

# Sequential Intercept Model: Framework for a 'wicked problem'

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*The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness*

Edited by Patricia A. Griffin, Kirk Heilbrun, Edward P. Mulvey, David DeMateo, and Carol A. Schubert

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It is only late in a recent book about developing effective community-based programs for people with serious mental illness that contributing authors land on an apt description for this challenge: It's a "wicked problem."

The term "wicked problem" comes from a 1973 paper by Horst Rittel and Melvin Webber to describe complex social policy challenges that defy rational planning because they cross systems, are approached from multiple perspectives, have no clear owner-

makers recognize that traditional incarceration is not effective with this population and merely serves as a revolving door. For many years, there have been efforts to divert SMI from the criminal justice system. In 2006, Drs. Mark Munetz and Patricia Griffin developed the Sequential Intercept Model.

The Sequential Intercept Model offers five points during the criminal justice process at which a person with serious mental illness could be provided community-based treatment and "alternative sanctions" (Heilbrun, DeMatteo, Strohmaier, & Galloway, 2015: 5). The underlying assumption of the model is that "people with mental disorders should not 'penetrate' the criminal justice system at a greater frequency than people in the same community without mental disorders" (p. 6 quoting Munetz & Griffin, 2006: 544).

The five places at which a person with SMI could be diverted are:

1. When law enforcement or emergency services come in contact with a person with SMI

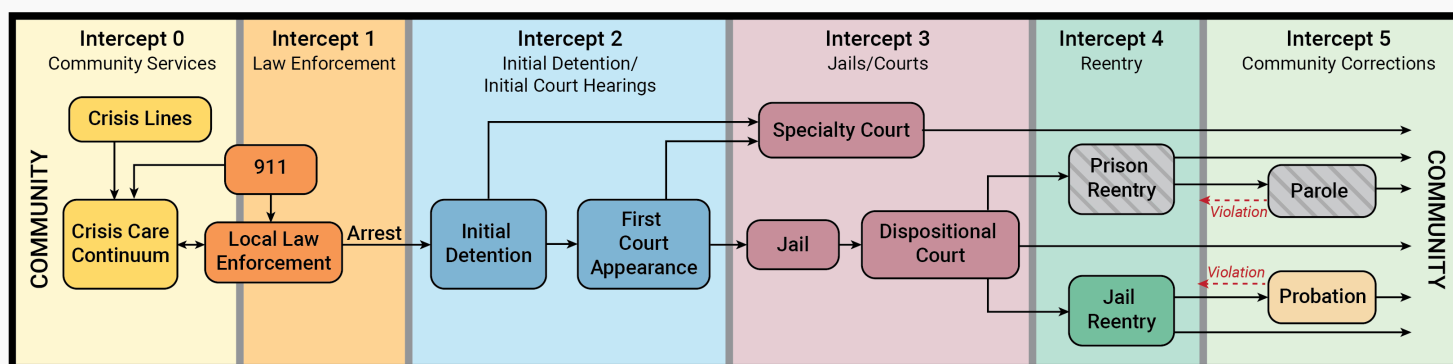
community or receiving community support.

The book is structured as a series of articles about community efforts undertaken at points along the Sequential Intercept Model that have the goal of being more clinically effective and cost effective than incarceration, while maintaining public safety.

Contributors acknowledge that many practices are not evidence-based. Sometimes this is because there have not been enough studies and those programs which have been studied yielded results that were not statistically significant. Other interventions reduced recidivism but did not improve mental health outcomes. Some programs did not reduce recidivism but had other positive consequences.

At the first intercept point, when law enforcement or emergency services come in contact with a person with SMI, many jurisdictions employ specialized police responses. These responses include the use of officers with training in recognizing the signs and

Linear depiction of the Sequential Intercept Model



Source: Abreu et al., 2017. Used by permission.

ship or accountability. Solutions which may or may not work require consensus and political will (Rittel & Webber, 1973; Leifman & Coffey, 2015: 194–195).

