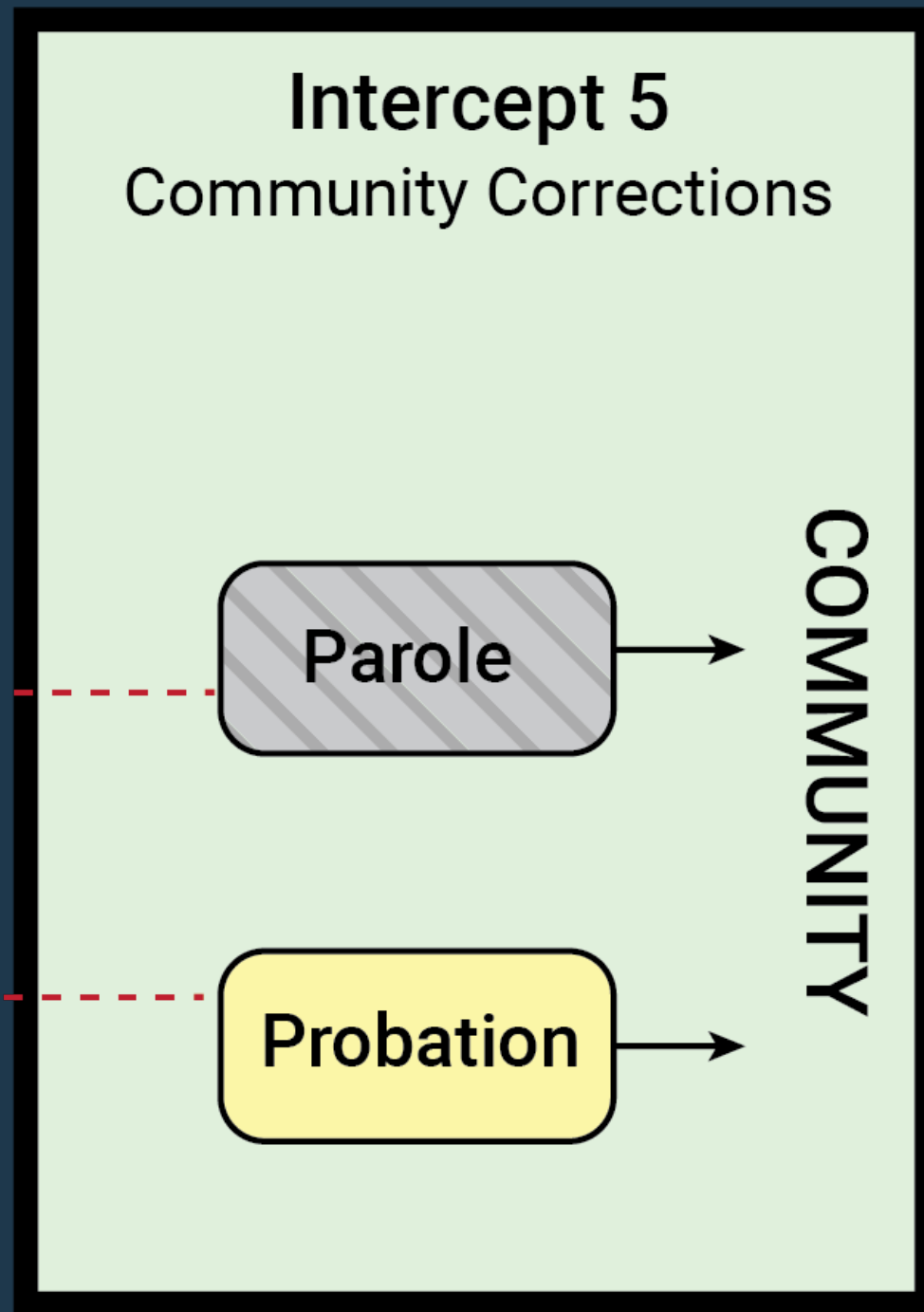
- Mental health services
- Psychotropic medications
- Housing
- Substance abuse services
- Health care
- Healthcare benefits
- Income support/benefits
- Food/clothing
- Transportation
- Other (often used for child care needs of women)

