

# LAW ENFORCEMENT AND THE CRISIS CARE CONTINUUM

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Supported by the John D. and Catherine T. MacArthur Foundation

# Sequential Intercept Model

- SAMHSA GAINS Center for Behavioral Health and Justice Transformation- Hank Steadman, PhD
- Mark Munetz, MD
- Patty Griffin, PhD
- Psychiatric Services 2006

# Conceptual Framework

- A conceptual framework for communities
- For considering interface between systems
- An organizing tool

Munetz & Griffin 2006

## Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness

Mark R. Munetz, M.D.  
Patricia A. Griffin, Ph.D.

The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness. The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point. The interception points are law enforcement and emergency services; initial detention and initial hearings; jail, courts, forensic evaluations, and forensic commitments; reentry from jails, state prisons, and forensic hospitalization; and community corrections and community support. The model provides an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization. Using the model, a community can develop targeted strategies that evolve over time to increase diversion of people with mental illness from the criminal justice system and to link them with community treatment. (*Psychiatric Services* 57:544–549, 2006)

Over the past several years, Summit County (greater Akron), Ohio has been working to address the problem of overrepresentation, or “criminalization,” of people with mental illness in the local criminal justice system (1,2). As part of that effort, the Summit County Alcohol, Drug Addiction, and Mental Health Services Board obtained technical assistance consultation from the National GAINS Center for People with Co-occurring Disorders in the Justice System. From that collaboration, a conceptual model based on

public health principles has emerged to address the interface between the criminal justice and mental health systems. We believe that this model—Sequential Intercept Model—can help other localities systematically develop initiatives to reduce the criminalization of people with mental illness in their community.

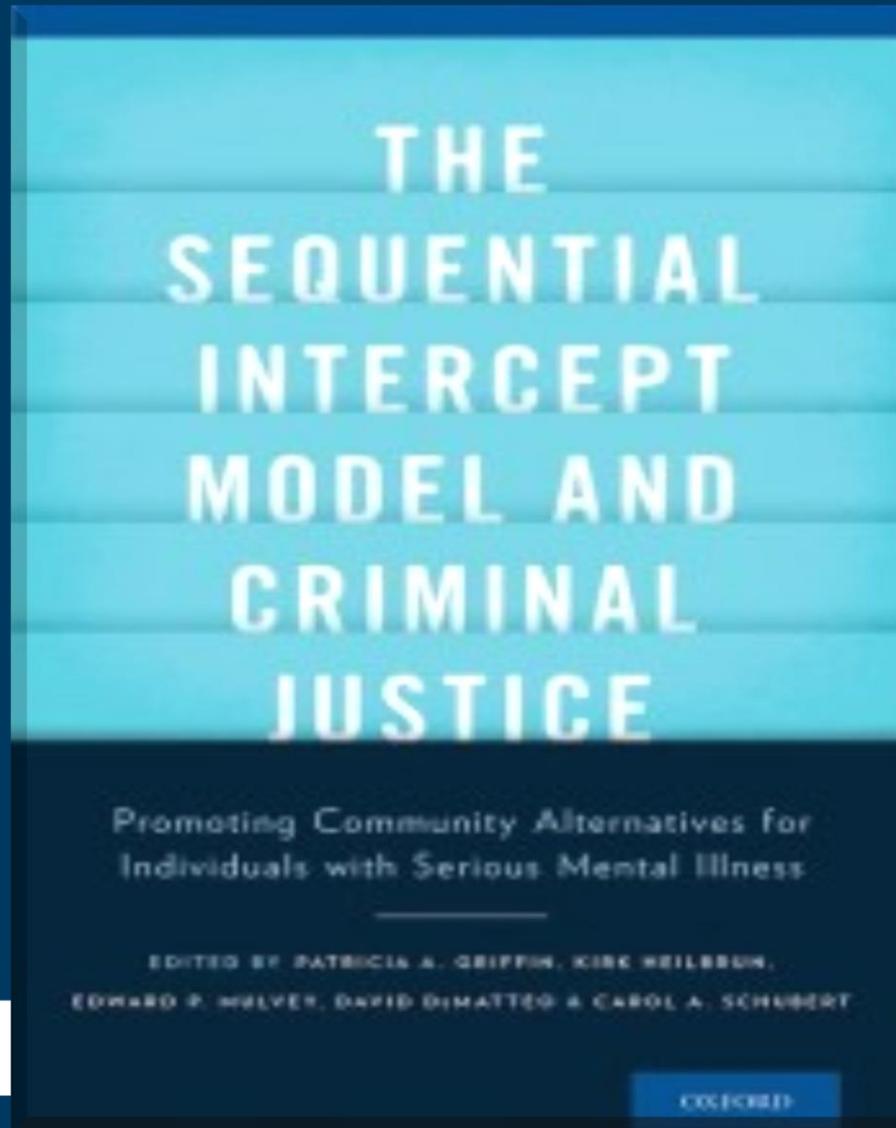
**The Sequential Intercept Model: ideals and description**  
We start with the ideal that people with mental disorders should not “penetrate” the criminal justice sys-

