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Using the Sequential Intercept Model to Enhance Collaboration, Policy, and Planning Across Local Behavioral Health, Justice, and Housing Systems

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Office of Forensic Coordination

Texas Health and Human Services

Office of Forensic Coordination

Mission:

Improve forensic service coordination and prevent and reduce justice involvement for people with mental illness (MI) and substance use disorders (SUD) through statewide and cross-agency initiatives that improve coordination and collaboration among state and local leaders.



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State and Local Planning



Policy and Staffing for the Joint
Committee on Access to Forensic
Services



Training and Technical Assistance



Research and Data Analysis



Engagement, Education, and Coordination

Presentation Objectives

1. Discuss the cycle of mental illness, homelessness and incarceration.
2. Review national, state and local data that highlights existing challenges.
3. Introduce the Sequential Intercept Model (SIM).
4. Use the SIM to discuss the role that housing can play in reducing and preventing justice involvement for people with MI and SUD.
5. Discuss best practices and considerations for housing justice-involved individuals.



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Cycle of Mental Illness, Homelessness, and Incarceration

Figure 1: The Cyclical Relationship between Housing Instability and Criminal Legal System Involvement⁵

Figure 1

1. Law enforcement policies and procedures that contribute to arrest for behaviors associated with experiencing homelessness.

2. Lack of stable housing viewed as a risk factor and reduces courts' willingness to divert individuals from jail or prison.



4. Lack of stable housing upon exit from jail contributes to supervision failure, increases risk of recidivism.

3. Criminal history serves as a barrier to housing, contributing to housing instability and homelessness.

Presented by Liz Buck and Hallie Fader-Towe of the CSG Justice Center as part of the CCJBH Legislative Briefing, January 2019. Cited in the CCJBH's [Policy Brief](#) on Improving Housing Outcomes for the Justice-Involved with Behavioral Health Challenges, January 2020.



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Barriers to Housing for those with Justice Involvement

Barriers to Housing for those with Justice Involvement

In Public Housing	In Private Housing Market	In Supportive Housing Programs
Bans and one-strike policies	Lack of affordable units	Little funding. Few programs
Complex screening requirements	Challenges in Applications	Competition for scarce spots
Long waiting lists	Discrimination Against those with Criminal Histories	Difficulty qualifying for programs

Reentry Challenges for Counties

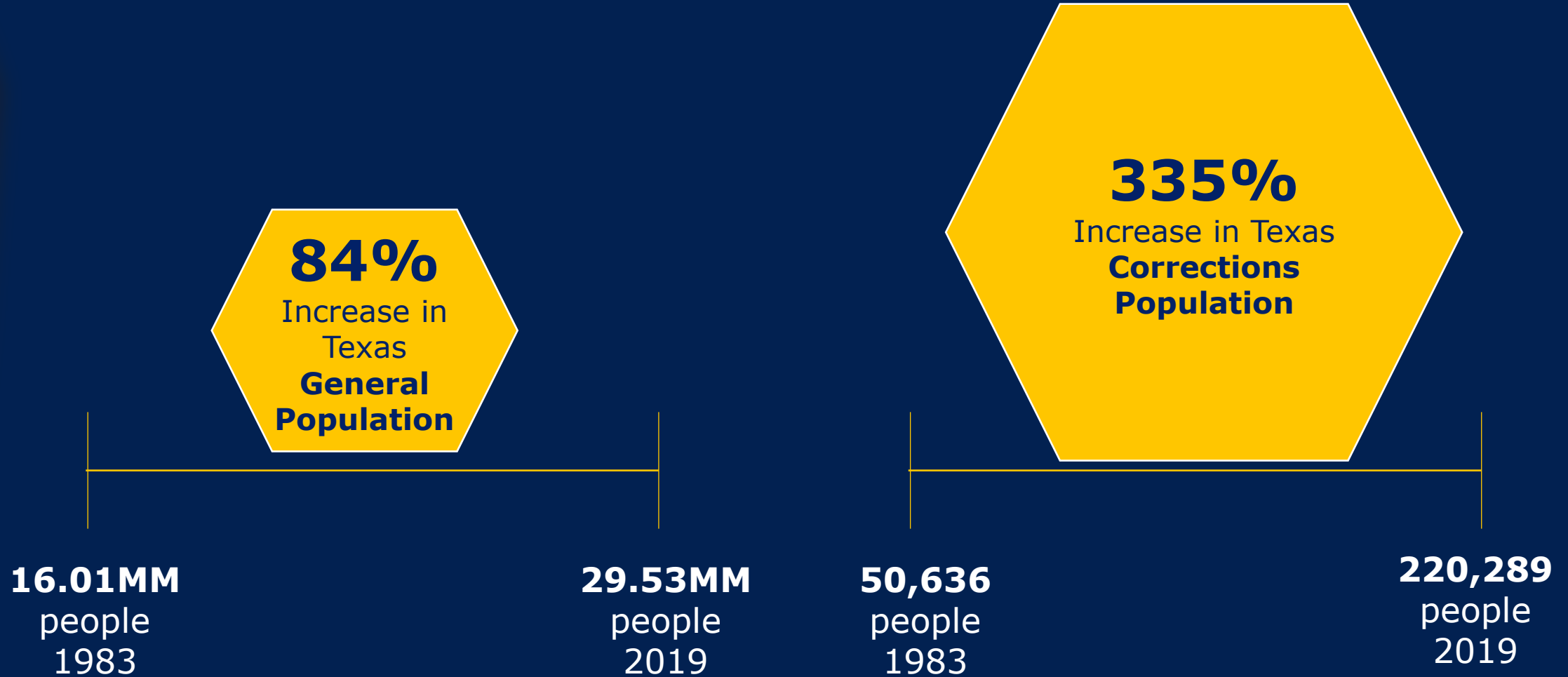
Lack of Land Availability	Siting and NIMBY Concerns	Coordinating Disparate Agencies	Funding and Resource Allocation
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Criminal Justice Trends in Texas



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Mental Illness and Homelessness



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76%

prevalence of mental disorders, including SUD, among homeless people in high income countries

26%

Of people experiencing homelessness in America's shelter system have a serious mental illness.

