

The Sequential Intercept Model Lunch & Learn

April 26, 2021

**Criminal Justice, Mental Health, and Substance Abuse
Technical Assistance Center &
Florida Department of Children & Families**



**FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES**
MYFLFAMILIES.COM



**UNIVERSITY of
SOUTH FLORIDA**

Purpose of Today's Webinar

Conduct brief overview of the TAC's role in the DCF Reinvestment Grant Program

Review the basics of the Sequential Intercept Model (SIM) and its application for SIM Mapping

Explain how the F.S. 916 Incompetent to Proceed (ITP) System fits into the SIM Model

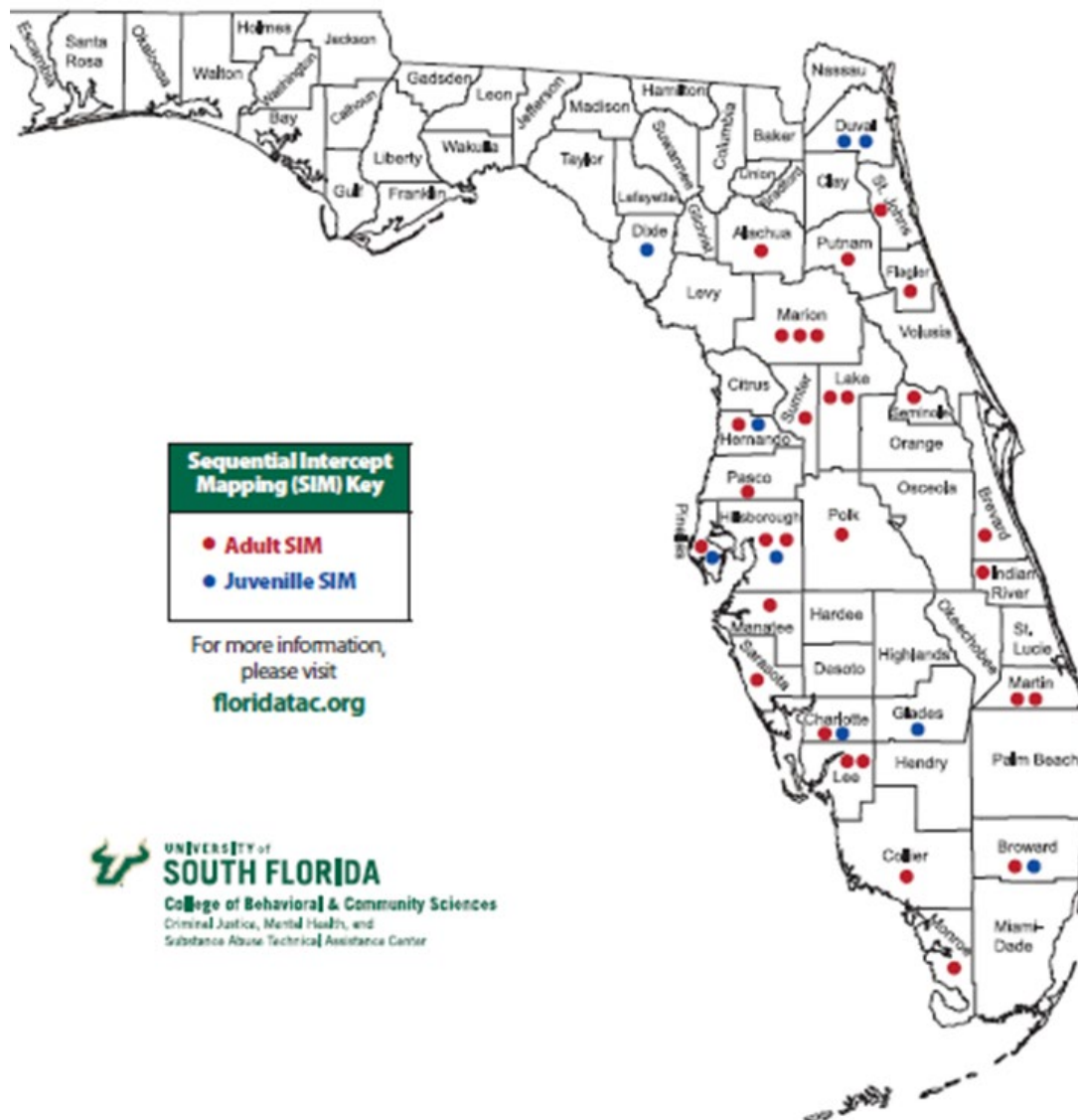
Review TAC SIM processes for Reinvestment Grantees

