

Taking the Sequential Intercept Model to the Next Level to Drive Efficiencies in Bucks County's Systems of Human Services and Criminal Justice

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Undoubtedly, all levels of the criminal justice system are seeing more individuals with mental illness, substance use, and/or co-occurring disorders. Persons with behavioral health issues continue to be overrepresented in the criminal justice system and that number continues to rise. They often stay in jail longer, are less likely to make bail, and more likely to experience delays in case processing. Undetected or untreated behavioral health issues often become much worse and only exacerbate the problems. Arrest rate for persons with mental health, substance abuse, and/or substance use disorders is higher than those who don't have those issues. Research has shown that persons without those disorders are arrested at a rate of 1.2 percent while for those with a mental illness, the rate was 4.1 percent with the rate going as high as 16.1 percent for those with a mental illness and a substance use disorder. Recent studies by Osher and

colleagues place the rate of serious mental illness in jails at 14.5 percent for men and 31.0 percent for women (taken together, 17 percent of those entering those facilities), and 68 percent of jail inmates have a substance use disorder (SAMHSA, 2015). Of the 17 percent of individuals in jail with a serious mental illness, about 72 percent have a co-occurring substance abuse disorder (Osher, D'Amora, Plotkin, Jarrett, & Eggleston, 2012). Locally, this trend is evident in Bucks County, as stakeholders from both the systems of human services and criminal justice collaborate to devise strategies to reduce these numbers. By creating opportunities for diversion outside of the criminal justice system through appropriate community-based services would ameliorate this issue.

Like many places in Pennsylvania and across the country, Bucks County uses the Sequential Intercept Model (SIM) (Munetz & Griffin, 2006) as a framework to help guide how to reduce the number of people with mental illness, substance abuse, and/or co-occurring disorders in the criminal justice system while maintaining public safety and efficiently using resources. The SIM is comprised of six intercepts. The points are Intercept 0 (emergency room, crisis, respite); Intercept 1 (law enforcement); Intercept 2 (initial detention and initial hearings); Intercept 3 (jail/prison, courts, forensic evaluations, and forensic commitments); Intercept 4 (reentry from state prisons, county jails, and forensic hospitalization); and Intercept 5

(community corrections and community supports). Intercepts represent the various points along the continuum where the systems can intervene to keep the person out of the criminal justice system and in community-based treatment. The SIM is a dynamic, interactive tool for developing criminal justice-human services partnerships used by communities to assess the resources, gaps, and opportunities at each intercept.

The Human Services Subcommittee (HSS) of the Bucks County Criminal Justice Advisory Board (CJAB) has been working on cross-systems human services and criminal justice strategic planning utilizing the SIM. In July 2015, the CJAB sanctioned the re-establishment of the Behavioral Health Subcommittee and renamed it the Human Services Subcommittee (HSS). The HSS is an advisory workgroup of the CJAB that supports the activities and programs that will enhance collaboration of the criminal justice and human services systems in Bucks County, identify gaps and recognize opportunities, distinguish best practices and evidence based practices, ascertain relevant outcomes, and make recommendations to the CJAB that will require its approval. The group is comprised of individuals from the human services system and criminal justice system who represent all intercepts of the SIM. One of the first goals of the HSS was to update the previous Cross-Systems Mapping (CSM). CSM is a process that "represents an application of the SIM that takes the collective understanding of promising

practices...and applies them directly to local communities in an intensive, collaborative manner" (Griffin et al., 2015, p. 239). Bucks County participated in a CSM in 2010. Using a trained facilitator in CSM utilizing the SIM as a guide, the group did an update. The HSS spent time gaining a greater sense of each other's systems, as well as creating strategies related to improving the shared challenges for the group and addressing the gaps and opportunities at each intercept. Once the HSS updated the narrative and the gaps and opportunities at each intercept, the group devised a new set of priorities and developed the associated action plan. The updated CSM was approved by the members of the CJAB, and the HSS is set to carry out the developed action plan.

Subsequent to this process, the Long Range Planning Committee of the Bucks County Prison Board tasked the HSS to take this work further and address the issue of overcrowding at the Bucks County Correctional Facility, focusing on individuals with mental illness, substance abuse disorders, and/or co-occurring disorders. The goal of reducing the jail population while bearing in mind community safety required a look at the entire system. The HSS looked at the system in the context of the Sequential Intercept Model (SIM) and its six intercepts. Recognizing that overcrowding at the jail is not the result of just one intercept and that the intercepts are interdependent, the group wanted to match resources or proposed resources to identified needs.

