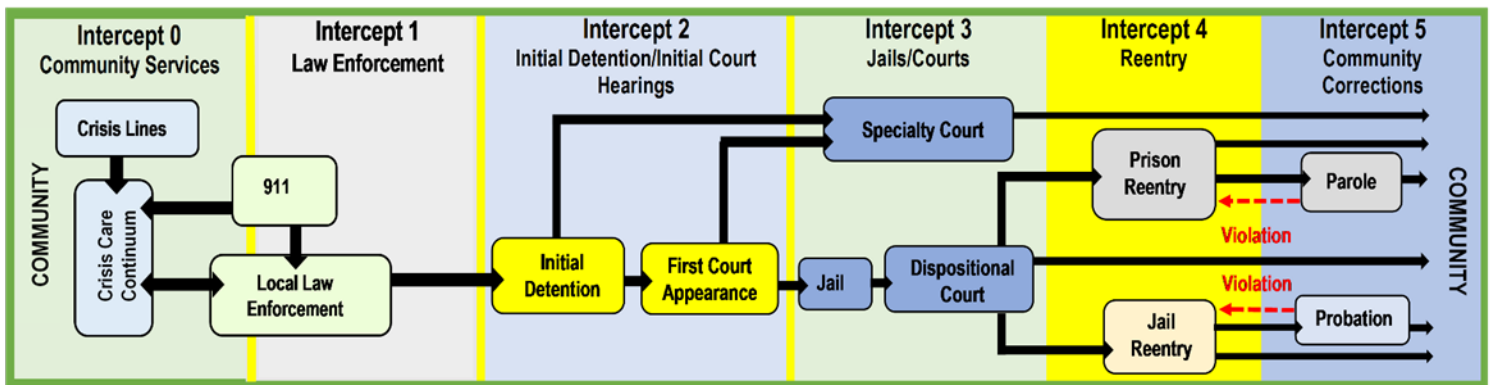


## SEQUENTIAL INTERCEPT MODEL

The Sequential Intercept Model (SIM) pictured below, is a model which identifies five key points of interception for individuals with behavioral health issues, linking them to services and preventing further involvement with the criminal justice system.<sup>1</sup> Several counties have move to using the SIM as a strategic planning tool.

**INTERCEPT 0:** The goal of this intercept is to connect individuals to treatment before there is a behavioral health crisis, or at the earliest stage of interaction with the criminal justice system. Below are some suggestions from the County Behavioral Health Directors Association of



California (CBHDA) regarding what can be done to support building a community-based behavioral health system adequate enough to prevent criminal justice involvement.<sup>2</sup>

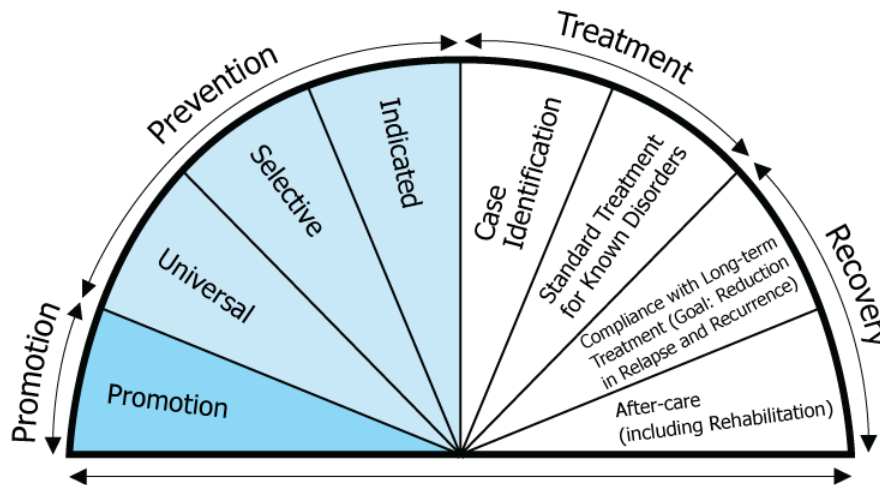
- Expand community-based prevention coalitions that promote environmental approaches to preventing alcohol and drug related problems in the community, as well as individual and primary prevention programs.
- Expand treatment options that prioritize the least restrictive level of care and invest in prevention, alternatives to psychiatric hospitalization, acute crisis needs, inpatient care and post-discharge community based options.
- Expand the crisis continuum to include funding for substance use disorders, detox and recovery services.
- Broaden the use of peers with lived experience and their role in delivering interventions to individuals in a behavioral health crisis.
- Reduce local siting challenges and tackle stigma.

