

The Sequential Intercept Model

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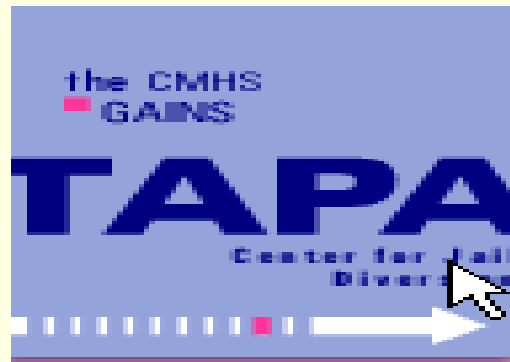
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National GAINS Center & TAPA Center for Jail Diversion



The Center for Mental Health Services'

National **GAINS** Center

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

The banner features the National GAINS Center logo on the left, which includes a circular emblem with a profile of a head and the text "NATIONAL GAINS CENTER". To the right of the emblem is the text "National GAINS Center". Further right is a vertical image of interlocking gears. Below the main text is the full name of the organization: "United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration".

DBHMRS
Department of Behavioral Health/Mental Retardation Services

Overview of Presentation

- **Briefly review the problem of “criminalization of the mentally ill”**
 - **In the context of U.S. trends in incarceration**
- **Review the Sequential Intercept Model, a conceptual approach to support decriminalization**
 - **Its history**
 - **Its use in Ohio's statewide jail diversion**
 - **Its use in planning for five SE Pennsylvania counties**
 - **Its use in other statewide planning**
- **Future developments to the model**



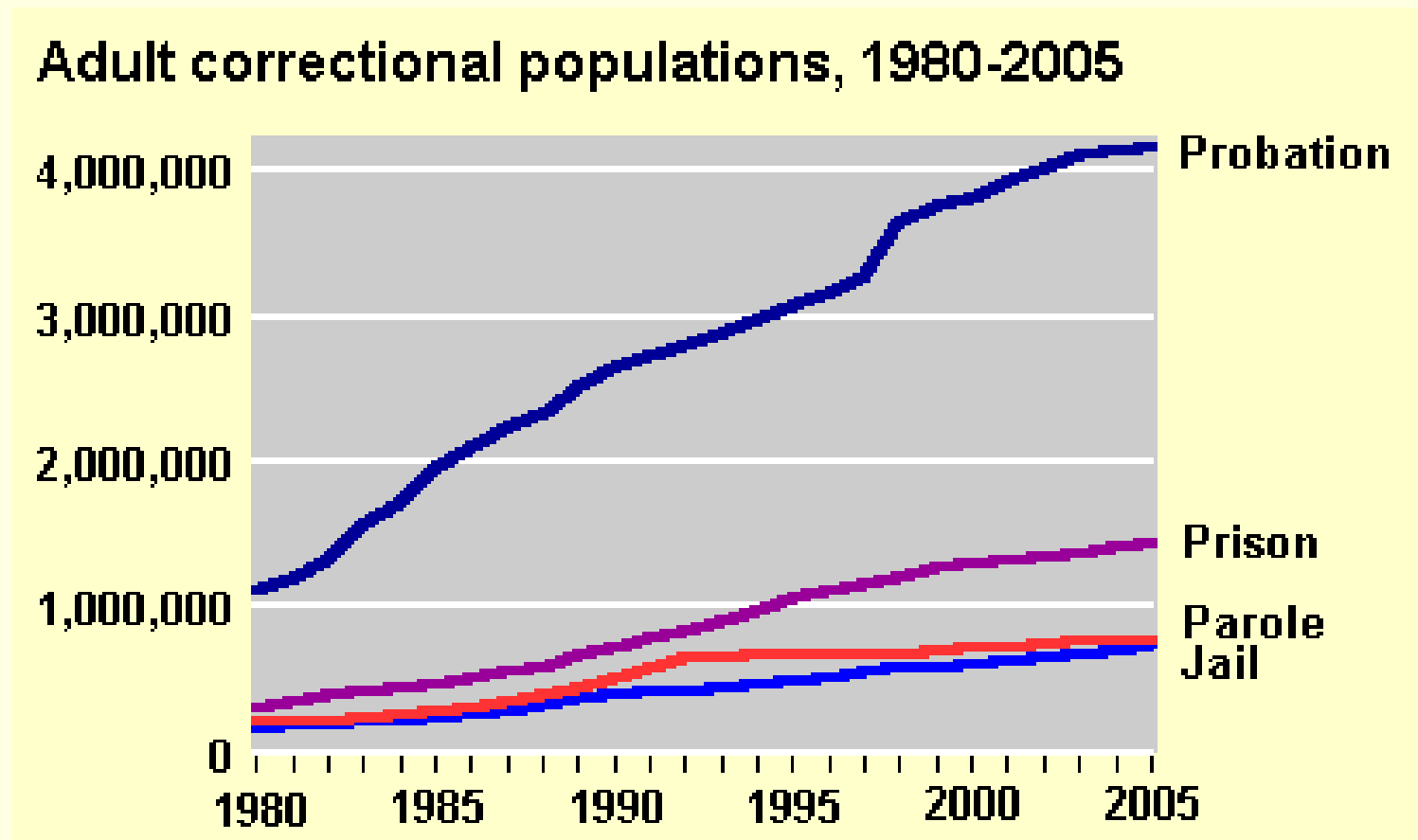
“He’s been in a marvellous mood ever since he learned one out of every hundred and fifty Americans is in jail.”

The growing corrections system

Source: Bureau of Justice Statistics

- In 2005, over 7 million people were on probation, in jail or prison, or on parole at yearend
 - 3.2% of all U.S. adult residents or 1 in every 32 adults.
- State and Federal prison authorities had in custody 1,446,269 inmates at yearend 2005:
 - 1,259,905 in State custody
 - 179,220 in Federal custody
- Local jails held 747,529 persons awaiting trial or serving a sentence at midyear 2005.
- In 2001 the U.S. incarceration rate of 690 per 100,000 overtook Russia (670/100,000) to lead the world
- By 2005 the rate had risen to 726/100,000

The growing corrections system



Source: Bureau of Justice Statistics
Correctional Surveys



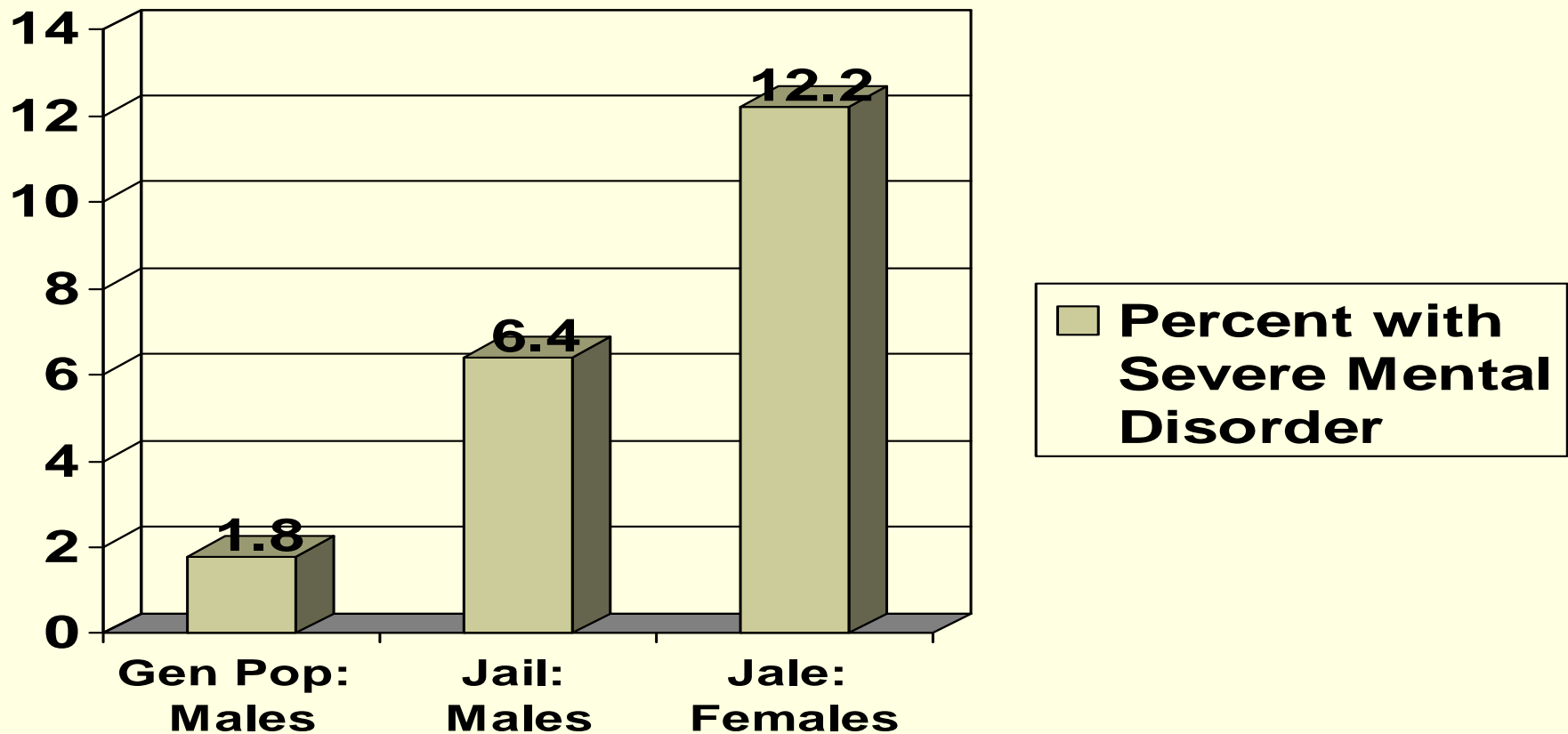
Dorothea Dix:

Finding People with Mental Illness in Jails

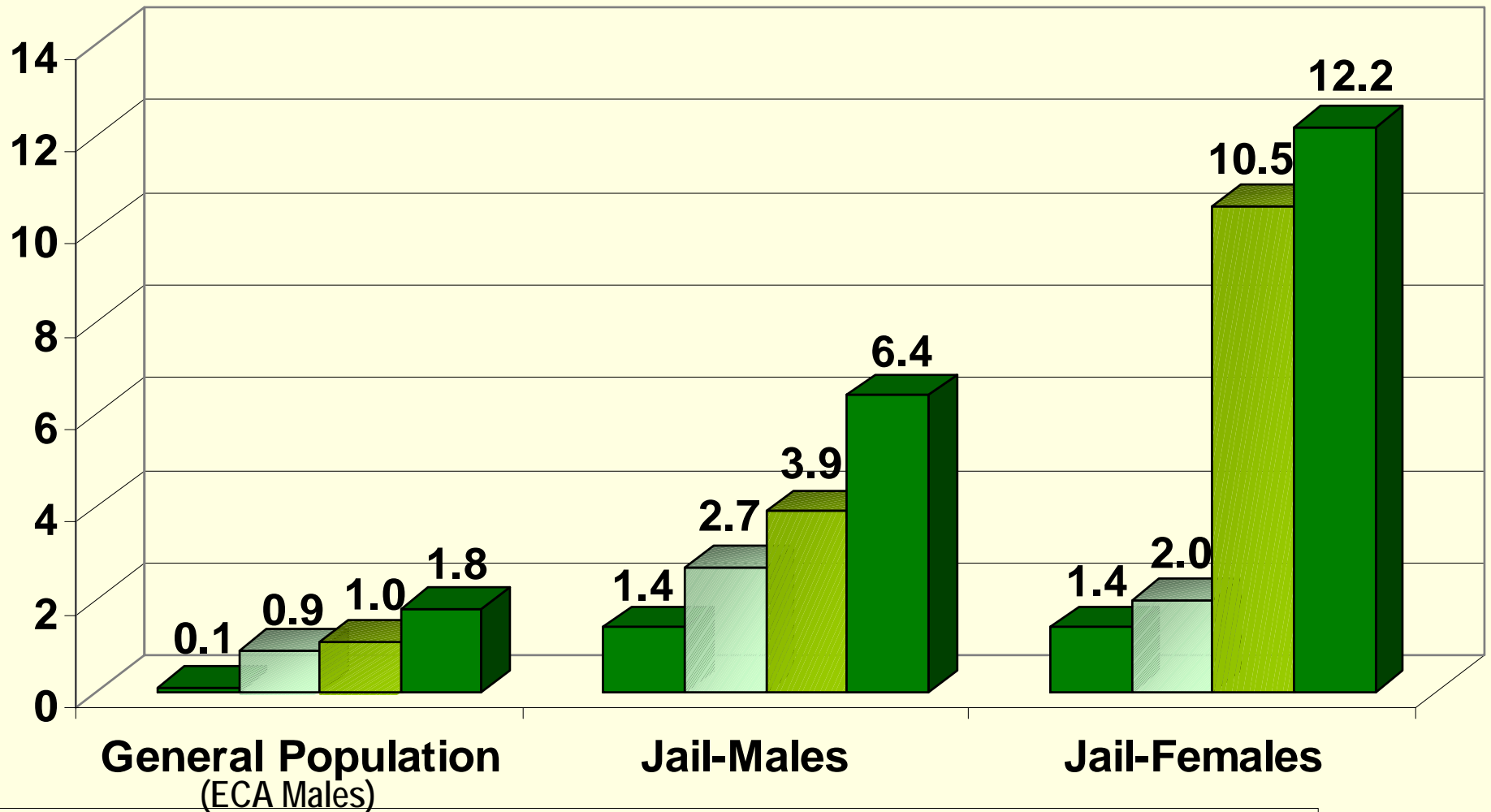
People with Mental Illness in Jails and Prisons

- **1996 national estimates (BJS, July 1999)**
 - **283,800 mentally ill offenders incarcerated in jails and prisons**
 - 16% state prison inmates
 - 7% Federal prison inmates
 - 16% local jail inmates
- **2005 national estimate (BJS, September, 2006)**
 - **1,255,700 mentally ill offenders in jails and prisons**
 - 56% state prison inmates
 - 45% Federal prison inmates
 - 64% local jail inmates

Admissions to Jail (Teplin, et al)