Common Gaps at Intercept 4

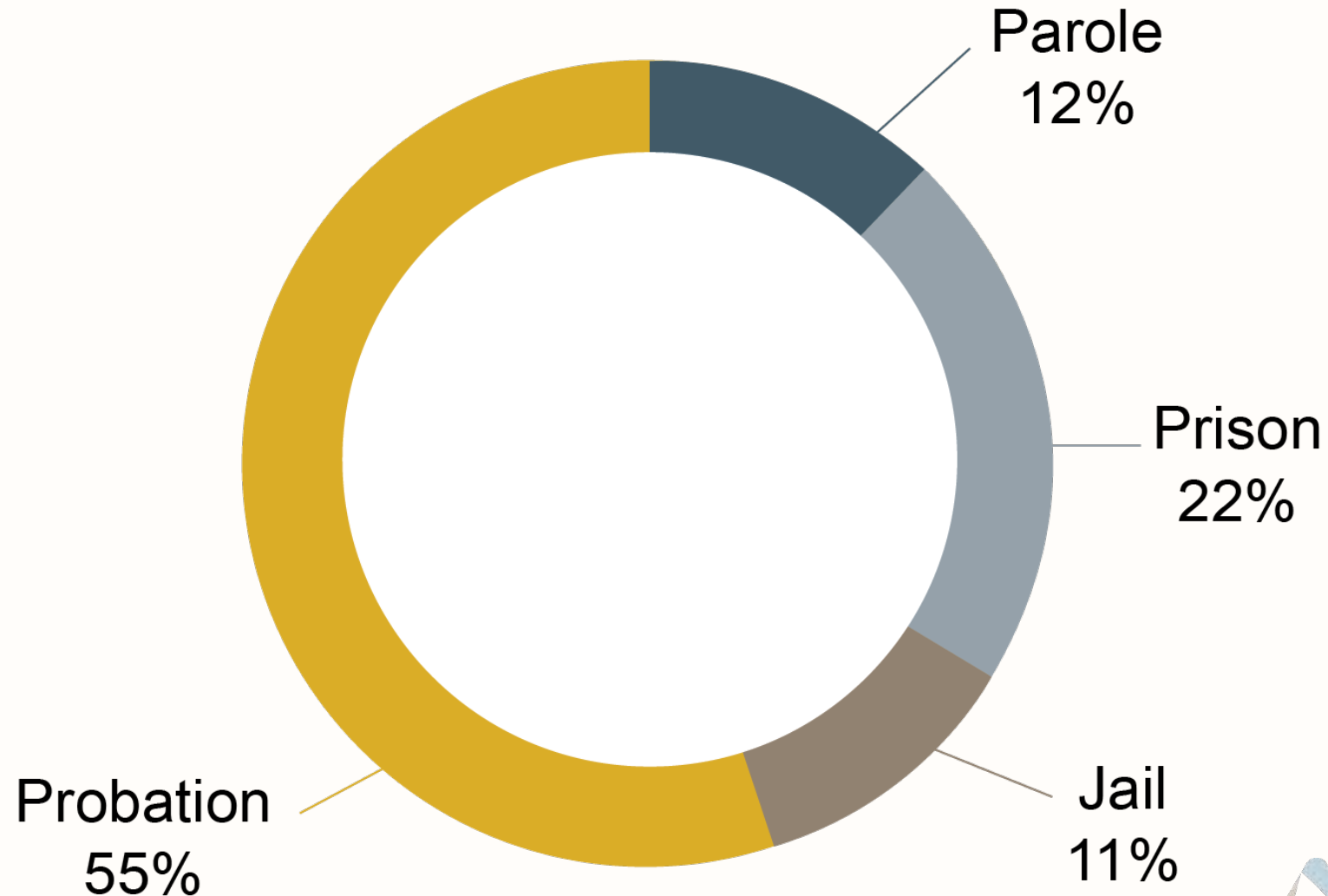
- Timing is everything...
 - Insufficient medications or prescriptions upon release
 - Lack of Medicaid/SSI enrollment
 - Insufficient connection to community-based services
 - Court releases
 - Transportation
 - Treatment providers who can meet needs

