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Applying the Sequential Intercept Model to the Northern Ireland Context:

A selective review of practice innovations to improve the life chances of justice-involved young people and adults with complex needs

Summary Report

SBNI Safeguarding Board for Northern Ireland

QUEEN'S UNIVERSITY BELFAST

Report prepared for the Safeguarding Board for Northern Ireland by the School of Social Sciences, Education & Social Work, Queen's University Belfast.

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November 2019

Introduction

This report uses the 'Sequential Intercept Model' (SIM) as a framework to provide a selective review of practice innovations at different stages of the criminal justice process as a means to improve the life chances of young people and adults with complex needs in Northern Ireland (NI) who interface with the criminal justice system (CJS)[1]. The report was commissioned by the Safeguarding Board Northern Ireland as part of the cross-departmental Early Intervention Transformation Programme initiative to support the development of Trauma Informed Practice across systems of health, social care, education, justice and the community and voluntary sectors in NI.

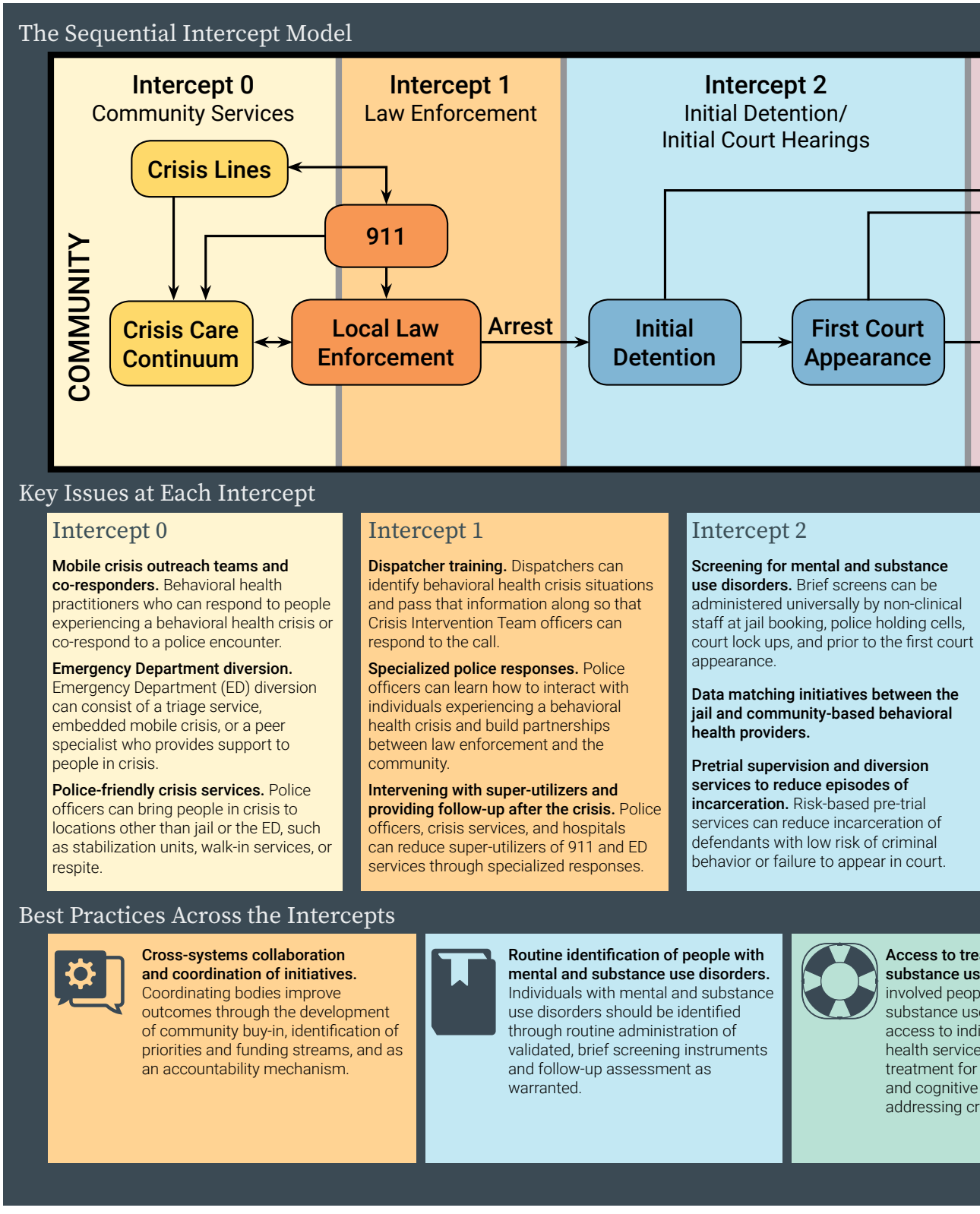
The Sequential Intercept Model

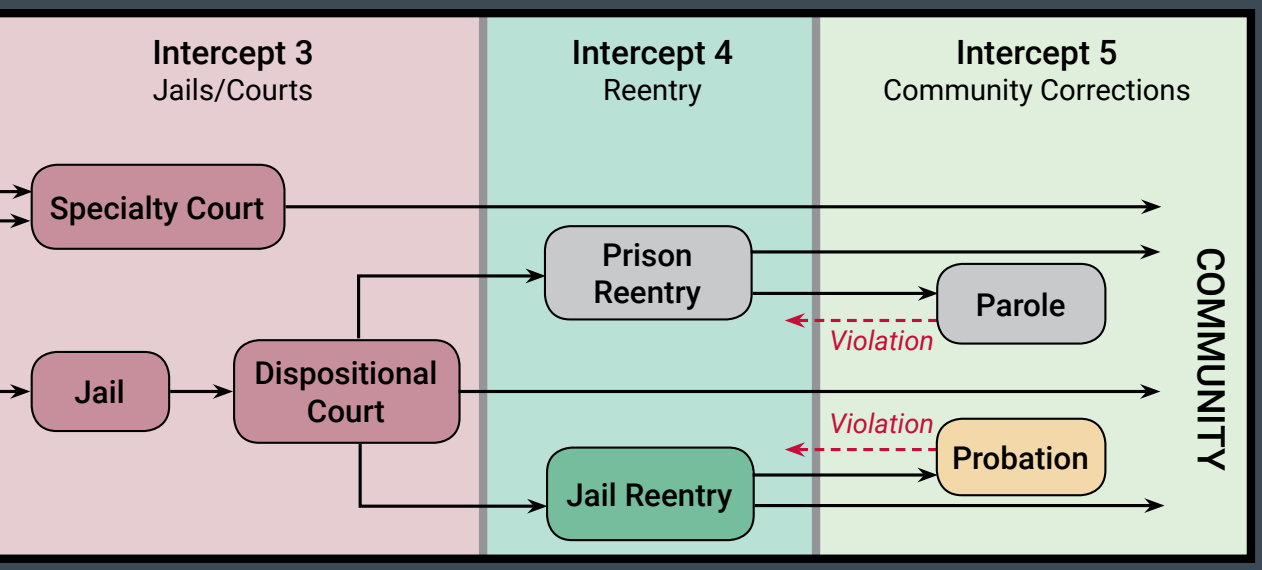
The Sequential Intercept Model or SIM (Figure 1) emerged as a cross-systems framework in the USA to address the interface between the criminal justice and mental health systems given the high prevalence of justice-involved people with mental health or substance use problems (Munetz & Griffin, 2006). It is premised on the recognition that the criminal justice system is often ineffective at meeting the multi-faceted needs of people impacted by multiple adversities, and that justice involvement itself can exacerbate the existing difficulties of this population, inadvertently increasing the likelihood of reoffending (Munetz & Griffin, 2006). The SIM has undergone years of piloting and refinement. Originally, the SIM delineated five intercepts (labelled 1 to 5 in Figure 1) corresponding to key criminal justice processing decision points (law enforcement; initial detention/initial court hearings; jails/courts; re-entry; community corrections). An additional intercept (Intercept 0 'community services') was formally added in 2017 in recognition of the dual roles played by the police in protecting public safety and serving as emergency responders to people in crisis (Abreu et al., 2017). These six decision points represent junctures where people with mental health or substance use issues could be prevented from 'entering or penetrating deeper into the criminal justice system' (Munetz & Griffin, 2006 p.544) and diverted to alternative services or treatment that are more appropriate to their needs. Each intercept functions as a filter, with interventions ideally 'front-loaded' to 'intercept' people early in the pathway (Willison et al., 2018) and therefore curtail criminal justice involvement to its lowest level.