tem at a greater frequency than people in the same community without mental disorders (personal communication, Steadman H, Feb 23, 2001). Although the nature of mental illness makes it likely that people with symptomatic illness will have contact with law enforcement and the courts, the presence of mental illness should not result in unnecessary arrest or incarceration. People with mental illness who commit crimes with criminal intent that are unrelated to symptomatic mental illness should be held accountable for their actions, as anyone else would be. However, people with mental illness should not be arrested or incarcerated simply because of their mental disorder or lack of access to appropriate treatment—nor should such people be detained in jails or prisons longer than others simply because of their illness.

With both this ideal and current realities in mind, we envision a series of “points of interception” or opportunities for an intervention to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points. Each point of interception can be considered a filter (Figure 1). In communities with poorly developed mental health systems and no active collaboration between the mental health and criminal justice systems, the filters will be porous. Few will be intercepted early, and more people with mental illness will move through all levels of the criminal justice system. As systems and collaboration develop, the filter will become more

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# HOT OFF THE PRESSES!

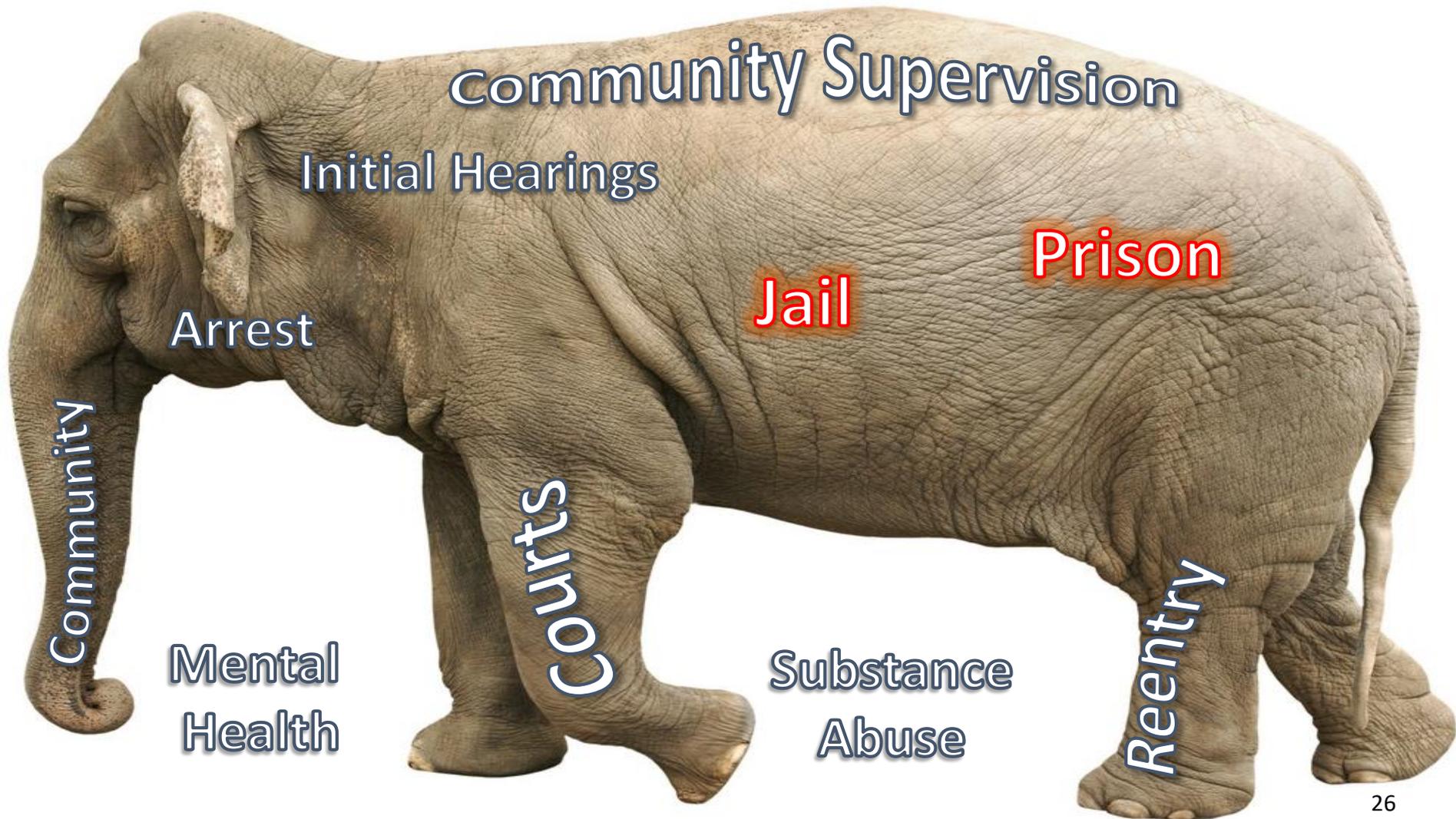


# Sequential Intercept Model As Our Organizing Tool

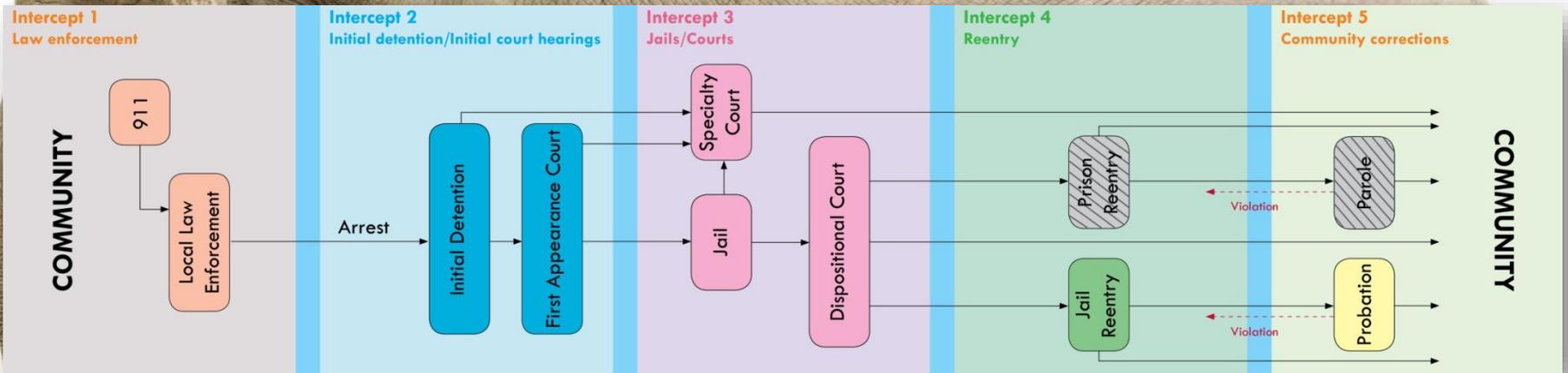
Mark Munetz, MD & Patty Griffin, PhD (2006)

- People move through criminal justice system in predictable ways
- Illustrates key points to “intercept” to ensure:
  - Prompt access to treatment
  - Opportunities for diversion
  - Timely movement through criminal justice system
  - Linkage to community resources