Severe Mental Disorders Among General Population & Jail Admissions



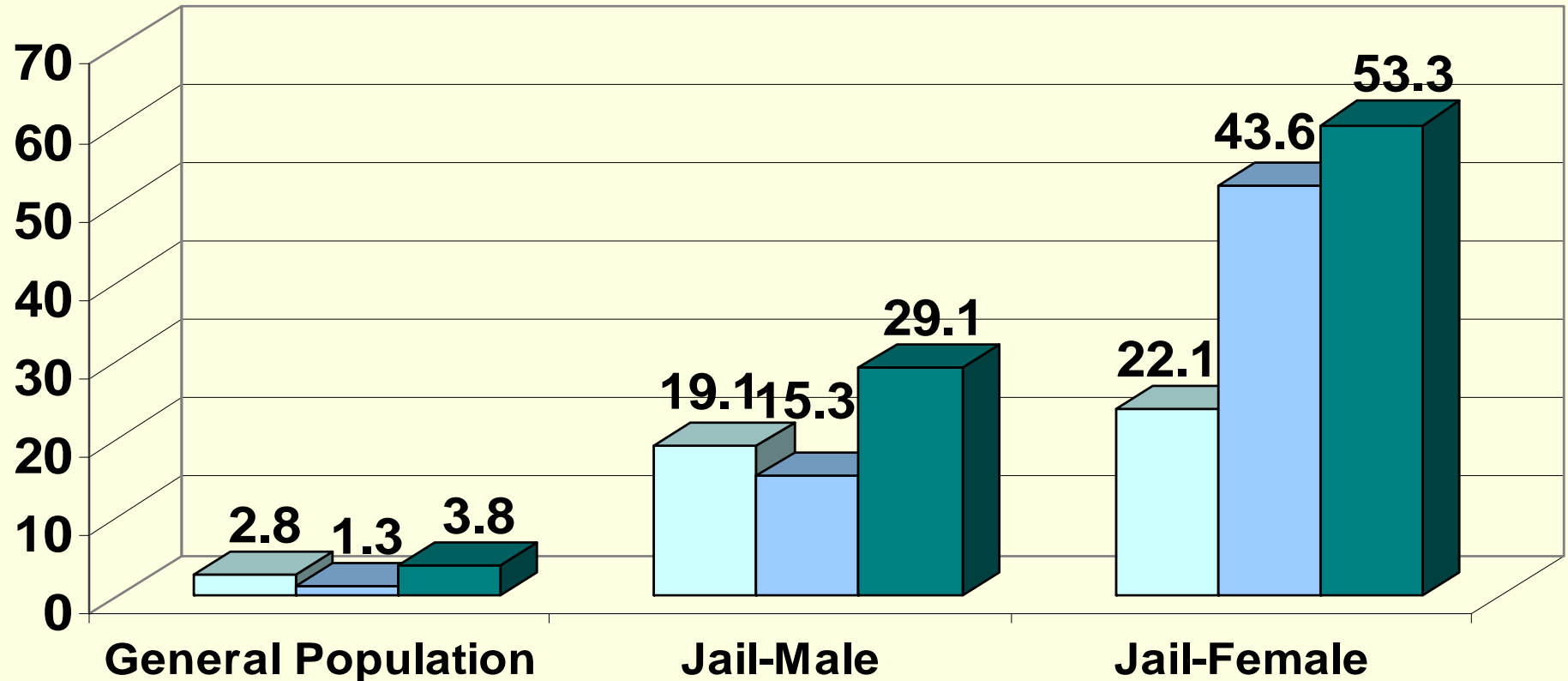
■ Mania

■ Major Depression

■ Schizophrenia

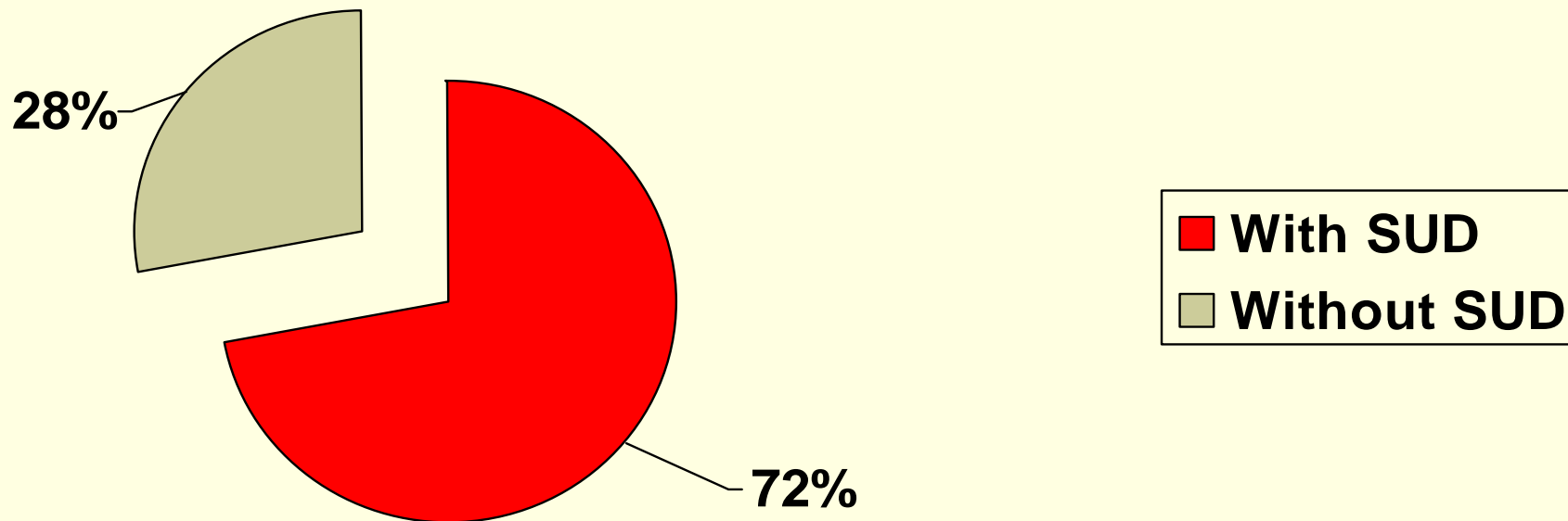
■ Any Severe Disorder

Substance Use Disorders Among General Population & Jail Admissions



Alcohol Abuse/Dependence Drug Abuse/Dependence
Substance Use Disorder

Substance Use Disorders Among People with Severe Mental Illness at Admission to Jail (Teplin, et al)



Criminalization of People with Mental Illness: The Ohio Story

- **In Ohio prisons**
 - **>8000 inmates with mental illness**
 - **~ 4000 severely mentally disabled**
- **In Ohio psychiatric hospitals**
 - **less than 1050 individuals**
 - **More than 50% are “forensic patients”**
 - **NGRI**
 - **IST**

The Summit County Story

- **Late 1990's**
 - **Study of individuals with SPMI in SCJ**
 - 1 in 12 of individuals with an SMD in Summit County had at least one incarceration in the SCJ in 1996
 - most were also substance abusers
 - half appeared to be candidates for diversion
- **Community-wide consultation from National GAINS Center**
 - **Patty Griffin, Ph.D. was consultant**

The Summit County Story

(cont.)

- **GAINS consultation led to development of a MH/CJ Community Forum held at the County ADM Board**
- **Consultation supported continued planning for CIT and Mental Health Court**
 - **First of each in Ohio**
- **Positioned Summit County to be designated as a Coordinating Center of Excellence to promote jail diversion efforts state-wide**
 - **Led to evolution of a conceptual model to approach de-criminalization in ongoing consultation with Drs. Griffin and Steadman**



**What is a Coordinating
Center of Excellence?**

Installing Best Mental Health Practices in a Decentralized System

- Require and regulate (e.g., Outcomes)
- Encourage improvement (e.g., QI)
- Incentivize
 - Fund
 - Remove or reduce barriers
 - Provide excellent resources (CCoEs) to learn and grow

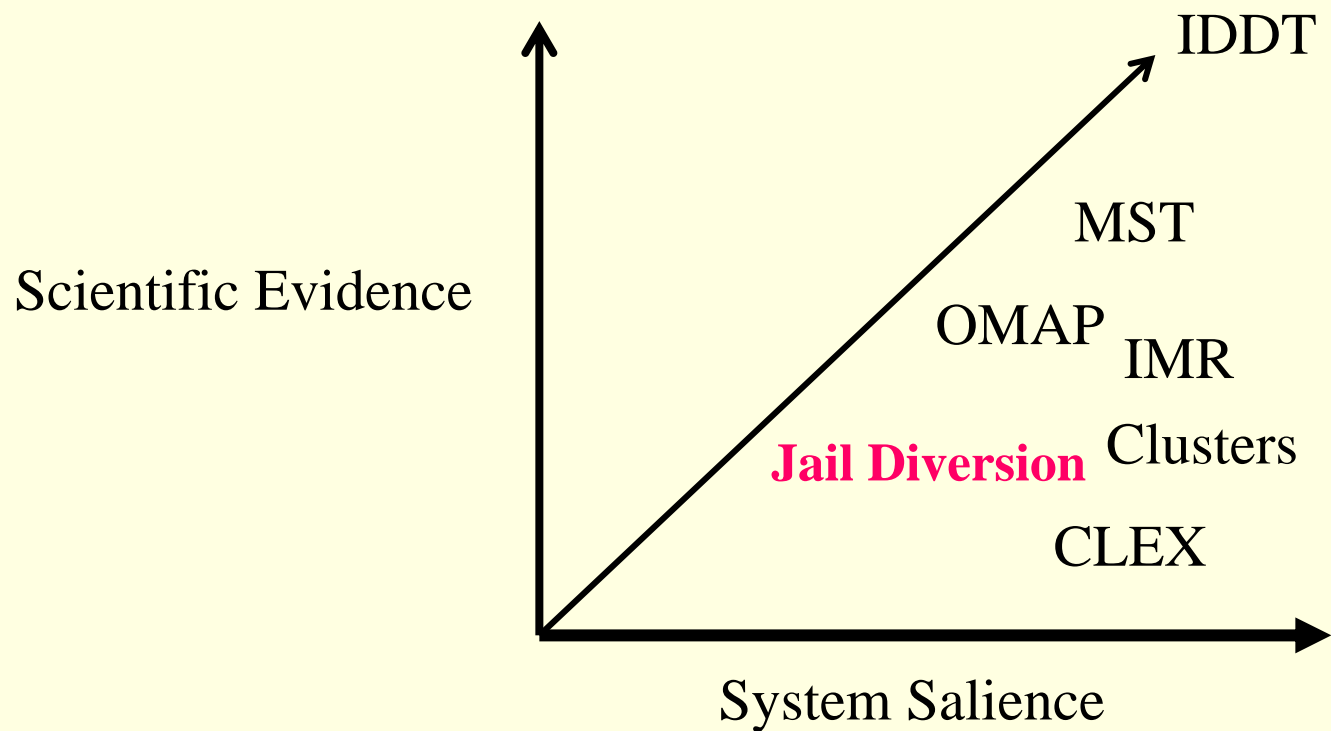
Role of CCoEs

- Assist local mental health systems to develop the capacity to identify and implement Best Practices
- Promote the utilization of procedures required to implement Best Practices
- Develop education and training materials

Role of CCoEs (cont.)

