

## Veterans Justice Outreach Toolkit: The Sequential Intercept Model

# Intercept 0: Non-Crisis Diversion

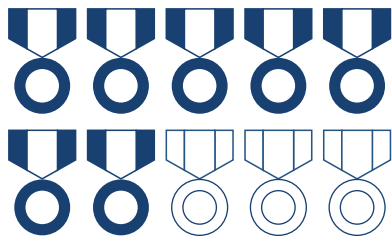
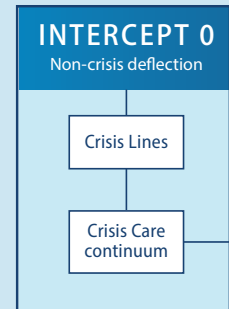
**Introduction:** Intercept 0 is the first opportunity in a community-based crisis continuum of care model designed to identify and support Veterans in crisis and at risk of criminal justice involvement. This intercept emphasizes early intervention by connecting Veterans to local treatment, housing, and recovery services without relying on emergency response as a pathway to care. Key actors in this stage include crisis response teams, community mental health providers, peer specialists, and Veterans Service Organizations, all working together to ensure Veterans receive the support they need before a crisis escalates.

Law enforcement and 911 play a role in crisis response at Intercept 0, but the primary goal is to reduce reliance on police intervention whenever possible. It is often overlooked that 911 plays a role in Intercept 0 because police often respond as guardians, not strictly as enforcers of criminal law. Instead, accessible crisis services such as 988 crisis lines and mobile crisis teams provide an alternative pathway for Veterans in distress, allowing for immediate connection to care without law enforcement involvement.

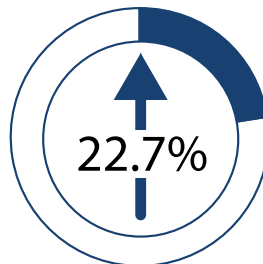
Intercept 0 aligns with the “A Place to Call, Someone to Respond, A Place to Go” framework, ensuring Veterans have access to:

- *A Place to Call:* Crisis lines such as 988 (press 1 for Veterans) and 911 where appropriate
- *Someone to Respond:* Specialized police teams or other community responders trained in crisis intervention or mobile crisis teams
- *A Place to Go:* Certified community behavioral health clinics (CCBHCs), crisis stabilization units, VA crisis services, and other treatment providers

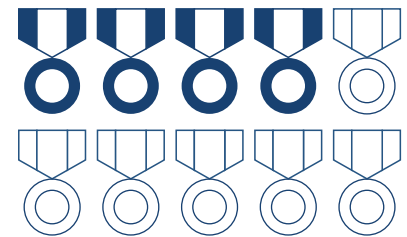
By prioritizing community-based interventions and warm handoffs to appropriate resources, Intercept 0 helps address Veterans’ needs without criminalization, ultimately promoting stability and preventing or reducing justice system involvement.



An estimated 7 in 10 Veterans with criminal justice involvement experience a substance use disorder.<sup>1</sup>



In the 2 years following the launch of 988+1 in 2022, the Veterans Crisis Line experienced a 22.7% increase in calls per day.<sup>2</sup>



Approximately 4 in 10 Veterans with criminal justice involvement experience homelessness.



## ***Suicide Prevention Opportunities Related to Intercept 0***

- Law enforcement, crisis teams, and service providers should receive **targeted training** to ask about military service history, recognize Veteran-specific suicide risks, military culture, and de-escalation techniques.
- Most VA police officers now receive crisis intervention team (CIT) training, and some VA police officers serve as CIT coordinators. The COMPACT Act requires VA police to share suicide prevention resources with local law enforcement and community stakeholders. Encouraging **collaboration between VA police and local law enforcement** agencies can enhance suicide prevention efforts and improve crisis response for Veterans.
- Establish **clear handoff protocols** to ensure Veterans are directly connected to services rather than given referrals. VJO specialists play a key role in linking Veterans to VA and non-VA resources for ongoing support.