The HSS viewed each intercept in the context of how that intercept, and its collateral impact on the other intercepts, could achieve the goal of reducing the jail population. At Intercept 0 (ER/Crisis/Respite), if the systems of crisis and law enforcement can work together to provide appropriate timely intervention services to individuals in need of treatment before a crisis begins or at the earliest possible onset of system interaction, then a person can avoid criminal justice system involvement altogether. For Intercept 1 (Law Enforcement), if a police officer/first responder can recognize a behavioral health need during an initial interaction and initiate a process to intervene and obtain proper treatment instead of arrest, it would thereby reduce the flow through the front door of the criminal justice system. At Intercept 2 (Initial Detention & Hearings), if more information can be gathered at the time of initial detention and there can be a consideration of alternative placement, individuals can obtain the treatment and support that they need sooner, thereby lessening the influx into the criminal justice system. In Intercept 3 (Jails/Courts), individuals who are in the criminal justice system receive supportive services to allow them to get out sooner, integrate better, and decrease their chance of returning to jail. Courts are responsive to particular situations while maintaining authority to address the root causes of the criminal behavior to reduce the potential for recidivism. For Intercept 4 (Reentry), as offenders reenter the community, they are connected to the appropriate level of supports

and safely integrate while reducing the likelihood of recidivism. Finally, in Intercept 5, (Community Corrections/Community Supports), reinforcement of earlier system interventions will allow the criminal justice system to withdraw from the individual safely with appropriate community connections and supports (Human Services Subcommittee, 2016). The HSS has taken this work even further and has developed a series of recommendations across all six intercepts that address overcrowding at our county jail. Within each intercept, there are number of recommendations that the HSS believes achieve the objective of each intercept that feeds into the overall goal of safely reducing the jail population for individuals with mental illness, substance abuse, and/or co-occurring substance use disorders.

Bucks County has innovative programs at many of the intercepts of the Sequential Intercept Model. Some of the examples presented here were present prior to the current work of the HSS, but nevertheless, they further the goals described above. The following is but a sampling of the work being done across the systems of human services and criminal justice.

Intercept 0

With increased understanding of the benefits of early intervention efforts, Bensalem Police Department has introduced a program called BPAIR -- Bensalem Police Assisting in Recovery. BPAIR offers the alternative of

treatment to individuals who use drugs who present themselves at the police department. An individual cannot have current involvement in the criminal justice system or will need to resolve those issues before participating. In this edition of the journal, there is [a full article on this program](#) with a description of BPAIR and its benefits. BPAIR is a good example of an Intercept 0 program where the two systems of human services, here specifically the drug and alcohol department, and criminal justice come together "to connect individuals in need with treatment before a behavioral health crisis begins or at the earliest possible stage of system interaction" (Policy Research Associates, 2016).

Intercept 1

The Crisis Intervention Team (CIT) provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness and improves the safety of patrol officers, consumers, family members, and citizens within the community. CIT programs enhance communication, identify mental health resources for assisting people in crisis, and ensure that officers get the training and support that they need. The Bucks County CIT Taskforce promotes collaboration between Bucks County law enforcement, Behavioral Health organizations, Behavioral Health advocacy groups, and county government and provides a forum for effective problem solving. It serves as a vehicle for consumer,

family member, and community input into the Bucks County CIT training process. Bucks County CIT Task Force has matured from a law enforcement first responder model to new community partnerships with corrections. This team approach incorporates training for local correction officers in an effort to address the growing number of individuals with behavioral health issues in Bucks County's local correctional facility. This training is effective in enhancing correctional staffs' knowledge and skills, reducing liability and cost, improving community partnerships for increased access to resources and supports, and increasing safety for all. Bucks County CIT Task Force further enhanced their efforts to train and educate first responders by providing a four-hour training to Bucks County call dispatchers. Call dispatchers are trained to identify behavioral health calls and assign these calls to CIT trained officer(s).

Intercept 2

From the work of the HSS described above, there was a realization by the systems about the opportunities that exist at Intercept 2. Intervention and investment (both financially and strategically) at these early intercepts will result in downstream savings and better outcomes for individuals with mental health, substance use disorders, and/or co-occurring disorders. To that end, the County applied for a Pennsylvania Commission on Crime and Delinquency grant and was subsequently successful. The

grant funded a new initiative, the [Magisterial District Judge Mobile Engagement Pilot](#) at the core of this program is a warm hand off and direct linkage to treatment services which has been shown to improve engagement and follow up outcomes.

