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.

- Identify gaps, resources, and opportunities at each intercept for adults with mental and substance use disorders.
- Develop priorities for action designed to improve system and service-level responses for adults with mental and substance use disorders.

**SAMHSA’s 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 use, 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 under Task Order Number HHS/2052000581/HHS2634030T for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Nancy Kelly serves as the Contracting Officer’s Representative.

**INTERCEPT 0**

Expanding the Sequential Intercept Model to prevent criminal justice involvement

**Crisis Response**

- Crisis response models provide short-term help for individuals who are experiencing mental or substance use crisis and can divert individuals from the criminal justice system.

**Police Strategies**

- Proactive police responses with disadvantaged and vulnerable populations. A unique method of diverting individuals from the criminal justice system.

**Tips for Success**

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

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5. 20th Century Cures Act, Pub. L. 114-255, Title XIV, Subtitle B, Section 14021, codified as amended at 41 U.S.C. 7334A, 7334B (f), Section 7334B.

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**SAMHSA’s GAINS Center**

**https://www.samhsa.gov/gains-center**

**PEP19-SIM-BROCHURE**

**SAMHSA’s GAINS Center**

**https://www.samhsa.gov/gains-center**

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**SAMHSA** Substance Abuse and Mental Health Services Administration

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**sequentialInterceptModel**

**THE SEQUENTIAL INTERCEPT MODEL**

Advancing Community-based Solutions for Justice-involved People With Mental and Substance Use Disorders

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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. (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 the National Institute of Mental Health-funded Small Business Innovative Research grant awarded to PRA. The linear SIM 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 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, 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 the community stakeholders.

Since its development, the use of the SIM as a strategic planning tool has grown exponentially. In 2000, PRA received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to produce an assessment of the SIM’s utility as a strategic planning tool for communities who want to address the justice involvement of 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, 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 the 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 the mapping workshop, as a means 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 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 disorders.
Key Issues at Each Intercept

**Intercept 0**
- **Community Services**
  - Crisis Care Continuum
  - Local Law Enforcement

**Intercept 1**
- **Law Enforcement**
  - Initial Detention/Initial Court Hearings

**Intercept 2**
- **Jails/Courts**
  - Specialty Court

**Intercept 3**
- **Reentry**
  - Prison Reentry

**Intercept 4**
- **Community Corrections**
  - Parole

**Intercept 5**
- **Community Services**
  - Jails/Courts

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**Key Issues at Each Intercept**

**Intercept 0**
- Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis or co-respond to a police encounter.
- Emergency department diversion. Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.
- Police-behavioral health collaborations. Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.

**Intercept 1**
- Dispatcher training. Dispatchers can identify mental or substance use 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 crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.
- Intervening with frequent utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce frequent 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, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.
- Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

**Intercept 4**
- Transition planning by the jail or reentry 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, including MAT medications prescribed for substance use disorders.
- Warm hand-offs from corrections to providers increase 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.
- MAT for substance use disorders.
- MAT 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 mental and substance use treatment services.
- 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 utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

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**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.