66%

Of people experiencing chronic homelessness have a primary substance use disorder or other chronic health condition.

Cycle of Mental Illness, Homelessness, and Incarceration

Local

689

Travis County inmates coded as having a psychiatric condition at jail booking.

36%
were homeless.

State

39%

Of **people booked into Texas county jails** have been in contact with the public mental health system in the last three years.

National

People incarcerated more than once are

13x

more likely to experience homelessness than the general public



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Stable Housing is Treatment



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The Individual Case



- ✓ Reduces recidivism
- ✓ Decreases “max-outs”
- ✓ Promotes longer term success and stability in the community

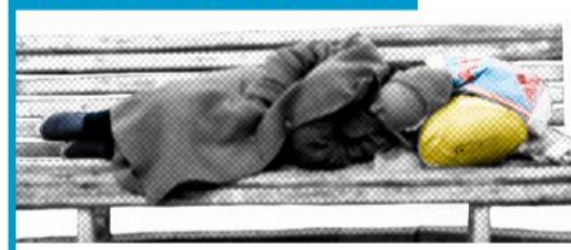
The Financial Case

EMERGENCY ROOM VISIT



\$2,414 per hospitalization in NYC³²

HOMELESS SHELTER— INDIVIDUAL



\$1,634 to \$2,308 per month³⁴

JAIL/PRISON



\$2,607 monthly cost per incarcerated person³³

HOMELESS SHELTER— FAMILY



\$3,184 to \$20,031 per month³⁵



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The Sequential Intercept Model

- People move through the criminal justice system (CJS) in predictable ways.
- Illustrates key points, or intercepts, to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through the CJS
 - Engagement with the community



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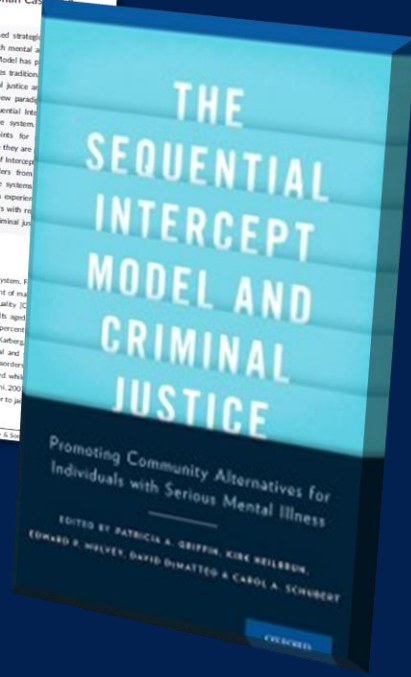
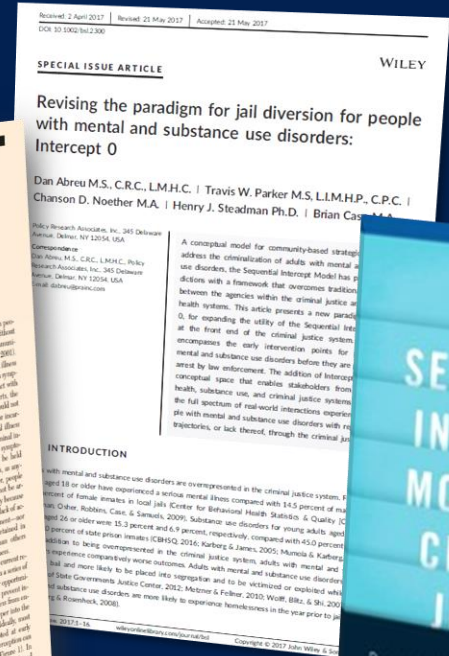
Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness

Mark R. Munetz, MD
Patricia A. Griffin, Ph.D.

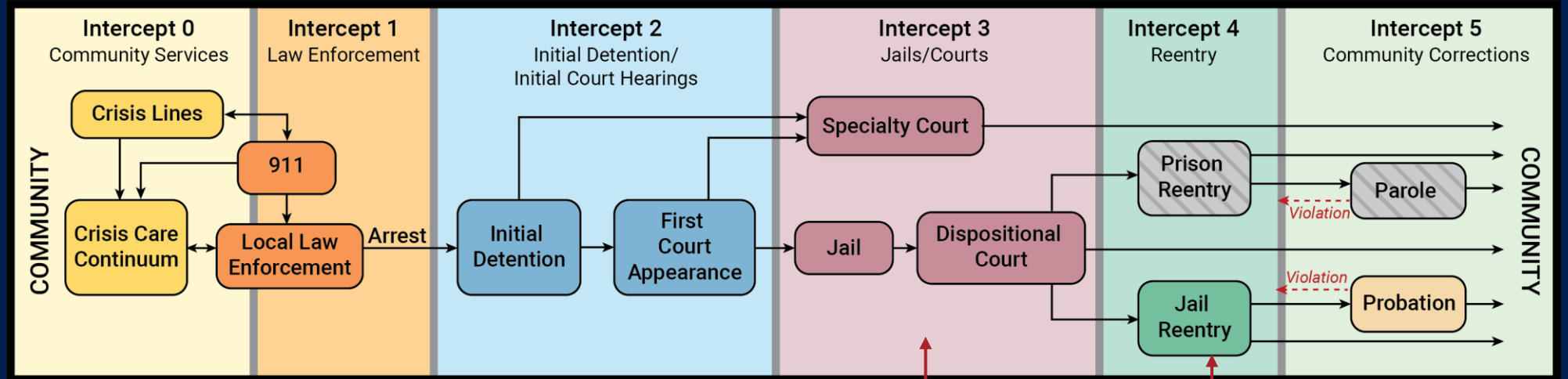
The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of people with mental illness. The model involves a series of points of intervention at which an intervention can be made to prevent individuals from entering or progressing deeper into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing numbers of individuals progressing into later points, such as law enforcement and emergency services, initial detention and initial hearings, jail, courts, forensic evaluations, and forensic commitment, reentry from jail, state prison, and forensic hospital, and community reentry, correction, and community support. The model provides an organizing tool for a discussion of diversion and prevention and for systematically addressing criminalization. Evaluation of the model, a community can develop targeted strategies that evaluate over time to increase diversion of people with mental illness from the criminal justice system and to link them with community treatment. (Psychiatric Services 57:544-549, 2006)

