United We Stand
Responding to America’s Opioid Crisis

Strategies to Address the Opioid Crisis Across the Sequential Intercept Model (SIM)

2020 COAP National Forum
March 10–12, 2020 | Arlington, Virginia
Strategies to Address the Opioid Crisis Across the Sequential Intercept Model (SIM)

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March 10, 2020
Focus

• Men and women…
  • with serious mental illness, substance use disorders, and co-occurring disorders; and
  • who are involved with the criminal justice system
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
Challenges to Collaboration

Limited resources often create a competitive and protective environment

Funding silos  System cultures
Improve integrated service delivery by promoting and enhancing collaboration
Collaboration

Among
- Professionals
- People with Lived Experiences
- Family Members/Advocates

From
- Criminal Justice
- Mental Health
- Substance Use

Supports
- Social Services
- Entitlements
- Health
- Housing
- Veterans Services
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
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
National Trends in Opioid Overdose Deaths

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

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

SAMHSA's GAINS Center | https://www.samhsa.gov/gains-center
Jails and Substance Use Disorders

- 80% of arrestees tested positive for a drug
- 63% of jail inmates have a substance use disorder
- 22% have CODs
- 41% have only SUDs
- Only 1 in 5 inmates receive drug treatment while incarcerated

Office of National Drug Control Policy, 2013
Bronson, J., Zimmer, S., & Berzofsky, M, 2017
SAMHSA, 2019
Prevalence of Trauma
### 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>
</tr>
<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>
</tr>
</tbody>
</table>

SAMHSA, TCE Jail Diversion Studies 2002-2007
Sequential Intercept Model
Coordinating with Community Resources: ASAM Criteria-Moving Away From the Cookie-Cutter Approach

REFLECTING A CONTINUUM OF CARE

OUTPATIENT SERVICES

Early Intervention

INTENSIVE OUTPATIENT PARTIAL HOSPITALIZATION SERVICES

Intensive Outpatient Services

PARTIAL HOSPITALIZATION SERVICES

Residential/Inpatient Services

CLINICALLY MANAGED POPULATION-SPECIFIC HIGH-INTENSITY RESIDENTIAL SERVICES

RESIDENTIAL SERVICES

CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES

INPATIENT SERVICES

MEDICALLY MANAGED INTENSIVE INPATIENT SERVICES

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.
### Medication-Assisted Treatment (MAT)

**FDA- approved Medication for Substance Use 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 Zubsolv®)  
Naltrexone (ReVia®, Vivitrol®, Depade®) |
| Medications for **Smoking** Cessation | Varenicline (Chantix®)  
Bupropion (Zyban® and Wellbutrin®)  
Nicotine Replacement Therapy (NRT) |

SAMHSA and HRSA Integrated Solutions [http://www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment)
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
Crisis Care Continuum

Intercept 0
Community Services

Crisis Lines

Hospitals
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
Crisis Care Continuum

Intercept 0
Community Services

Crisis Lines

Intercept 1
Law Enforcement

911 Dispatch

Local Law Enforcement

Hospitals

COMMUNITY

SAMHSA's GAINS Center | https://www.samhsa.gov/gains-center
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
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
Intercept 0-1 Opioid Enhancements

• Expand ER Capacity and Treatment Linkage
• Train EMS/First Responders – Narcan availability
• Train Law Enforcement
  • Enhancement or development of Specialized Police Response
  • Co-response teams with substance use specialists
  • Narcan availability
• Needle Exchange and on-demand referral
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
Intercept 2
Initial Detention/
Initial Court Hearings

Arrest

Initial Detention

First Appearance Court
Intercept 2 Essential Elements

- Identification and screening
- Court-based clinician
- Recovery-based engagement
- Proportional response
## 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?
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
Intercept 3
Jails/Courts

Specialty Courts

Jail

Dispositional Courts
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
Intercept 2-3 Opioid Enhancements

**Jails**
- SUD Screening
- Detox/Methadone Maintenance
- MAT

** Courts**
- Screening and referral
- Court-based clinicians
- MAT in specialty courts
- One-stop resource centers
- Care coordination
- Peer component
Common Gaps at Intercept 3

- **Jails**
  - Lack of screening for veterans/military service
  - Medication continuity
  - Off-formulary medication
  - Insufficient data about the SMI 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
Behavioral Health Treatment Court 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
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
Intercept 5
Community Corrections/Community Supports

Violation

Parole

Violation

Probation
6.9 Million Under Correctional Supervision

- Probation: 55%
- Prison: 22%
- Jail: 11%
- Parole: 12%
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
Intercept 4-5 Opioid Enhancements

**Jail Reentry**
- In-reach engagement and Care Coordination
  - Peer component
- MAT upon release
- Benefit enrollment
- Timely access to substance use treatment

**Probation/Parole**
- Training and Screening
- Narcan availability
- Specialized Caseloads
- Graduated Sanctions
- Co-located services
- Opioid specific treatment collaboration
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
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
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
SAMHSA’s GAIN NS Center

