

Sequential Intercept Model (SIM)

A Statewide Collaboration Project

A SIM Mapping Workshop brings together a team of local stakeholders and utilizes the SIM tool in strategic planning to assess available resources, identify gaps/challenges in accessing services, and establish a plan for community change (and ultimately statewide change!). The SIM tool was developed to focus on those “intercepts” at each point in the justice system to improve cross-system collaborations and reduce involvement in the justice system by those with behavioral health disorders.

Missouri SIM Mapping Workshops are funded through a grant with MO Foundation for Health and supported by Policy Research Associates and National Center for State Courts.



Use the QR Code to learn more about SIM Mapping Workshops and the schedule of workshops in Missouri!



Facilitates cross-system collaboration from behavioral health, criminal justice, community services, and local leaders



Creates a local map of how adults with mental health and substance use disorders move through the criminal justice system



Improves the early identification of adults with co-occurring disorders who encounter the criminal justice system



Helps identify underused resources and increases effective service linkage



Statewide partnership with Office of State Courts Administrator, Department of Mental Health, and MO Behavioral Health Council

This is a community and life-changing event! Great opportunity to have all of us in the room to discuss system issues!

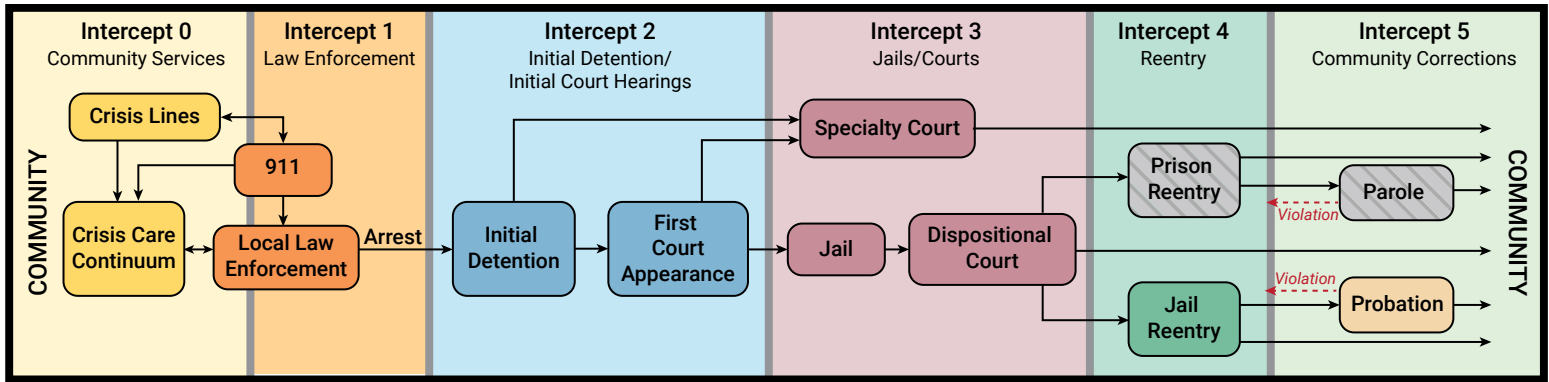
~SIM Mapping Workshop Attendee

THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders



The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis or co-respond to a police encounter.

Emergency department diversion. Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.

Police-behavioral health collaborations. Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.

Intercept 1

Dispatcher training. Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Specialized police responses. Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.

Intervening with frequent utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.

Intercept 2

Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

Data-matching initiatives between the jail and community-based behavioral health providers.

Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Intercept 3

Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.

Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.

Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4

Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.

Warm hand-offs from corrections to providers increase engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5

Specialized community supervision caseloads of people with mental disorders.

MAT for substance use disorders. MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.

Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to mental and substance use treatment services. Removing criminal justice-specific barriers to access is critical.