Q & A

CJMHSa Technical Assistance Center

- Funded by Florida Department of Children and Families
- Provide training/technical assistance for grantees of the CJMHSa reinvestment program
- Access to national and statewide subject matter experts and resources
- Menu of services
 - Mapping
 - Facilitation/strategic planning
 - Topic-specific trainings

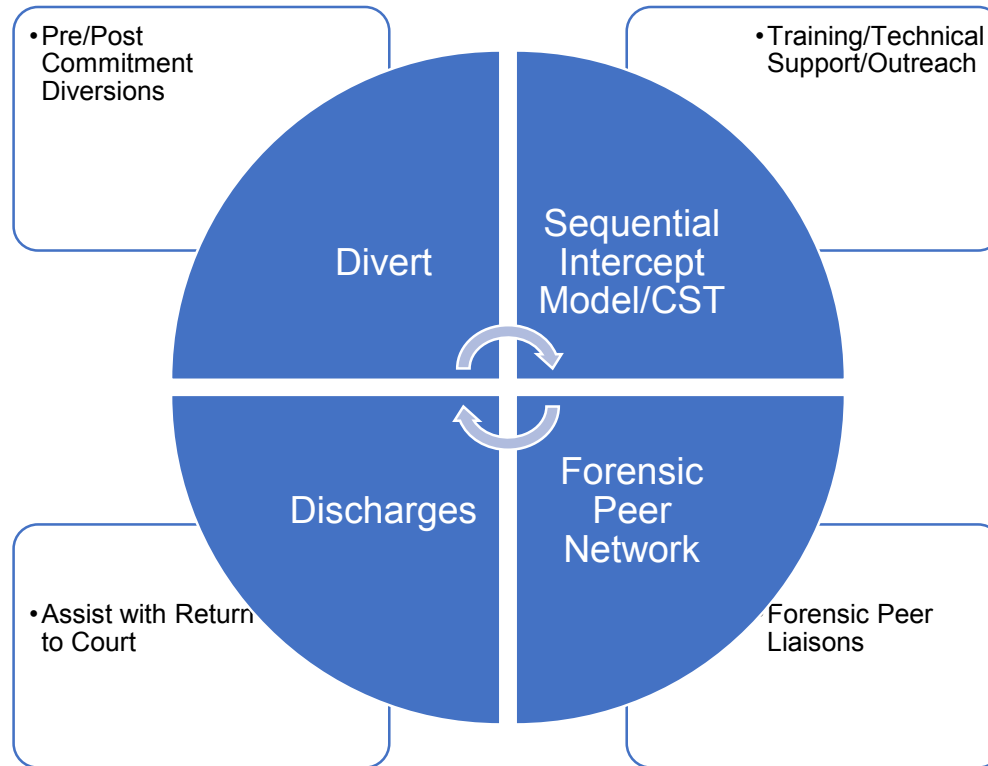
CJMHSa TAC SIM Mappings 2008-2021



DCF Forensic Community Liaison Team

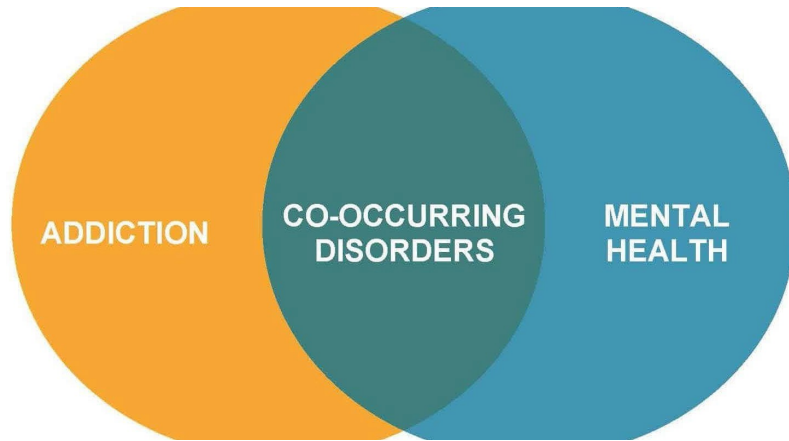
- Expand community capacity and ability to serve individuals with mental illness committed or at risk of commitment under Florida Statute Chapter 916.
- Navigators – boundary spanning
- 1 Liaison in each DCF region

Community Forensic Liaison Team



The Why of Mapping

Prevalence of Co-occurring Disorders



10.2 million adults have co-occurring mental health and substance use disorders (NSDUH, 2017).