Over the past several years, Greater Miami, Ohio, has been working to address the problem of overrepresentation of people with mental illness in the local criminal justice system (1,2). As part of that effort, the Summit County Mental Health Services Board obtained technical assistance from the National GAINS Center for People With Serious Mental Illness in the Criminal Justice System. From that collaboration, a sequential model based on public health principles has emerged to address the interface between the criminal justice and mental health systems. We believe that this model—termed the Sequential Intercept Model—can help other health care providers develop initiatives to reduce the criminalization of people with mental illness in their communities.

The Sequential Intercept Model: Goals and Vision
We start with the ideal that people with mental disorders should not be incarcerated in the criminal justice system. We start with the goal that people with mental disorders should not be incarcerated in the criminal justice system. We start with the goal that people with mental disorders should not be incarcerated in the criminal justice system. We start with the goal that people with mental disorders should not be incarcerated in the criminal justice system.



The Model in Visual Form



Includes forensic evaluations and commitments

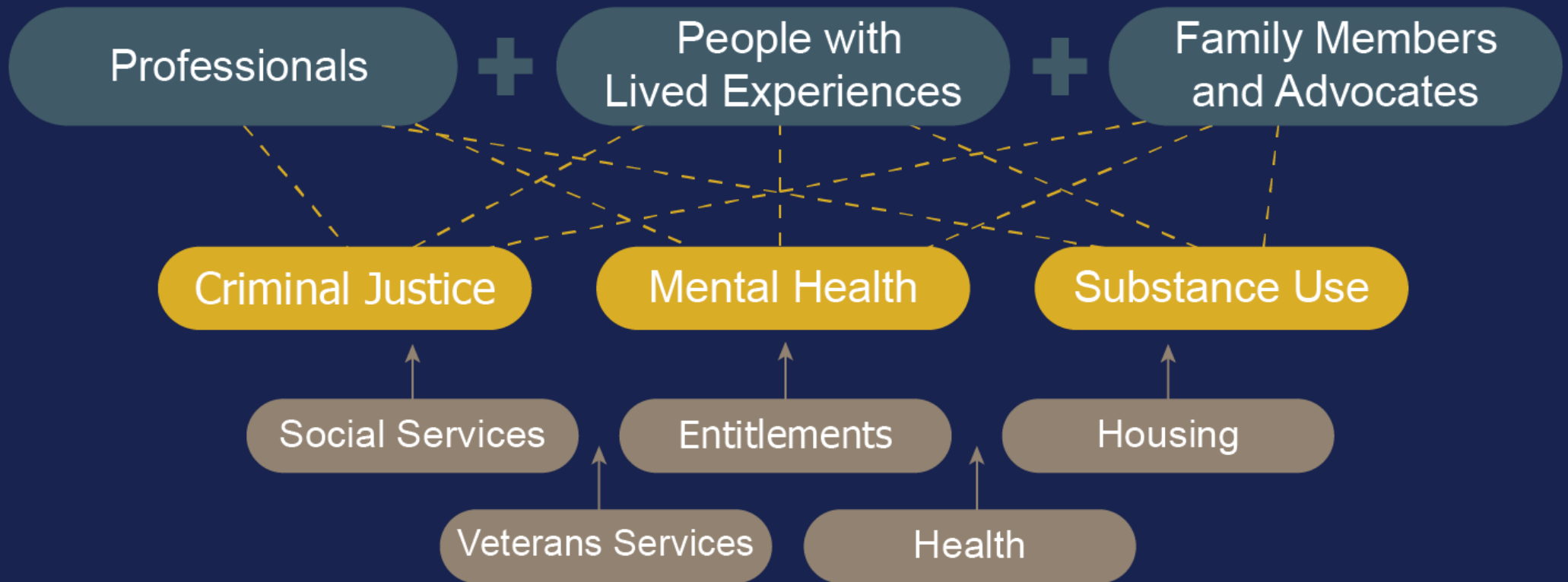
Includes reentry from forensic hospitalization



SIM Mapping Workshops



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Important Themes



Collaboration



Identify the right partners



Develop shared vision and values to overcome barriers to collaboration



Create a strategic plan to drive towards goals and objectives



Clarify risks, roles, and responsibilities



Build a data collection plan



Learn from other communities and sectors



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Data and Information Sharing



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What questions can data answer?

