


# The Sequential Intercept Model (SIM) as a Strategic Planning Tool

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## Focus

Men and women...

- with serious mental illness, substance use disorders, and co-occurring disorders; and
- who are involved with the criminal justice system

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## The SIM is a tool...

The SIM can be used as a tool to develop cross-systems strategies that:

- Promote and support recovery
- Ensure safety and quality of life for all
- Keep people out of jail, in treatment
- Provide constitutionally adequate treatment while in jail
- Link people to comprehensive, appropriate, and integrated community-based services

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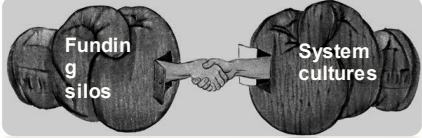
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### Challenges to Collaboration

Limited resources often create a competitive and protective environment



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### Improve integrated service delivery by promoting and enhancing

# *collaboration*



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### Collaboration

Among	From	Supports
Professionals	Criminal Justice	Social Services
People with Lived Experiences	Mental Health	Entitlements
Family Members/ Advocates	Substance Use	Health
		Housing
		Veterans Services

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### Sequential Intercept Model (SIM)

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



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### How can the SIM be used?

- The Sequential Intercept Model can be used by communities to:
  - Transform fragmented systems
  - Assess gaps and opportunities
  - Identify where interventions are needed
  - Streamline duplicative efforts

Depicts how adults with behavioral health needs move through the criminal justice system.



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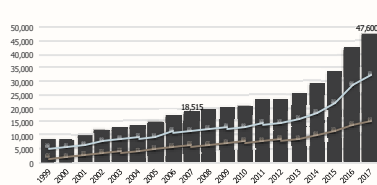
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National Drug Overdose Deaths Involving Any Opioid Number Among All Ages, by Gender, 1999-2017



### National Trends in Opioid Overdose Deaths

Centers for Disease Control and Prevention, (2019), CDC Wonder Database.



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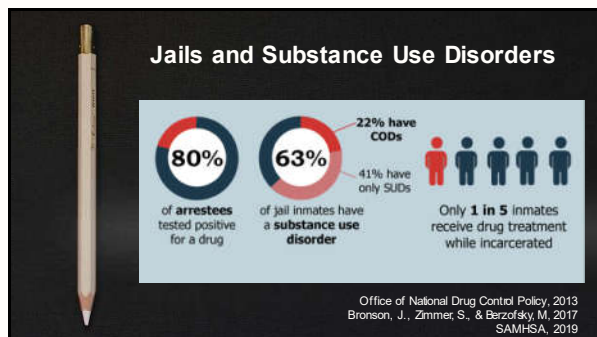
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### Trauma and the Justice System

Any Physical or Sexual Abuse (N=2,122)

	Lifetime	Current
Female	95.5%	73.9%
Male	88.6%	86.1%
Total	92.2%	79.0%

SAMHSA, TCE Jail Diversion Studies 2002-2007

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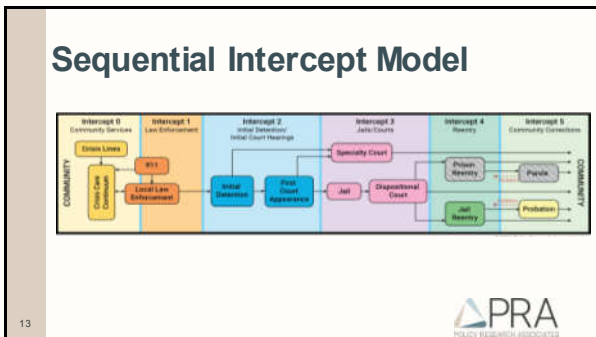
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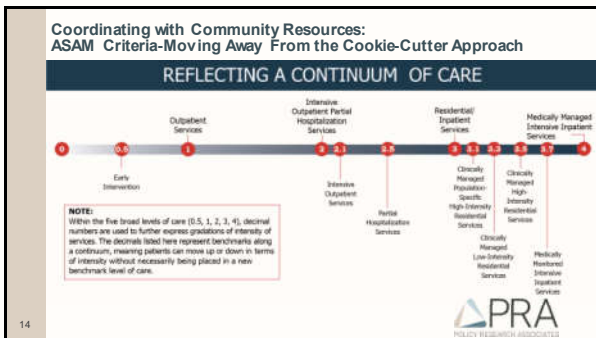
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### Medication-assisted Treatment (MAT)