- 1 in 4 individuals with serious mental illness also have a substance use disorder.
- Common risk factors can contribute to both mental illness and substance use and addiction:
 - Genetics
 - Stress
 - Brain region
 - Environmental (trauma, adverse childhood experiences)

Intersection with Criminal Justice

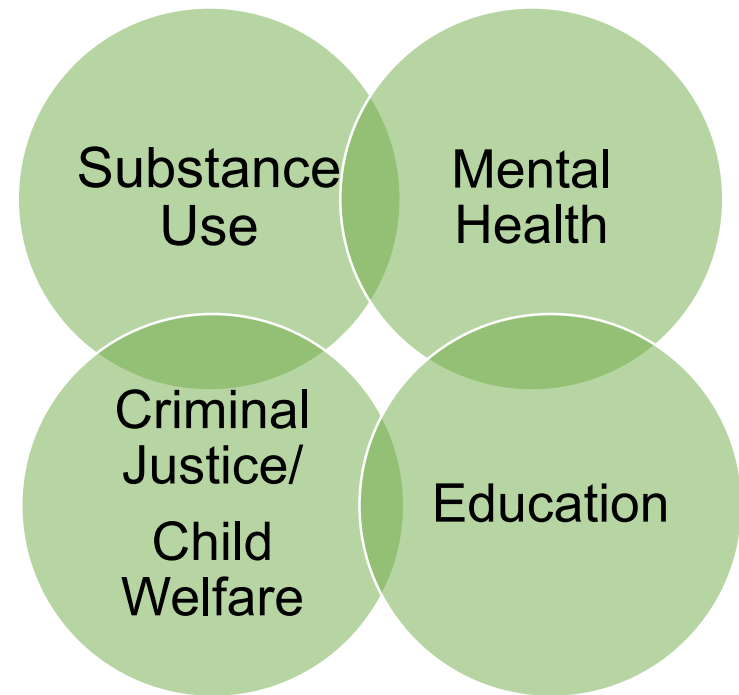
- Mental Illness: 4-6x higher in jails and 3-4x higher in prisons compared to general population
- More than **two-thirds** of jail detainees and half of prison inmates have a SUD, compared to only 9% in general population (Bureau of Justice Statistics)
- Individuals with co-occurring disorders are:
 - more likely to be re-incarcerated within a year of discharge than those with only mental illness or SUD (48% vs. 31%)
 - More likely to violate conditions of parole/probation
 - More likely to commit violent acts
 - In jail/prison for longer
 - More challenging to manage behavior in correctional setting
- Individuals leaving incarceration are up to **40 times more likely than the average American to have a fatal overdose** (Pew Research Center)

Racial Disparities in the Criminal & Juvenile Justice Systems

- Nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are Black or Latino.
- Largest percentage increase in drug overdose deaths in recent years has been among African Americans due to barriers to treatment.:
 - stigma
 - bias
 - socioeconomic status
 - poor reentry planning
 - treatment interruption from arrest
- One in 9 black children has an incarcerated parent, compared to one in 28 Latino children and one in 57 white children.
 - Children of an incarcerated parent are more likely to engage with the criminal justice system and have behavioral health issues as a child and adult
- Black youth are more likely to be sent to correctional facilities, compared to white youth, who are more likely to be sent to psychiatric hospitals.

