

The Sequential Intercept Model (SIM) as a Strategic Planning Tool

Chanson Noether, MA, Vice-President
 Dan Abreu, MS, CRC, Senior Project Associate II
 Lisa Callahan, PhD, Senior Research Associate II

March 4, 2021 New York Association of Treatment Court Professionals Conference




1

Focus

Men and women...

- with serious mental illness, substance use disorders, and co-occurring disorders; and
- who are involved with the criminal justice system

2




2

The SIM is a tool...

The SIM can be used as a tool to develop cross-systems strategies that:

- Promote and support recovery
- Ensure safety and quality of life for all
- Keep people out of jail, in treatment
- Provide constitutionally adequate treatment while in jail
- Link people to comprehensive, appropriate, and integrated community-based services

3



3

Challenges to Collaboration

Limited resources often create a competitive and protective environment

Funding silos **System cultures**

PRA
POLICY RESEARCH ASSOCIATES

4

Improve integrated service delivery by promoting and enhancing

collaboration

PRA
POLICY RESEARCH ASSOCIATES

5

Collaboration

Among	From	Supports
Professionals	Criminal Justice	Social Services
People with Lived Experiences	Mental Health	Entitlements
Family Members/ Advocates	Substance Use	Health
		Housing
		Veterans Services

PRA
POLICY RESEARCH ASSOCIATES

6

Sequential Intercept Model (SIM)

- 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



7

7

How can the SIM be used?

- 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

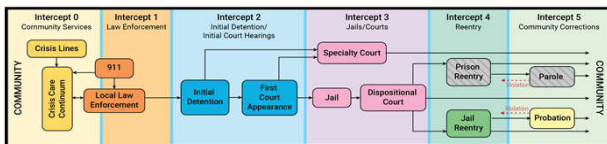
Depicts how adults with behavioral health needs move through the criminal justice system.



8

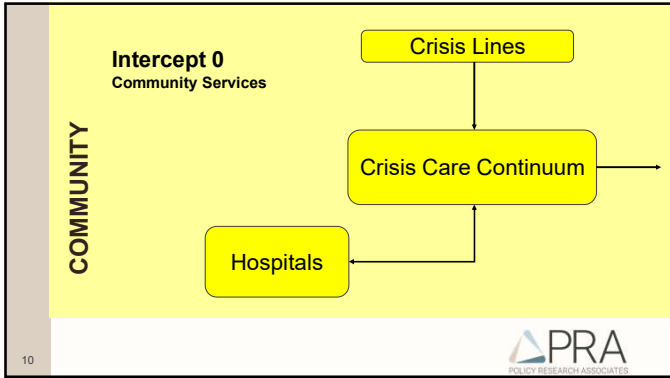
8

Sequential Intercept Model



9

9



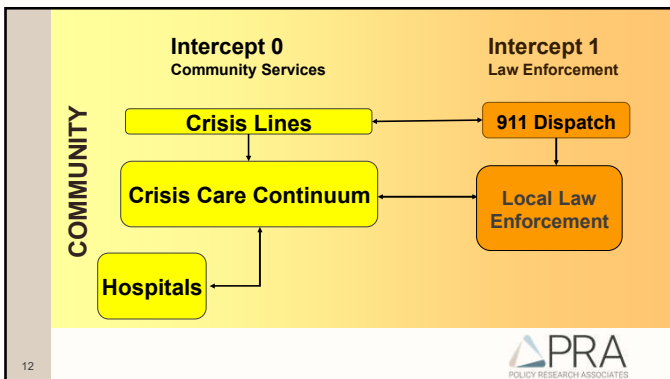
10

Crisis Care Continuum

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

PRA
POLICY RESEARCH ASSOCIATES

11



12

Integrating 0 & 1: Specialized Crisis Responses

- Central drop off
 - Co-location with SUD services
- Police-friendly policies
 - No refusal policy
 - Streamlined intake
- Cross-training
 - Ride-along
- Community linkages
 - Case management
 - Care coordination
 - Co-response or warm hand-off

13




13

Law Enforcement/Emergency Services

- Crisis Intervention Teams
 - Involve community partnerships
 - 40 hours of training required
 - Accessible and responsive to Crisis Care system
- Co-Responder Model
 - Mental health professionals employed
- Off-site Support
 - Telephone support to on scene officers
 - Video conference support to on scene officers
- Mobile mental health crisis teams
- Specialized EMS Response
 - Ambulance/fire specialized MH training/co-response