FDA-approved Medication for Substance Use Treatment and Tobacco Cessation

Medications for <b>Alcohol</b> Dependence	Naltrexone (ReVia®, Vivitrol®, Depade®) Disulfiram (Antabuse®) Acamprosate Calcium (Campral®)
Medications for <b>Opioid</b> Dependence	Methadone Buprenorphine (Suboxone®, Subutex®, and Zubsolv®) Naltrexone (ReVia®, Vivitrol®, Depade®)
Medications for <b>Smoking</b> Cessation	Varenicline (Chantix®) Bupropion (Zyban® and Wellbutrin®) Nicotine Replacement Therapy (NRT)

SAMSA and NIDA Hospital Solutions (<http://www.samhsa.gov/nrt>)

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### Recommended Substance Use Screens

- Texas Christian University Drug Screen-V
  - Past 12-month use based on DSM-V criteria; 17 items
  - Consider combining with the AUDIT for alcohol use
- Simple Screening Instrument for Substance Abuse
  - Past 6-month alcohol and drug use; 16 items
  - Consider combining with the AUDIT for alcohol use
- Alcohol, Smoking, and Substance Involvement Screening Test
  - Screens for lifetime use, current use, severity of use, and risk of IV use. Available from the World Health Organization and NIDA



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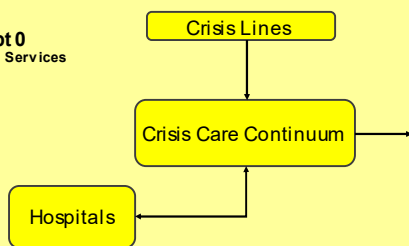
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### Intercept 0 Community Services

COMMUNITY



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### Crisis Care Continuum

- ER Diversion and Peer Support/Navigators
- Crisis Stabilization - 16 beds; LOS: 3-5 Days
- Crisis Residential - 18 beds; LOS: 10-14
- Crisis Respite - Apartment style; LOS: 30 days
- Transition Residential – Apartment Style; LOS: 90 days
- Peer Respite Residential
- Mobile Crisis Outreach/Police Co-response
- 24/7 Walk-in/Urgent Care w/connectivity
- Critical Time Intervention up to 9 months



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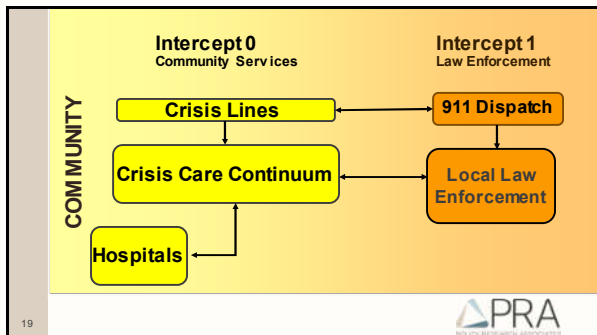
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- ### Integrating 0 & 1: Specialized Crisis Responses
- Central drop off
    - Co-location with SUD services
  - Police-friendly policies
    - No refusal policy
    - Streamlined intake
  - Cross-training
    - Ride-along
  - Community linkages
    - Case management
    - Care coordination
    - Co-response or warm hand-off

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- ### Law Enforcement/Emergency Services
- Crisis Intervention Teams
    - Involve community partnerships
    - 40 hours of training required
    - Accessible and responsive to Crisis Care system
  - Co-Responder Model
    - Mental health professionals employed
  - Off-site Support
    - Telephone support to on scene officers
    - Video conference support to on scene officers
  - Mobile mental health crisis teams
  - Specialized EMS Response
    - Ambulance/fire specialized MH training/co-response

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### Intercept 0-1 Opioid Enhancements

- Expand ER Capacity and Treatment Linkage
- Train EMS/First Responders – Narcan availability
- Train LE
  - Enhancement or development of Specialized Police Response
  - Co-response teams with substance use specialists
  - Narcan availability
  - Needle Exchange and on-demand referral

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### Intercept 0 and 1 Common Gaps

- Lack of Crisis Stabilization Units and continuum of crisis services, including detox
- Lack of sufficient Mobile Crisis Response
- Lack of MH or CIT training for 911 Dispatch

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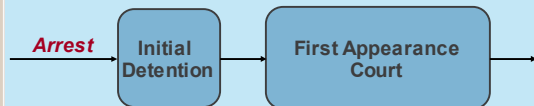
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### Intercept 2 Initial Detention/ Initial Court Hearings



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### Intercept 2 Essential Elements

- Identification and screening
- Court-based clinician
- Recovery-based engagement
- Proportional response

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### Identification and Referral

#### Personnel

- Police officers
- Booking officers
- Jail medical staff
- Pretrial services
- Public defenders
- Prosecutors
- VJO specialist

#### Strategies

- Data matching
- Mental health risk screen
- Potential diversion presented at arraignment
- Referral to what?

