

Sequential Intercepts Model

**METRO ATLANTA JUSTICE
MENTAL HEALTH CONFERENCE
October 30, 2015**

**Stephen S. Goss
Judge, Superior Courts
Albany , Georgia**



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Sequential Intercepts Model

- **Developed by Dr. Munetz and Dr. Griffin**
- **GAINS Center for Co-Occurring Disorders in the Criminal Justice System**
- **Policy Research Associates Inc.**
- **www.gainscenter.samhsa.gov**



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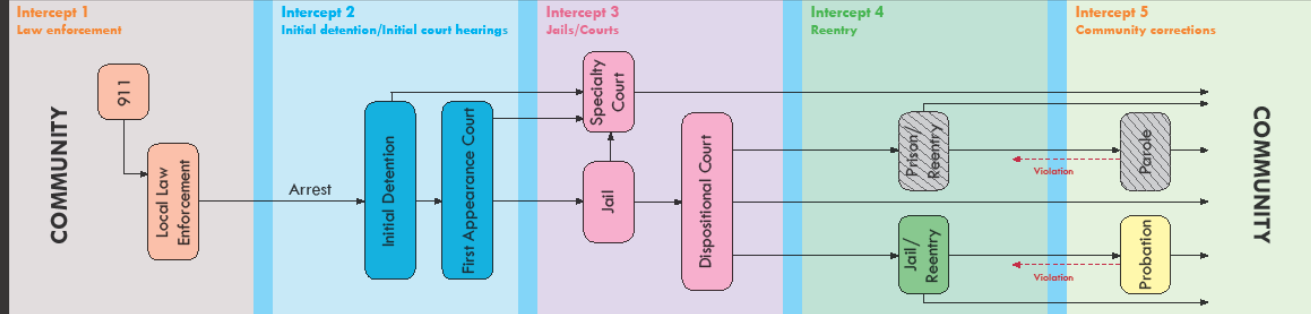
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Sequential Intercepts-GAINS

Sequential Intercepts for Developing CJ-MH Partnerships

Action for System-Level Change

- Develop a comprehensive state plan for mental health/criminal justice collaboration
- Legislative task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with mental illness in the criminal justice system
- Take legislative action establishing jail diversion programs for people with mental illness
- Improve access to benefits through state-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for same prior to release
- Make housing for persons with mental illness and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Expand access to treatment; provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorders
- Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer advocacy
- Ensure constitutionally adequate services in jails and prisons for physical and mental health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed – with specific interventions for women, men, and veterans



Action Steps for Service-Level Change at Each Intercept

- 911:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- Police:** Train officers to respond to calls where mental illness may be a factor
- Documentation:** Document police contacts with persons with mental illness
- Emergency/Crisis Response:** Provide police-friendly drop off at local hospital, crisis unit, or triage center
- Follow Up:** Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- Evaluation:** Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement
- Screening:** Screen for mental illness at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers
- Pre-trial Diversion:** Maximize opportunities for pretrial release and assist defendants with mental illness in complying with conditions of pretrial diversion
- Service Linkage:** Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate; prompt access to benefits, health care, and housing; IDDT is an essential evidence-based practice (EBP)
- Screening:** Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- Court Coordinator:** Maximize potential for diversion in a mental health court or non-specialty court
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- Jail-Based Services:** Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers
- Assess clinical and social needs and public safety risks;** boundary spanner position (e.g. discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies
- Plan for treatment and services that address needs;** GAINS Reentry Checklist (available from <http://www.gaincenter.com/hos.gov/html/resources/reentry.asp>) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, mental health and health services, benefits, and housing
- Identify required community and correctional programs responsible for post-release services;** best practices include reach-in engagement and specialized case management teams
- Coordinate transition plans to avoid gaps in care with community-based services**
- Screening:** Screen all individuals under community supervision for mental illness and co-occurring substance use disorders; link to necessary services to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- Implement a Supervision Strategy:** Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- Graduated Responses & Modification of Conditions of Supervision:** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release



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Use it as a framework

- Community mapping- where are our challenges vs. resources?
- “Hon” meeting- they will come
- Where can you build allies? You become a pivot point in the community discussion.