Intercept 5

Community Corrections/
Community Supports



6.9 Million Under Correctional Supervision





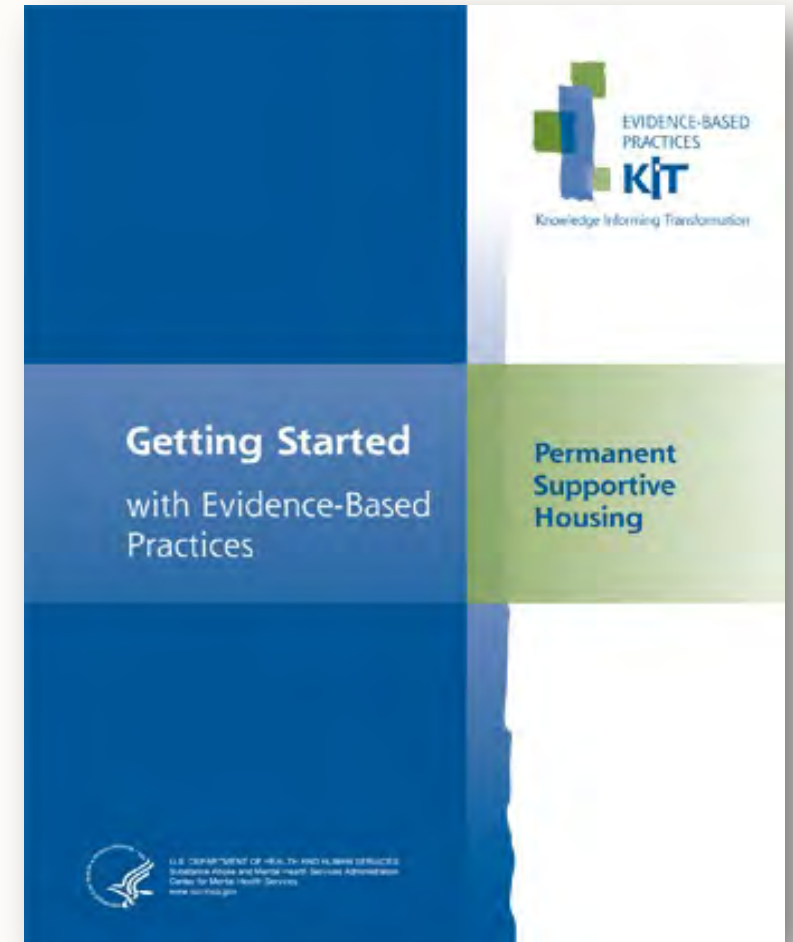
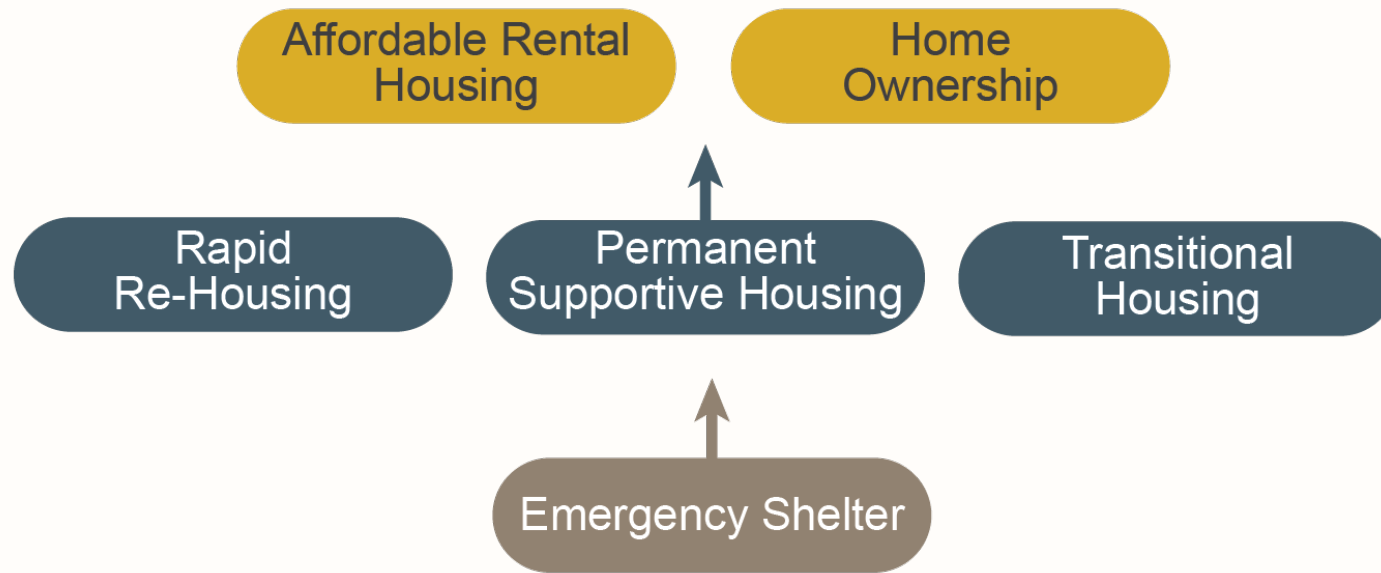
Specialized Caseloads: Promising Practice

- Rely on an effective partnership between supervising probation officers and treatment providers
- Benefits
 - Improves linkage to services
 - Improves functioning
 - Reduces risk of violation- fewer arrests and jail days
 - Cost savings- reduced recidivism and ED/inpatient use
- Probation best practices: validated assessment tools, training for officers, including Motivational Interviewing and building cognitive skills, case planning, & a focus on criminogenic risks