The Challenge

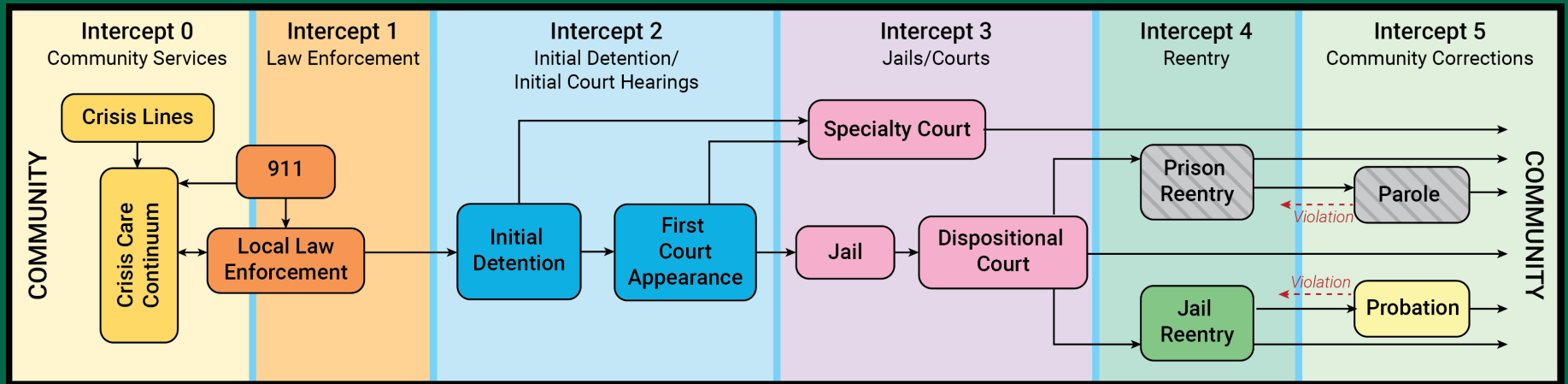
- Individuals become involved in multiple systems simultaneously:
 - Mental health
 - Substance use
 - Criminal or juvenile justice
 - Education (traditional, alternative)
 - Child welfare and other social services (homeless, CINS/FINS)
- Costly services – particularly for adults without insurance who access multiple systems multiple times (cycle and recycle through)
- **SOLUTION: Cross-Systems Collaboration**



Solution: Sequential Intercept Mapping

- Strategic planning process that assesses community assets/gaps for individuals with SUD/MI involved with the criminal justice system
- Individuals flow through the criminal justice system in predictable ways
- Illustrates key points to “intercept” individuals in order to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through criminal justice system
 - Linkage to community services

The Sequential Intercept Model



© 2016 Policy Research Associates, Inc.

The Benefits

- Transforms fragmented systems
- Assess local gaps, resources and opportunities
- Identify where to begin/target interventions
- Depicts linear flow through the criminal justice system
 - Recovery is a non-linear process

SIM Target Population

- Adults or juveniles with:
 - Serious mental illness
 - Substance use disorders
 - Co-occurring disorders (behavioral health, primary care)
 - Involvement or risk of involvement in the criminal justice system

SIM Goals

- Promote and support recovery-oriented services
- Ensure safety and quality of life for all community residents
- Facilitate jail diversion and alternatives to incarceration while maintaining access to treatment
- Provide appropriate in-jail treatment
- Link to comprehensive, appropriate, and integrated community-based services (reentry)

SIM Outcomes

Mapping the local justice system intercept-by-intercept to:

- Identify priorities and gaps in the justice system and behavioral health services
- Develop an action plan
- Assist local leadership in following up on priorities
- Improve service integration and retention
- Increase stability in the community including public safety
- Cost savings or cost avoidance

Cross-Systems Strategic Planning

- Sequential Intercept Mapping (SIM) can be integrated into other local and state planning efforts (juvenile justice, co-occurring disorders, cross-systems, managed care, Baker Act & Marchman Act)
- Expectation that a realistic action plan, based on priorities identified through the mapping process and stakeholder involvement, will be developed
- Inclusive process with broad stakeholder involvement

