

Using the sequential intercept model to address disparities that lead to incarceration

A Continuing Medical Education Presentation

From the Maryland Psychiatric Society

Welcome

- This CME session grew from a series of discussions in the Community Psychiatry & Diversity Coalition about challenges impacting the people we are privileged to serve in our communities in Maryland.
- Many thanks to the Coalition, particularly Dr. Tyler Hightower for moving this undertaking forward and as always to Heidi Bunes and Meagan Floyd of the Maryland Psychiatric Society.
- We very much appreciate funding from the Maryland Foundation for Psychiatry, which makes it possible to offer this CME free to members.
- Thanks to each of you for your attendance.

This evening's speakers

Dr. Tyler Hightower M.D.,M.P.H., DFAPA

SEQUENTIAL INTERCEPT MODEL: AN OVERVIEW

Dr. Annette Hanson, M.D.,DFAPA

**PSYCHIATRIC EVALUATION AND TREATMENT WITHIN THE JUSTICE
SYSTEM**

Honorable Marina Sabett, J.D.

ADVOCATING WITH JUDGES: ACCESS TO TREATMENT, NOT JAIL

Ann Hackman M.D.,DFAPA

IMPACT OF JAIL / PRISON STAY ON THE PATIENT POPULATION

Criminal justice system and disparities

- Overrepresentation of people with mental health diagnoses in the criminal justice system (<https://www.prisonpolicy.org>)
 - 43% of people in state prisons have been diagnosed with a mental disorder health
 - One in four people in local jails are experiencing serious psychological distress
 - 27% of people jailed 3 times within a year report a moderate or serious mental illness
- Horrendous racial disparities in the criminal justice system
 - As described by Michelle Alexander in The New Jim Crow the war on drugs and the justice system have been used as a system of control disproportionately impacting Black and Brown people
 - Nationally Black Americans are incarcerated in state prisons at rates almost 5 times higher than white Americans <https://www.sentencingproject.org/>

Criminal Justice and the Behavioral Health Crisis System

- It is typically easier to access police than it is to access behavioral health crisis services
- There federally and locally funded efforts to change improve behavioral health access including 988.
- There are places in the nation which are setting new standards including Maricopa County Arizona with services including
 - Crisis hotline
 - Mobile response teams
 - Crisis Hub
 - Rapid follow-up

Ideal behavioral health crisis initiatives

- Crisis Now is led by the National Association of State Mental Health Program Directors and provides assistance around creating behavioral health crisis programming (crisisnow.org)
- Roadmap to the Ideal Crisis System publication of National Council for Mental Wellbeing (product Group for the Advancement of Psychiatry committee on Psychiatry and the Community) facilitates users evaluating and improving crisis systems (<https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/>)
- Local efforts include GBRICS (Greater Baltimore Regional Integrated Crisis Response Services) including Baltimore City and several surrounding counties in expanding capacity of mobile crisis teams and community based providers