The SIM has been used in the USA as a strategic planning tool to assess available resources, determine service gaps, identify opportunities and develop priorities for action to improve system and service-led responses focused toward adults with mental health and substance use disorders who are involved with the criminal justice system (Policy Research Associates, 2018).

1 Reference to the criminal justice system in this report is inclusive of policing (Police Service of Northern Ireland - PSNI), the judiciary including the Public Prosecution Service (PPS) and Northern Ireland Courts and Tribunals Service (NICTS), the prison service (Prison Service Northern Ireland), probation services (the Probation Board for Northern Ireland – PBNI), the Youth Justice Agency (YJA) and prison healthcare services provided by the South Eastern Health and Social Care Trust (SEHSCT).

Figure 1: The Sequential Intercept Model (Policy Research Associates, 2018)





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.

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.

Warm hand-offs from corrections to providers increases 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.

Medication-assisted treatment for substance use disorders. Medication-assisted treatment 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 behavioral health services. Removing criminal justice-specific barriers to access is critical.

atment for mental and e disorders. Justice-le with mental and e disorders should have vidualized behavioral es, including integrated co-occurring disorders behavioral therapies iminogenic risk factors.

Linkage to benefits to support treatment success, including Medicaid and Social Security. People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension vs. termination and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.

Information-sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness providers. Information-sharing practices can assist communities in identifying super-utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

Justice-involved persons with complex needs

It is well established that young people and adults involved with the justice system are disproportionately affected by adversity and trauma (Miller et al., 2011), with exposure to childhood adversity identified as a key risk factor for subsequent justice involvement (Kerig & Becker, 2010; Bellis et al., 2015). The complex links between health, social inequality and crime are also increasingly recognised (for example Public Health England, 2018).

Justice-involved persons are known to suffer significantly worse health than the general population and are more likely to be the victims of crime (Anders et al., 2017). Although much of the SIM literature refers specifically to people impacted by 'mental health and substance use disorders', this report opted to use the over-arching term of persons with 'complex needs' as a means to better capture the range of adverse health and social experiences common in justice-involved young people and adults.

These include adverse childhood experiences, trauma, domestic violence, learning disability, experience of care and homelessness as well as mental health and substance use problems (see Table 1).