Intercept 3

Bucks County Correctional Facility hosts a monthly SPMI (Severe and Persistent Mental Illness) meeting with community providers and stakeholders to address the needs of individuals with mental health diagnoses, often with co-occurring substance use and personality disorders. The meeting is led by the Director of Correctional Mental Health Services at the jail and participants include additional Corrections staff from Case Management, Jail Administration, the Drug and Alcohol Unit, Community Corrections, Medical/Nursing, as well as representatives from Adult Probation and Parole, the Public Defender's Office, and the Bucks County Drug and Alcohol Commission. Local mental health providers are also represented including coordinators with the Forensic Assertive Community Treatment and Forensic Services Program. Inmates are reviewed to identify risks and needs while incarcerated as well as to assist in service planning for successful re-entry. The collaborative efforts enhance access to community resources including therapy, psychiatric treatment, substance abuse treatment, peer support, case management, income and benefits,

housing, and vocational/educational supports. This proactive coordination can facilitate a quicker re-entry with appropriate transitional supports to reduce risk of psychiatric decompensation, substance use, and future criminal involvement while enhancing recovery goals of an individual and the safety of the community.

Intercept 4

Penndel Mental Health has been restructuring their Forensic Services Program (FSP) in collaboration with Bucks County Department of Mental Health/Developmental Programs, Bucks County Behavioral Health, and Magellan Behavioral Health. The program provides community-based support for individuals with criminal justice involvement who have agreed to participate in the service as a condition of their probation or parole. Services provided include psychiatry, therapy, case management, peer support, medical support/nursing, medication management, housing support, and the development of daily living skills. Participants are monitored and supported in the community. The therapeutic focus includes mental health and substance use, as well as a focus on criminogenic thinking to help individuals develop coping strategies and behavior for symptoms and to foster new ways of thinking and behaving in ways to reduce criminal behavior and legal involvement. The program can assist individuals in developing and enhancing their quality of life, as well as

increase the safety of the community.

In closing, focusing on individuals' varied treatment needs in relation to where they are on the Intercept continuum and affording the opportunity for trained human services professionals to become involved much sooner in the criminal justice process, if proper, will be important for long term outcomes. This engagement will not only increase access to the programs that Bucks County's human services system has to offer but also serve to intercept this population of individuals, when appropriate, before they further penetrate the criminal justice system with necessary treatment supports. Programs, like the examples above and many others not discussed, will be able to achieve the outcomes of increasing the number of individuals with mental illness, substance abuse, or co-occurring disorders diverted from the criminal justice system, reducing penetration of that population further into the criminal justice system, increasing connections to community-based behavioral health services, reducing recidivism, and being able to match individuals to appropriate services based on risk and need. Access to these supportive services will result in a better quality of life and increased wellness for individuals in Bucks County.

Works Cited

Griffin, P.A., LaDuke, C., Abreu, D., Winckworth-Prejsnar, K., Filone, S., Dorrell, S., & Finello, C. (2015). Using the

Sequential Intercept Model in Cross-Systems Mapping. In P.A. Griffin, K. Heilbrun, E.P. Mulvey, D. DeMatteo, & C. Shubert (Eds.), *The Sequential Intercept Model and criminal justice: Promoting community alternatives for individuals with serious mental illness* (pp. 239-256). New York: Oxford University Press.

Human Services Subcommittee. (2016). *Addressing overcrowding at the Bucks County Correctional Facility: Report and recommendations from the Human Services Subcommittee of the Bucks County Criminal Justice Advisory Board*. Doylestown, PA: Bucks County Human Services.

Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services* 57, 4, 544-49.

Osher, F., D'Amora, D., Plotkin, M., Jarrett, N., Eggleston, A. (2012). *Adults with behavioral health needs under correctional supervision: A shared framework for reducing recidivism and promoting recovery*. New York: Council of State Governments Justice Center, Criminal Justice/Mental Health Consensus Project.

Policy Research Associates. (2016). [Intercept 0: Expanding the Sequential Intercept Model to prevent criminal justice involvement] [Infographic]. Retrieved from [Link](#).

Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An effective tool for diverting people with mental and substance use disorders from the criminal justice system. HHS Publication No. (SMA)-15-4929. Rockville, MD: Substance Abuse and Mental Health Services Administration.