This is important to keep in mind while reading *The Sequential Intercept Model and Criminal Justice*.

In Alaska, and across the country, people with serious mental illness (SMI) are being incarcerated at ever increasing rates. Policy-

2. The initial court hearing where bail is set or detention imposed
3. At the disposition of a person's case — either by court or jail
4. At the time a person re-enters the community from jail or forensic hospitalization
5. At the point that a person is being supervised by corrections while in the

symptoms of mental illness and de-escalation techniques. However, studies do not show any fewer arrests for individuals with SMI who are diverted than for those who are not diverted. There is evidence, though, that law enforcement officers suffer fewer injuries (Reuland & Yasuhara, 2015: 47).

There is also evidence that therapeutic courts and drug courts are effective at reducing recidivism. While authors Liu and Redlich

## Sequential Intercept Model workshop in Anchorage

The Alaska Department of Corrections is sponsoring a two-day workshop for a diverse group of stakeholders on the Sequential Intercept Model and how it can be used to reduce recidivism among those who reenter communities from correctional facilities. The workshop will be facilitated by Policy Research Associates (PRA) and the SAMHSA GAINS Center for Behavioral Health and

Justice Transformation. PRA and GAINS provide technical assistance throughout the country on the Sequential Intercept Model. They will help stakeholders with resource mapping and understanding gaps and barriers, as well as provide a draft strategic plan for future action. The meeting, May 17–18, will be in Anchorage.

(chap. 5) are critical of some studies, they do acknowledge the benefits of these courts in terms of cost savings and lower recidivism.

There is a growing body of research that shows programs that rely exclusively on treating mental illness are ineffective at preventing recidivism. This is because most crimes committed by people with a mental illness (as many as 90%) are not a direct result of symptoms (Louden et al., 2015: 126).

Research suggests that people with mental illness have many of the same criminogenic risk factors as others. These include substance abuse, problems with employment, dysfunctional family relationships, homelessness, trauma, and antisocial associates.

The Risk-Need-Responsivity model for correctional supervision may be effective (Louden et al., 2015: 126 citing Andrews et al., 1990; Bonta & Andrews, 2007). This model supports higher intensity and targeted supervision tailored to individual needs for those who are higher risk for re-offending.

Targeted treatment and case management have shown some promise.

Assertive Community Treatment, Forensic Assertive Community Treatment, and Intensive Case Management provided at the time a person re-enters the community from jail or forensic hospitalization (Intercept 4) are proving effective, according to authors Osher and King (chap. 6). But their effectiveness relies upon how well programs are implemented. While they reduce subsequent incarcerations when implemented well, they may not produce better mental health outcomes.

Specialized Community Caseloads is emerging as a best practice. (Intercept 5; Osher & King, 2015: 106 citing Skeem & Manchak, 2008). This approach gives parole/probation/case managers specialized training for deal-

ing with people with mental illness, smaller caseloads, and an emphasis on problem solving strategies. Case managers also develop an extensive collaboration with community-based providers (Prins & Draper, 2009).

While there are many promising approaches, the “wicked problem” of providing community-based programs for people with serious mental illness persists. Incarceration numbers for people with mental illness are not going down. Some reasons include the “reluctance to offer pretrial release and deferred prosecution to those with serious mental illness” (Heilbrun, DeMatteo, Brooks-Holliday & Griffin, 2015: 59). Those with both lifetime and current mental illness are more likely to be incarcerated for the current offense than someone without a mental illness (p. 58). Even if those with SMI do not commit another offense, they are 120 percent more likely to commit a technical violation on probation or parole than others — which contributes to their high incarceration rates (Louden et al., 2015: 121).

Contributors in this book acknowledge the challenges of community-based support for individuals who have serious mental illness. They also acknowledge the need to work collaboratively across disciplines and systems to build consensus and the political will to address these challenges step by step.

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