14




14

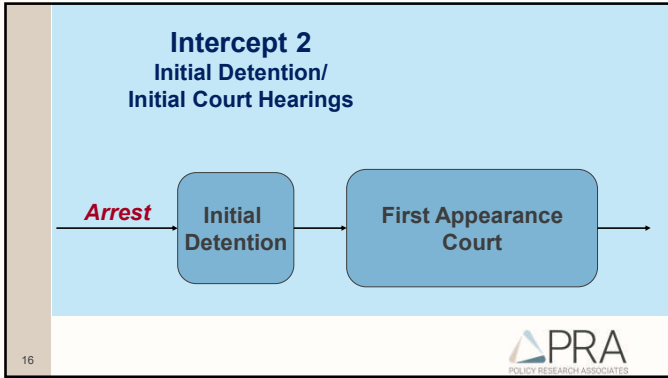
Intercept 0 and 1 Common Gaps

- 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

15



15



16

- Intercept 2 Essential Elements**
- Identification and screening
 - Court-based clinician
 - Recovery-based engagement
 - Proportional response
- 17
- PRA
POLICY RESEARCH ASSOCIATES

17


- Identification and Referral**
- | | |
|---|--|
| <p>Personnel</p> <ul style="list-style-type: none"> • Police officers • Booking officers • Jail medical staff • Pretrial services • Public defenders • Prosecutors • VJO specialist | <p>Strategies</p> <ul style="list-style-type: none"> • Data matching • Mental health risk screen • Potential diversion presented at arraignment • Referral to what? |
|---|--|
- 18
- PRA
POLICY RESEARCH ASSOCIATES

18

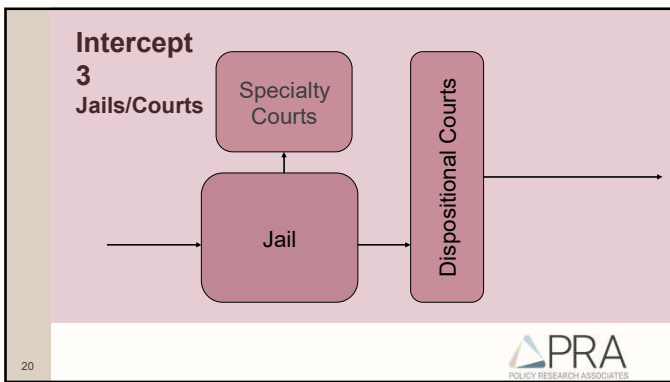
Common Gaps at Intercept 2

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

19



19




20

Key Issues: Jails and Courts

- In-jail services
 - Identification and screening
 - Access to medications, mental health services, and substance use services
 - Communication with community-based providers
- Court options – post-booking diversion
 - Drug/DUI courts, mental health courts, veterans court


21



21

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



22

22

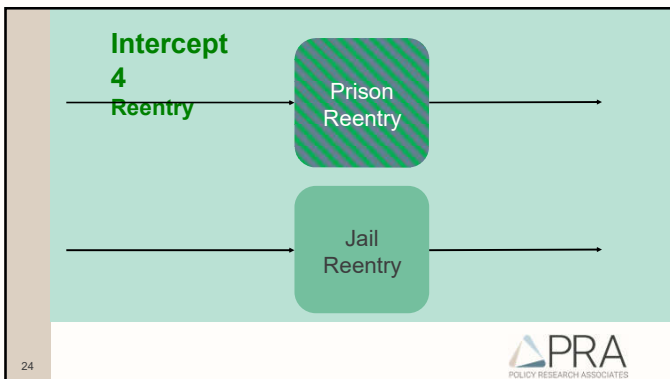
Behavioral Health Treatment Court Lessons

- Judicial leadership is key
- Regular meetings and communication of partners
- EBPs take time to implement; communities need a continuum of treatment resources
- Paid peer staff can make a significant impact
- Services and supervision need to account for co-occurring disorders
- Flexibility and individual treatment plans are necessary



23

23




24

24

Reentry Models


- Refer out
 - Institution staff provide inmates referrals to community-based services
- Reach in
 - Providers conduct intakes and arrange service plans
- Transitional reentry
 - Shared responsibility
 - \$40 and a bus ticket



