Using the Sequential Intercept Model for Planning

Patty Griffin, PhD

Service Area Planning Steering Committee Meeting
April 1, 2009
Goals for today:

- Develop an understanding of the Sequential Intercept Model
  - How it has been used to more effectively plan for diversion, treatment, management, and reentry of people with co-occurring disorders involved in the criminal justice system
- Examine a variety of promising practices being implemented at each intercept in Pennsylvania
- Provide helpful resources
Recognizing the Problem
High rates of persons with severe mental illness and often co-occurring substance use disorders in the criminal justice system

They keep coming back
Adult correctional populations, 1980-2007

- Probation
- Prison
- Parole
- Jail

Bureau of Justice Statistics
Calls for Diversion

- National Alliance for the Mentally Ill
- Bazelon Center
- National Mental Health Association
- Criminal Justice – Mental Health Consensus Report
- Every sheriff or jail administrator you ever met
Understanding Diversion Before:
(Steadman, et al, 1994)

- Mail survey of every jail in country with more than 50 inmates; Followed by phone and site visits

- Estimated 52 formal diversion programs in entire U.S.
Understanding Diversion Now:

- Rapidly growing field
- Wide variety of diversion initiatives
  - Divert at many points
  - Efforts led by a variety of stakeholders
  - Spread across the country
  - Wide variety of approaches: criminal justice and treatment
- Slowly growing field of research to guide us about which approaches are most successful
### Diversion Programs Nationally

- 195 Pre-booking
- 182 Post-booking, Specialty Courts
- 174 Post-booking, Non-Specialty Courts
- **551 Total**

- 13.4% of all counties in the US have one or more jail diversion programs
- Only Wyoming, Mississippi, North Dakota, and South Dakota are without jail diversion programs

National GAINS Center as of 8-08
“Unsequential” Model

Community Supervision

Initial Hearings

Community

Arrest

Jail

Prison

Mental Health

Courts

Substance Abuse

Reentry

Dan Abreu
Sequential Intercept Model
Mark R. Munetz, M.D.
Summit County ADM Board
Northeastern Ohio Universities
College of Medicine
Planning With Five Counties

Pennsylvania’s Southeast Region Inter-Agency Forensic Task Force

Final Report

July 12, 2002

Promising Practices Committee
A systematic approach to the criminalization problem

- There is no single solution to the problem we are calling “criminalization of people with mental illness” or over-representation
  - 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.
Sequential Intercepts
Best Clinical Practices: The Ultimate Intercept

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

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

IV. Re-Entry From Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community Support

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

- A conceptual framework for communities to use when considering the interface between criminal justice, mental health, and substance abuse systems.

- An organizing tool.
Sequential Intercept Model
Munetz & Griffin 2006

- The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.

- Using the model, a community can develop targeted strategies that evolve over time to increase diversion and linkage to community services.
Sequential Intercept Model
Munetz & Griffin 2006

- **Sequential**: People move through the criminal justice system in predictable ways

- **Intercept**: 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
“It's time we face reality, my friends. ... We're not exactly rocket scientists.”
Five Key Points of Interception

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<table>
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<tbody>
<tr>
<td>1.</td>
<td>Law enforcement / Emergency services</td>
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<td>2.</td>
<td>Booking / Initial court hearings</td>
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<td>Re-entry</td>
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<td>5.</td>
<td>Community corrections / Community support</td>
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</table>
Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships

Intercept 1
Law enforcement / Emergency services

Intercept 2
Initial detention / Initial court hearings

Intercept 3
Jails / Courts

Intercept 4
Reentry

Intercept 5
Community corrections/ Community support

Adapted from Mumetz & Griffin 2006
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Intercepting at First Contact --- Police & Emergency Services

(Deane, et al, 1999)

- Police-based specialized police response
  - Front line police response
  - Specialized training/support system
  - Example: Memphis Crisis Intervention Team (CIT)

- Police-based specialized mental health response
  - MH professionals employed by police dept.
  - Example: Community Service Officers in Birmingham AL