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### Common Gaps at Intercept 2

- Lack of diversion opportunities
- Lack of specialized supervision for people with mental and substance use disorders on pretrial supervision
- Lack of multiple mental health screening strategies

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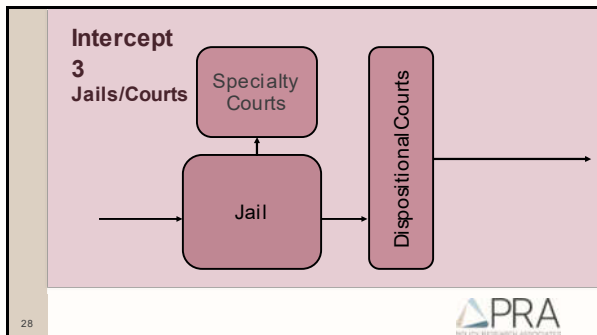
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- Key Issues: Jails and Courts**
- In-jail services
  - Identification and screening
  - Access to medications, mental health services, and substance use services
  - Communication with community-based providers
  - Court options – post-booking diversion
  - Drug/DUI courts, mental health courts, veterans court
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- Intercept 2-3 Opioid Enhancements**
- | <b>Jails</b>  | <b>Courts</b>  |
|---|--|
| <ul style="list-style-type: none"><li>• SUD Screening</li><li>• Detox/Methadone Maintenance</li><li>• MAT</li></ul> | <ul style="list-style-type: none"><li>• Screening and referral</li><li>• Court-based clinicians</li><li>• MAT in Specialty Courts</li><li>• One Stop Resource Centers</li><li>• Care Coordination</li><li>• Peer component</li></ul> |
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### Common Gaps at Intercept 3

- Jails
  - Lack of screening for veterans/military service
  - Medication continuity
  - Off-formulary medication
  - Insufficient data about the SM population with the jail census
- Courts
  - Over reliance on treatment courts
  - Treatment courts limited to post-conviction models
  - Only misdemeanor or only felony models
  - Co-occurring disorders not understood

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### Behavioral Health Treatment Court Lessons

- Judicial leadership is key
- Regular meetings and communication of partners
- EBPstake time to implement; communities need a continuum of treatment resources
- Paid peer staff can make a significant impact
- Services and supervision need to account for co-occurring disorders
- Flexibility and individual treatment plans are necessary

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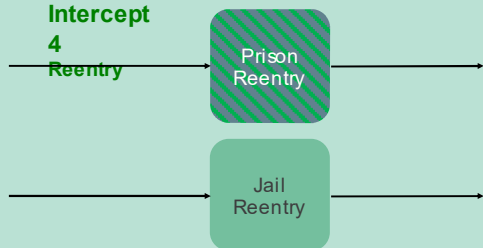
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### Intercept 4 Reentry



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### Reentry Models

- Refer out
  - Institution staff provide inmates referrals to community-based services
- Reach in
  - Providers conduct intakes and arrange service plans
- Transitional reentry
  - Shared responsibility
  - \$40 and a bus ticket



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### Common Gaps at Intercept 4

- Dealing with multiple needs, across multiple systems
- Timing is everything...
  - Lack of coordination across multiple services and support systems
  - Insufficient medications or prescriptions upon release
  - Lack of Medicaid/SSI enrollment
  - Insufficient connection to community-based services
  - Court releases – timing, procedures
  - Transportation
  - Lack of stable housing
  - Treatment providers who can meet needs



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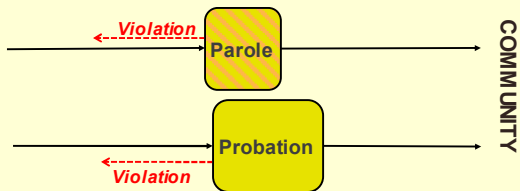
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### Intercept 5 Community Corrections/Community Supports