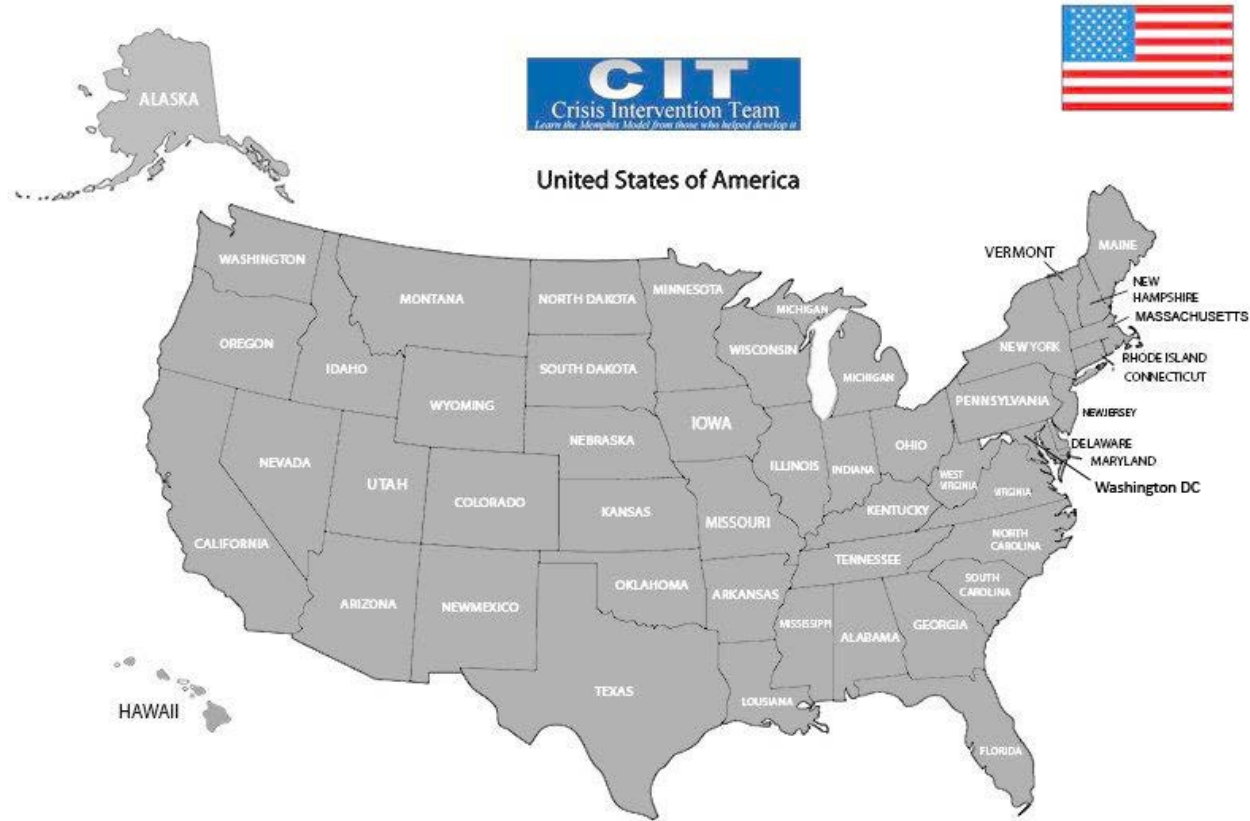
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Not “one size fits all”

- **Look at what your needs are in your jurisdiction**
- **Local legal culture/philosophy**
- **Regular docket v. tracks in a drug court v. multiple specialty dockets**
- **Try to have at least two intercepts covered**



INTERCEPT 1: FIELD/POLICE



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Crisis Intervention Training-CIT

- Evidence Based Practice
- 2719 programs nationally in 45 states
- Developed by Memphis Police Department
- www.Cit.Memphis.edu



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CIT

- **Reduce use of force situations**
- **Reduce workers comp claims**
- **Raise awareness in law enforcement- it is what they deal with daily**
- **Change the culture in your jail**



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CIT Officers

- **Most that go through training feel worthwhile**
- **Will hear from a CIT officer this week**
- **Intercept 1- Not a lot of judge time required**

➤ www.nami.org



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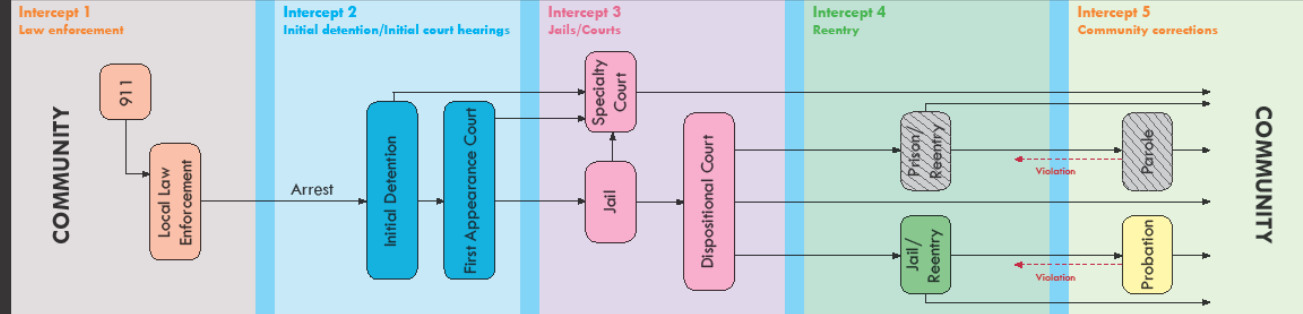
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Intercept 2- Diversion