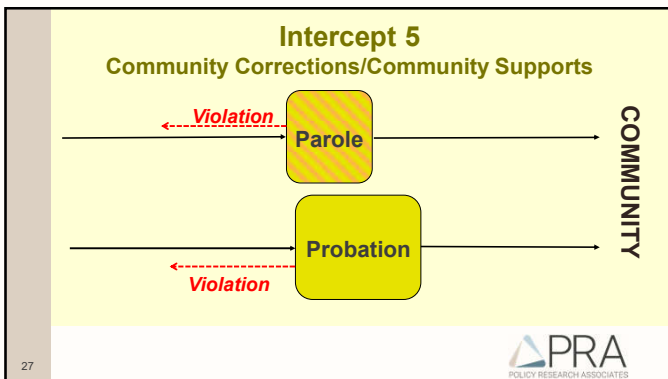
25

Common Gaps at Intercept 4

- Dealing with multiple needs, across multiple systems
- Timing is everything...
 - Lack of coordination across multiple services and support systems
 - Insufficient medications or prescriptions upon release
 - Lack of Medicaid/SSI enrollment
 - Insufficient connection to community-based services
 - Court releases – timing, procedures
 - Transportation
 - Lack of stable housing
 - Treatment providers who can meet needs



26



27



28

Specialized Caseloads: A Promising Practice Model

- Benefits
 - Improves linkage to services
 - Improves functioning
 - Reduces risk of violation
- Specialized caseloads rely on an effective partnership between supervising probation officers and treatment providers.

29

PRA
POLICY RESEARCH ASSOCIATES

29

Common Gaps at Intercept 5

- Lack of alternatives to technical violation
- Caseloads
 - Lack of specialized caseloads
 - Caseloads with high ratios of probationers to officer
- Access to appropriate housing
- Behavioral health providers
 - Lack of agreements on what information is shared with probation
 - Poor implementation of RNR strategies
 - Medication Assisted Treatment access


30

PRA
POLICY RESEARCH ASSOCIATES

30

Cross-Intercepts Gaps


- Information Sharing (HIPAA)
- Cross-training
- Trauma-informed approaches and trauma-specific treatment services
- Cross-system screening for veterans
- Healthcare reform
- Integration of peer services
- Housing
- Lack of formal planning structure
- Data, Data, Data



31

Summary: Importance of the SIM


- Seamless transition to the community
- Moving away from the criminal justice system into services
- Strategic approach to protect public safety and improve public health
- Using the SIM to leverage the community brain trust and to have criminal justice and behavioral health professionals speaking a more common language



32

Bail Reform

- Many people detained pretrial due to inability to pay
- Strategies: eliminate cash bail for low-level charges, expand unsecured bond or use nonfinancial conditions, pretrial supervised release, ethical risk assessment tools
- NJ and Washington, DC studies: *rates of appearance and rearrest are similar or better than before bail reform*



33

Major Themes Due to COVID and Criminal Justice Reform

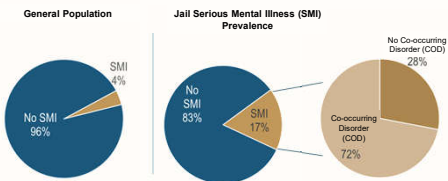
- Transition/expansion from police led crisis response to provider-based response and increased law enforcement (LE) support
- Reduction in arrests
- Bail policies
- Reduction in jail census
- Expansion of telehealth
- Renewed focus on diversity, equity, and inclusion in criminal justice practices and healthcare
- Opioid response



34

34

Jails and Mental Disorders



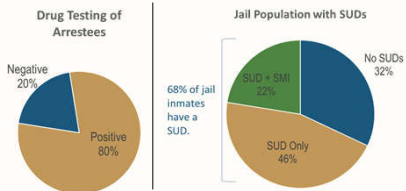
Steadman, H. J., Scott, J. E., Osher, F., et al. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 818-822.



35

35

Jails and Substance Use Disorders (SUDs)




36

36

How are Justice-involved Persons with SMI Different from Individuals without SMI?

- More likely to be homeless
- More likely to have co-occurring disorders (CODs)
- Use a greater variety of services (high-cost)
- More likely to have disciplinary problems
- More likely to be unemployed
- More psychological impairment (including extensive trauma histories) (1)
- Have longer length of stay (2)

1. James, D.J., Glaze, L.E. (2006). Mental Health Problems of Prison and Jail Inmates Bureau of Justice Statistics, NCJ 213600
 2. Council of State Governments Justice Center. (2012). Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems.