- Utilize and share fidelity scales or other measures to evaluate implementation
- Promote cross system sharing

Ohio's Framework to Prioritizing EBP Promotion



Tools for Transformation: A Guide to Ohio's Coordinating Centers of Excellence and Networks

- Integrated Dual Disorder Treatment/SAMI CCoE
- Supported Employment/SE CCoE
- Cluster-Based Planning Alliance CCoE
- Mental Illness/Mental Retardation/Developmental Disabilities CCoE
- **Criminal Justice CCoE**
- Center for Learning Excellence (CLEX) CCoE
- Center for Innovative Practices (CIP) CCoE
- Wellness Management and Recovery CCoE
- Consolidated Culturalogical Assessment Tools (C-CAT) CCoE
- Adult Recovery Network (ARN) Mental Health
- Network for School Success
- Assertive Community Treatment (ACT) Coordinating Center
- Mental Health Housing Leadership Institute

Criminal Justice Coordinating Center of Excellence (CJ/CCoE)

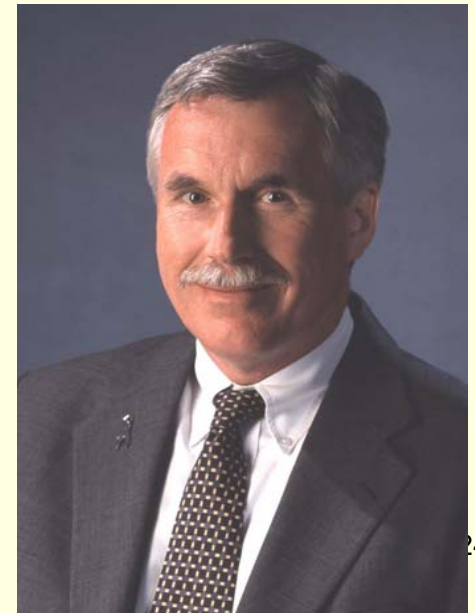
- **In May 2001 the Summit County ADM Board was designated by ODMH to be a CCoE to help in the state-wide elaboration of Jail Diversion programs**
- **The Northeastern Ohio Universities College of Medicine (NEOUCOM) operates the Center**



The need for a conceptual model

- In awarding Summit County the CJ CCoE, ODMH Director Michael Hogan hoped we would become a “mini-GAINS Center” and “requested” that we develop a conceptual model to approach jail diversion.

Thank you Mike!



A systematic approach to the criminalization problem

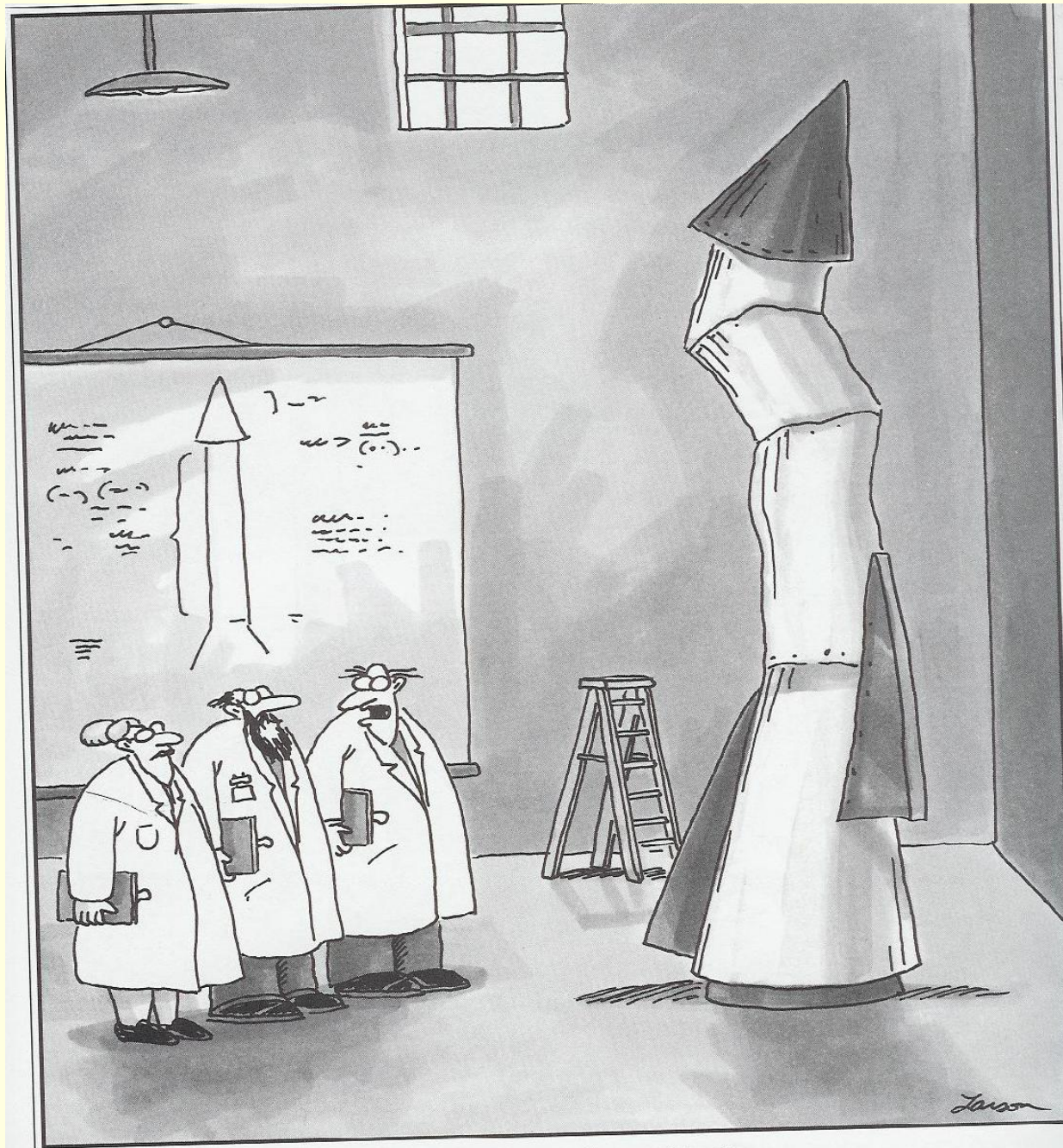
- **There is no single solution to the problem we are calling “criminalization of people with mental illness”**
 - **The problem must be attacked from multiple levels**
 - **The “Sequential Filters” Model**
 - **We conceptualized a series of filters. Each filter provides a point to “catch” an individual with mental illness. Over time the filter rate should increase earlier in the sequence.**

From filters to intercepts:

- GAINS Center Director, Dr. Henry Steadman suggested that we call the model the “Sequential Intercept Model” because it better captured the goals of the model.

Thanks Hank!