Recent justice system developments in the UK and NI recognise these challenges. Adult and youth justice processes are striving to take effective account of these intersecting influences on offending behaviour and promote cross-sector partnership working to enable and prioritise upstream intervention to prevent or mitigate the underlying causes and impact of offending behaviours (see for example PHE, 2018; Improving Health in Criminal Justice Strategy and Action Plan, 2019). This SIM report has emerged from one such effort – the move towards Trauma Informed Practice in Northern Ireland, initiated through the Early Intervention Transformation Programme.

Literature Review Process

The literature detailing policy and practice developments at various stages of the criminal justice process is vast. This report is not intended as an exhaustive review of the literature but rather an up-to-date focused selective review of key criminal justice themes and developments relevant to the application of the SIM in the NI context.

The report was structured by an initial search of multiple academic databases to identify articles specifically focusing on the application of the SIM. This search identified several relevant academic papers which were used to classify the types of initiatives included within each intercept and identify relevant search terms for a selective review of the academic and practice literature within each intercept.

Report Structure

Each chapter explores one of the six SIM intercepts highlighting key messages and challenges from the literature as well as providing international examples of practice initiatives that show promise. Relevant statistical information is provided where available. A summary of the key features of the primary initiatives trialled at the particular intercept is provided.

A brief review of the evidence of effectiveness of practice initiatives is offered, alongside indication of common data collected at each intercept with the intention of facilitating stakeholders to engage in mapping and planning exercises.

The report concludes by examining key messages across the intercepts located in the SIM literature reviewed and adapted to the NI context. This includes the five best practice principles developed by SIM advocates as well as two additional overarching themes identified in the literature.

Table 1. Complex needs prevalence in justice-involved persons

Complex needs prevalence in justice-involved persons	UK statistics	NI statistics
Mental health problems	26% of women and 16% of men said they had received treatment for a mental health problem in the year before custody (MoJ, 2013). 25% women and 15% men in prison reported symptoms indicative of psychosis (MoJ, 2013) – the rate is 4% in the general public (Wiles et al., 2006) 8 in 10 women in prison (79%) reported that they had mental health issues compared with 7 in 10 men (71%) (HM Chief Inspectorate of Prisons, 2018).	Initial arrest: 64% of cases in a sample of 240 arrests in 2017-18 indicated that the arrested person had, or had previously had, a mental health issue (NIAO, 2019 p.16). Prison population: NIAO reviewed 4 years of committal data (2014-18) to gain an indication of the mental ill health prevalence in NI prisons. Over one third (36%) reported they had been engaged with MH services at the time of committal (NIAO, 2019 p.20). Community sentences: 42% offenders assessed by NI Probation Service were determined to have some level of mental health problem (i.e. been diagnosed and prescribed medication) and 72% had a 'general emotional wellbeing problem' (NIAO, 2019 p.23)
Suicide & self harm	Self-inflicted deaths are 6.2 times more likely in prison than the general population (MoJ, 2018a). Current rates of self-harm are at the highest ever recorded (MoJ, 2018b)	44% of prison population have history of self-harm at committal (NIAO, 2019 p.20). Self-harm is a near daily occurrence, with more than one incident recorded on most days in 2017 and 2018 – on just over one third of days, 3 or more self-harm incidents were recorded across the NI prison estate (NIAO, 2019, p.33)
Substance Use	It is estimated that 33-50% of all acquisitive crime is committed by drug users (National Treatment Agency for Substance Misuse, 2009).	Over half of the NI prison population indicated drug use prior to committal (58%) (NIAO, 2019 p.20).
Learning disabilities	34% of people assessed in prison in 2017-18 reported they had a learning disability or difficulty (Skills Funding Agency, 2018)	
Basic needs	Prisoner Needs Profile questionnaires completed in 2017 reported that 9% of prisoners who responded said they were not registered with a General Practitioner (NIAO, 2019 p.38)	

Complex needs prevalence in justice-involved persons	UK statistics	NI statistics
Employment	Only 17% of people are in PAYE employment one year after leaving prison (MoJ, 2018c).	
Homelessness	Prisoner Needs Profile questionnaires completed in 2017 reported that 19% were homeless or living in a hostel when they entered prison; 26% stated that they had no accommodation to go to upon release (NIAO, 2019 p.38) Nearly 2 in 5 women (37%) left prison without settled accommodation – around 1 in 7 (14%) were homeless and nearly 1 in 20 (4%) were sleeping rough on release in 2017-18 (MoJ, 2018d). One in 7 people who left prison in the year to March 2018 were homeless. This increases to 1 in 5 people serving a sentence of less than six months (MoJ, 2018e).	
Children and young people	Fewer than 1% of all children in England are in care, but around two-fifths of children in secure training centres (44%) and young offender institutions (39%) have been in care (HM Inspectorate of Prisons, 2019)	While looked after children represent less than 1% of the under 18 population in NI, they accounted for between 9 and 17% of referrals to PSNI Youth Diversion Officers between 2009-10 and 2013-14 (NIAO, 2017)
	It is estimated children with care experience are 5 times more likely to become involved with the justice system than those outside the care system (Prison Reform Trust, 2017) A profile of young people in the youth justice system in Wales with a history of reoffending (Youth Justice Board Cymru, 2012) found that: • 48% had witnessed family violence • 55% had been abused or neglected • 79% had social services involvement • 81% were without qualifications • 95% had substance misuse issues	
Women	More than half of women prisoners in England (53%) report having experienced emotional, physical or sexual abuse as a child compared to 27% of men (MoJ, 2012) 57% of women in prison report being victims of domestic violence as adults (MoJ, 2014). This is likely to be an underestimate (Gelsthorpe et al., 2012). The charity Women in Prison report that 79% of the women who use their services have experienced domestic violence and/or sexual abuse (House of Commons Justice Committee, 2013). Of young women offenders in custody, 40% have suffered violence at home and 30% have experienced sexual abuse at home (Prison Reform Trust, 2012).	