Collaboration is Key

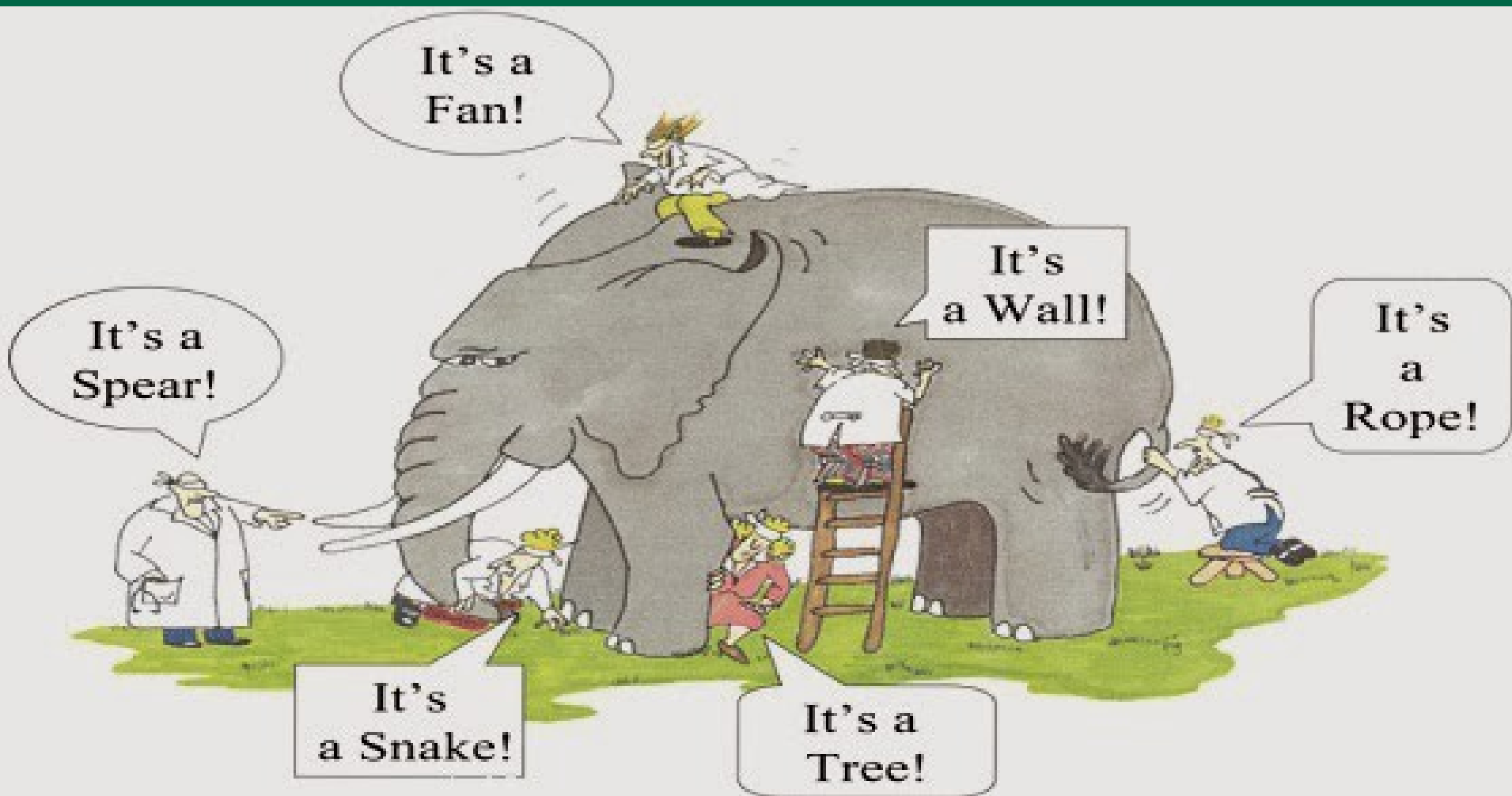


NOTHING ABOUT US WITHOUT US

**- THE RECOVERY
COMMUNITY**

Who is at the Table?

- Grantee
- Public Safety Coordinating Council or local planning council representative
- County Commissioners (if interest/involved in the grant project)
- Judges (at least one, but the more the better)
- Court administration
- Specialty courts (representatives)
- State Attorney or a representative from the office
- Public Defender or a representative from the office
- County Human Services
- Key providers (public and private) – residential, community-based, etc.
- Key providers (public and private) – residential, community-based, etc.
- Housing providers, housing coalition, homeless coalition, etc.
- NAMI representative and a consumer
- Peer specialist, family peer supports
- Law enforcement – representatives from both Sheriff's Office and Police Depts
- Jail/detention center personnel
- Jail healthcare provider
- Hospitals and ER representative
- School system representative
- People with lived experience



Benefits of Effective Collaboration

Collaboration + Services Integration =



Service Retention



Stability in the community



Public Safety



Savings

Six Key Points of Interception

Intercept 0: Community Services / Prevention / Early Intervention

Intercept 1: Law enforcement / Emergency services / Crisis Stabilization (CSU)

Intercept 2: Screening / Booking / Detention

Intercept 3: Jail / Courts

Intercept 4: Transition / Reentry

Intercept 5: Community Services / Aftercare / Probation / Parole

Intercept 0: Community Services

Best or Promising Practices (examples):

- Prevention/ Crisis Care Response Models
 - Mobile Crisis Teams (provider based)
 - Crisis Response (211)
- Specialized Law Enforcement and Provider-based Interventions
 - Homeless Outreach Teams
 - System-wide Mental Assessment Response Teams
 - Crisis Intervention Teams (CIT)
 - School Resource Officers



