

# Overview of the Sequential Intercept Model

Intercepts and Programs in Nevada Mental Health Delivery of Service

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## The Sequential Intercept Model

- ▶ Developed by Mark R. Munetz, MD and Patricia A. Griffin, Ph.D. in 2006 to provide a conceptual framework for communities to assist individuals with mental health disorders who become involved in the criminal justice system.
- ▶ This model also was designed to identify focal points for communities to assess available resources, determine gaps in services and plan for community change.
- ▶ Ideally, by mapping these intervention points individuals who need service, can access treatment sooner and be protected from slipping deeper into the criminal justice system where they are caught up in a revolving door process.
  - ❖ Dr. Griffin has mapped many communities with this model to create individualized plans.
  - ❖ Inventory resources, gaps and needs.
- ▶ Nevada DPBH has chosen this model to organize a map of the statewide system of available forensic mental health services and where there are gaps in need of attention.

# SIM and the Stepping Up Initiative

- ▶ Both SIM and Stepping UP are aimed at developing plans to keep mentally ill individuals out of jail.
- ▶ Both address the issue of the Criminal Justice involved mentally ill across the spectrum from pre-arrest to discharge from the system.
- ▶ The Stepping Up Initiative is a national initiative that is county based.
- ▶ SIM may be used as the method to conduct a review of services and programming within communities based on the five intercepts described in this model.
- ▶ A more detailed account of the Stepping Up Initiative in Nevada is planned later in the agenda.

## The Five Intercept Points



## Intercept # 1: Law Enforcement and Emergency Services

- ▶ Intercept 1 includes pre-arrest and diversion programs.
- ▶ Strategies include the use of Crisis Intervention Teams such as the model known as the Memphis Crisis Intervention Team.
- ▶ Data from other states suggest that 7 to 10% of law enforcement encounters involve mentally ill individuals.
- ▶ Nevada has instituted such teams North, South and in the Rural areas. Those services are provided through Mobile Outreach Safety Teams that are a collaboration between Law Enforcement and Mental Health Provider Staff. Representatives from these programs in Nevada will follow up with descriptions of these programs.
- ▶ In several rural counties the Forensic Assessment Services Triage Team (FASTT) addresses issues at this intercept and intercept #2.

## Intercept #2: Post-arrest: Initial Hearings and Initial Detention

- ▶ Estimates suggest that while about 5% of the general population is mentally ill between 16 to 20% of the jail population is mentally ill.
- ▶ Even with very effective pre-arrest diversion it is still likely those non violent offenders in need of treatment and support may be arrested.
- ▶ The prototypical candidate for post-arrest diversion may have committed a low-level misdemeanor or gross misdemeanor.
- ▶ Presently assessments are made of those individuals through the Misdemeanor Diversion Program at Southern Nevada Adult Services in the South and through requests for mental health and competency evaluations in the North through Lake's Crossing's Outpatient assessment program for consideration of referral to programming.
- ▶ Programs such as the Northern Nevada Forensic Mental Health Team are pivotal in providing services to these individuals

## Intercept #2 continued

- ▶ Diversion to such programs as Crossroads are also pivotal and will be described later in this agenda.
- ▶ Mental Health and Substance Abuse issues need to be addressed concurrently.

## Intercept # 3: Jails and Courts

- ▶ The goal is to filter out a majority of offenders with mental illness who meet criteria for diversion at Intercepts 1 and 2.
- ▶ Nonetheless many individuals with mental illness are still arrested and incarcerated.
  - ❖ Clark County Detention Center has close to 4,000 inmates of whom about 20% require mental health interventions.
  - ❖ Essential is high quality mental health care in detention centers to optimize stabilization and transition to the community.
- ▶ At this intercept specialty courts which feature separate court dockets have been developed to provide a more appropriate response to this population.
  - ❖ Unique to Nevada is the Competency Specialty Court in Las Vegas.
  - ❖ Mental Health Court in several regions
  - ❖ Various Drug Courts
  - ❖ Veteran's Courts

## Intercept #4: Re-entry from Jails, Prisons and Forensic Hospitals

- ▶ National pressure to provide appropriate linkages for individuals coming out of detention settings.
  - ❖ Successful *Brad H Case* against the New York City Jail System.
  - ❖ Specialty Courts assist with some of these linkages in Nevada.
- ▶ Collaboration with mental health staff and detention center management and the courts to develop appropriate discharge plan.
- ▶ Assisted Outpatient Treatment, as well as, specialized case management teams need expanded resources.

## Intercept #4 continued

- ▶ Forensic hospitals:
  - ❖ Lake's Crossing Center , Sparks      86 beds
  - ❖ Stein Hospital , Las Vegas      67 beds
  - ❖ Serve restoration and long term clients committed under NRS 178.425 and 178.461.
  - ❖ Currently about 80 % of restoration clients become competent . The remainder are returned to the community and need appropriate discharge planning to avoid reoffending.
  - ❖ Long term clients may be eligible for conditional release and ultimately discharged. Resources are limited for placement in the community while numbers of offenders committed under this statute (178.461) are rising.

## Intercept #5: Community Corrections and Community Support Services

- ▶ Coordination with Parole and Probation with use of specialized officers.
- ▶ Ohio Supreme Court Advisory Committee has curriculum for specialized mental health training curriculum for parole and probation officers.
- ▶ Need for information sharing between Corrections and Mental Health Agencies.
- ▶ APIC model developed by Fred Osher: Assessing, Planning, Identifying and Coordinating transitional care. "3 month in-reach and 3 month outreach."

## Goals to consider:

- ▶ People with mental illness should not penetrate the Criminal Justice System at a greater rate than the general population.
- ▶ Track data to determine reduction in jail population with mental illness.
- ▶ Map gaps in available service at each intercept.
- ▶ Improve resources to efficiently discharge individuals from detention to community treatment .

## References

- ▶ Munetz, M.D., Mark R. and Patricia A. Griffin, Ph.D. "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness." Psychiatric Services 57: 544-548, 2006.
- ▶ Griffin, Patricia A. The Sequential Intercept Model and Criminal Justice. Oxford University Press, 02/24/2015.

QUESTIONS??