INTERCEPT 0: COMMUNITY SERVICES

Intercept 0 focuses on 'community services' and identifies early intervention points to intercept people with complex needs *before* they engage with the criminal justice sector or are placed under arrest. It is based on the assumption that *interventions should always be at the lowest level of criminal justice involvement*, with optimal support to meet identified needs.

The goal of Intercept 0 is to connect individuals with complex needs with appropriate assessment, treatment and services and prevent further involvement with the criminal justice system where possible.

Common strategies at Intercept 0 include the development of *community-based crisis services across the crisis care continuum* including**:**

- ***Crisis Lines*** provide free and confidential telephone counselling, assess suicide risk, develop safety plans with people in crisis, liaise with health and social care providers, and refer callers to appropriate support services including mobile crisis teams or emergency services where on-site assistance is required.
- ***Crisis stabilisation services*** provide short-term supervised care (outside of emergency departments) to individuals in crisis to de-escalate acute symptoms, safety plan and avoid further contact with emergency services or unnecessary hospitalisations where possible.
- ***Mobile crisis teams*** provide acute mental health crisis stabilisation and assessment services to individuals in crisis within their own homes and in other sites outside clinical settings.
- ***Peer crisis services*** offer short-term alternatives to psychiatric emergency department or inpatient hospitalisation and are facilitated or co-facilitated by people with lived experience of mental illness or crisis.
- ***Specialised police responses*** such as the development of crisis intervention teams. These initiatives are examined in Intercept 1.

Key stakeholders: emergency services; crisis services; mental health and social care community-based providers (statutory, voluntary and community sectors); police

Intercept 0: Key Messages

Both Intercept 0 and 1 focus on diverting people with complex needs who are not a danger to the community away from criminal justice processing toward community-based mental health and social care services which can provide more appropriate treatment and support. Developing and resourcing a range of collaborative community-based services across the crisis care continuum is therefore considered essential to effective diversion at Intercepts 0 and 1. The literature reviewed suggests the following key messages:

i. **A range of community-based crisis services** are required to provide early intervention points for persons with complex needs outside of the criminal justice system which can facilitate greater access to supportive mental health and social care services and treatments. These include **co-ordinated crisis lines, mobile crisis teams, emergency department diversion services and crisis stabilisation services.**

ii. Community-based crisis stabilisation and sobering/detoxification services and access to mobile crisis teams are frequently noted as **service gaps** at Intercepts 0/1.

iii. Involvement of **people with lived experience** of mental health issues or crisis (peers) can assist service planning and delivery.

iv. **Collaborative relationships and networks** are required across health, social care and policing, including statutory, voluntary and community sector initiatives to align crisis services and ensure that individuals in need are connected with the most appropriate assessment, treatment and support at the earliest point.

v. **Information-sharing protocols** are required between services and sectors in order to facilitate access to the most appropriate services.

vi. **Data collection** across crisis services is essential to service planning to meet the needs of frequent users of crisis services.

vii. Stakeholders should identify vulnerable populations at risk of justice-involvement and develop bespoke **initiatives to address over-representation.**

viii. **Public investment in early intervention health and social care services** for vulnerable children, families and communities is required to promote more timely service response for those identified as at risk of justice system involvement.

INTERCEPT 1: LAW ENFORCEMENT

Intercept 1 involves law enforcement and emergency services. It is the initial point of contact between an individual and police officers or other emergency responders.

The goal of diversion at intercept 1 is to reduce further contact with the criminal justice system by implementing alternatives to arrest, such as connecting individuals with complex needs to an appropriate range of mental health and/or social care services.

Intercept 0 and 1 recognise that police officers have dual roles, both protecting public safety and also acting as first responders to people in crisis. Police officers and emergency services therefore form an essential part of the *'crisis care continuum'*. At intercepts 0 and 1, there exists the possibility of 'step down' to community services only or 'step up' to some level of involvement in the criminal justice system depending on the presenting concerns. The fluidity between intercept 0 and 1 is depicted by the two-headed arrow on the SIM diagram.

Common strategies at Intercept 1 include:

- ***Emergency dispatcher training*** to identify behavioural health crisis situations so that relevant information can be relayed and crisis intervention teams can respond
- ***Police officer training*** - the facilitation of additional approaches for police officers to interact with individuals with behavioural health concerns such as crisis intervention teams
- ***Specialised police responses*** - including the development of mobile crisis teams and other outreach or diversionary initiatives

Key stakeholders: police; emergency services; crisis services; mental health and social care community-based providers (statutory, voluntary and community sectors)

Intercept 1: Key Messages

Responding to people with complex needs requires specialised police responses, coordination and collaboration across multiple stakeholders. The research evidence suggests that collaborations between the police, the mental health system and essential social services has positive, long-term benefits for adults and young people and is successful in diverting individuals away from criminal justice involvement (Steadman et al., 2000). The following key messages from the literature reviewed seek to implement the core components of Intercept 1:

i. **Training front-line police officers** in how to respond to people in crisis (crisis intervention training) and greater knowledge of mental health and substance use issues appears to lead to improved experience for the person with a greater likelihood of service engagement. For maximum benefit, service providers should consider the following:

- Training **curriculum.**
- The process of **officer selection.**
- A **target** for the number of officers to receive such training.
- Inclusion of peers with lived experience enhances training content.
- Partnership with relevant statutory, voluntary and community sector agencies in the development and delivery of police officer training enhances cross-sector and cross-agency relationships and working.

ii. **The development of various forms of mobile crisis teams** holds potential to provide more appropriate responses to young people and adults with complex needs and successfully connect them with mental health and social care services:

- Depending on the target population, these teams could be made up of **different personnel with justice and mental health expertise across statutory and voluntary sectors and may include people with lived experience.**
- Such initiatives promote collaborative working and effective partnerships across traditional boundaries by **developing joint ownership** of cross-sector/agency initiatives at a senior management level.
- **Regular review** of joint working arrangements is recommended.
- **Joint training programmes** for all staff involved promote enhanced cross-sector understanding and effective working relationships.
- Effective **information sharing protocols** between services are required.

iii. **For young people at risk of justice-involvement**, the following factors are identified as important for intercept 0 and 1 initiatives:

- Given the very high rates of childhood adversity in the youth offending population, it is important to **recognise young people's offending behaviours as health and wellbeing concerns.**
- Justice system engagement at these early intercepts should be recognised as **opportunities to connect or re-connect children, young people and families with the required range of services.**
- **Avoid school exclusion** where possible.
- Engage the **young person's family/adult caregivers or extended support network** in interventions as pivotal resources to mitigate against re-offending.
- Where children and young people re-offend, step up the **intensity of contact** between the young person and their family/extended network with supportive services as a means to mitigate against further involvement with the justice system.
- The development of **cross-sector initiatives is recommended for low level offences** that are proportionate and avoid young people receiving a criminal record which can negatively impact their life chances.

Common identified gaps at intercepts 0 and 1 include a lack of sufficient mobile crisis response; lack of mental health or crisis intervention training for emergency dispatchers; training needs regarding substance use service linkages for first responders; lack of crisis stabilisation units and/or sobering sites in the community.

INTERCEPT 2: INITIAL DETENTION/INITIAL COURT HEARING

Even with optimal mental health and social care services and effective pre-arrest diversion programmes in place, some individuals with complex needs will nevertheless be arrested. Intercept 2 focuses on efforts to interrupt the standard prosecution process *after* the person has been arrested but *before* he/she proceeds to trial or enters a plea. It includes efforts to divert vulnerable individuals from formal prosecution pathways as well as decision-making on initial release/detention and conditions of release pending trial for those arrested. The aim is to avoid pre-trial detention as well as reduce the likelihood of subsequent conviction and incarceration.

Common strategies at Intercept 2 include:

- ***use of validated screening*** to identify mental health issues, substance use disorders, and co-occurring vulnerabilities/needs to ensure the availability of suitable services/treatment and that any identified issues are tak en account of in subsequent criminal justice proceedings;
- ***pre-trial diversion for low-level offences*** with treatment as a condition of probation to reduce prison-use for low risk behaviour and enhance the likelihood of more appropriate service engagement; and
- ***data-sharing between involved systems*** to link people to appropriate services

Key stakeholders: police, health and social care providers, judiciary, probation, community services

Intercept 2: Key Messages

There is a growing body of literature outlining the key features of effective pre-trial diversion with evidence that programmes can reduce the rate of re-offending for both young people and adults. Key messages in brief include:

i. **Cross-systems collaboration:** The importance of effective collaboration and negotiated shared goals between criminal justice, health and social care systems, including the judiciary, prosecution and defence counsel.

ii. **Identification for diversion:** Early identification of persons as suitable for diversion through clear protocols.

iii. **Screening for complex needs:** Early identification of persons with complex needs through the use of brief screens followed by more detailed assessment by trained professionals.

iv. **Information-sharing:** It is essential that information regarding client need is shared between relevant agencies to ensure appropriate services and treatment can be made available in a timely manner and that these needs can be taken into account by decision-makers.

v. **Maximise opportunities:** Risk-based pre-trial services can reduce incarceration of defendants with low risk criminal behaviour. Opportunities for pre-trial release should be maximised and assistance provided to help people with complex needs to comply with the conditions of pre-trial diversion.

vi. **Specialist supervision:** Pre-trial supervision for people with complex needs should be provided by specialised staff who maintain communication with community-based service and treatment providers.

vii. **Service linkage:** People with complex needs on pre-trial diversion should be connected with a comprehensive range of services to meet identified needs, including mental health and substance use treatment providers, as well as prompt access to benefits, primary healthcare and housing. The **availability of stable housing** is noted as an important factor in successful pre-trial diversion.

Common gaps at intercept 2 are thought to include a lack of diversion opportunities and specialised pre-trial supervision for people with specific mental health or substance use conditions.

INTERCEPT 3: COURTS/PRISON

Intercept 3 occurs after the initial hearing, and involves jails/prisons, courts, forensic evaluations, and commitments.

Common strategies include:

At the court level, initiatives often take the form of alternative judicial procedures, such as ***problem-solving courts/treatment courts*.** These include adult drug courts, mental health courts, and veterans treatment courts in the US. Mental health courts (MHCs) were created specifically to help defendants who have a mental illness that significantly contributes to their criminal offending. Speciality court diversion interventions are characterized by three key components: screening, assessment, and negotiation between court and criminal justice staff to decide on diversionary alternatives.