<sup>1</sup> Bowles, Carrie. (2017, August 17). 2017 Highlights. Retrieved from <https://www.samhsa.gov/prevention-week/about/2017-highlights>

<sup>2</sup> County Behavioral Health Directors Association of California. (2018, September). CBHDA 2018 Legislative Platform. Retrieved from [https://static1.squarespace.com/static/5b1065c375f9ee699734d898/t/5b9198394d7a9ccbe86f9067/1536268348282/CBHDA\\_2018-Legislative-Platform.pdf](https://static1.squarespace.com/static/5b1065c375f9ee699734d898/t/5b9198394d7a9ccbe86f9067/1536268348282/CBHDA_2018-Legislative-Platform.pdf)

**Intercept O** calls for investments across the behavioral health continuum – promotion, prevention, treatment and recovery.<sup>3</sup>

**INTERCEPT 1:** This intercept includes contact with law enforcement, as well as emergency and crisis response.



**For example:** Crisis Intervention Teams (CIT) are a collaboration between community and local law enforcement, county health services, mental health advocates and mental health consumers. The purpose is to address the needs of mental health consumers who enter the criminal justice system while in crisis.

**INTERCEPT 2:** In this intercept post-arrest diversion programs are the next opportunity for diversion from an individual going further into the criminal justice system.

**For example:** Pretrial diversion, which is an informal disposition that involves the referral of individuals, often before arraignment, to rehabilitative programs in lieu of criminal prosecution such as mental health treatment or substance use disorder treatment.

**INTERCEPT 3:** In this intercept individuals have already entered the criminal justice system and are incarcerated in jail, or on bail waiting to go to court.

**For example:** Collaborative Courts, are courts that represent a collaboration between judicial supervision and rehabilitation services, where participants are monitored and often receive incentives for their progress.

<sup>3</sup> Wilson-Buck, Janeen, McCoy, Evelyn F., Noriega-Vasquez, Carla and Reginal, Travis. (2018, October). Retrieved December 1, 2018, from [http://www.safetyandjusticechallenge.org/wp-content/uploads/2018/10/2018.10.11\\_Using-the-SIM\\_finalized.pdf](http://www.safetyandjusticechallenge.org/wp-content/uploads/2018/10/2018.10.11_Using-the-SIM_finalized.pdf)

**INTERCEPT 4:** In this intercept individuals have gone through the criminal justice system, or the behavioral health system and have been absent from their community and are now reentering.

- **Principle I:** Upon incarceration, every inmate should be provided an individualized reentry plan tailored to his or her risk of recidivism and programmatic needs.
- **Principle II:** While incarcerated, each inmate should be provided education, employment training, life skills, substance abuse, mental health and other programs that target their criminogenic needs and maximize their likelihood of success upon release.
- **Principle III:** While incarcerated, each inmate should be provided the resources and opportunity to build and maintain family relationships, strengthening the support system available to them upon release.
- **Principle IV:** During transition back to the community, halfway houses and supervised release programs should ensure individualized continuity of care for returning citizens.
- **Principle V:** Before leaving custody, every person should be provided comprehensive reentry-related information and access to resources necessary to succeed in the community.

**For example:** Community-based organizations that provide connections to services and resources upon reentry such as transitional housing or even a Full Service Partnerships for those with serious mental illness and who are at-risk of homelessness.

**INTERCEPT 5:** This intercept represents community supervision of individuals whom are either on probation or parole.

**For example:** Specialized supervision models combine best practices to address criminogenic risk factors as well as best practices to address behavioral health conditions. With smaller caseloads, integrated service teams from probation/parole and behavioral health work as a team to achieve public safety and health outcomes. These services can be delivered out of the probation or behavioral health system.