(CSG, 2021)

Stable Housing is Treatment

BUILDING A STRONG CONTINUUM OF HOUSING RESOURCES

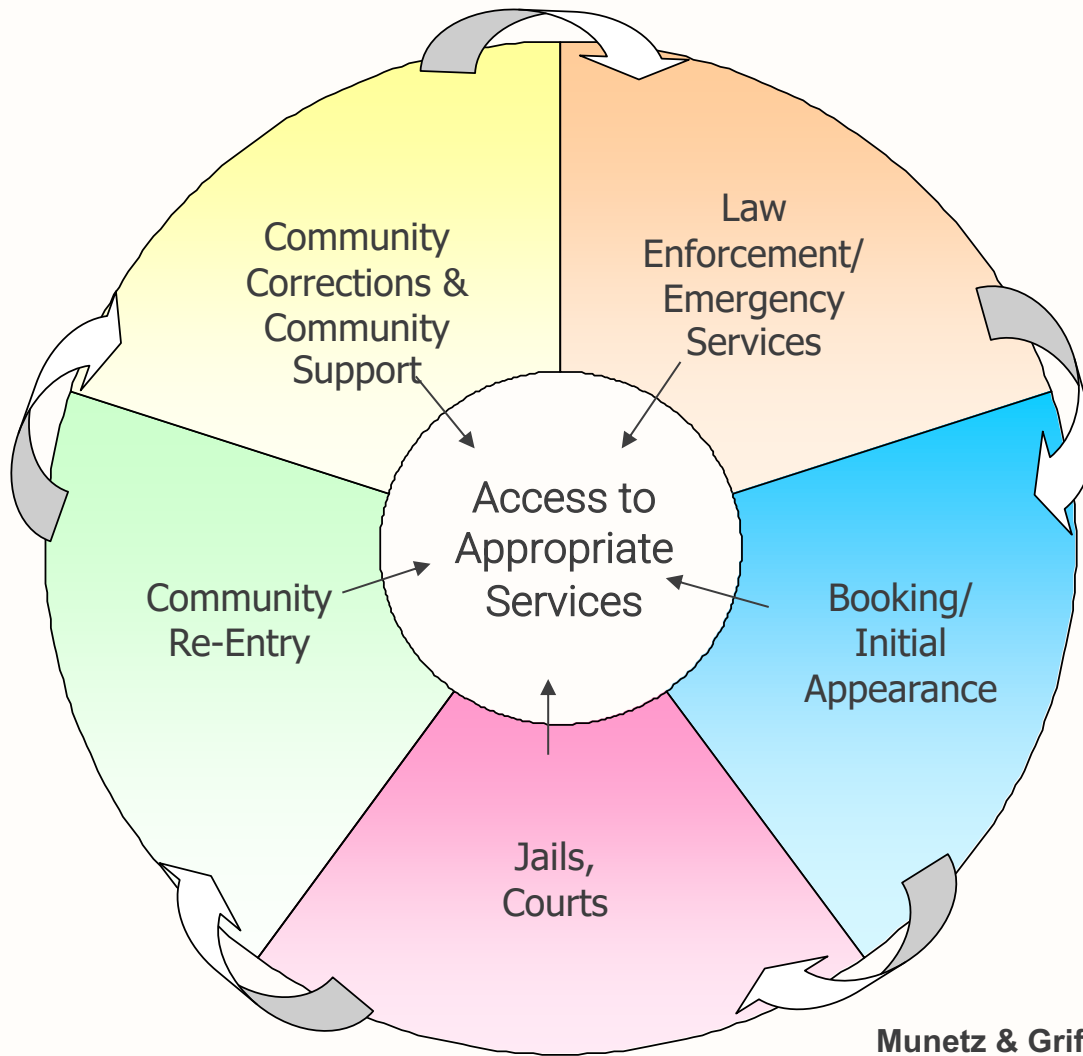


Common Gaps at Intercept 5

- Alternatives to technical violation
- Caseloads
 - Lack of specialized caseloads
 - Caseloads with high ratios of probationers to officer
- Housing
- Behavioral health providers
 - Lack of agreements on what information is shared with probation
 - Implementation of RNR strategies
 - Medication Assisted Treatment access

Cross-Intercept Gaps

- Lack of a formal planning structure and coordination
- Information sharing and data integration
- Cross-training
- Evidence-based practices
- Trauma-informed approaches and trauma-specific treatment
- Cross-system screening for military service
- Integrated health services and healthcare reform
- Integration of peer services
- Housing, transportation, employment
- Data, Data, Data



Munetz & Griffin, 2006