Do community housing resources meet the need for housing people with mental or substance use disorders and justice involvement?

Recommended Variables and Measures:

- # of units available, by housing type
- Average wait time on housing program lists
- # of persons experiencing homelessness with self-reported or confirmed MI or SUD
- # of persons under criminal justice supervision who are experiencing homelessness
- # of persons housed, by payment type
- Average tenure in public housing for persons with MI or SUD versus those without

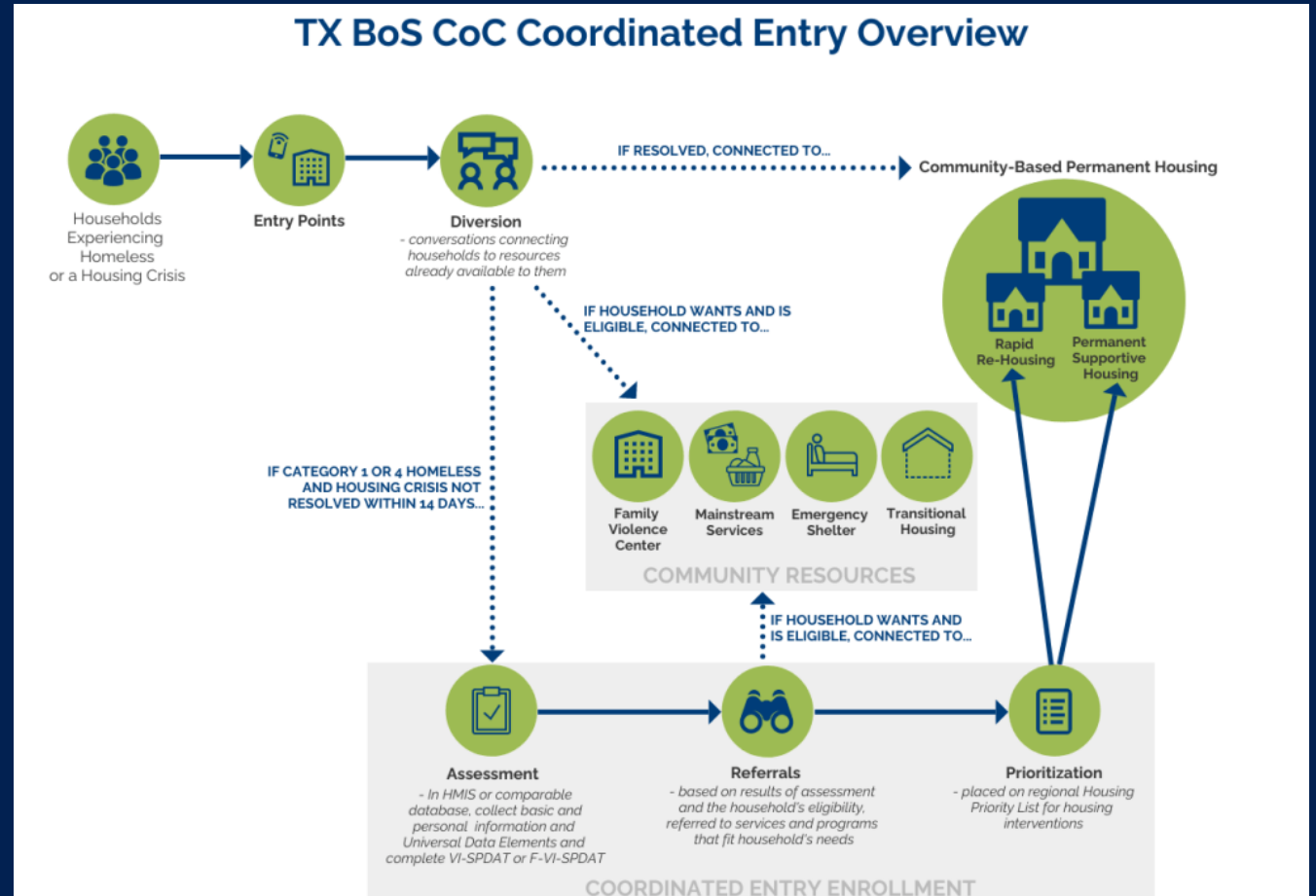
Coordinated Entry



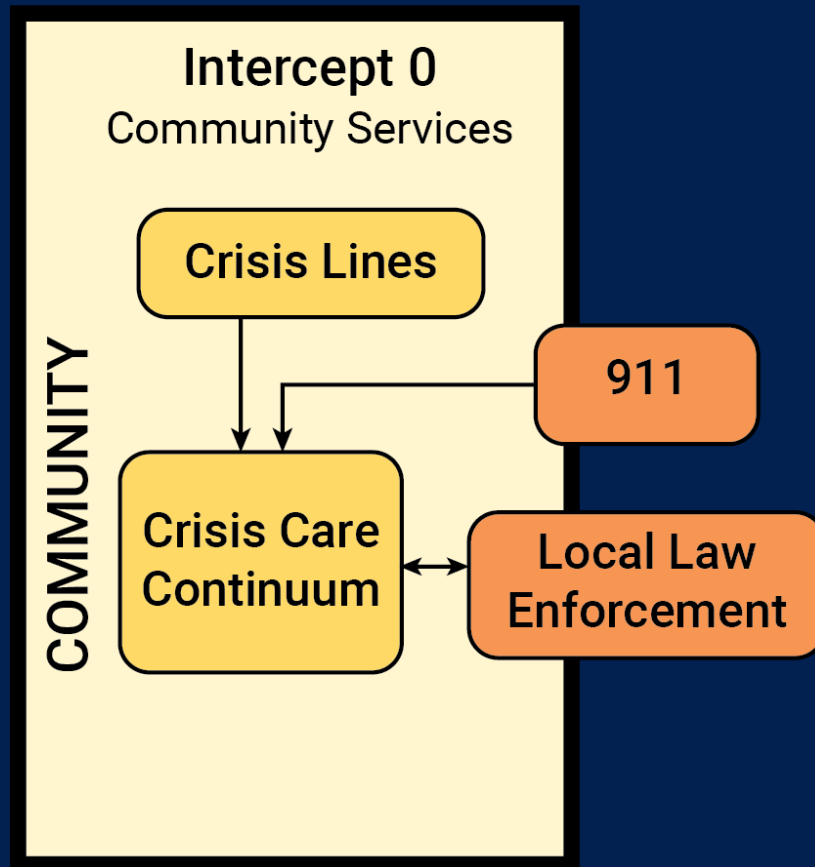
Identify opportunities to embed entry points to Continuum of Care (CoC) Coordinated Entry (CE) systems within key justice system touch points such as jails, prisons, courts, diversion, and parole or probation programs