- Mental Health-based specialized response
  - Mobile crisis teams
  - Examples: Montgomery County Emergency Services (PA); Knoxville TN
<table>
<thead>
<tr>
<th>Proportion of specialized responses to mental illness calls</th>
<th>Birmingham Police-based specialized mental health response</th>
<th>Knoxville Mental Health-based specialized response</th>
<th>Memphis Police-based specialized police response</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>28%</td>
<td>8%</td>
<td>95%</td>
</tr>
<tr>
<td>Arrest Rates</td>
<td>13%</td>
<td>5%</td>
<td>2%</td>
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</tbody>
</table>

Steadman, et al 2000
Diversion Equation:

- What criminal justice does differently
- What the treatment system does differently
- How they work together differently
Memphis Crisis Intervention Team Model

- Intensive training (40 hours) to volunteer patrol officers
- CIT officers then respond 24/7 to calls involving individuals with mental illness
- Officers are encouraged to refer people to treatment when it is an appropriate alternative to incarceration.
Specialized Crisis Response Sites: Basic Principles  
(Steadman, et al, 2001)

- Identifiable, central drop-off for law enforcement
- "Police-friendly" policies and procedures
- Streamlined intake
- "No refusal" policy
- Legal foundations
- Innovative and extensive cross-training
- Linkages to community services
  - Even for those who do not meet criteria for inpatient commitment
Class #3 Laurel Highlands Region CIT

April 11, 2008

Police Officers from Cambria, Somerset Counties, Security from Torrance State Hospital, Conemaugh Hospital and Correction Officers from Cambria County Prison were in attendance.
Exchange of Information Between First Responders and the Venango County MH System

- Draft Policy and Procedures
- In compliance with Pa. Code and HIPAA

The crisis or MH/MR worker may disclose protected health information to law enforcement or other first responders if:

- It is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and

- The disclosure is to a person or persons reasonably able to prevent or lessen the threat
Goal:

- Make it as easy or easier to refer individual to treatment system as it is to arrest and book into the jail
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Intercepting at Initial Hearings:

- Maricopa County AZ (Phoenix)
- Tucson AZ
- Connecticut --- First statewide diversion
- Cincinnati's “1 o-clock docket”
- Dallas electronic link
- Dauphin County (Harrisburg) Pennsylvania
Promising Practices:

- Role of Pretrial Services
- Use of management information systems to identify and relink to services
- Immediate referrals to community services
- Follow-up into the community
Team MISA
Lehigh County

- Developed as an offshoot of MISA (Mental Illness/Substance Abuse)/CJAB
- Initial goal of diverting low risk MH offenders from incarceration or in the very early stages of incarceration

The “Think Tank”
- District Attorney’s Office, Pre-Trial Services, MH/MR, SPORE, Lehigh County Prison, Probation and Parole, & Public Defender’s Office

- Work to streamline processes and expedite appropriate releases from jail
Weekly Meetings

- Discuss new referrals and updates on “old” referrals
- Each team member:
  - Has assigned responsibilities
  - Collects information from their respective office
  - Has information releases signed when necessary
- Collectively the team discusses the most appropriate and expeditious approach to manage the case
Maricopa County Arizona
Once identified for diversion, program may intervene in three ways:

1) Release from jail with bail conditions that include treatment
2) Placed on summary (unsupervised) probation
3) Receive deferred prosecution which includes:
   - Judicial participation
   - Supervision
   - Required treatment over a period of time
   - Successful completion results in dropping of criminal charges

*Aim for diversion at arraignment court but can divert afterwards*
Miami-Dade County Wide Range of Diversionary Efforts:

- Crisis Intervention Teams in majority of law enforcement agencies
- Diversion at arraignment court for misdemeanors
- Diversion for felony defendants
- System for improving standards of care at adult living facilities
- Training for judges, the courts, and community providers
- Advocacy with county and state government
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Specialty Courts

- Mental Health Courts
  - Indianapolis Indiana
  - Anchorage Alaska

- Specialty Dockets of Drug Courts
  - Lane County Oregon
  - Honolulu Hawaii

- Community Courts
  - Philadelphia
  - Midtown Manhattan
What are Mental Health Courts?
(Petrila & Poythress, 2002)

- Limited docket
- Specially assigned judge
- Problem-solving
  - Expanded scope of non-legal issues
  - Hope for outcomes beyond law’s application
  - Foster collaboration among many parties
- New roles for judge, attorneys, and treatment system
Using Criminal Charges as Leverage for Involvement in Treatment (Griffin, Steadman, & Petrila, 2002)