37

Mental Illness and Jail Census

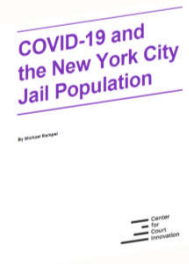
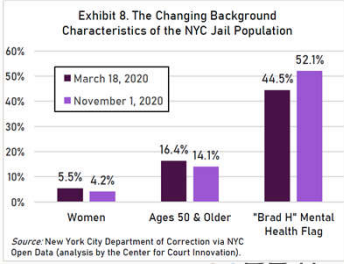



Exhibit 8. The Changing Background Characteristics of the NYC Jail Population



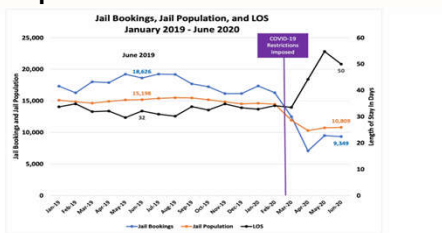
Characteristic	March 18, 2020	November 1, 2020
Women	5.5%	4.2%
Ages 50 & Older	16.4%	14.1%
*'Brad H' Mental Health Flag	44.5%	52.1%

Source: New York City Department of Correction via NYC Open Data (analysis by the Center for Court Innovation).



38

MacArthur Safety and Justice Challenge COVID - System Impact




Jail Bookings, Jail Population, and LOS
January 2019 - June 2020

Key data points for June 2019:
 Jail Bookings: 24,635
 Jail Population: 15,119
 LOS: 32

Key data points for June 2020:
 Jail Bookings: 15,909
 Jail Population: 9,569
 LOS: 50

COVID-19 Response Implemented

Sites included: Allegheny, Charleston, Clark, Cook, New Orleans, San Francisco



39

Does bail reform disadvantage persons with mental illness?

Differential Incarceration by Race-Ethnicity and Mental Health Service Status in the Los Angeles County Jail System
Dona Appel, Psy.D., Dustin Stephens, M.D., Ph.D., Surya M. Shrivastava, M.D., Justin Key, M.D., Kristen Ochoa, M.D., MPH

Type of charge on arrest	JMH	GP	
Any felony	4,086	80	15,291 ^e 91
Misdemeanor	1,048	20	1,591 ^e 9

450.6^b <.001

Finally, despite LASD's stated policy—that their jails “do not generally retain inmates on misdemeanor charges” (16)—these data suggest that individuals with mental illness charged with misdemeanors are disproportionately jailed.

40

Breakdown of Arraignment Outcomes, 2016-2020

Figure 11: Arraignment Outcomes (2016-2020)

Year	Supervised release	Release on recognizance	Money bail	\$1 bail (Cash) Remand
2016	2%	69%	26%	3%
2017	2%	68%	26%	3%
2018	2%	72%	21%	3%
2019	2%	75%	17%	3%
2020	11%	72%	12%	4%