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Intercept 0: Community Crisis Services



Key Features

- Connects people who have MI, SUD, and IDD with services before they encounter the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds for urgent but less acute mental health needs.

Intercept 0: Best Practices

Someone to call



- Warm lines
- Crisis Lines

Someone to respond



- Mobile Crisis Outreach Teams
- Peer-Operated Crisis Response Support

A place to go



- Law enforcement-friendly crisis services
- Peer Respite

Targeted Programs



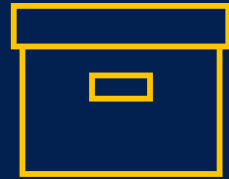
- Frequent utilizer programs and strategies
- Special Populations



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Resources available **without requiring** people in crisis to call **911**

Intercept 0: Housing Considerations (1 of 2)



Restrictive Background Checks

- Understand and operationalize a process for record sealing and non-disclosure



Housing Eligibility

- Improve documentation efforts through training and community data sharing practices



Housing Supply

- Increase housing supply with landlord incentives, master leases, and risk mitigation



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Intercept 0: Housing Considerations

(2 of 2)



Continuum of Housing Options

- Affordable Housing
- Private Housing
- Supportive Housing
- Transitional Housing



Expanding the Continuum of Care

- Connect with local CoC program to integrate SIM goals with existing housing work and learn about funding opportunities and existing data collection efforts



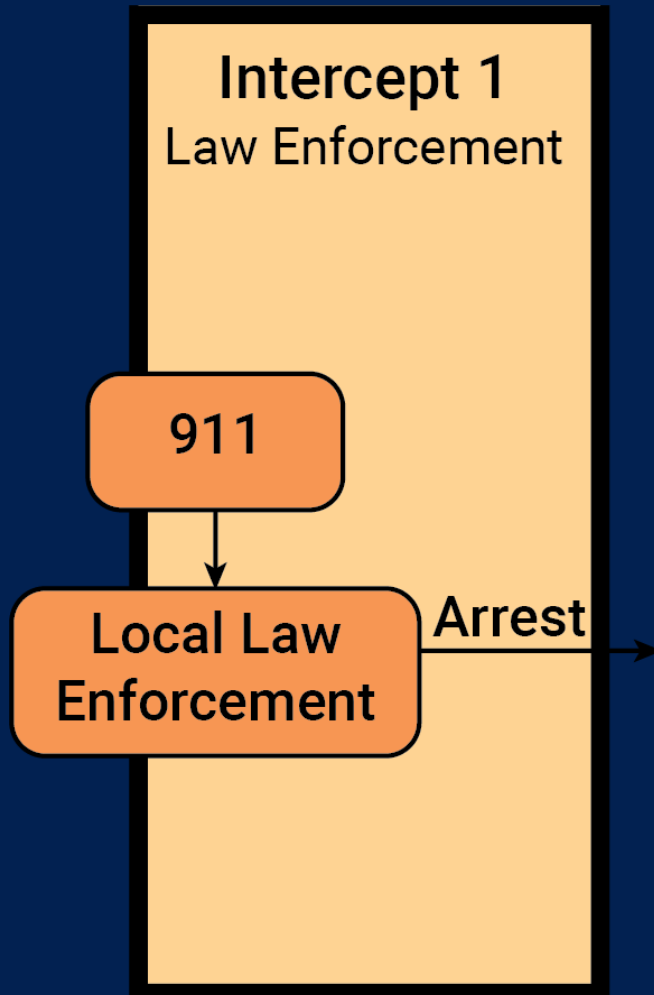
Enhance Information Sharing

- Increasing access to HMIS will allow more providers to add and access data related to housing
- More HMIS users means there is more opportunity to input data and notify clients of referrals and coordinate care.



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Intercept 1: Law Enforcement (Pre-Arrest)



Key Features

- Begins when law enforcement responds to a person with a MI, SUD, or IDD who is in crisis.
- Ends when the person is arrested or diverted into treatment.
- Trainings, programs, and policies help behavioral health providers and law enforcement work together.

Intercept 1: Best Practices

Tailored Trainings



- Dispatcher training
- Specialized law enforcement training

Specialized Responses



- Crisis Call Diversion
- Mental Health Deputies
- Co-Responder and Multi-Disciplinary Response Teams
- Remote Co-Response
- Police Referrals to Treatment

Data Sharing



- Dispatch and Police Coding of Mental Health Calls
- Information Sharing and Analysis

MH and SU Facilities



- **Diversion Centers**
- **Sobering Centers**



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Intercept 1: Housing Considerations (1 of 2)

Leverage Community Resources



- Diversion Centers
- Sobering Centers
- Crisis Respite
- Shelters
- Transitional Housing Facilities



Expand Homeless Outreach

- Promote outreach efforts among law enforcement, behavioral health providers, and community-based outreach staff to:
 - ✓ respond to homelessness,
 - ✓ de-escalate crisis situations or minor crimes
 - ✓ connect people with resources.