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Jail Diversion

- http://gainscenter.samhsa.gov/topical_resources/jail.asp
- Pre-booking vs. Post-booking
- Got to have a location
- Meet with community mental health director and local hospital administrator- EC issues/Crisis Unit

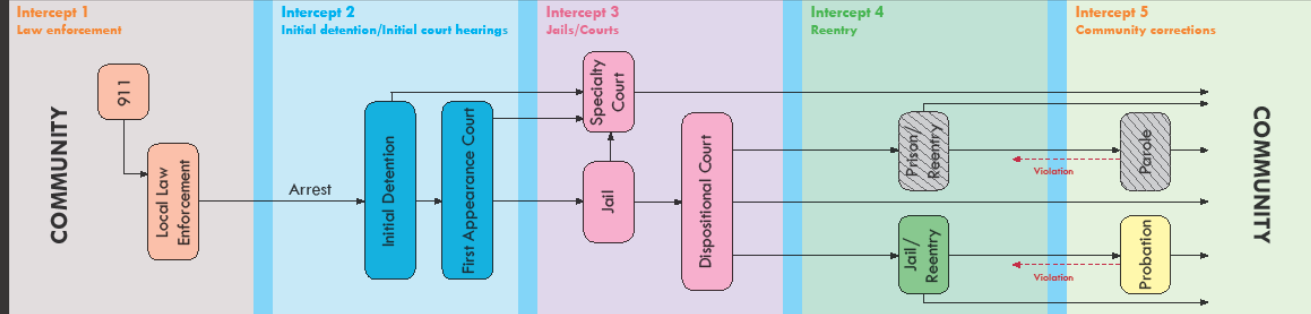


Intercept 3- Courts

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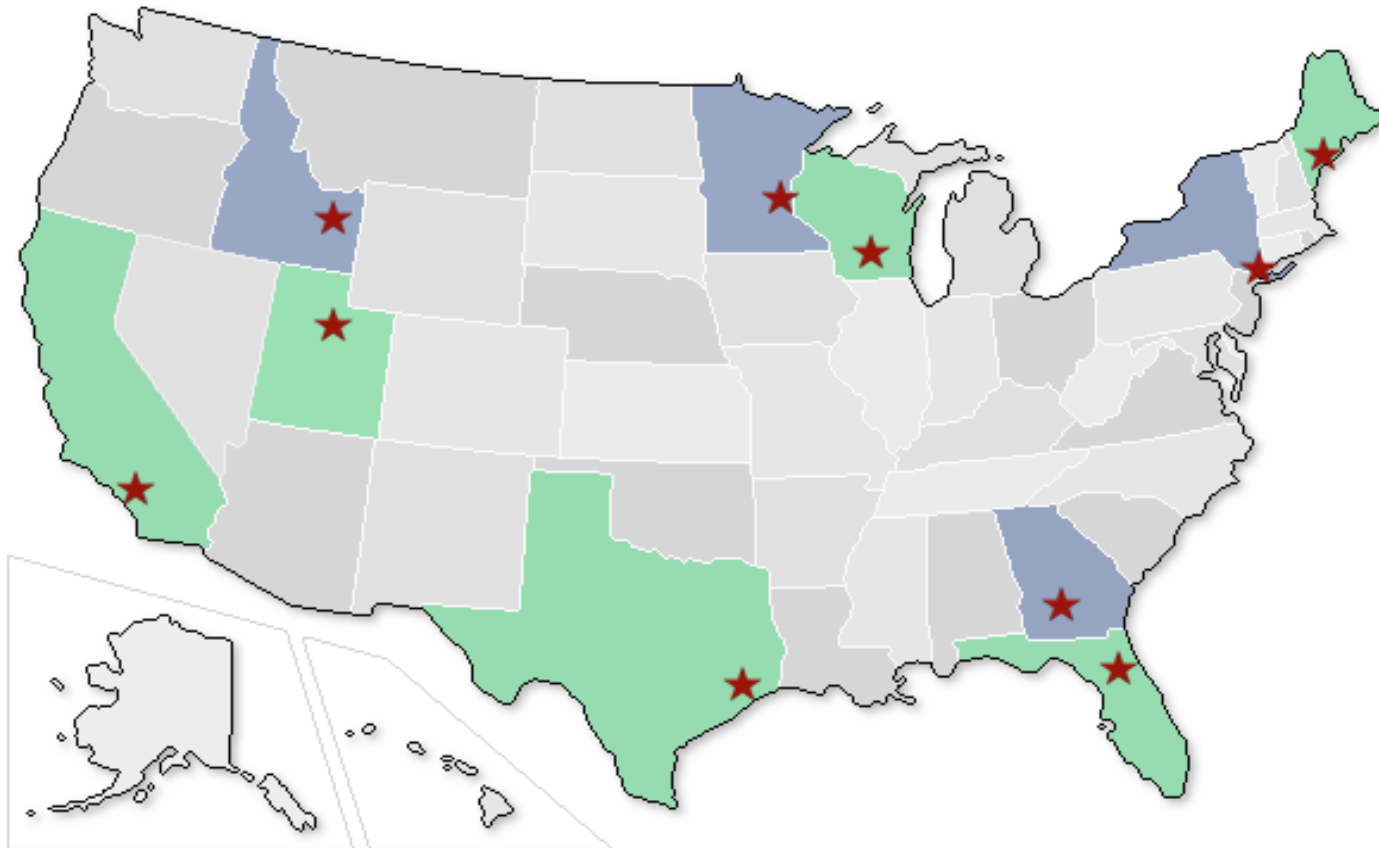
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Specialty Dockets/Courts