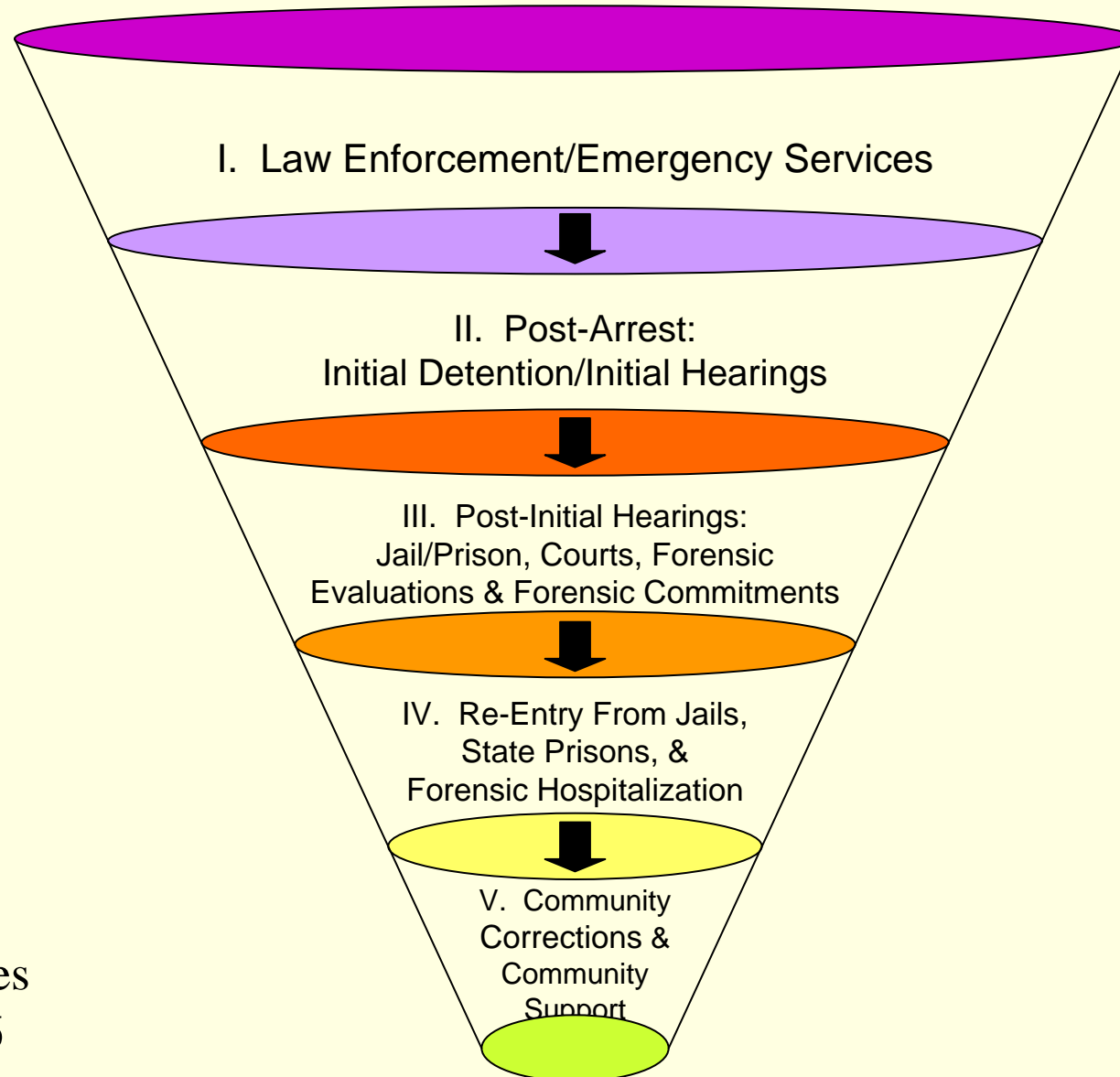




"It's time we face reality, my friends. ...
We're not exactly rocket scientists."

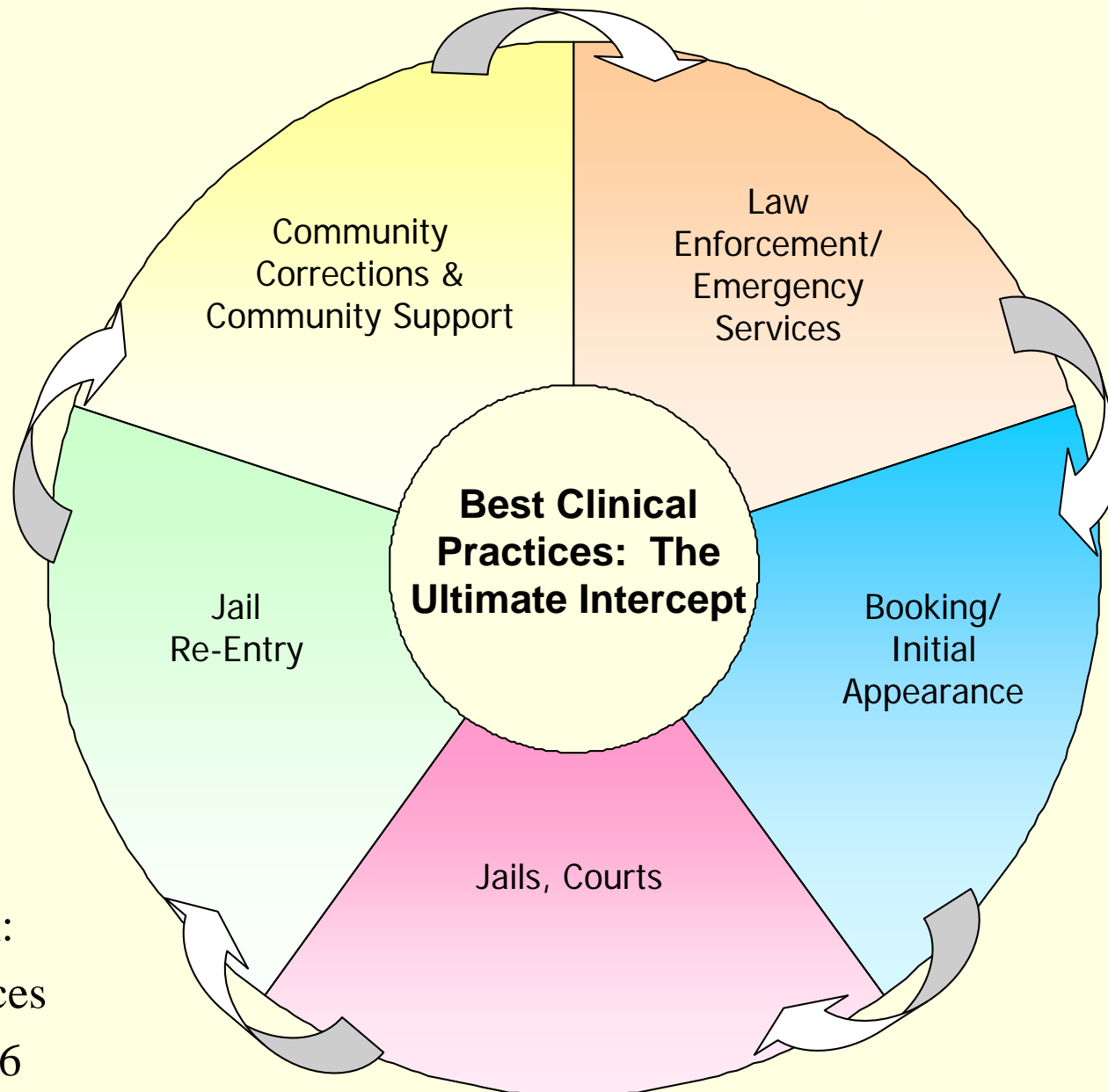
Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

Sequential Intercept Model: The Revolving Door Approach



Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

Treatment Engagement: Building Blocks

Availability of Services & Supports That Work

Medications

**Competent,
Supportive
Clinicians**

Housing

**Role
Support**

**Case Mgt./
CSP**

Crisis Care

Treatment Engagement: Building Blocks

Clear & Coordinated Access to Services

Availability of Services & Supports That Work

Medications

**Competent,
Supportive
Clinicians**

Housing

**Role
Support**

**Case Mgt./
CSP**

Crisis Care

Treatment Engagement: Building Blocks

High Engagement Services/Supports

Homeless
Outreach

Consumer
Operated Svces.