Once an individual has been incarcerated, the focus of Intercept 3 turns to the provision of ***prison based healthcare and treatment***. Common strategies involve screening and assessment of prisoner needs and linkages with in-house or community-based treatment options.

Key stakeholders: the judiciary, prosecutors, prison service, probation, mental health and social care providers (both community and prison based)

Intercept 3: Key Messages

The literature reviewed suggests that **problem-solving courts** show promise in reducing re-offending. Key features include:

i. **Court coordination** is required to maximise the potential for diversion in a mental health court or other non-specialty court.

ii. **Judicial leadership** is identified as central to success

iii. **Case managers** are identified as important co-ordinating positions

iv. **Paid peer staff with lived experience** can make a significant difference

v. Services and supervision should take account of **co-occurring conditions**

vi. **Flexibility and individualised treatment plans are necessary**

vii. People should be linked to a **comprehensive service package** including prompt access to benefits, healthcare and housing

viii. **Communication and information-sharing** should be promoted between courts and service providers by establishing clear policies and procedures.

A wide range of recommendations are outlined above with regard to the provision of **prison-based services** for persons with complex needs, including mental health and substance use conditions. It is noted that incarcerated persons should be provided with services that are consistent with public health standards, including access to psychiatric medications. Central features of good practice include:

i. the need for **screening and assessment** protocols

ii. ensuring **continuity of care**

iii. **mental health awareness** of all prison staff

iv. **mental health 'in-reach' services** to improve access to treatment and therapeutic supports

v. **critical information-sharing** between prison staff and healthcare staff.

However, it is noted that the prison environment remains an extremely challenging context to provide effective mental health services within and many needs continue to go unidentified and unmet.

INTERCEPT 4: RE-ENTRY

This intercept is focused on reintegration and rehabilitation, recognising that nearly everyone in prison will be released at some point. Re-entry addresses *the continuity of care* between prison facilities and community mental health providers when someone is released from prison and starts community supervision. The aim is to successfully facilitate successful transition from an institutional setting to community-based treatment programmes and services.

Common strategies used at this intercept include:

- ***Transition planning*** in advance of an individual's release. This involves prison staff *'reaching out'* to community services, and *'reach-in'* by community providers to undertake assessments, agree service needs and support engagement. Vital to this process is a sense of shared responsibility.
- ***Warm hand-overs (warm hand-offs)*** promote service engagement by appropriate data sharing between prison services and community providers, and the support of an *allocated case manager* to coordinate, transport and introduce the recently released person to any new services.
- ***Ensuring basic needs are met*** upon release from prison, including suitable housing and access to medication and prescriptions to avoid destabilisation of any health conditions.

Key stakeholders: prison service, probation, mental health and social care providers (both community and prison based)

Intercept 4: Key Messages

Re-entry from prison is a high risk time for justice-involved persons with complex needs. The data on health and mental health outcomes reviewed and the recidivism rate emphasise the importance of the following principles of good practice to promote re-integration to local communities and reduce the rate of reoffending:

i. **Planning is essential:** Assessment of needs should take place at a very early stage in a person's incarceration. Planning for continuity of care between prison and community services is essential for good levels of post-release engagement. This is recognised as problematic for people on remand who may get released unexpectedly.

ii. **Attend to basic needs**: Programmes should focus on general risk factors (health, housing, financial and relational) with modifications for mental health and substance use dimensions.

iii. **Treatment access:** Medication-assisted treatment approaches and substance use services can reduce relapse episodes and overdoses among individuals returning from detention.

iv. **Support informal relationships:** Promoting positive social relationships (with family, friends, community, and social outlets) is key to successful re-entry, reducing recidivism and promoting health and wellbeing. This requires attention throughout the custodial process, not only at release.

v. **Case manager:** A specific manager is required to promote information sharing and coordination of required services across the prison-community interface to help create a holistic support network. This includes liaison between the justice-involved person, his/her family network and the required social welfare and health agencies.

vi. **Warm handover:** The quality of care is central to providing effective services. A 'warm handover' and sustained interest by a professional with influence across the prison/community interface is central to effective transition.

INTERCEPT 5: COMMUNITY CORRECTIONS/COMMUNITY SUPPORTS

This final intercept focuses on justice-involved persons supervised in the community and involved with community corrections, i.e. probation and parole. Probation is a standard form of criminal justice processing, whereas parole occurs only after completion of a custodial sentence. Both are grouped together within this intercept. Probation and parole interventions are designed to prevent deeper involvement into the criminal justice system by reducing the risk of reoffending.

Common strategies include:

- ***Routine screening for complex needs*** of justice-involved persons on probation or parole to ensure supervision strategies take adequate account of mental health or other health and social issues
- ***Specialised community supervision caseloads for people with complex needs***: speciality teams receive specialist training and supervision, as well as protected caseloads.
- ***Access to range of supports for basic needs*** including housing, benefits and employment: these issues are as important as mental health and substance use services and constitute key factors in re-offending. Barriers to access to housing and employment for justice-involved persons are essential to address.
- ***Service availability for mental health and co-occurring substance use problems:*** assertive community outreach may be needed to support service engagement where personal motivation may be low.
- ***Service cooperation and appropriate information-sharing*** between probation and community health and social care service providers.
- ***Greater use of problem-solving strategies*** by officers to avoid technical violations: reinforce positive behaviour and have range of responses to address supervision violations or non-compliance with conditions of release such as treatment non-attendance.
- ***Engagement with families and supportive others in the community*** as key protective factors which mitigate against offending.