- **Diversionary*** --- Generally pre-adjudication contracts with judges to participate in treatment; Conviction is not recorded
  - Example:
    - Prosecutor holds charges in abeyance based on agreement to enter treatment under supervision of mental health court; Plea is entered but adjudication is withheld

- **Post-Plea Based*** --- Adjudication occurs but disposition or sentence is deferred
  - Example:
    - Guilty plea is accepted; Sentence is deferred

- **Probation Based***
  - Example:
    - Conviction with treatment as a term of probation plus suspended jail sentence
## Adult Mental Health Courts in Pennsylvania

### Existing:
- Allegheny '01
- Chester '08
- Erie '02
- Lackawanna '06
- Lycoming '08
- Northumberland ‘07
- Philadelphia ’09
- York '05

### Planning Stages:
- Blair
- Franklin
- Lancaster
- Luzerne
- Montgomery
- Washington
- Westmoreland
- Dauphin
- Delaware
- Northampton
- Fayette
The Jericho Project: Bringing Down Barriers to Recovery

An Indigent Defense Alternative to Mental Health Courts
Shelby County Public Defender System

Stephen Bush, JD, Supervising Attorney

Amanda Smart, LPC, MAC, Criminal Justice/Mental Health Liaison

Ricky Crane, CMSW, Comprehensive Counseling Network
The Jericho Project

- Jail diversion as a *defense strategy*
- Non-specialty court
- Post-booking model
- Inexpensive & flexible
- Urban areas
CIT in a County Jail System

- Initial attempt to apply CIT in a correctional setting in Maine
- Evaluation of short- & immediate-term changes

**Results:**
- CIT appeared to improve collaboration between county jail staff & mental health providers

(Public Health Research Institute, 2007)
The Main Link
Peer Support Center

*Recovery Oriented Consumer-run Services*
Community Integration
Forensic Peer Support
Elder Outreach
Outreach/Education
Wellness

Peer support workers are individuals in recovery with a personal experience of mental illness who serve as role models for others facing similar challenges. They provide peer support and assistance in accessing natural supports and recreational opportunities in the community. The Main Link has offered this service since 2002.

Supports individuals in Bradford and Sullivan Counties
Forensic Peer Support Team

- Cultivates supportive and resourceful friendship with individuals incarcerated in local jail
  - Maintains this support after release
- Offer weekly visits which focus on peer support, recovery, and community resources
- Offer group dialogues on recovery, recidivism, co-occurring disorders, and goal planning
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The Back Door:
Linkages Between Institutions and the Community
Allegheny County Reentry Efforts

- In-reach into state prison in advance of discharge
  - Develop a relationship
- Meets released person at the bus station
- Arranges for temporary housing, bus passes, appointments for aftercare
- Takes person shopping for $200 worth of clothing and toiletries
Allegheny County

State Justice Related Support Services
Developed in 1998

2005 Winner of the Innovation in American Government Award: a Program of the Ash Institute for Democratic Governance and Innovation

- ½ Time Supervisor and 1 Justice Related Services Specialist
- Works with Consumers with Mental Illness Maxing Out of State Correctional Institutions
- Follows 60-90 Days in the Community
- Voluntary Program
- Average Caseload = 45
- Recidivism Rate for 2006 = 14.6%
Reentry:
- Within 30 days of release
  - Explain the release process (going to the courthouse, talking to probation, setting up tx appointments)
  - Provide information about employment options
  - Bring applications they might need for public assistance and SSDI
- Provide transportation on day of release
After release:

- Provide transportation to appointments and drug testing
  - Until set up with local transportation system
- The Main Link is available for socialization, support, information, and the use of the phone to set up appointments
- Link with resources for housing, getting SSI reinstated, finding furniture, clothing, and food
Work Release for Recovery Program

- Offers inmates the opportunity to leave jail one day a week to familiarize themselves with parole officers, service providers, housing assistance programs, and community supports
  - Three months before release

- Individuals create a Work Release for Recovery Strategy Plan
  - Identifies groups, educational opportunities, services, and supports they will access at The Main Link

- Developed proposal with County Office of MH & Criminal Justice Advisory Board
Erie County