Crisis
Response
Models

Crisis Care
Continuum

Law
Enforcement
Strategies

Intercept 1: Law Enforcement

Evidence-based, Best, or Promising Practices (examples):

- Crisis Intervention Teams for (CIT)
- Mobile Crisis Teams/Co-Responder
- Specialized Law Enforcement Training
- Central Receiving System (Baker Act [CSU] and Marchman Act)
- Medical clearance (if necessary)
 - Transportation



Emergency
Services (911)

Initial Contact

Law
Enforcement

Intercept 1 Key Discussions: Transportation

An average of 10% of law enforcement agencies' total budgets was spent responding to and transporting persons with mental illness in 2017 (Treatment Advocacy Center).



Intercept 2: Detention and First Appearance

Evidence-based, Best, or Promising Practices (examples):

- Mental health and Substance Use Screening at Booking (co-occurring capable)
- Brief jail screening
- Pretrial Release Options



Arrest

Booking and
Initial Detention

First Appearance

Intercept 3: Detention / Jails & Courts

Evidence-based, Best, or Promising Practices (examples):

- Mental Health and Substance Use Screening at Booking (co-occurring capable)
- Psychiatric Services
- **Trauma-informed Services**
- CIT training for correctional officers
- Problem-solving Courts
- Specialized Court Dockets



Circuit Court

County Court

Judicial
Disposition

Competence to Stand Trial System – Intercept 2 & 3

- Early identification at jail booking
- Training forensic evaluators on alternatives to forensic state mental health treatment facility commitment
- Pathways to acute psychiatric units
- Linkage to specialized pretrial services
- Competence to stand trial dockets
- Expansion of community and jail-based restoration options
- Cross-system training to shift from automatic responses based on older systems
- Re-examination of restorability predictions