SMI 1332
 SMI X 17%
 8720
 1453

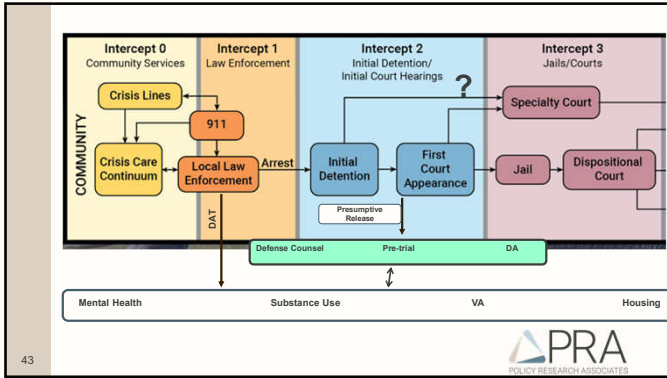
41

Intercept 1 Law Enforcement

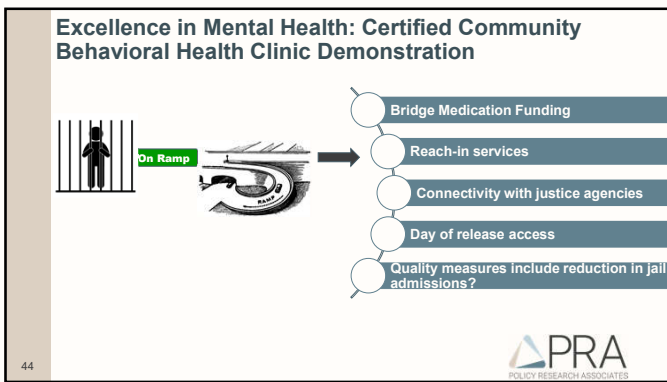
```

    graph TD
      subgraph COMMUNITY
        CL[Crisis Lines]
        CCC[Crisis Care Continuum]
        H[Hospitals]
      end
      subgraph LE[Intercept 1 Law Enforcement]
        DD[911 Dispatch]
        LLE[Local Law Enforcement]
      end
      CL --> DD
      CCC --> LLE
      H --> CCC
      DD --> LLE
  
```

42



43



44



45

CCBHC's in New York

New York
 CCBHCs (blue)
 CCBHCs in development (light blue)
 CCBHCs in planning (grey)
 CCBHCs in partnership (dark blue)
 CCBHCs in partnership (light blue)
 CCBHCs in partnership (dark blue)

In the first year of operations:

- 96% of CCBHCs had a relationship with law enforcement.
- 97% of CCBHCs were working with adult criminal justice agencies/courts and 90% with juvenile justice agencies.
- 93% of CCBHCs were working with mental health/drug courts.

All information on counties served is complete to the best of the National Council's knowledge. CCBHCs can contact us with any questions or corrections.

PRA
POLICY RESEARCH ASSOCIATES

46

Intercept 2 Essential Elements

JAIL OR Bail
OR
Diversion

- ✓ Identification and Screening
- ✓ Court-based Clinician
- ✓ Recovery-based Engagement
- ✓ Proportional Response

PRA
POLICY RESEARCH ASSOCIATES

47

Case Management/Care Coordination is Critical

Checklist Domains

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


Multiple Systems

- Mental health services
- Substance use services
- Health services
- Food, clothing
- Medicaid
- Social Security Administration (SSA)
- Veterans benefits
- Parole/probation
- Housing
- Transportation

PRA
POLICY RESEARCH ASSOCIATES


48

Peers/Recovery Support



- Improves quality of life,
- Improves engagement and satisfaction with services and supports,
- Improves whole health, including chronic conditions like diabetes,
- Decreases hospitalizations and inpatient days, and
- Reduces the overall cost of services

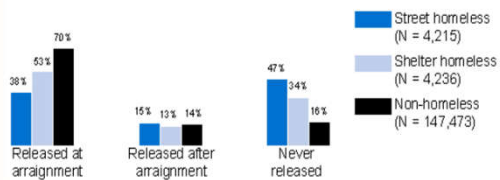
Peer support empowers people to make the best decisions for them and to strive towards their goals in their communities.



49


Justice Involvement Compounds Homelessness and Vice Versa

Figure 8
Release Outcomes of Cases Continued Beyond Arraignment for Homeless and Non-Homeless Arrestees, 2013




Release Outcome	Street homeless (N = 4,215)	Shelter homeless (N = 4,236)	Non-homeless (N = 147,473)
Released at arraignment	38%	53%	70%
Released after arraignment	15%	13%	14%
Never released	47%	34%	16%

Peterson, R. 2013. Research Brief. NY: NYC Criminal Justice Agency



50

The cycle of homelessness and jail




Displacement and criminalization of homelessness increase people being arrested in response to local charges.

Women and people are highly engaged by arrest, fines and court costs.

Increased obstacles and restrictions on release from jail make it even harder to find safe housing, employment, and financial stability, leaving many with no viable options for finding housing.

Longer periods to both search from the right address of justice information, including to receive notices, and fill gaps of overlapping jurisdiction.

No Access to Justice: Breaking the Cycle of Homelessness and Jail, Vera Institute, 2020



51

In Summary

- Review Planning Group Membership
- Review Screening Protocols include more partners
- Reach out/expand community partners
- Move referral and screening forward (Early Intercepts)
- Look for grant/foundation funding opportunities to redesign identification and screening procedures.
- Collect data and evaluate.



52

52

Policy Research Associates, Inc.

345 Delaware Avenue
Delmar, NY 12054

<http://prainc.com/>

p. 518-439-7415 • e. pra@prainc.com

*Creating positive social change through technical assistance,
research, and training for people who are disadvantaged.*



53

53