- Bridging the gaps of the 2 systems (CJ & MH) by consistently interfacing at the table to discuss the clients we all have in common

- Taking advantage of being a smaller county
Two Groups Work on Discharge Plans:

- Aftercare MH Team at the Erie County Prison and the Community MH Treatment Team

- At minimum, each team works to:
  - Coordinate services
    - Verify client’s case is open or closed, if served by another provider
  - Verify level of care needed, and
  - Discuss needs/risks
Aftercare MH Team at the Erie County Prison

- Meets in the jail bi-weekly
- Participating:
  - Community mental health staff
  - Jail mh staff
  - Institutional Parole rep for the county
  - County Drug & Alcohol
  - Correctional counselors
  - Forensic therapist from local forensic clinic
  - 2 reps from Targeted Case Management
Community MH Treatment Team

- Meets bi-weekly alternating the week of the jail meeting
- Pending jail/prison releases are listed on the client agenda sheet for notification to the team as to who is returning to the community
- Also review individuals on probation/parole, bond/bail, or have recently maxed out
  - Goal is to be proactive and attempt to add supports for those struggling with missed appointments, symptoms, housing needs, and anything else to assist in their reintegration
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People with severe mental illness are less likely to succeed on probation

- Probationers with mental illness were:
  - *Less* likely to have had their probation revoked because of a new arrest,
  - *Equally* likely to have had their probation revoked because of a new felony conviction, and
  - *More* likely to have had their probation revoked because of a new misdemeanor conviction.

- Probationers with mental illness are *more* likely to have their probation revoked because of failure to pay fine or fees, and “other” violations (e.g., failure to work).

- Why?
  - Functional impairments that complicate their ability to follow standard conditions of probation (e.g., paying fees).
  - Different revocation thresholds set by judges or probation officers.

Dauphinot (1996)
Reducing the numbers of people being held in jail on technical violations

- Britain/New Bristol Connecticut’s Jail Diversion Program for Women
  - Partnership with mental health and probation to:
    - Increase program referrals,
    - Provide quality trauma-informed treatment, and
    - Improved probation supervision
Bucks County PA’s Project to Reduce Offender Recidivism

- Public Safety Model
- Focusing on Offender Risk Reduction and Recidivism Reduction
- With an integration and coordination of the Corrections, Treatment and Community Systems
- Using the growing body of Evidence-Based Principles and Practice
- Grounded in a Basic 35-hour Training Experience with strong emphasis on developing Motivational Interviewing Skills
Ripple Approach

- Seven Trainers from:
  - Adult Probation,
  - Department of Corrections and
  - Behavioral Health

- Basic Trainings two times a year for new Probation Officers, Parole Agents, Corrections Officers, Therapists, Case Managers, Social Workers, Administrators, Community Members, etc.

- Annual Refresher Training each Year for those who have previously completed the Basic Training

- Adult Probation and Parole also has quarterly Unit Meeting Refreshers and bi-monthly Management Team Refreshers
Lehigh County Adult SPORE
Special Program for Offenders in Rehabilitation & Education

- Joint program that supervises those offenders that have mental illness and/or mental retardation that have received a county term of probation or parole
- Integrates the criminal justice system of Lehigh County and the MH/MR system
- “This collaborative effort combines the resources of two systems in order to provide a greater positive impact on behalf of the client.”
SPORE Teams

- Two teams, each consisting of a MH Caseworker and an Adult Probation Officer who is specially trained to understand the behavior and needs of the offender with serious mental illness
  - Co-responder model
- Weekly contact with emphasis on home visits
- Assess needs and strengths
Strategies to Improve Success for Probationers/Parolees with Severe Mental Illness

- Reduce caseloads for specialty probation agencies to allow probation officers to:
  - Develop knowledge about mental health and community resources
  - Establish and maintain relationships with clinicians
  - Advocate for services
  - Actively supervise these individuals

- Recognize multiple roles
  - Probation/parole officers take on both a legal/surveillance role and a therapeutic/problem-solving role.
  - The quality of the relationship between the officer and the probationer can strongly influence outcomes.

Skeem & Louden (2006)
Strategies to Improve Success for Probationers/Parolees with Severe Mental Illness (cont.)