Key stakeholders: probation, community-based mental health and social care providers

Intercept 5: Key Messages

Justice-involved persons with complex needs are at risk for increased probation or parole violations and can benefit from added supports at this intercept. Overall, the use of validated assessment tools, staff training on mental and substance use problems, and responsive services, such as specialised caseloads are effective in reducing violations, decreasing criminal re-offence, and improving mental health outcomes, through enhanced connections to services and coordination of mental health treatment and criminal justice supervision goals (GAINS, 2019). The key messages to inform community correction initiatives include:

i. **Specialist probation and parole teams** are important to improve clinical outcomes for probationers and parolees with mental illness and reduce reoffending.

ii. Specialist probation and parole officers are more likely to **utilise problem solving strategies** (and less punitive strategies) and focus more on monitoring medication and supporting treatment/service attendance.

iii. A **good relationship** between the specialty parole or probation officer and the supervisee is vital to good outcomes.

iv. Specialisation without **limiting caseload** size appears ineffective.

v. Positive support of **family and friends** promotes prosocial behaviours.

vi. **Engagement with mental health and substance use treatment and support services** can reduce relapse.

vii. **Assertive outreach strategies** are necessary for community health and social care providers to support service engagement for this population.

viii. **Access to basic recovery and rehabilitation supports,** such as welfare benefits, housing, and employment, are as important to justice-involved individuals as access to behavioural health services.

ix. The importance of **ongoing high quality supervision** for specialist teams and service providers.

Best Practices across all SIM Intercepts

Cross-systems collaboration and service co-ordination

Collaborative and co-ordinated efforts across systems and services are identified as essential to avoid justice-involved persons with complex needs falling through the inevitable gaps that emerge when multiple service providers do not take shared responsibility for the person's welfare and commit to working together to this end. It is noted as essential for effective outcomes that co-ordinating bodies develop 'community buy-in' through shared identification of priorities, funding streams and accountability mechanisms (PRA, 2018). It is in this regard that the SIM 'mapping process' has been developed as an important strategic planning tool to bring stakeholders and communities of interest together to engage in facilitated mapping exercises to assess available resources, determine service gaps and develop shared priorities for action (Willison et al., 2018). Emerging evidence confirms that this mapping process has been well-received and led to enhanced cross-sector collaboration and co-ordination (Bonfine & Nadler, 2019).

Information-sharing and performance measurement

Appropriate information-sharing within and between agencies and services is deemed essential to achieve consistent and effective cross-system collaboration and co-ordination to better meet the multi-faceted basic health and social care needs of justice-involved persons (such as safe accommodation and access to primary healthcare) as well as targeted treatment and support for specific mental health conditions or substance use issues (PRA, 2018). This requires the development of information-sharing protocols and memoranda of understanding between interfacing service providers and training for personnel to understand their responsibilities in order to achieve the recommended 'warm handovers' as a person transitions between services.

It also demands a commitment to performance measurement as a means of identifying, gathering, analysing and applying relevant data to inform service developments (GAINS, 2019). This includes collecting (i) aggregate data to understand the volume of people requiring access to specific services and identify gaps or insufficiencies in service provision and (ii) the use of identifiers to track individuals as they move through the intercepts. Such processes will assist identification of persons who are 'super-utilisers' of services, providing a better understanding of their specific needs, identifying service gaps and promoting tailored, joined-up service provision (PRA, 2018).

Routine identification of complex needs

At each intercept, there is a need for routine identification of people with complex needs, including mental health and substance use issues as well as other issues identified as common in justice-involved persons (such as adverse childhood experiences, trauma, domestic violence, experience of care, homelessness). Routine identification is noted to require different forms of assessment at different stages in the criminal justice process and may be conducted by different professions or services. Such early identification is understood as essential to enable follow-up assessment and the provision of services and targeted treatment to meet identified needs. Early identification of complex needs will also be assisted by appropriate information-sharing between services and agencies.

Access to treatment

It is recommended that justice-involved people with mental health and substance use conditions, wherever they are on the justice system continuum, have access to targeted evidence-based mental health and substance use treatments and interventions (PRA, 2018).

Linkage to basic health and social support services including housing

While US SIM advocates recommend that justice-involved persons with particular health conditions are provided with access to healthcare insurance options to reduce treatment gaps for people without insurance (PRA, 2018), fortunately this is not needed in the UK given the rights of citizens to universal healthcare services via the National Health Service. This best practice principle however reminds service providers of the need to ensure justice-involved persons across all intercepts have appropriate access to basic health, social care and financial supports including social security, safe housing and social supports in the community. Without such basic supports, it is unlikely that targeted mental health or substance use treatments alone will be effective in helping individuals avoid interaction with the justice system. The literature reviewed makes consistent reference to housing as a key priority for successful diversion.

Strengthening supportive relationships with family and extended others

This report concludes that intervening to strengthen supportive informal relationships should feature as an essential component of practice initiatives across all six intercepts. This is in keeping with the current NIPS consultation on the strategy 'Strengthening Family Relations 2019-2024' and recent Ministry of Justice reviews which have highlighted the importance of strengthening both male and female prisoners' family ties to prevent reoffending and reduce intergenerational crime (Farmer, 2017 & 2019). These reviews emphasise the importance of supportive family and extended other ties as the 'golden thread' through all processes in the criminal justice system and call for action across several government departments (Farmer, 2019).