- Drug Courts: National Association of Drug Court Professionals(NADCP)
- www.nadcp.org
- Mental Health Courts: Council of State Governments (CSG) Justice Center
- www.csjjusticecenter.org



CSG- MH Learning Sites



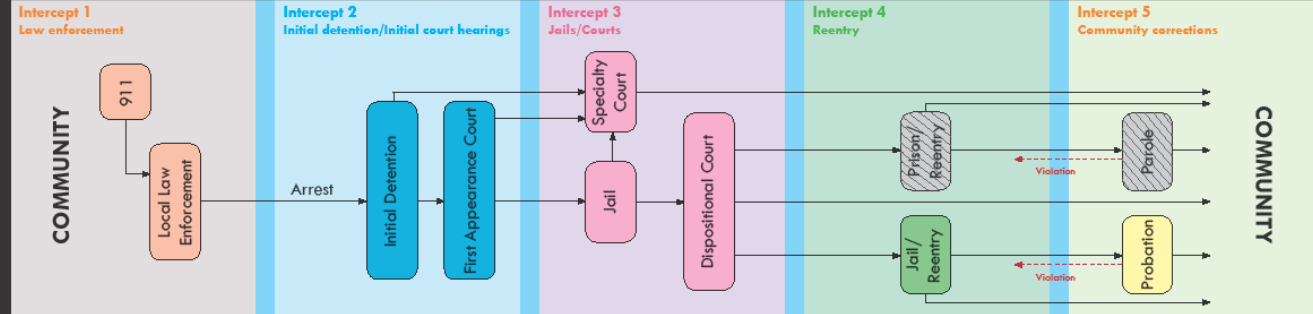
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Intercept 4- Re-Entry

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Re-Entry Programs

- A natural fit with a specialty docket
- Some of best outcomes because high utilizers of services
- 90-95% inmates return home at some point
- 4.9 million on probation/parole
- Do not wait for the next bad outcome



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CSG National Reentry Resource Center

<http://csgjusticecenter.org/nrrc>



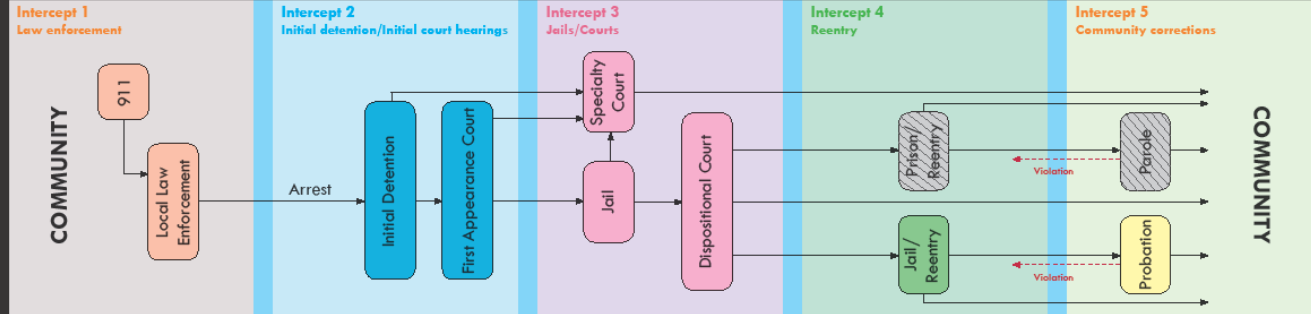
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Intercept 5- Community Corrections

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Probation/Parole

- **Ready source of referrals**
- **Many of their revocations have roots in unresolved MH/SA issues**
- **A natural tie to intercepts 1, 3 & 4**
- **Part of a multi-discipline approach**



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