Jail
Diversion

Clear & Coordinated Access to Services

Availability of Services & Supports That Work

Medications

Competent,
Supportive
Clinicians

Housing
Role
Support

Case Mgt./
CSP

Crisis Care

Treatment Engagement: Building Blocks

**Legal & Clinical Activities
to Sparingly “Force Engagement”**

IOC Guardianship Criminal Court

High Engagement Services/Supports

**Homeless Consumer Jail
Outreach Operated Svces. Diversion**

Clear & Coordinated Access to Services

Availability of Services & Supports That Work

Medications

**Competent,
Supportive
Clinicians**

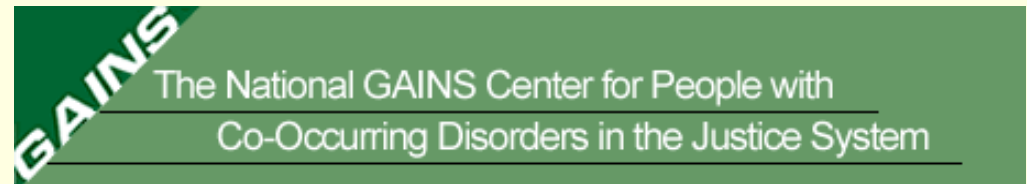
Housing

**Role
Support**

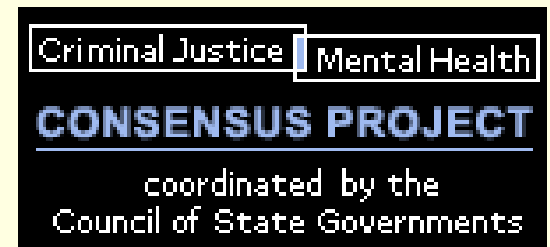
**Case Mgt./
CSP**

Crisis Care

Major CJ/CCoE partners



Justice Evelyn Stratton



NAMI Ohio

CIT in Ohio

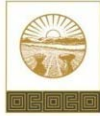
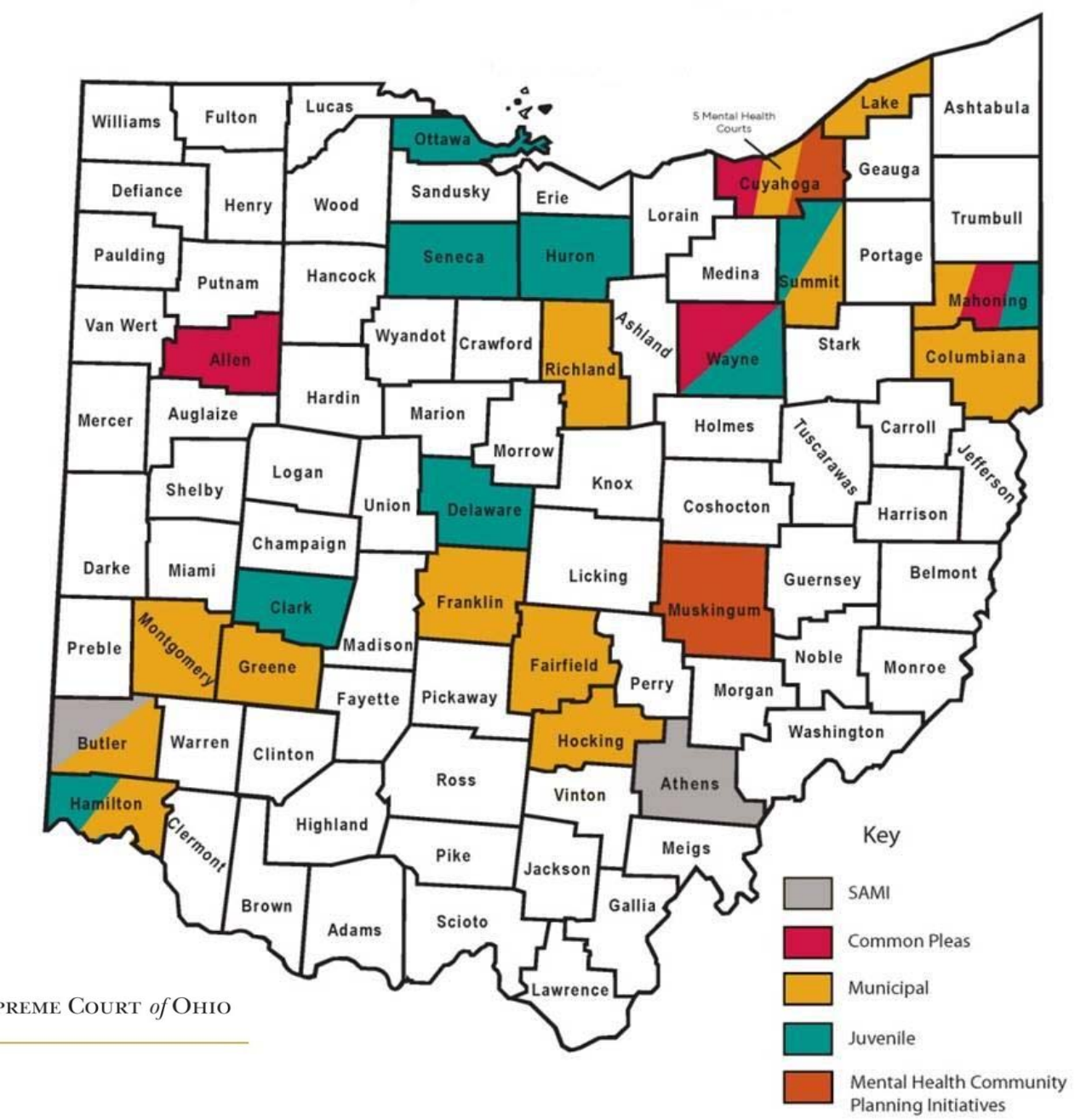


- Active CIT
- CIT in active planning
- CIT in planning, team attended course
- CIT considered, heard presentations of CCoE/NAMI staff
- CIT considered, discussions with CCoE/NAMI staff
- Other specialized law enforcement approach

As of 11/9/07



Ohio Mental Health Court Programs



THE SUPREME COURT of OHIO

Using The Model For Planning With Five Counties

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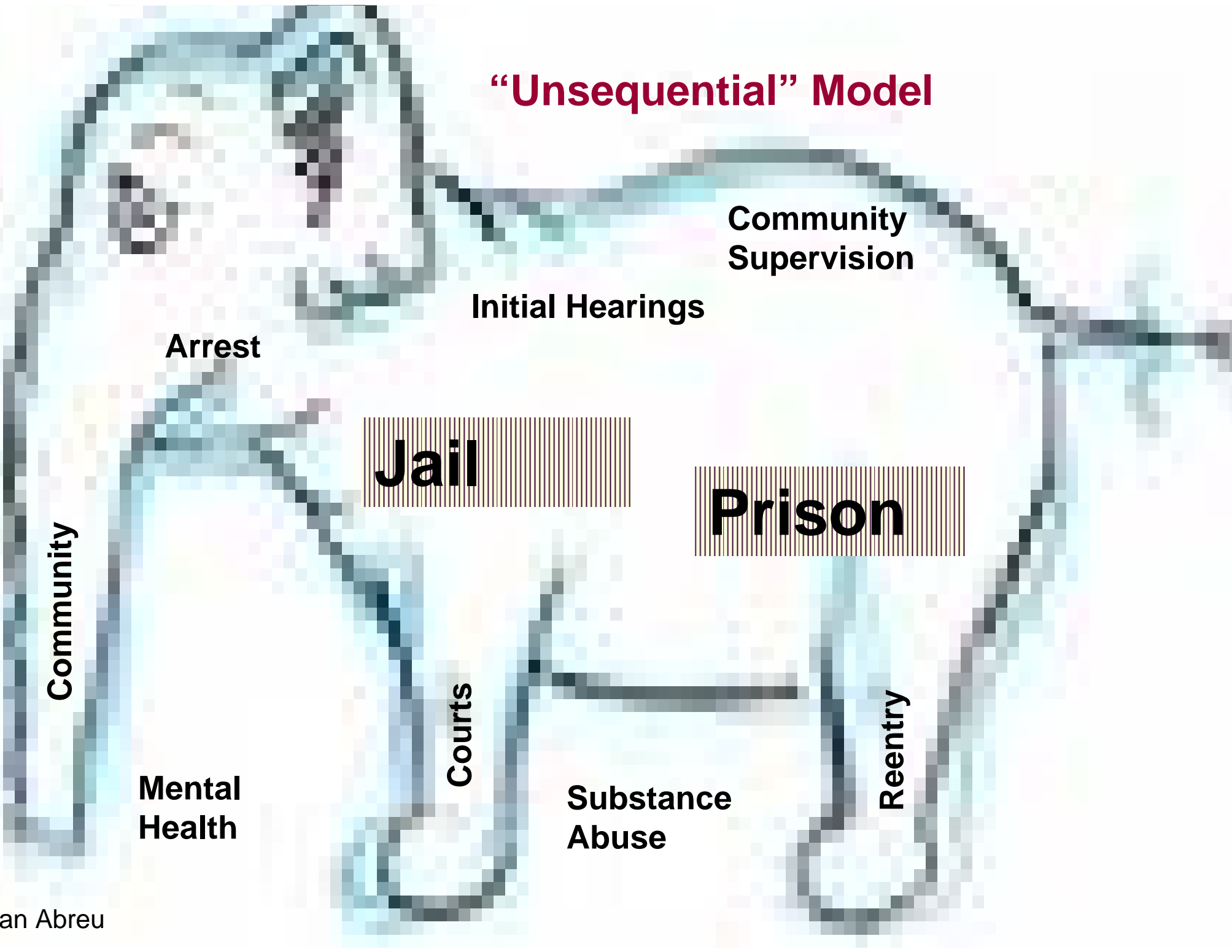
Pennsylvania's
**Southeast Region Inter-Agency
Forensic Task Force**