← INTERCEPT 2

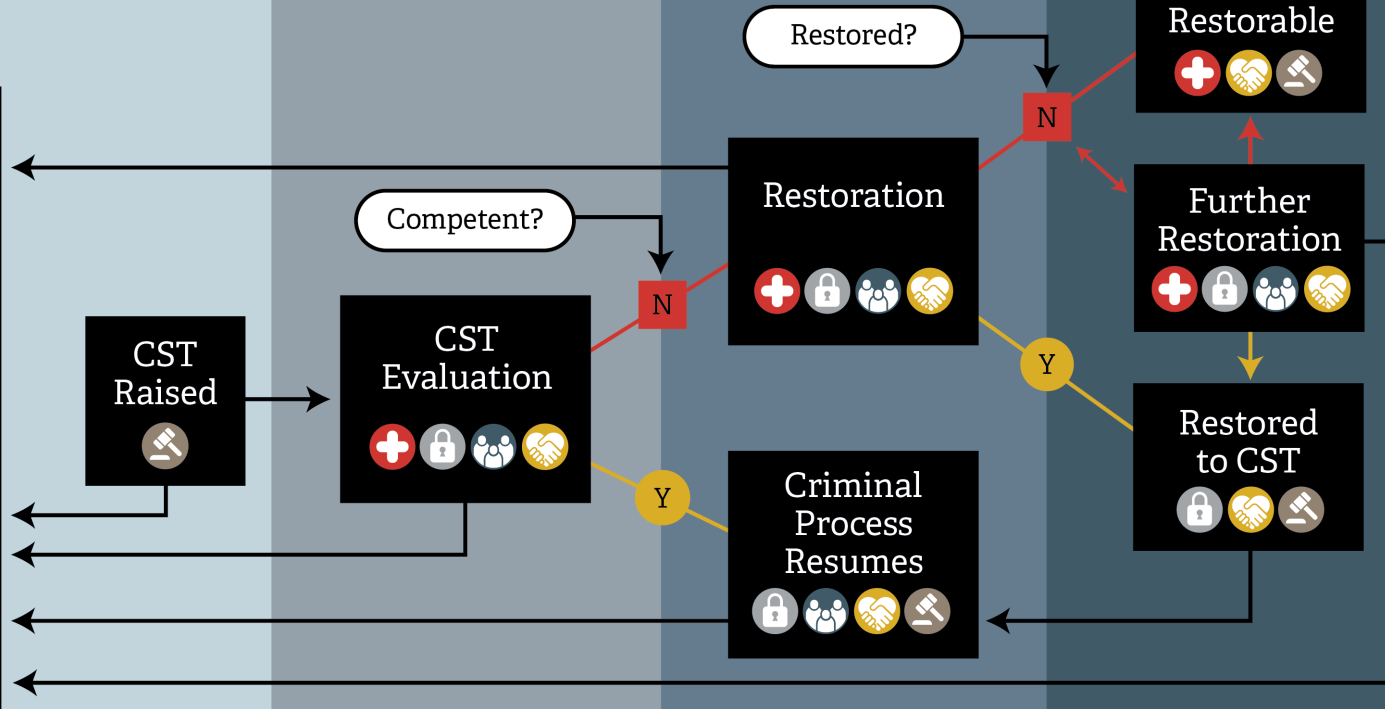
INTERCEPT 3 →

COMPETENCE TO STAND TRIAL (CST)

 HOSPITAL  JAIL  COMMUNITY  SUPPORT  COURT

© 2019 POLICY RESEARCH ASSOCIATES, INC., DEBRA A. PINALS, M.D., AND LISA CALLAHAN, PH.D.

DIVERSION



Intercept 4: Reentry

Evidence-based, Best, or Promising Practices (examples):

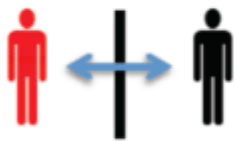
- Assess, Plan, Identify, Coordinate (APIC) model
- Forensic Intensive Case Management (FICM)
- Community Action Teams (CAT)
- Forensic Assertive Community Treatment (Forensic ACT)
- Boundary Spanners/partnerships
- SSI/SSDI Outreach, Assess, Recovery (SOAR)



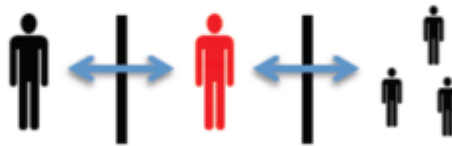
Intercept 4 Key Discussion: Boundary Spanners

An Introduction to *Boundary Spanners* and *Boundary Spanning*

Most generally, *boundary spanners* are people who link or connect with others across various kinds of boundaries. Three kinds of boundary spanners are shown below (with boundary spanners shown in red).



Boundary spanner linking to one other person across a boundary



Boundary spanner connecting other people across multiple boundaries



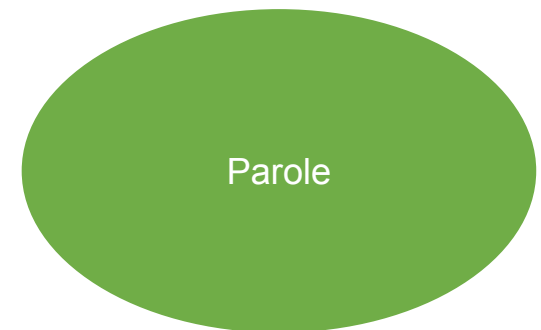
Boundary spanner linking with external environment

It is important to formalize the roles and relationships of boundary spanners.

