“Using the Sequential Intercept Model to Decriminalize Mental Illness”

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October 21, 2021
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
“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.”

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

Population Characteristics
Jails and Mental Disorders

- 4% of the general population have SMI
- 17% of jail inmates have SMI
- 72% of those in jail with SMI have a co-occurring disorder

Steadman, Osher, Robbins, Case, & Samuels, 2009; Teplin, 1990
Teplin, Abram, & McClelland, 1996; Abram, Teplin, & McClelland, 2003
Jails and Substance Use Disorders

80% of arrestees tested positive for a drug

63% 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

<table>
<thead>
<tr>
<th>Any Physical or Sexual Abuse (N=2,122)</th>
<th>Lifetime</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>95.5%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Male</td>
<td>88.6%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Total</td>
<td>92.2%</td>
<td>79.0%</td>
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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
- Prison
- Reentry
- Courts
- Substance Use
- Mental Health
The Filter Model

0. Best Clinical Practices: The Ultimate Intercept

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

III. Post-Initial Hearings: Jail/Prison, Forensic Evaluations & Forensic Commitments

IV. Reentry from Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community

Munetz & Griffin, 2006
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)

- **National Alliance on Mental Illness**
  - Family and consumer education, resource information, and advocacy
- **Monarch Walk-in Clinic**
  - Evaluations, medication management, therapy
- **Anuvia Prevention and Recovery Center**
  - Detox Services
  - 24/7/365 Social Detox
- **Amara Wellness Walk-in Clinic**
  - Evaluations, medication management, therapy
- **Promise Resource Network**
  - Recovery Hub
- **Urban Ministry**
  - Homeless diversion w/street outreach
- **Charlotte Community Based Outpatient Clinic**
  - For Veterans
  - Individual, group, family counseling
- **Charlotte Vet Center**
  - Range of social and psychological services

## CRISIS, NOT EMERGENCY

- **Davidson Lifeline**
  - Crisis hotline, training
- **Cardinal Innovations Call Center**
  - Crisis referral/info 24/7/365
- **Mobile Crisis (MEDIC)**
  - 24/7/365
  - Assess, triage, transport
- **Mobile Crisis (MedCris)**
  - 24/7/365
  - Assess, triage, refer
- **Monarch Walk-in Clinic**
  - Evaluations, medication management, therapy
- **Amara Wellness Walk-in Clinic**
  - Evaluations, medication management, therapy
- **Anuvia Prevention and Recovery Center**
  - Detox Services
  - 24/7/365 Social Detox

## EMERGENCY

- **911 Dispatch**
  - Over 100 Telecommunicators
  - 16-hr Crisis Intervention Team (CIT) training
- **Cardinal Innovations Call Center**
  - Crisis referral/info 24/7/365
- **MEDIC**
  - 24/7/365
  - Assess, triage, transport
- **Mobile Crisis (MEDIC)**
  - 24/7/365
  - Assess, triage, refer
- **Carolina Healthcare System**
  - Behavioral Health – Davidson
  - Psychiatric hospital
- **Behavioral Health – Davidson**
  - Inpatient unit
  - Observation unit
- **Behavioral Health – Davidson**
  - Psychiatric hospital
- **Behavioral Health – Davidson**
  - Child/adolescents unit
- **Presbyterian Hospital**
  - Acute Care Emergency Department
  - Behavioral health beds
  - Child/adolescents unit
- **Central Regional Hospital**
  - Broughton Hospital
- **Charlotte Mecklenburg Police Department**
  - 40-hr Crisis Intervention Team training (CIT)
  - CIT Mental Health Clinician
  - Mental Health First Aid
- **Mecklenburg County Sheriff’s Office**
  - 40-hr Crisis Intervention Team training

## POST-CRISIS OR EMERGENCY

- **National Alliance on Mental Illness**
  - Family and consumer education, resource info, and advocacy
  - Recommendations for on-going recovery support
- **Promise Resource Network**
  - Recovery Hub
  - Peer support transition from inpatient setting
- **Peer Bridge Program**
  - Transition from Hospital and Jail
  - Peer support transition from inpatient setting
- **HopeWay**
  - Residential treatment
  - Day treatment
  - Two transitional living centers
- **Charlotte Community Based Outpatient Clinic**
  - For Veterans
  - Individual, group, family counseling
- **Charlotte Health Care Clinic**
  - For Formerly Incarcerated Individuals
  - Housing, employment, educational support; refer to mental health/substance abuse provider for appointments
- **Mecklenburg County Reentry Clinic**
  - For Formerly Incarcerated Individuals
  - Housing, employment, educational support; refer to mental health/substance abuse provider for appointments

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**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

911

Local Law Enforcement

Arrest
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 along side 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

What First Responders Do Differently

+ System Change
  They work together differently

What Treatment Providers Do Differently
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

- 87% of jails are owned by counties
- 67% of confined jail population is pretrial
- 40% of jails use a risk assessment
- 60% of jail population assessed “low risk” among jails that use risk assessments
# Identification and Referral

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

**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

Specialty Court

Jail

Dispositional Court
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)

<table>
<thead>
<tr>
<th>Model</th>
<th># of Courts</th>
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</thead>
<tbody>
<tr>
<td>Adult Drug Court</td>
<td>1,540</td>
</tr>
<tr>
<td>Mental Health Court</td>
<td>533</td>
</tr>
<tr>
<td>Family Drug Court</td>
<td>305</td>
</tr>
<tr>
<td>Veterans Treatment Court</td>
<td>461</td>
</tr>
<tr>
<td>DWI Court</td>
<td>471</td>
</tr>
<tr>
<td>Tribal Healing to Wellness Court</td>
<td>138</td>
</tr>
</tbody>
</table>
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

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)

New England Journal of Medicine, 2007; Addiction Science & Clinical Practice, 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

<table>
<thead>
<tr>
<th>Potential Needs</th>
<th>Community After Release</th>
<th>Steps Taken To Address and Needs</th>
<th>New Action Plan &amp; Contact Information for Further</th>
</tr>
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<tbody>
<tr>
<td>Medical Health Services</td>
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<tr>
<td>Psychiatric Services</td>
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<tr>
<td>Housing</td>
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<tr>
<td>Substance Abuse Services</td>
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<td>Employment</td>
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<tr>
<td>Education</td>
<td></td>
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<td></td>
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<tr>
<td>Transportation</td>
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<td></td>
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<tr>
<td>Other</td>
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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

Parole

Violation

Violation

Probation
6.9 Million Under Correctional Supervision

- Probation: 55%
- Prison: 22%
- Jail: 11%
- Parole: 12%
I'll be supervising you...

Probation Service
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

- Affordable Rental Housing
- Home Ownership
- Rapid Re-Housing
- Permanent Supportive Housing
- Transitional Housing
- Emergency Shelter
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