Enhance Information Sharing



- Consider opportunities to expand access to information on housing status and eligibility to law enforcement other first responders



- Explore implementation of Homeless Outreach Teams that focus on outreach and engagement with an “enforcement last” perspective.



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Intercept 1: Housing Considerations (2 of 2)



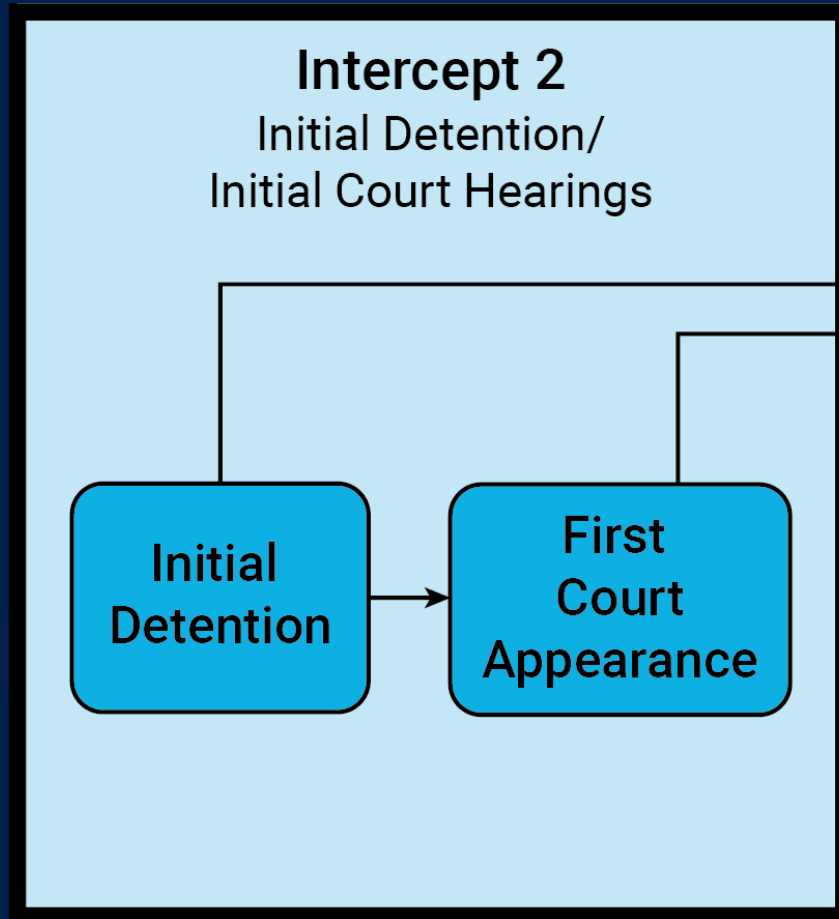
One of the most critical tasks is to preserve housing:

- **Diversion helps maintain stability, community connection, services and benefits**
- **Incarceration can shift people from housing instability to homelessness**



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Intercept 2: Initial Detention/Initial Court Hearings



Key Features

- Supports early identification and screening to inform decision making around a person's care, treatment continuation, and pretrial orders.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.
- Represents the moment when the question of competence is first raised.

Intercept 2: Best Practices

Jail Minimum Requirements



- Validated screening instruments
- Access to 24/7 telepsychiatry
- Rx meds.

Information Sharing



- Regular Jail Meetings
- Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Query
- Information Sharing and Analysis

Jail-Based Programming and Health Care Services



- Mental Health Care
- Substance Use Disorder Treatment
- Partnerships with Community-Based Providers
- MH Jail Liaisons

Special Populations



- Veterans
- Individuals found IST



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Early identification is key!

Intercept 2: Housing Considerations

Jail Diversion to Support Access to Housing



- Identify opportunities to promote diversion. Longer durations of incarceration can render people with mental illness ineligible for Permanent Supportive Housing and other resources until they have met the qualifying definition for HUD.

Design and Implement Screening and Assessment Tools



- Screen for history of homelessness and potential housing instability to assess for homelessness risk at jail booking.
- Select and implement an existing, generally accepted tool and draw on existing examples from homeless assistance providers or other jurisdictions.



