

**School of Social Work**  
 CENTER FOR SOCIAL WORK RESEARCH  
 Challenging Minds, Leading Change,  
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# policy & practice brief

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## ABOUT THE BRIEF

The Policy and Practice brief disseminates information of interest to researchers and practitioners, and highlights faculty expertise in the School of Social Work. For more information, visit the Center website: [www.research.socialwork.wayne.edu](http://www.research.socialwork.wayne.edu)

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## Diversion of Individuals with Mental Illness from the Criminal Justice System

Erin B. Comartin, Ph.D., LMSW

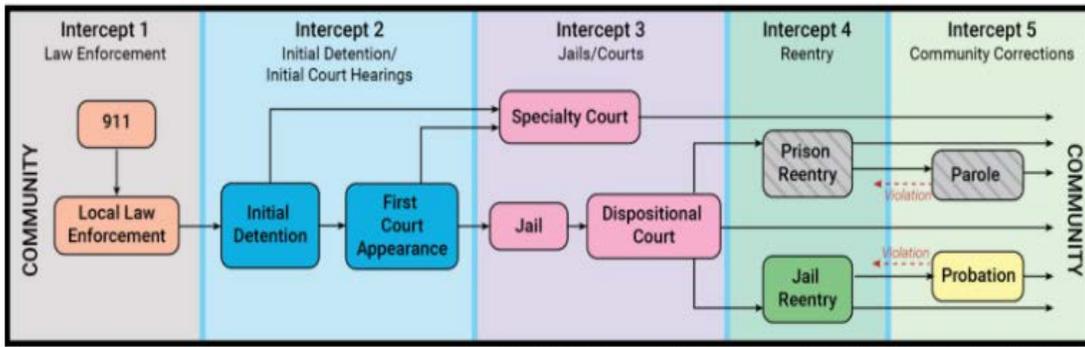
**ABSTRACT** The past four decades has seen an exponential increase in the number of Americans housed in jails and prisons; with a disproportionate number having a severe mental illness. The resulting impact on families and communities has triggered a movement towards ‘smart decarceration’. The sequential intercept framework can help social workers understand the criminal justice system and the intercept points where individuals with severe mental illness can be diverted from this system and into treatment services. Presented here is a brief overview of the sequential intercept model and the multiple roles that social workers play in service delivery, leadership, and advocacy efforts.

The movement to deinstitutionalize individuals with severe mental illness (SMI) from psychiatric hospitals left many communities with inadequate resources to help this population meet their basic needs and live meaningful lives (Lamb & Weinberger, 2005). When families and communities are unable to help, and individuals with SMI fall into crisis, first responders are often called to help ameliorate the situation (Heilbrun, DeMatteo, Strohmaier, & Gallway, 2015). Law enforcement is not uniformly equipped with the necessary training to effectively manage individuals experiencing SMI symptoms, so they use the tools at their disposal (i.e. arrest and jail) to help keep the public and individuals with SMI safe (Vogel, Stephens, & Siebels, 2014). What has resulted is a disproportionate number of individuals with SMI in jails and prisons: approximately three to six times greater than the number of individuals with SMI in the general population (Morris, Steadman, & Veysey, 1997). Some have called jails and prisons the “new asylums” (Navasky & O’Connor, 2005).

Over the past 40 years, the jail and prison populations have increased by 500%; currently 2.2 million Americans are living behind bars (The Sentencing Project, 2017). Federal and state governments spend \$80 billion per year (Kearney, Harris, Jacome, & Parker, 2014) to house these individuals. This trend in mass incarceration, and the exorbitant costs associated with housing, feeding and treating these individuals, has brought this issue to the forefront of political agendas, with a non-partisan movement towards ‘smart decarceration’, which aims to reduce the

incarcerated population (Epperson & Pettus-Davis, 2015). Individuals with SMI are one of a few types of offenders that governments have focused on to divert out of the criminal justice system, as they can be served best by other institutions (i.e. mental health treatment).

The Sequential Intercept Model (Munetz & Griffin, 2006) is a framework that helps communities consider the points of intervention where individuals with SMI can be diverted out of the criminal justice system and into appropriate treatment (see figure 1). The first intercept, where individuals with SMI enter the system, is contact with law enforcement and other emergency services. Oftentimes, an officer is called to a scene where an individual is experiencing a mental health crisis while at the same time has committed a crime. From this point, the individual moves throughout the continuum of the criminal justice system, through the second intercept of post-arrest, where the individual is detained and has their initial court hearing. The third intercept is post-initial hearings, where the individual advances on to a jail stay and is processed through the court system. Once the individual completes their time in jail or prison, they advance to the fourth intercept, which is reentry into their community. The fifth and final intercept is where the individual is under the monitoring and management of community corrections, while on probation or parole, and where the focus is on the supports the individual receives while living in the community. The goal at this intercept is to decrease the chances that the individual will recidivate and return to jail or prison.