- Use problem-solving strategies to resolve issues of noncompliance
  - Traditional methods of issuing rule reminders and threatening incarceration are unlikely to resolve noncompliance.
  - Examine the specific inabilities or barriers of each individual in order to increase compliance.

- Maximize limited resources in creative ways to address the specialized needs of this population

Skeem & Louden (2006)
National campaign to reduce chronic homelessness

- Focusing on releases from “institutions of custodial care”
  - Jails, prisons, hospitals, foster care, mental health, substance abuse

- “Homelessness is undermining your work.”
  - “It is compromising your primary work and bringing you repeat customers.”
Frequent Users of Jail and Shelter (FUSE)

The New York City Depts. of Correction, Homeless Services, and Health and Mental Hygiene:

- Initiative to break the cycle of correctional involvement and homelessness among “frequent users”
York Criminal Justice Advisory Board Housing Study

Recognizing the increasing numbers of people with mental illness in jail and the importance of appropriate affordable housing for diversion and re-entry:

- The York County Criminal Justice Advisory Board (CJAB) engaged Diana T. Myers and Associates, Inc. to

- Conduct a housing needs study targeting people with serious mental illness involved with the criminal justice system.
Findings

- Individuals with serious mental illness who are homeless and have criminal justice involvement have **HIGHER:**
  - Recidivism rates
  - Average number of incarcerations
  - Average number of jail days
Findings –
Number of Incarcerations & Housing

Average number of incarcerations

- MH Probation (overall): 3.72
- MH Probation with no homeless episodes: 2.96
- MH Probation who reported homeless: 6.08
Findings –
Number of Days in Jail & Housing

Average # of days in jail

MH Probation (overall) 339
MH Probation individuals who have not been homeless 238
MH Probation individuals who have experienced homelessness 652
Collaboration between Beaver County Behavioral Health, Gateway Rehab, and Beaver County Housing Authority

- 72 apartments
- On-site support services, daily programming, and assistance with doctor appointments, medications, jobs, and educational needs

"Gateway’s partnership with the Eleanor Roosevelt apartments has helped me to stay in recovery and turn my life around. I live in a dignified place that I can call my home."

www.gateway.org
USING THE SEQUENTIAL INTERCEPT MODEL
The National GAINS Center
for Systemic Change for Justice-Involved People with Mental Illness

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, WI, 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 unless criminal justice clients a priority for housing, as done in ND
- 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 offenders 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 force/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimate addressing the issues as done in TX, AZ, CA
- Utilize the State planning process to integrate mental health, substance abuse, and criminal justice identity 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

Sequential Intercepts for Change: CJ–MH Partnerships

Intercept 1
Law enforcement/ Emergency services
- Local Law Enforcement
- Arrest
- Initial Detention
- Initial Court Hearings

Intercept 2
Initial detention/ Initial court hearings
- First Appearance Court
- Jail/Partial Dispositional Court

Intercept 3
Jails/Courts
- Bail/Specialty Court

Intercept 4
Reentry
- Jail/Sentenced

Intercept 5
Community corrections/ Community support
- Probation

Action Steps for Service Level Change by Intercept...
- Interception 1: Request for Police Service. Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders.
- On-Site 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 assure accountability.
- Police Response Evaluation: Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests.

- Interception 2: Arrive at the Scene. Provide defense attorneys with early and accessible access to clients and the promise of care for their clients;
- Pre-Arrival Review of Case: Maximize the use of appropriate community diversion options.
- Pre-Arrival Review of Case: Maximize the use of appropriate community diversion options.

- Interception 3: First Appearance Court: Establish a comprehensive, standardized, objective, and validated intake procedure to assess individual strengths, risks, and needs.
- Initial Appearance: Establish a comprehensive, standardized, objective, and validated intake procedure to assess individual strengths, risks, and needs.
- Initial Appearance: Establish a comprehensive, standardized, objective, and validated intake procedure to assess individual strengths, risks, and needs.

- Interception 4: Pre-Sentencing: Engage in, assess, and monitor the community's impact on individuals.
- & Rehabilitation: Engage in, assess, and monitor the community's impact on individuals.
- & Rehabilitation: Engage in, assess, and monitor the community's impact on individuals.