## ***Strengths and Protective Factors for Suicide Prevention***

Service members, Veterans, and their families benefit from resilience, adaptability, and a strong sense of community that provides crucial support during challenging times. Protective factors include the following:

- Access to tailored mental health services
- Family support programs
- Community-based resources

These elements help prevent crises from escalating by offering early intervention and support to divert individuals from entering the criminal justice system.

Together, these strengths and protective factors foster stability and well-being within military families.

## ***Spotlight: New Castle Police (DE) Department's Veterans Response Team***

The New Castle Police Department's Veterans Response Team, in partnership with the Wilmington VA Medical Center (Delaware), proactively identifies and engages Veterans in need of support before they reach a crisis point. Born out of a local officer's connection with the Veteran Treatment Court and VA Justice Outreach Specialist, the team collaborated with the National Alliance on Mental Illness (NAMI) to develop a follow-on Crisis Intervention Team (CIT) training tailored for law enforcement officers who are also Veterans. This training emphasizes Veteran-specific needs, cultural competence, and how to access VA and community-based services. VA Police at Wilmington VAMC are available 24/7 to assist local law enforcement in determining the appropriate level of response, guiding Veterans to emergency or community-based care, and ensuring a warm handoff to VA enrollment and treatment services. Research has shown that participants in this intervention model report increased use of mental health, substance use, and housing resources within six months.<sup>3,4</sup>



## Recommendations



### Policymakers

Support the development and funding of policies that promote crisis response systems independent of 911, reducing reliance on law enforcement to identify and refer Veterans to community-based services.



### Community Members

Promote and share resources on the importance of early intervention and community-based support for Veterans while reducing the stigma around help-seeking behaviors.



### Criminal Justice System Professionals

Strengthen internal policies and training practices for identifying Veterans by asking the question, “Have you ever served in the military?” at the point of encounter to ensure diversion to appropriate community resources.

While this question is a critical first step, it is highly recommended that staff use Veteran identification search systems such as the Veterans Reentry Search Service (VRSS) or the Status Query and Response Exchange System (SQUARES). These tools can help identify Veterans who may not self-disclose or who may not be recognized through standard screening.

## Related Resources

- [VetResources Community Network \(VRCN\)](#) | U.S. Department of Veterans Affairs
- [Veterans Justice Outreach](#) | U.S. Department of Veterans Affairs
- [VA Legal Services for Veterans Programs](#) | U.S. Department of Veterans Affairs
- [Wounded Warrior Project Resource Center](#)

## References

- 1 Emily R. Edwards, Anthony Fortuna, Ryan Holliday, Helena Addison, and Jack Tsai, “Prevalence of Mental Health Conditions, Substance Use Disorders, Suicidal Ideation and Attempts, and Experiences of Homelessness among Veterans with Criminal-Legal Involvement: A Meta-Analysis,” *Clinical Psychology Review* 115 (February 2025), <https://doi.org/10.1016/j.cpr.2024.102533>.
- 2 Department of Veterans Affairs, “Two years since launch of Dial 988 then Press 1, Veterans Crisis Line is supporting more veterans than ever,” *VA News*, July 16, 2024, <https://news.va.gov/press-room/two-years-since-launch-of-dial-988-then-press-1-veterans-crisis-line-is-supporting-more-veterans-than-ever/>.
- 3 Hal Donahue, Kristen Brackett, Bernard Edelman, and Greg Crawford, *Veteran Response Teams: Law Enforcement Officers Respecting Service, Restoring Honor for Vets in Crisis*, (Washington, DC: National Institute of Corrections, 2019).
- 4 Jack Tsai, Cecilia Gonzalez, Dorota Szymkowiak, et al., “Evaluating Veterans Response Teams and Police Interventions on Veterans’ Health Care Utilization,” *Journal of Public Health Management and Practice* 29, no. 3 (2023): 387–91, <https://doi.org/10.1097/PHH.0000000000001718>.