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 and eventually return to the community. 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. 2

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. Since its development, the use of the SIM as a strategic planning tool has grown tremendously. In the 21st Century Cures Act, 5 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.

Sequential Intercept Model as a Strategic Planning Tool

The Sequential Intercept Model is most effective when used as a community strategic planning tool 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 use, law enforcement, pretrial services, courts, 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:

- 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 HHSS2832012000581/HHSS28342003T 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 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. Proactive 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
The Sequential Intercept Model

**Intercept 0**
Community Services

- Crisis Lines
- 911
- Crisis Care Continuum
- Local Law Enforcement
- Arrest

**Intercept 1**
Law Enforcement

- Initial Detention/Initial Court Hearings
- Jails/Courts
- Specialty Court
- Prison Reentry

**Intercept 2**
Initial Detention

- First Court Appearance
- Jail
- Dispositional Court
- Jail Reentry

**Intercept 3**
Jails/Courts

- Dispositional
- Parole
- Probation

**Intercept 4**
Reentry

- 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. Removing criminal justice-specific barriers to access is critical.

**Intercept 5**
Community Corrections

- 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 utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

**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.

**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.

**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.

**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.

**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.

**Intercept 5**
Specialized community supervision caseloads of people with mental disorders.