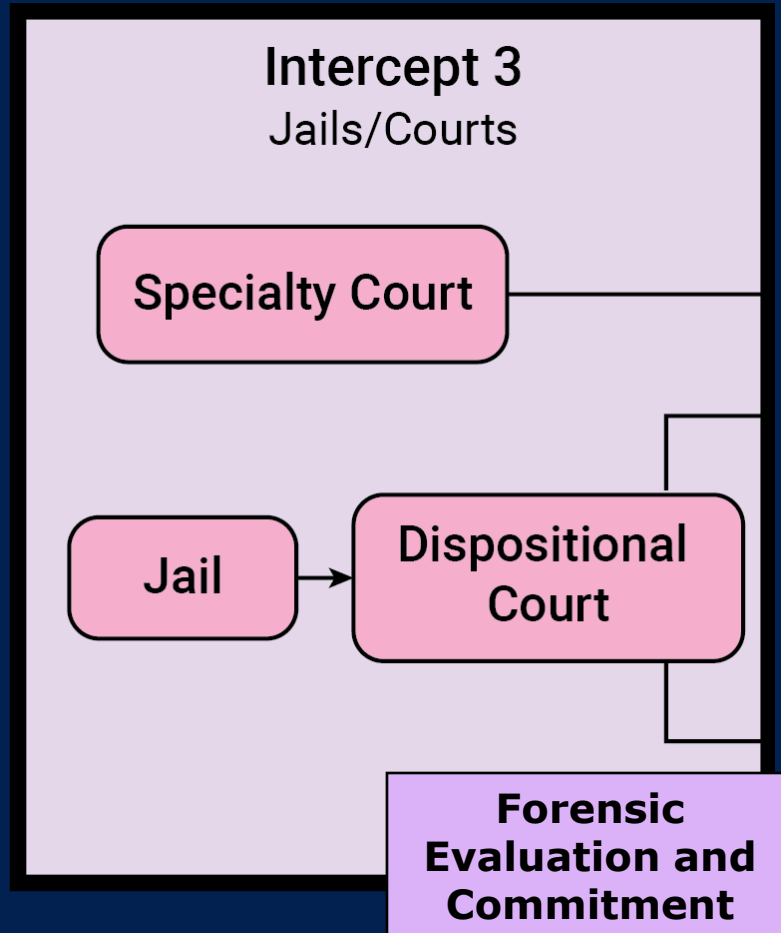
Participation of Jails in Health Information Exchange

- Promote participation of jails, prisons, and diversion providers in the state's Health Information Exchange to allow for continuity of care with health providers (such as Federally Qualified Health Centers) in the community.



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Intercept 3: Courts



Key Features

- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community.
- Includes constitutional protections including the right to due process and to representation by a defense attorney at no cost if indigent.
- Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.
- Includes using criminal charges as treatment leverage.
- Includes specialty courts.

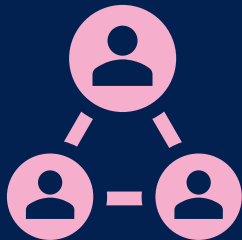
Intercept 3: Best Practices

Specialty Courts



- Drug Courts
- Veterans Treatment Courts
- Mental Health Courts

MH Liaisons and Diversion Coordinators



- Regular Jail Meetings
- Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Query
- Information Sharing and Analysis

Policies and Programs



- MH Bonds
- MH Public Defender Programs
- Assisted Outpatient Treatment
- Pre-trial Supervision and Diversion
- Prosecutor Led Diversion

Information Sharing



- **16.22 Reports**



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Communicate and Collaborate Across Courts, Jail, and LMHA

Intercept 3: Housing Considerations



Pre-Trial Diversion and Specialty Court Programs

- Explore opportunities to enhance housing supports to expand access to pre-trial diversion and specialty court programs.



Early Identification

- Early identification and diversion of individuals with SMI can help reduce institutional time



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Intercept 4: Reentry

Intercept 4
Reentry

Prison
Reentry

**Forensic Hospitalization
Reentry**

Jail
Reentry

Key Features

- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.
- Should be well-planned, intentional, and individual-centric to help set people up for success and avoid lapses in recidivism.



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Intercept 4: Best Practices

Transition Planning



- Begins at intake
- Should involve community-based service providers
- Benefits
- Peer support services

Appointment Follow Up



- Psych medications
- Peer support services
- Referrals versus appointments
- Transportation

Release



- Release time
- Transportation
- Access to medication



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Intercept 4: Housing Considerations

Transition Planning



- Expand pre-discharge assessments to include housing and supportive service needs
- Encourage staff responsible for discharge planning and/or housing placements to build working relationships with CE lead agencies.

Peer Supports



- Reentry Peers can help address reentry challenges and provide support while coping/ functioning skills improve.
- Reentry peer certification path creates employment opportunities.

Reinstate Benefits and Identify Financial Supports

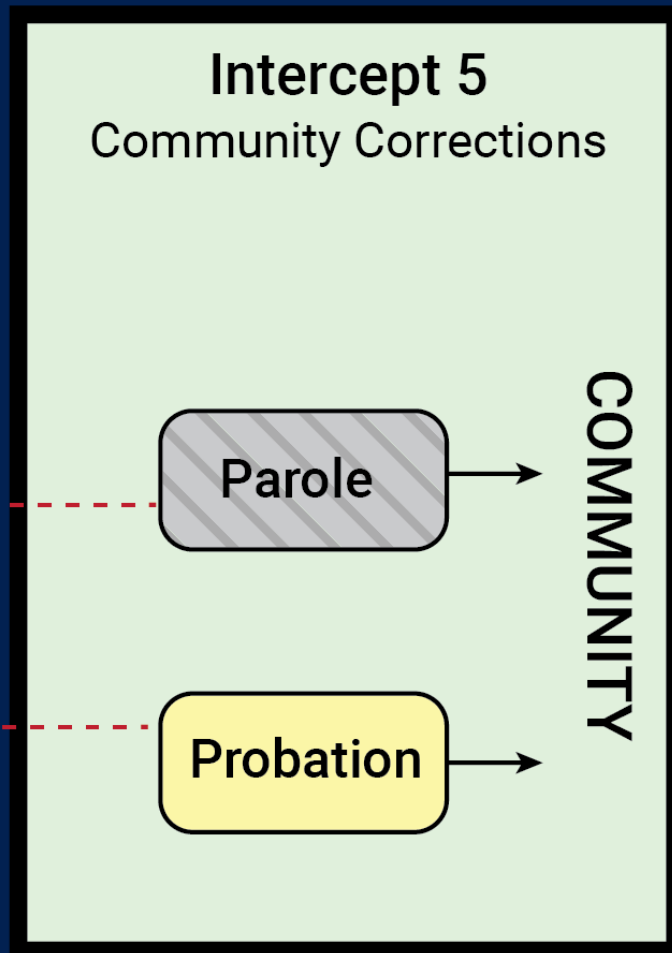


- Lack of income due to incarceration makes finding market-rate housing very difficult, delay in benefits that need to be reinstated



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Intercept 5: Community Corrections



Key Features

- Strengthens knowledge and ability of community corrections officers to serve people with MI, SUD, and/or IDD.
- Addresses the persons' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.