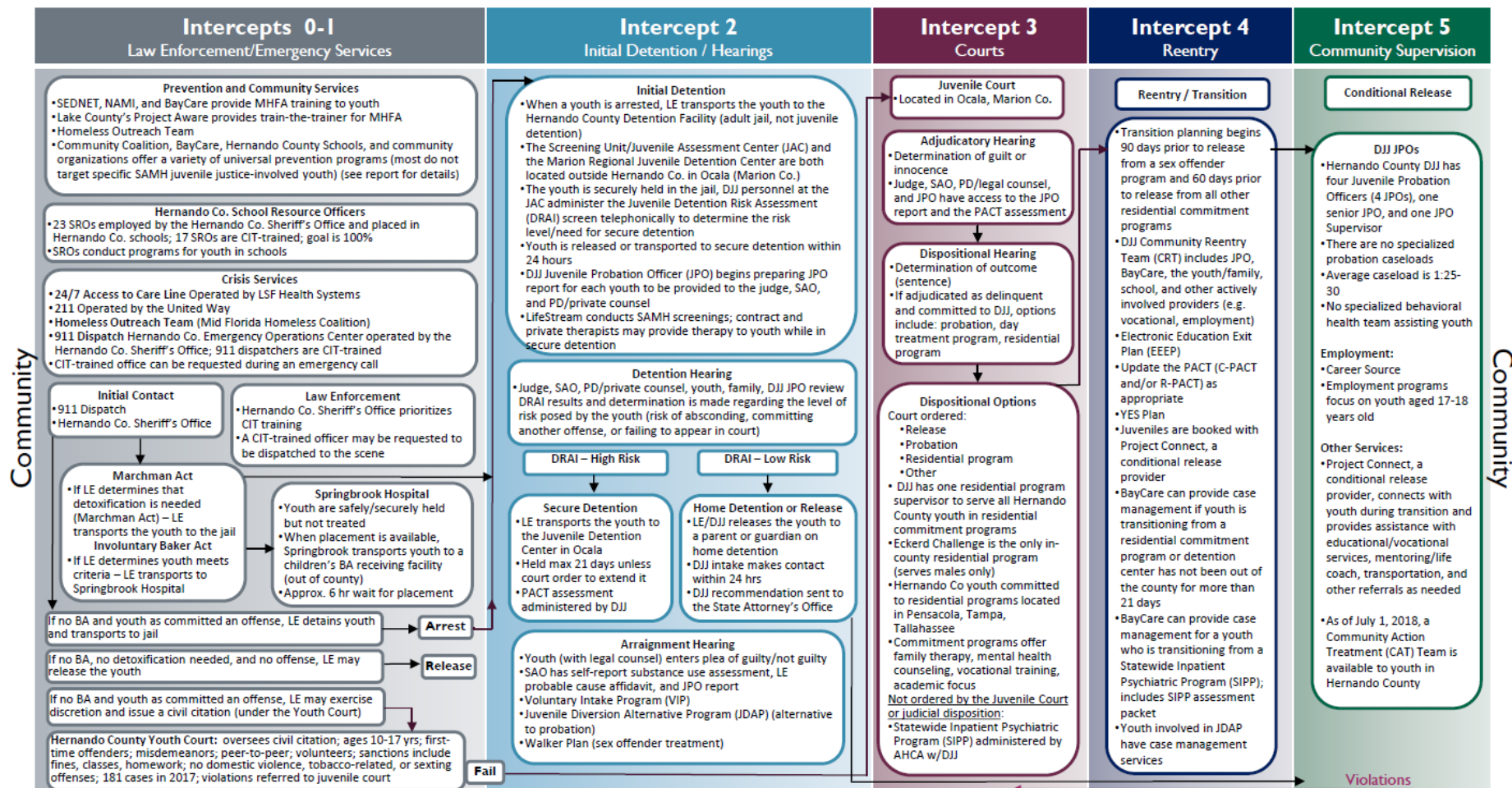
Intercept 5: Community Supervision/Services

Evidence-based, best, or promising practices (examples):

- Specialized Probation Officer Training and/or Caseloads
- Forensic Intensive Case Management, including peer specialists
- High-Fidelity Wraparound
- **Trauma-informed Treatment**
- Clubhouse models
- Drop-in centers
- SAMHSA Tool Kits (a few):
 - Permanent Supportive Housing for Youth in Development
 - Supported Employment
 - ACT Model
 - Integrated Co-occurring Disorder Treatment
 - Illness Management & Recovery (i.e., WRAP)



Example of Completed Map



Action Planning: Prioritized

Priority Area:

Objective	Action Step	Who	When

SIM Next Steps

- What will happen with the Action Plan and Systems Map?
 - Report to County/Commissioners/Planning Councils
 - Action plan led by ongoing subcommittee work
 - Inform implementation, data collection and target outcomes
 - Assist communities with planning for new funding opportunities

CJMHSA TAC Florida Observations

- **Data sharing** challenges (HIPAA, 42 CFR Part 2)
- Expanding service delivery capacity with limited resources
- Cross-systems training coordination
- Exposure to best practices, adoption and **proper implementation**
- **Stigma** and culture of organizations, communities
- Identifying individual or organizational champion to hold people accountable

Contact Us

- Leah Vail Compton, MA, MBA, DCF Community Forensic Liaison, leah.vailcompton@myflfamilies.com
- Abby Shockley, MPH, Director, CJMHSA TAC ashockley1@usf.edu
- Katelind Halldorsson, MA, Asst Program Director, CJMHSA TAC, katelind@usf.edu

USF CJMHSA TAC website: www.floridatac.org

Authors of source material:
Mark Munetz, M.D.,
Patty Griffin, Ph.D., and
Policy Research Associates
(Facilitator's Guide)

Thank you!
Questions?