Final Report

July 12, 2002

Thanks Promising Practices Committee!

“Unsequential” Model

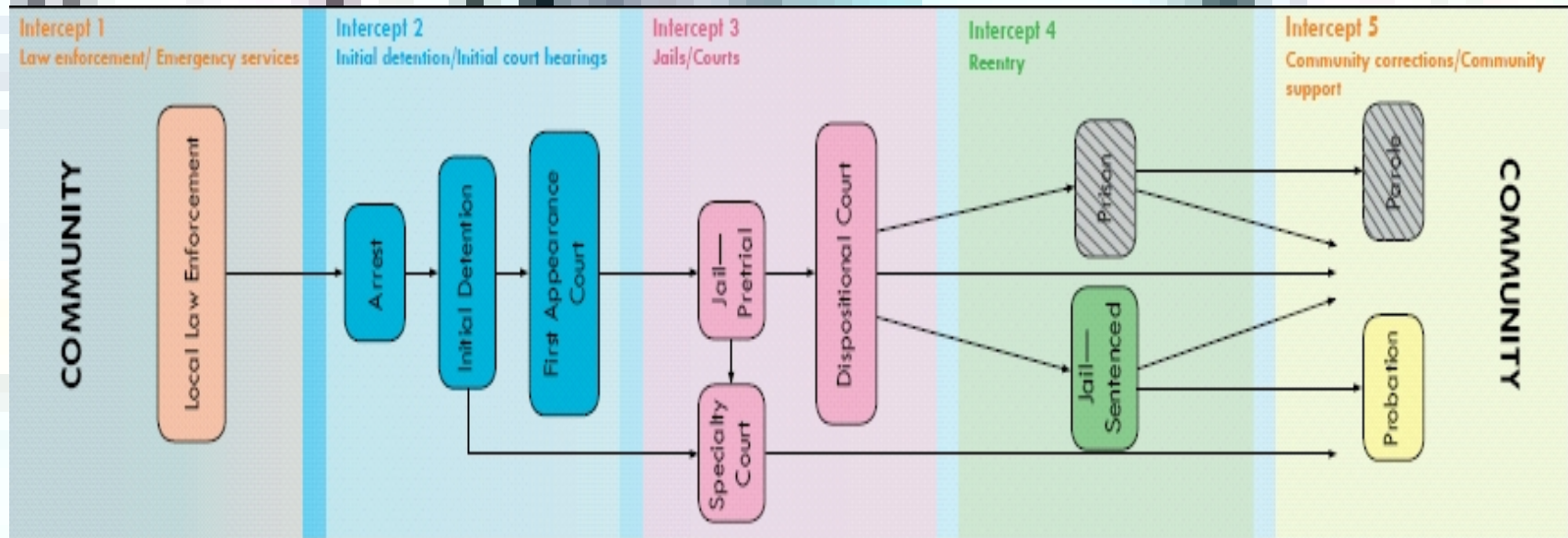


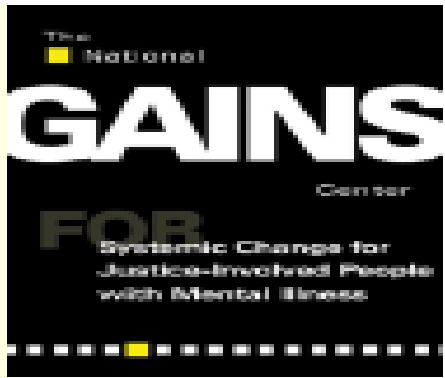
“Sequential Intercept” Model

(Munetz & Griffin, 2006)

- **People move through the criminal justice system in predictable ways**
- **Examine this process in your locality to identify ways to “intercept” persons with severe mental illness and co-occurring disorders to ensure:**
 - **Prompt access to treatment**
 - **Opportunities for diversion**
 - **Timely movement through criminal justice system**
 - **Linkage to community resources**

Sequential Intercept Model





The National
GAINS Center
for Systemic
Change for Justice-
Involved People
with Mental Illness

National GAINS Center

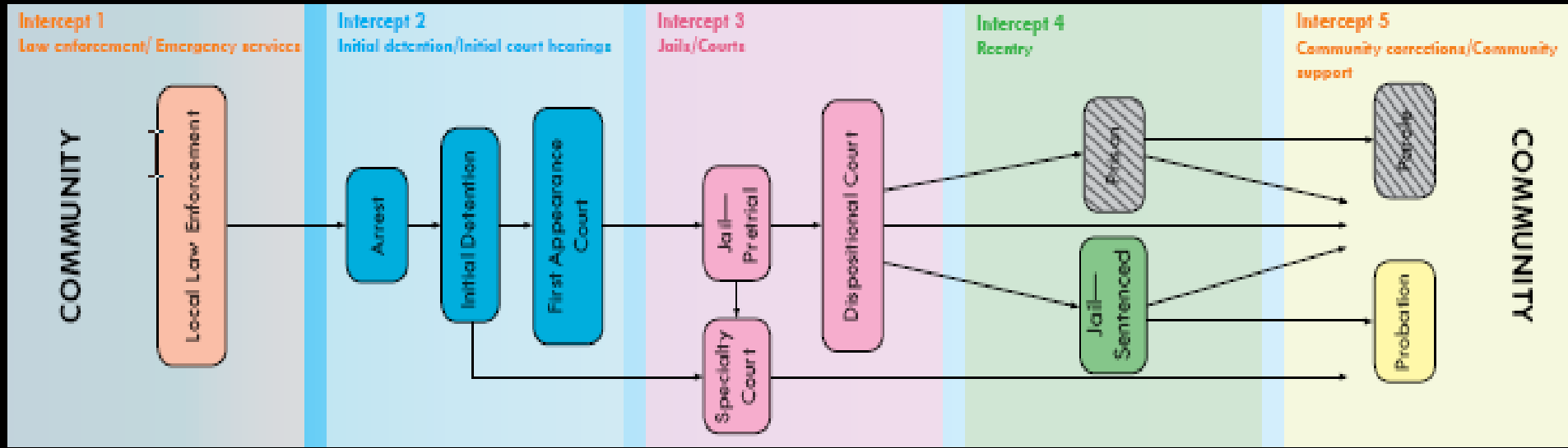


Developing a
Comprehensive State Plan
for Mental Health &
Criminal Justice
Collaboration



Actions for State Level Change...

- Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- Pass legislation encouraging jail diversion programs as done in FL, MI, IN, CT, TX
- Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- Remove constraints that exclude persons formerly incarcerated from housing or services; make criminal justice clients a priority for housing, as done in MD
- Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- Create criminal justice priority eligibility group without "net-widening" or limiting services to others; for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- Legislate task forces/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- Utilize the State planning process to integrate mental health, substance abuse, and criminal justice. Identify incentives to get stakeholders in each system to the table
- Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as cross-trainers



Action Steps for Service Level Change by Intercept...