Intercept 5: Best Practices

Specialized Case Loads



- Mental health caseload

Behavioral Health and Community Partnerships



- Frequent communication between community behavioral health providers and probation officers
- Access to recovery supports

Training and Education



- Crisis Intervention Training
- Mental Health First Aid



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Intercept 5: Housing Considerations



Promote regular coordination meetings with LMHA, probation, and other entities to focus on continuity of care for individuals with mental illness



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Funding, Technical Assistance, and Housing Resources

Texas Behavioral Health and Justice Technical Assistance Center



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Sequential Intercept Mapping

Day 2
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Transforming Behavioral Health and Justice Systems in Texas

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Learn & Engage

Current Learn & Engage Opportunities

The Texas Behavioral Health and Justice Technical Assistance Center facilitates opportunities for behavioral health and justice system leaders to learn from and engage with one another on critical topics impacting the state. Explore our current learning opportunities listed on this page.

- Diversion Learning Collaborative**
The Diversion Learning Collaborative will support county behavioral health and law enforcement stakeholders in developing diversion strategies to reduce and prevent justice involvement for people with mental illness, substance use disorders, and intellectual and developmental disabilities. [LEARN MORE](#)
- Eliminate the Wait**
Eliminate the Wait is a state-wide campaign to help reduce the wait for inpatient competency restoration services and improve outcomes for people found incompetent to stand trial. [LEARN MORE](#)
- Jail In-Reach Learning Collaborative**
The Jail In-Reach Learning Collaborative (JIRLC) is a peer-to-peer learning opportunity for county teams to identify strategies to actively monitor people who have been found incompetent to stand trial and to reduce the wait for inpatient competency restoration services. [LEARN MORE](#)
- Sequential Intercept Mapping Community of Practice**
The Texas SIM Community of Practice is an opportunity for communities who've participated in a SIM mapping to achieve the priorities they established during their SIM mapping workshop. [LEARN MORE](#)



www.TXBHJustice.org

Council of State Governments Justice Center



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Other Resources

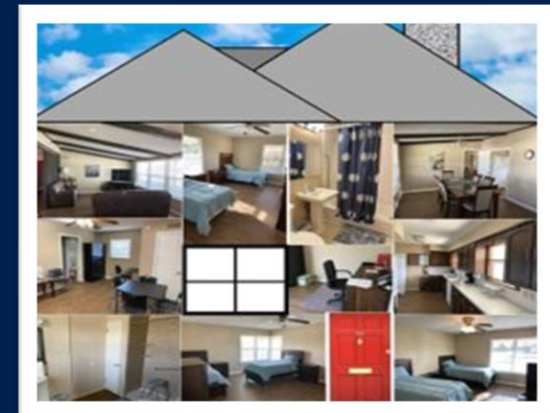


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- Housing and Urban Development (HUD)'s [Housing Search Assistance Toolkit](#) provides documents and tips for landlord outreach and recruitment resources.
- [Creating Housing Opportunities for People with Complex Health Needs Leaving Incarceration](#) is an article that highlights four questions leaders face when wanting to create new, equitable housing opportunities for people with complex health needs leaving incarceration.
- [Building Connections to Housing During Reentry](#) summarizes results from the first national survey of state Departments of Corrections reentry coordinators to outline current practices and areas where policymakers can direct efforts to increase connections to housing.
- [Action Points: Four Steps to Expand Access to Housing for People in the Justice System with Behavioral Health Needs](#) is a brief presenting four steps that state leaders should take to increase housing opportunities and improve justice and health outcomes for this population
- [Housing for the Justice-Involved: The Case for County Action](#) is a publication detailing how counties can help address the difficulty that justice-involved individuals can have securing housing while reducing county costs.
- [Texas Homeless Network: Texas Homeless Data Sharing Network](#) is the largest statewide homelessness data integration effort in the United States.

Adult Mental Health Housing Services

- State Hospital Step-Down Program
- Housing Support Line
- Healthy Community Collaborative
- Housing and Homeless Initiatives
- Supported Housing Rental Assistance
- Projects for Assistance in Transition from Homelessness



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Funding Opportunities

- [Texas Department of Housing and Community Affairs NOFAs page](#)
- [Funders for Housing and Opportunity \(FHO\)](#)
- [US Dept of Housing and Urban Development Grants page](#)
- [Bureau of Justice Assistance Funding & Awards page](#)



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Supporting Justice, Behavioral Health, and Housing Collaborations through Federal Funding



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Federal Funding Opportunities



Criminal Justice



Behavioral Health



Housing

Acronyms Key:

BJA: U.S. Department of Justice's Office of Justice Programs' Bureau of Justice Assistance

CBO: Community-based organization

CDC: Centers for Disease Control and Prevention

HRSA: Health Resources and Services Administration

HUD: United States Department of Housing and Urban Development

LSC: Legal Services Corporation

ONDCP: Executive Office of the President's Office of National Drug Control Policy

SAMHSA: U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration



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Thank You!

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