Including peers with lived experience

The inclusion of peers with lived experience emerged as a consistent theme in the design and delivery of effective practice innovations. This may be of relevance to the NI context, where the inclusion of peers with lived experience in service delivery across all sectors remains in development.

Conclusion

This report has highlighted a range of key messages for service providers and policy makers for consideration in their efforts to improve the outcomes for justice-involved young people and adults with complex needs who are impacted by early life trauma, mental ill health and/or substance use problems. These messages are consistent with many policy developments and initiatives already underway in NI such as; the piloting of mental health triage and mental health courts (NIAO, 2019 p.40-41), and the recently published 'Improving Health within Criminal Justice Strategy and Action Plan' (June 2019).

This action plan recognises that many young people and adults who come into contact with the CJS have a history of under-utilising health and social care services and consequently have unmet needs. Contact with the CJS is therefore recognised as 'an important opportunity to engage or re-engage such children, young people and adults with the services they need' with the intention that providing 'the right care and treatment may have a positive impact in terms of reducing re-offending' (DoH & DoJ, 2019, p.ii). These goals are coherent with those of the Sequential Intercept Model outlined in this report.

While the prevalence of complex needs in the justice-involved population are indeed significant, with issues not always easily separated or addressed, this report highlights that with concerted cross-system collaborative efforts, there are opportunities to make positive contributions to improving the life chances of children, young people and adults with complex needs by ensuring early access to the most appropriate health and social care supports and treatments to meet identified needs and divert from sustained involvement in the justice system.

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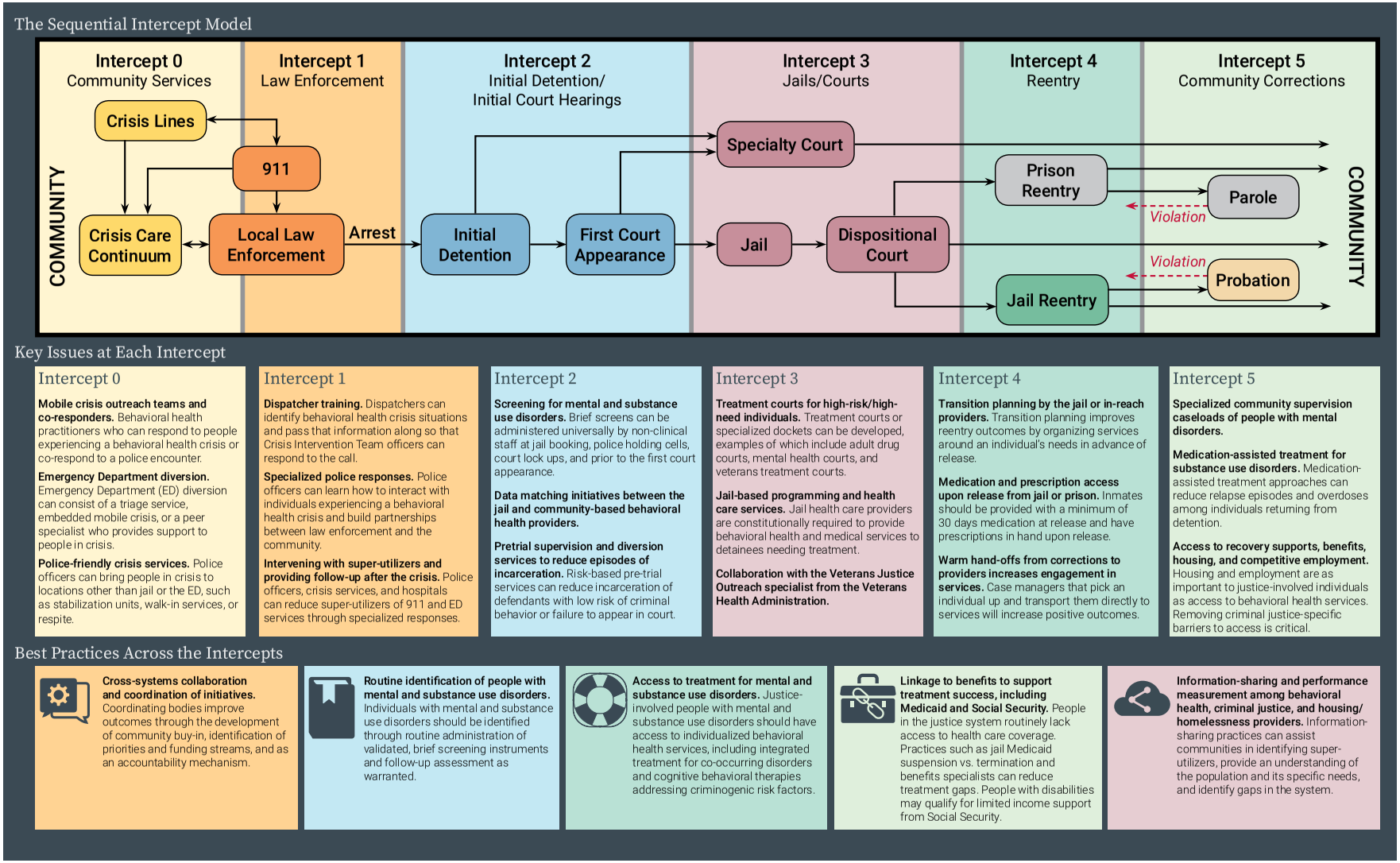

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