The Sequential Intercept Model as a Framework
presentation for the National Judicial Opioid Task Force

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Jails and Mental Disorders

General Population
- Serious Mental Illness: 4%

Jail Inmates
- Serious Mental Illness: 17%
- Co-Occurring Disorders: 72%

Steadman, Osher, Robbins, Case, & Samuels, 2009
Teplin, 1990
Teplin, Abram, & McClelland, 1996
Abram, Teplin, & McClelland, 2003

National Survey of Drug Use & Health, 2017
Jails and Substance Use Disorders

Drug Testing of Arrestees

- 80% of Jail Inmates
- 63% Substance Use Disorders Only
- 22% Co-Occurring Disorders
- 41% Received Drug Treatment While Incarcerated

Bronson, Zimmer, & Berzofsky, 2017
Wilson, Draine, Hadley, Metraux, & Evans, 2011
## Trauma and the Justice System

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

<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>Current</th>
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<tbody>
<tr>
<td>Female</td>
<td>95.5%</td>
<td>73.9%</td>
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<tr>
<td>Male</td>
<td>88.6%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Total</td>
<td>92.2%</td>
<td>79.0%</td>
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Sequential Intercept Model

- 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
What is SIM Mapping?

- 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, and allows for ideas to emerge from community conversations.
The “Unsequential” Model
Sequential Intercept Model
Intercept 0
Community Services

COMMUNITY

Crisis Care Continuum

Crisis Lines

Hospitals
Law Enforcement/Emergency Services

- Sobering sites
- Naloxone and first-responders
- Good Samaritan protections
- "Angel Programs"
- Crisis services
- Mobile behavioral health crisis teams
- Specialized EMS Response
  - Ambulance/Fire specialized MH training/co-response (Atlanta, Wake Co, NC)
Specialized Law Enforcement Responses

- Crisis Intervention Team (CIT)*
  - Foundation of Community Partnerships - Bridges gap between police response and behavioral health care and families
  - 40-hour training program of police-based first responder crisis intervention
    - Understanding behavioral health
    - Developing empathy
    - Navigating community resources
    - De-escalation skills
    - Practical application
  - Easily accessible and responsive behavioral health crisis system
- Other models (e.g., co-responders)

*Note: Developed in 1988 by the Memphis Police Department in conjunction with the University of Memphis and the local chapter of National Alliance for Mental Illness
ASAM Continuum of Care

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
Intercept 0 and 1 Common Gaps

- Lack of Crisis Stabilization Units and Sobering sites
- Short term withdrawal management with limited linkages
- Lack of sufficient Mobile Crisis Response
- Lack of MH or CIT training for 911 Dispatch
- Training needs regarding substance use service linkages for first responders
Intercept 2
Initial Detention/Initial Court Hearings

Arrest → Initial Detention → First Appearance Court
Importance of Intercept 2 Diversion

- Study of pretrial detention in Kentucky (N=155,000)
  - Detention of low and moderate risk defendants increases their rates of new crimes
  - When held 2-3 days, low risk defendants are 40% more likely to commit crimes before trial
  - When held 8-14 days, low risk defendants are 51% more likely to commit crimes 2 years after case disposition.
## NACo Analysis of Jail Populations

<table>
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<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>87%</td>
<td>Percent of jails owned by counties</td>
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<tr>
<td>67%</td>
<td>Percent of confined jail population that is pretrial</td>
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<tr>
<td>40%</td>
<td>Percent of jails that use a risk assessment</td>
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<tr>
<td>60%</td>
<td>Percent of jail population assessed “low risk” among jails that use risk assessments</td>
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Gaps at Intercept 2

- Lack of diversion opportunities
- Lack of specialized supervision for people with substance use disorders or mental health disorders on pretrial supervision
- Formulas for drug testing and responses
Intercept 3
Jails/Courts

Treatment Courts

Jail

Dispositional Courts
Jails and Courts

- In-jail services opportunities
  - Identification and screening
  - Communication with community-based providers
- Court options – post-booking diversion
  - Drug/DUI courts, mental health courts, veterans court
Behavioral Health Treatment Court Initiative Lessons

• Judicial leadership is key
• Regular meetings and communication of partners
• EBPs take 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
Intercept 4
Reentry

Prison Reentry

Jail Reentry
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
Reentry is a Matter of Life and Death

- 2007 study of 30,000 prisoners released in Washington State
  - 443 died during follow-up period of 1.9 years
  - Death rate 3.5 times higher than general population
  - Death rate for inmates with SMI 12.7 times higher in the 14 days following release
- Primary causes of death
  - Drug overdose, heart disease, homicide, and suicide
Intercept 5
Community Corrections/Community Supports

Parole

Probation

COMMMUNITY

Violation

Violation
Common Gaps at Intercept 5

- Alternatives to technical violation
- Caseloads
  - Lack of specialized caseloads
  - Caseloads with high ratios of probationers to officer
- Housing
- Behavioral health providers
  - Lack of agreements on what information is shared with probation
  - Implementation of Risk Need Responsivity focused strategies
  - Medication Assisted Treatment access
ASAM Criteria: Moving away from the cookie cutter approach
- SAMHSA and HRSA Integrated Solutions as resources
- MAT examples for various addictions

**FDA-Approved Medications for Substance Abuse Treatment and Tobacco Cessation**

| Medications for Alcohol Dependence | Naltrexone (ReVia®, Vivitrol®, Depade®)  
|                                  | Disulfiram (Antabuse®)  
|                                  | Acamprosate Calcium (Campral®) |

| Medications for Opioid Dependence | Methadone  
|                                  | Buprenorphine (Suboxone®, Subutex®, and ZubsoV®)  
|                                  | Naltrexone (ReVia®, Vivitrol®, Depade®) |

| Medications for Smoking Cessation | Varenicline (Chantix®)  
|                                  | Bupropion (Zyban® and Wellbutrin®)  
|                                  | Nicotine Replacement Therapy (NRT) |
The Role of a Drug Court Judge

• Awareness of SIM and information sharing
• Convener of community leaders
• Identification of system resources, gaps, opportunities
• Leadership of planning
Two State Examples

- Massachusetts and Michigan
- Judicial Leadership key in SIM discussions
- Used to help identify system gaps and opportunities
- Vantage point from the courts but leveraging other views
- Inspired changes in legislation, staffing of certain services, ongoing creative activity
Summary

• Justice involved behavioral health populations are
  • Heavy healthcare utilizers
  • At risk for earlier illness and death
  • At risk of deepening exposure to criminal justice
• Moving people from each intercept point and into treatment are critical steps
• Strategic approach to protect public safety and improve public health
• Using the SIM model to leverage the community brain trust
• Judges can play a key role from their “view from the Bench”