• SAMHSA’s GAIN NS 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

• SAMHSA’s GAIN NS Center is operated by Policy Research Associates, Inc. in Delmar, New York
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
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
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
SAMHSA’S GAINS CENTER
345 Delaware Avenue
Delmar, NY 12054
p: (800) 311-4246
f: (518) 439-7612

https://www.samhsa.gov/gains-center
Clackamas County, Oregon

Kelli Zook, Opioid Project Coordinator,
Clackamas County Community Corrections

March 10, 2020
# Impact on Clackamas County

<table>
<thead>
<tr>
<th>Metric</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED/Urgent Care Overdose Visits</td>
<td>245</td>
</tr>
<tr>
<td>Opioid use disorder diagnosis (HealthShare members)</td>
<td>3,079</td>
</tr>
<tr>
<td>First Responder Opioid Overdose Response(^1) (2018)</td>
<td>247</td>
</tr>
<tr>
<td>Bookings into the Clackamas County Jail [Clackamas County jail- opioid withdrawl protocol]</td>
<td>10,013, 1207</td>
</tr>
<tr>
<td>Overdose deaths(^2) (2018)</td>
<td>21 confirmed, 4 pending</td>
</tr>
</tbody>
</table>

1) AMR and Clackamas Fire District #1  
2) Oregon State Medical Examiner
Clackamas County Stakeholders

- Clackamas County Sheriff Office
- Clackamas County Jail
- Clackamas Fire
- Clackamas County Health, Housing & Human Services
- Local Police Departments
- Circuit Court/Drug Court/District Attorney’s Office
- Local Hospital System
- Re-Entry Services
- Substance Use Treatment Providers
- Pre-Trial Services
What Services Are Available?

Resources
- Project HOPE
- Withdrawal protocol in jail
- Clackamas County Health Centers
- Clackamas Substance Abuse Program (CSAP)
- Bridges to Change
- Building Bridges-Planning Initiative

Gaps
- Emergency room access to MAT and peers
- Bridge Clinic
- Quick Access to Care
- Mobile access to assessment
- Limited residential treatment
GOALS

• Improve outcomes for those with OUD
• Develop Cross System Approaches
• Prevent Justice Involvement
• Enhance Current Efforts
• Identify Additional Gaps
• Expand Data Sharing
• Explore Data-Driven Strategies
Beaver County, PA

Jill Perry, LPC, Opioid Project Coordinator, Beaver County
Maria Townsend, Ph.D., Opioid Project Evaluator, Beaver County

March 10, 2020
## Impact on Beaver County

<table>
<thead>
<tr>
<th>Intercept</th>
<th>Data Sources</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>Opioid Stigma Survey</td>
<td>BH/MH respondents reported significantly fewer stigmas compared to respondents in the legal and medical fields</td>
</tr>
<tr>
<td>One</td>
<td>First Responders</td>
<td>94% have info needed to address opioid misuse, but want an online resource with crisis intervention techniques (88%), supports for self (74%) and current drug trends (52%)</td>
</tr>
<tr>
<td>Two</td>
<td>Treatment Plans</td>
<td>93% of treatment plans address RNR SUD recommendations</td>
</tr>
<tr>
<td>Three</td>
<td>Diversion Program</td>
<td>Success rate is 77% up from 70% Only 10% of successful completers have been reincarcerated</td>
</tr>
<tr>
<td>Four</td>
<td>Reentry</td>
<td>47% of RETAIN clients report fewer days using illegal drugs at six month follow-up vs. prior to incarceration</td>
</tr>
<tr>
<td>Five</td>
<td>Beaver County</td>
<td>700 people received educational outreach and Narcan training</td>
</tr>
</tbody>
</table>
Beaver County Stakeholders

- Beaver County Behavioral Health
- Adult Probation & Parole
- Beacon (Managed Care Provider)
- Beaver County Court/Diversion Program/District Attorney’s Office
- Beaver County Jail
- Local Police Departments
- Emergency Medical Services
- Coroner's Office
- Merakey/Pinnacle & other providers
- Cornerstone of Beaver County (Housing)
- Drug Abuse Coalition/Criminal Justice Advisory Board
- Children, Youth & Families
- Peers with Lived Experience
What Services are Available?

Jail based treatment started in 2001:

- COD assessments & case management
- Re-entry as a Medicaid supplemental service
- Seeking Safety
- Education/Vocational assessments
- Peer Specialists
- Screening in the Regional Booking Center
- Vivitrol
- Moral Reconciliation Therapy

Other services:
- *Criminal Justice Advisory Board
- *Courthouse COD assessments
- *Forensic Assertive Community Treatment (FACT) Team
- *Forensic Partner Meetings
- *Adult Mental Health 1st Aid for criminal justice & 1st responders
- *Screening in Regional Booking Center
- *Community Blended Case Management
- *Specialized Probation/BH/Peer Teams
- *Specialized Probation for sex offenders
GOALS

Increase & improve collaboration, particularly with 1st responders

Analyze and anticipate needs regarding opioid epidemic and how it is evolving, including other substances

Expansion of Beaver County Diversion Program to include additional eligible charges and increased involvement
Thank You

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