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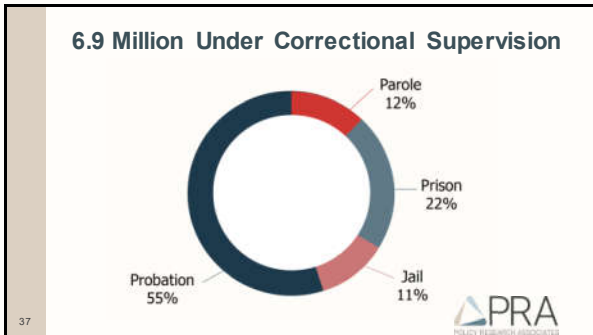
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### Specialized Caseloads: A Promising Practice Model

- Benefits
  - Improves linkage to services
  - Improves functioning
  - Reduces risk of violation
- Specialized caseloads rely on an effective partnership between supervising probation officers and treatment providers.

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### Intercept 4-5 Opioid Enhancements

Jail Reentry	Probation/Parole
<ul style="list-style-type: none"><li>• In-reach engagement and care coordination<ul style="list-style-type: none"><li>• Peer component</li></ul></li><li>• MAT upon release</li><li>• Benefit enrollment</li><li>• Timely access to substance use treatment</li></ul>	<ul style="list-style-type: none"><li>• Training and screening</li><li>• Narcan availability</li><li>• Specialized caseloads</li><li>• Graduated sanctions</li><li>• Co-located services</li><li>• Opioid-specific treatment collaboration</li></ul>

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### Common Gaps at Intercept 5

- Lack of alternatives to technical violation
- Caseloads
  - Lack of specialized caseloads
  - Caseloads with high ratios of probationers to officer
- Access to appropriate housing
- Behavioral health providers
  - Lack of agreements on what information is shared with probation
  - Poor implementation of RNR strategies
  - Medication Assisted Treatment access

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### Cross-Intercepts Gaps

- Information Sharing (HIPAA)
- Cross-training
- Trauma-informed approaches and trauma-specific treatment services
- Cross-system screening for veterans
- Healthcare reform
- Integration of peer services
- Housing
- Lack of formal planning structure
- Data, Data, Data

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### Summary: Importance of the SIM

- Seamless transition to the community
- Moving away from the criminal justice system into services
- Strategic approach to protect public safety and improve public health
- Using the SIM to leverage the community brain trust and to have criminal justice and behavioral health professionals speaking a more common language

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### SAMHSA's GAINS Center

- SAMHSA's GAINS Center is operated by Policy Research Associates, Inc. in Delmar, New York.
- SAMHSA's GAINS Center for Behavioral Health and Justice Transformation focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.



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### Relevant SAMHSA Resources



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### SAMHSA's GAINS Center's National Webinars

- July 2019 – Medication-assisted Treatment for Opioid Use Disorder in Correctional Settings: Notes from the Field
- August 2019 – Implementing Medication-assisted Treatment in Drug Court Settings
- September 2019 – Drug Treatment Court Opioid Overdose Prevention Framework
- January 2020 – Preventing Opioid Overdose at Reentry through Jail- and Community-based Programs
- February 2020 – Medication-assisted Treatment in Drug Courts: Addressing Barriers to Effective Implementation



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### SAMHSA's GAINS Center's Activities

2020 Community of Practice – Using the Sequential Intercept Model (SIM) to Guide Medication-assisted Treatment Implementation.

Involvement in this opportunity will allow jurisdictions the opportunity to:

- Use evidence-based practices to address the topic and related issues.
- Develop coordinated local strategic plans and implementation strategies.
- Learn through peer-to-peer sharing.

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### SAMHSA's GAINS Center's Activities

Sequential Intercept Mapping Workshops to Develop Comprehensive, Community-wide Strategic Plans for Addressing Opioid Use.

Involvement in this opportunity will assist jurisdictions in identifying resources, gaps and opportunities, including:

- Screening and assessment.
- Diverting individuals out of the criminal justice system and into community-based treatment programs.
- Implementing or expanding Medication-assisted Treatment.
- Maintaining continuity of care through transitions in and out of custody.

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### Policy Research Associates, Inc.

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*Creating positive social change through technical assistance, research, and training for people who are disadvantaged.*



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