**Figure 1: The Sequential Intercept Model**

(Source: Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center at Substance Abuse and Mental Health Services Administration (SAMHSA))

## Interventions

Each intercept point provides an opportunity for an individual to be screened or assessed for mental illness and referred to services that divert these individuals out of the criminal justice system. Interventions at intercept 1 occurs by training law enforcement on mental illness symptoms and medications, de-escalation strategies, and community referrals. Commonly used trainings are Mental Health First Aid and Crisis Intervention Teams (CIT). Intercept 2 includes screening, assessment, and referral to court and jail services located in intercept 3, along with pre-booking screening that may divert an individual out of jail and into community treatment. Intercept 3 includes interventions within the detention setting, which consists of psychosocial services and discharge planning, as well as advocacy efforts with the courts to release an individual with SMI earlier than expected. Another intervention at intercept 3 are specialty and dispositional courts, such as Mental Health Courts, that hire specially trained staff and provide intensive services to target the needs of individuals with SMI. If an individual successfully completes the court, the charges are removed from their record. Upon re-entry into the community, intercept 4, there are specifically designed rehabilitation programs for individuals with SMI, which include forensic assertive community treatment or intensive case management. Those re-entering the community from prison may have parole officers with specialized caseloads (Skeem & Loudon, 2006) and some departments of correction operate their own outpatient clinics for individuals with SMI who are leaving prison (Morrissey, Fagan, & Cocozza, 2009).

## Michigan's Jail Diversion Pilot Programs

In 2015, Governor Snyder's Mental Health Diversion Council funded jail diversion pilot programs in eight counties across the state. Each county implemented interventions at one or two intercept points in the first two years of the grants. Two reports have been released on the implementation and baseline outcomes from these interventions in the pilot sites. In 2016, the funding expanded to include two additional counties, and counties were encouraged to

expand programming to cover as many intercept points as possible; thus, moving these counties from specific interventions to system-wide change.

## Importance of Access to Treatment & Systems Integration

The Sequential Intercept Model also discusses the ultimate intercept: best clinical practices. Communities can only be successful at diverting individuals with SMI from any point in the criminal justice system if they have access to comprehensive and effective treatment services. Thus, communities where mental health treatment is limited may be unable to support jail diversion programs. Conversely, communities invested in psychiatric crisis centers and have implemented evidenced-based treatment modalities provide more support to those who have the required insurance to participate in these programs. Thus, communities must evaluate the accessibility to and quality of mental health treatment services being offered to individuals with SMI who are also justice involved.

Across the Sequential Intercept Model is a goal of moving a population of justice-involved individuals from one system (criminal justice) to another (mental health). There are varying levels of integration that can occur across these two systems, depending on the intervention that is being implemented. Integration can range from information sharing about individuals with SMI, all the way to a fully integrated system where both systems are consolidated under one umbrella organization with centralized leadership (Konrad, 2006). No matter how the intervention is implemented, there needs to be a coordination of efforts between both systems. Issues may arise as professionals in these systems often have philosophical differences, that inherently stem from personal characteristics, and the training and tools used in their respective professions. Thus, essential to the success of diversion for individuals with SMI is the collaboration across stakeholders to coordinate the implementation, maintenance, and evaluation of interventions at each intercept point. Systems training would benefit social workers and criminal justice professionals alike, as they coordinate the care of individuals with SMI.

## Conclusion

Social workers have various roles in the process of diverting individuals with SMI out of the criminal justice system. Clinical social workers are often the individuals delivering services to individuals with SMI who become justice involved. They need to be aware of the diversion services offered in the community so they can help their clients navigate the criminal justice system. In addition, clinical social workers should become knowledgeable about criminogenic risk factors, and implement assessment and treatment tools into their standard tasks. The nature of this diversion approach calls for the skill set of social workers as the key professionals who can deliver interventions at each intercept point, employed as: trainers to law enforcement, court caseworkers, treatment providers within correctional settings, and as probation or parole officers.

Social workers in leadership roles will likely serve on collaborating bodies that work to integrate the mental health and criminal justice systems. They work with criminal justice professionals to select interventions, oversee implementation, and assess outcomes. To effectively manage relationships and meet the goals of diversion, social workers need better training on the tools and processes within the criminal justice system and how to interface with these professionals. Last, clinical and macro social workers play a key advocacy role towards diversion with individual advocacy on behalf of their clients that are better served in treatment settings and for comprehensive and evidence-based treatment services in their communities. Social workers should educate elected officials on the benefits that jail diversion has on individuals with SMI and their communities and continue to request resources that will adequately support the interventions along the sequential intercept model.