- Request for Police Service:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- On-Scene Assessment:** Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor
- Incident Documentation:** Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability
- Police Response Evaluation:** Collaborate with mental health partners to identify available services and reduce frequency of subsequent contact by individuals with histories of mental illness and with prior arrests

Source: Policy Statements 2-6, Coanexa Project (2002)

- Appointment of Counsel:** Provide defense attorneys with earliest possible access to client mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution
- Prosecutorial Review of Charges:** Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness
- Pretrial Release & Modification of Pretrial Diversion Conditions:** Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversion

Source: Policy Statements 7-11, Coanexa Project (2002)

- Intake Procedure:** Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals' strengths, risks, and needs upon admission
- Individualized Programming Plan:** Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community
- Physical Health Care & Mental Health Care:** Facilitate community-based providers' access to prisons and jails and promote service delivery consistent with community and public health standards
- Substance Abuse Treatment, Children & Families, Beliefs & Attitudes, Education & Vocational Training:** Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

Source: Policy Statements 8-14, ReEntry Policy Council (2004)

- Subsequent Referral for Mental Health Evaluation:** Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken
- Development of Transition Plan:** Effect the safe and seamless transition of people with mental illness from prison or jail to the community
- Transition Planning:** Facilitate collaboration among corrections, community corrections, and community providers and utilize a transition Checklist to identify service needs and provide effective linkage to services
- Identification & Benefits:** Ensure releases exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail

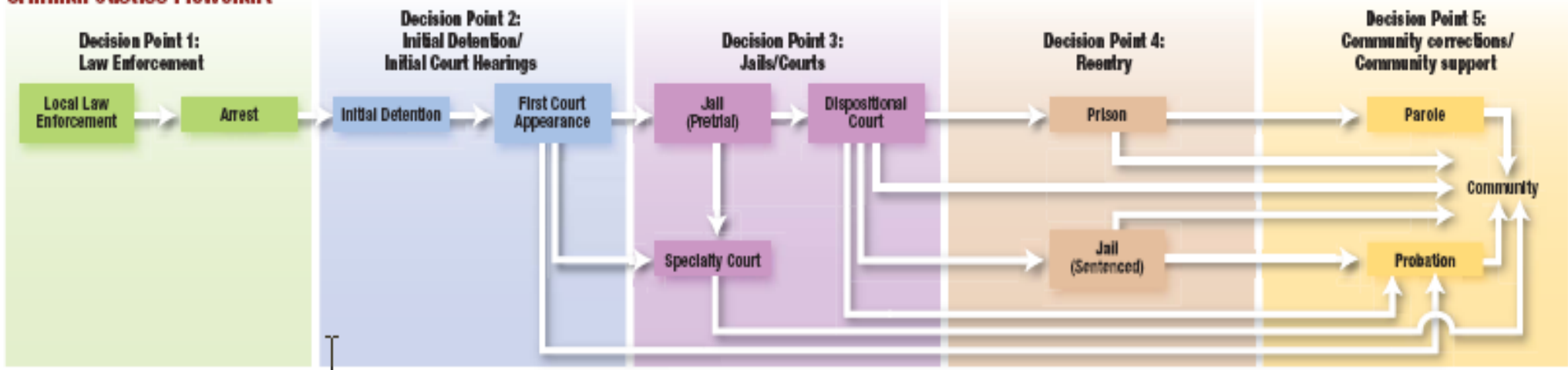
Source: Policy Statements 19-21, Coanexa Project, (2002)
ARC ReEntry Report, SAMHSA Center 18 & 24, ReEntry Policy Council (2004)

- Implementation of Supervision Strategy:** Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of releasees, victims, community, and family change
- Maintaining a Community of Care:** Connect involves re-linkage to employment, including supportive employment services, prior to release. Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing
- Graduated Response & Modification of Conditions of Supervised Release:** Ensure a range of options for community corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Source: Policy Statements 24-29, ReEntry Policy Council (2004)
23, Coanexa Project (2002)

People with mental illness involved with the Criminal Justice system

Criminal Justice Flowchart



Scope and impact on individuals

Decision point 1: Law enforcement

Scope

- 544,436 Number of adult arrests, statewide in 2006.
- 500 Number of police departments, statewide in 2006.
- 38,110 Estimated number of people with mental illness with police contact annually.
- 3 Number of police departments that have a formal crisis response, statewide.

Impact

People with mental illness require specialized approaches during contact with police, a substantial amount of police time is spent in these contacts.

Individuals in crisis may further jeopardize their legal standing by behavior that causes severe treatment by law enforcement personnel, leading to possible injury or even death and more intensive charges.

Worst Case Scenario

Individuals remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Strengthening police training
- Improve police/mental health liaison
- Improve diversion alternatives

Decision Point 2: Initial detention/Initial court hearings

Scope

- 176 Number of OPCA funded Alternatives to Incarceration programs, (no information is currently available regarding mental health screening for these or other ATI programs).
- 4 Number of Mental Health Court Connections programs (new program - no statistics).
- 194 Number of police departments with lock-ups statewide.
- 1 Number of suicides in police lock-ups in 2006.

Impact

Many individuals with mental illness have little or no resources and may be detained because they cannot post even very low bail and are not offered release on personal recognizance.

An absence of supervised treatment/support alternatives for these offenders may lead to incarceration instead of more appropriate treatment.

Worst Case Scenario

Individuals remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Test diversion alternatives

Decision point 3: Jails/Courts

Scope

- 38,271 Number of individuals in local correctional facilities on any given day statewide.
- 5,323 Approximate number of individuals with mental illness in local correctional facilities on any given day statewide.
- 4 Number of suicides in county jails in 2006.
- 1,740 Number of courts statewide.
- 49,343 Number of felony convictions in 2006.
- 14 Number of mental health courts (which handle approximately 850 cases per year) statewide.

Impact

People with mental illness spend 2 to 5 times longer in jail than persons without mental illness.

People with mental illness are charged, convicted, and sentenced more severely than other people accused of similar crimes.

Jails are often not adequately staffed or equipped to provide mental health care. Jail costs more because of these challenges.

Worst Case Scenario

Individuals can remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Evaluate alternative to incarceration

Decision Point 4: Reentry

Scope

- 63,000 Number of state prisoners.
- 25,000 Number who have been released from prison per year.
- 12,000 Number who received outpatient Mental Health services in prison.
- 2,445 Number discharged with pre-release plans completed by 25 Pre-Release Coordinators located in prisons.
- 978 (40%) Number who have had shelter placements.
- 13 Number of suicides in prisons statewide in 2007.

Impact

Seriously mentally ill individuals leave prison to places of residence at a great distance (approximately 60% to NYC), thus it is difficult to connect to community based services.

Housing in conjunction with mental health programs is the greatest challenge. Individuals in the shelter system may be victimized by other individuals.

Delay in acquiring SSI/Medicaid benefits presents an obstacle to accessing community based mental health services.

Worst Case Scenario

Individuals reenter the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Address specific mental health needs of re-entering mentally ill inmates.

Decision Point 5: Community corrections/Community support

Scope

- 59,000 Number of individuals on parole state wide as of 2007.
- 19,000 Number who have treatment contact with mental health service providers.
- 2,600 Number who are seriously mentally ill.
- 1,600 Number of seriously mentally ill parolees who will be on normal case loads of parole officers.
- 127,861 Number of adults on Probation in NYS.
- 20,457 Number of these probationers who are estimated to have mental illness.
- 9 Number of Probation Departments with dedicated mental health caseloads.

Impact

The stigma of criminal justice involvement for Parolees and Probationers increases their difficulties in accessing community based services.

A large majority (72%) of people with serious mental illness involved in the criminal justice system have a cooccurring substance abuse disorder.

Worst Case Scenario

Individuals reenter the criminal justice system, are injured or die, or commit suicide.

Opportunities

- Develop treatment and housing for parolees and probationers, especially those with cooccurring disorders.

DECRIMINALIZING



MENTAL ILLNESS



Future Developments?

“Our analyses suggest that if substance use is substantially reduced, those with Severe Mental Illness would be no more likely than those without Severe Mental Illness to be arrested for most types of offenses, and their involvement in violent offenses would be substantially reduced.”

- Swartz & Lurigio, 2007

-
- Quantifying the over-representation at each intercept

“I also saw how bringing disparate groups together --- even those with conflicting missions --- could often be effective The power of proximity --- spending time side-by-side --- had pulled us all to compromise in our efforts to help People, not programs, change people. The cooperation, respect, and collaboration we experienced gave us hope that we could make a difference ... “

- Bruce Perry & Maia Szalavitz, 2007