- Interception 5: Community Correction: Engage in, assess, and monitor the community's impact on individuals.
- & Rehabilitation: Engage in, assess, and monitor the community's impact on individuals.
- & Rehabilitation: Engage in, assess, and monitor the community's impact on individuals.

Source: Policy Statements (2003); Correction Project (2002)

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 offenders, victim, community, and family change.
- Maintaining a Community of Care: Connect veterans to employment, including supportive employment services, prior to release. Facilitate sustained engagement in treatment, mental health and supportive services, and stable housing.
- Graduated Responses: Modify the level and condition of supervision based on the person's progress.
- Community Reintegration: Engage in, assess, and monitor the community's impact on individuals.
- & Rehabilitation: Engage in, assess, and monitor the community's impact on individuals.
- & Rehabilitation: Engage in, assess, and monitor the community's impact on individuals.

Allegheny County’s Justice Related Services for Individuals with a Mental Illness based on a Sequential Intercept Model

Sequential Intercept Model

Intercept 1
- Law Enforcement and Emergency Services
- Pre-arrest Diversion
- Police Based CIT (Central Recovery Centers)

Intercept 2
- Initial Hearings/Detentions
- Post-arrest Diversion
- Pre and Post Booking Diversion

Intercept 3
- Jails and Courts
- Court and Jail Diversion
- Mental Health Court
- Drug Court

Intercept 4
- Re-entry from Jails, Prisons and Hospitals
- County and State Support Services
- CROMISA

Intercept 5
- Community Corrections and Support Services
- Re-entry from Prison
- Probation/Parole
- CROMISA
- Special Probation Officers
- Sexual Offender
- Outpatient Treatment

2/19/2008 Allegheny County Office of Behavioral Health Justice Related Services
Systems Mapping: Creating a Local Map

- 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
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<th>The Main Link Forensic Peer Services</th>
<th>Five Sequential Intercept Points</th>
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<tbody>
<tr>
<td></td>
<td>1: Law Enforcement/ Emergency Services</td>
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<tr>
<td>Involvement in the Criminal Justice Advisory Committee (CJAB)**</td>
<td>✓</td>
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<tr>
<td>Dr. Pat Deagan’s Coping with Hearing Distressing Voices Sim.**</td>
<td>✓</td>
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<tr>
<td>Consumer Panel Discussion**</td>
<td>✓</td>
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<td>Support During Court Hearings</td>
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<tr>
<td>Jail Visits</td>
<td>✓</td>
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<tr>
<td>Developing and Initiating Community Integration Strategies</td>
<td>✓</td>
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<td>Recovery Groups</td>
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<td>Transportation to and from MH/D&amp;A Appts.</td>
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<td>Postal Correspondence</td>
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<td>In-Home Visits when under House Arrest</td>
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<td>Work Release for Recovery*</td>
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<td>Community Peer Support</td>
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<td>MH Treatment Court Development**</td>
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<td>Drop-In Services</td>
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</tr>
</tbody>
</table>

* Fiscal Year 08/09  
^ Targets Forensic Personnel
DECRIMINALIZING MENTAL ILLNESS
Mental Health and Substance Abuse Intercepts in the Criminal Justice Process: A Broad Overview

Post Decriminalization Overview – Community Based

- Intercept 1: Law enforcement/emergency services
- Intercept 2: Booking/Initial Appearance
- Intercept 3: Jails, courts
- Intercept 4: Jail re-entry
- Intercept 5: Community corrections/community support

- Reception/Classification/Retention
- Treatment/Recovery
- Release
CMHS National GAINS Center

http://gainscenter.samhsa.gov
Practical Advice on Jail Diversion
Ten Years of Learnings on Jail Diversion from the CMHS National GAINS Center

CMHS National GAINS Center
CMHS GAINS TAPA Center for Jail Diversion
Screening and Assessment of Co-Occurring Disorders in the Justice System

Roger H. Peters
Marla G. Bartoli
Pattie B. Sherman

In association with:
The CMHS National GAINS Center
Re-Entry Policy Council

www.rentrypolicy.org
Life After Lockup
Improving Reentry from Jail to the Community
Patty Griffin, PhD

8503 Flourtown Ave.
Wyndmoor PA 19038

215 836-0570
Fax 215 836 0571
pgriffin@navpoint.com