# “Unsequential” Model

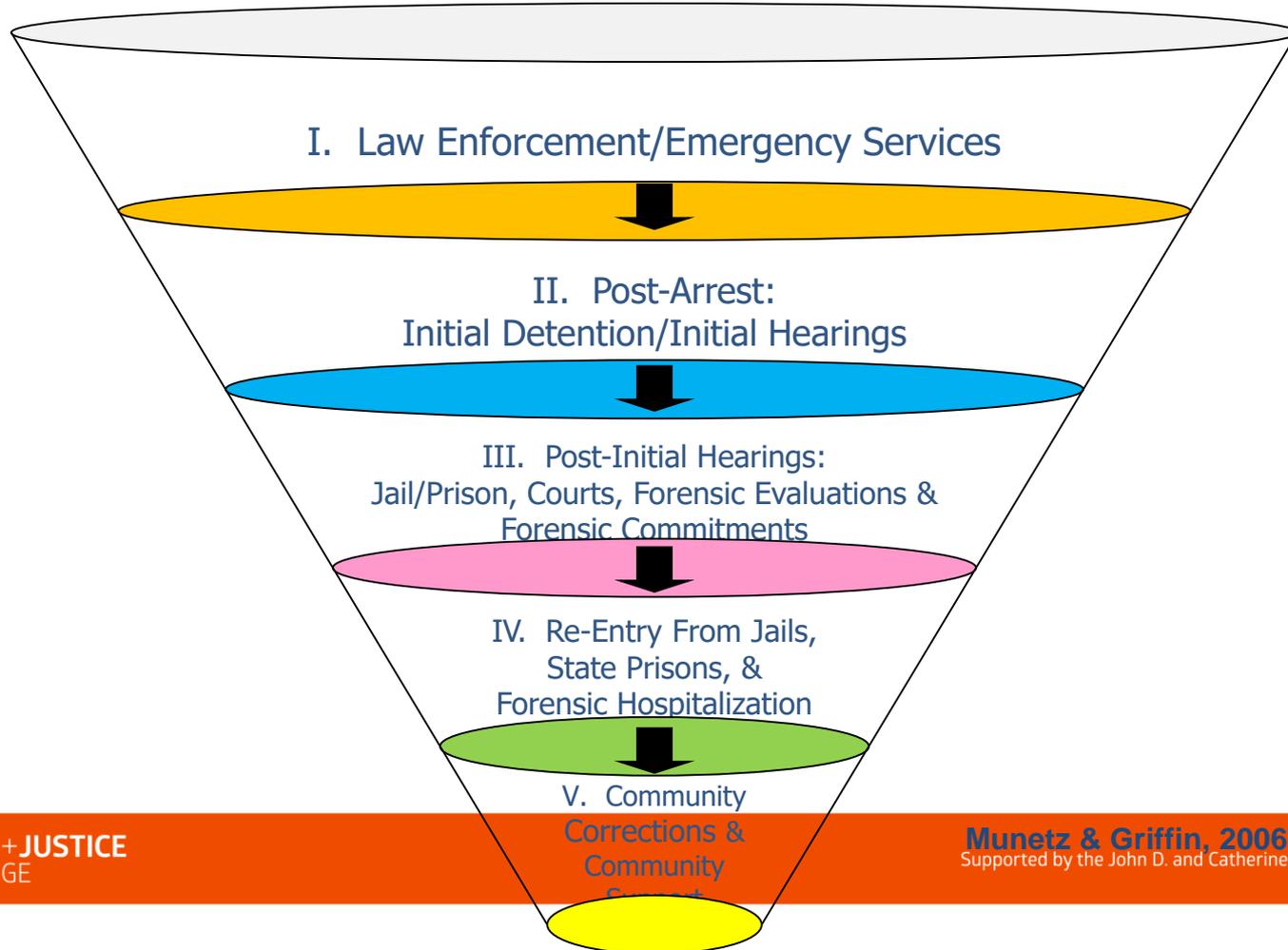


# Sequential Intercept Model

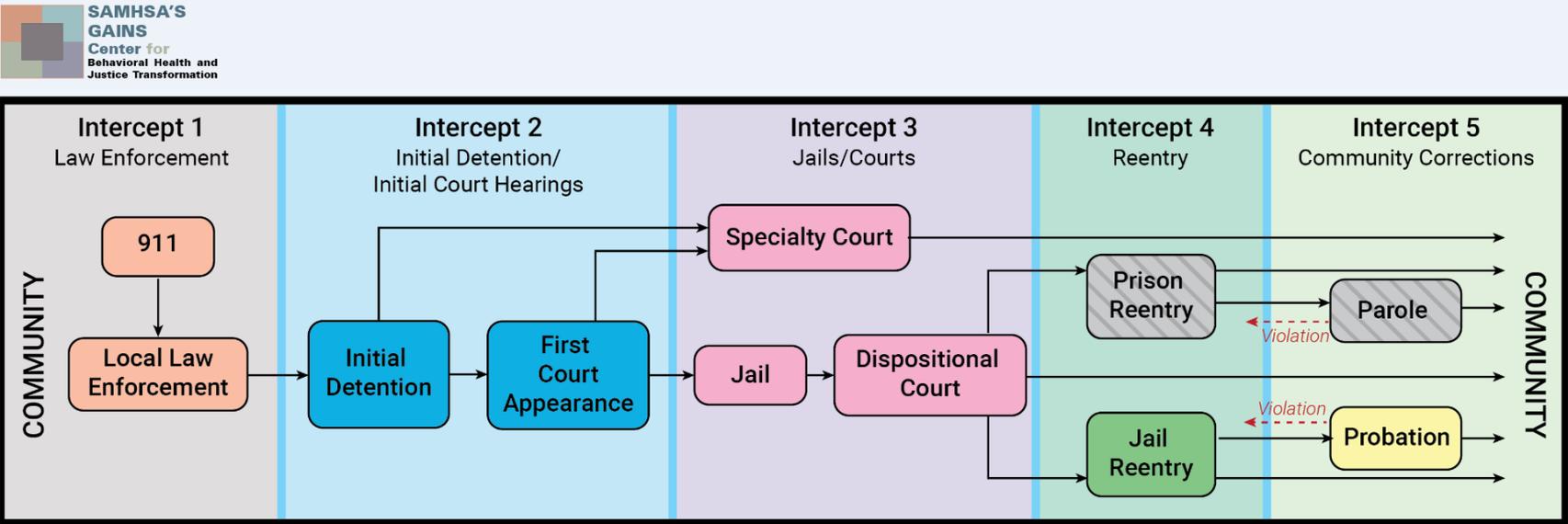


# The Filter Model

## 0. Best Clinical Practices: the Ultimate Intercept



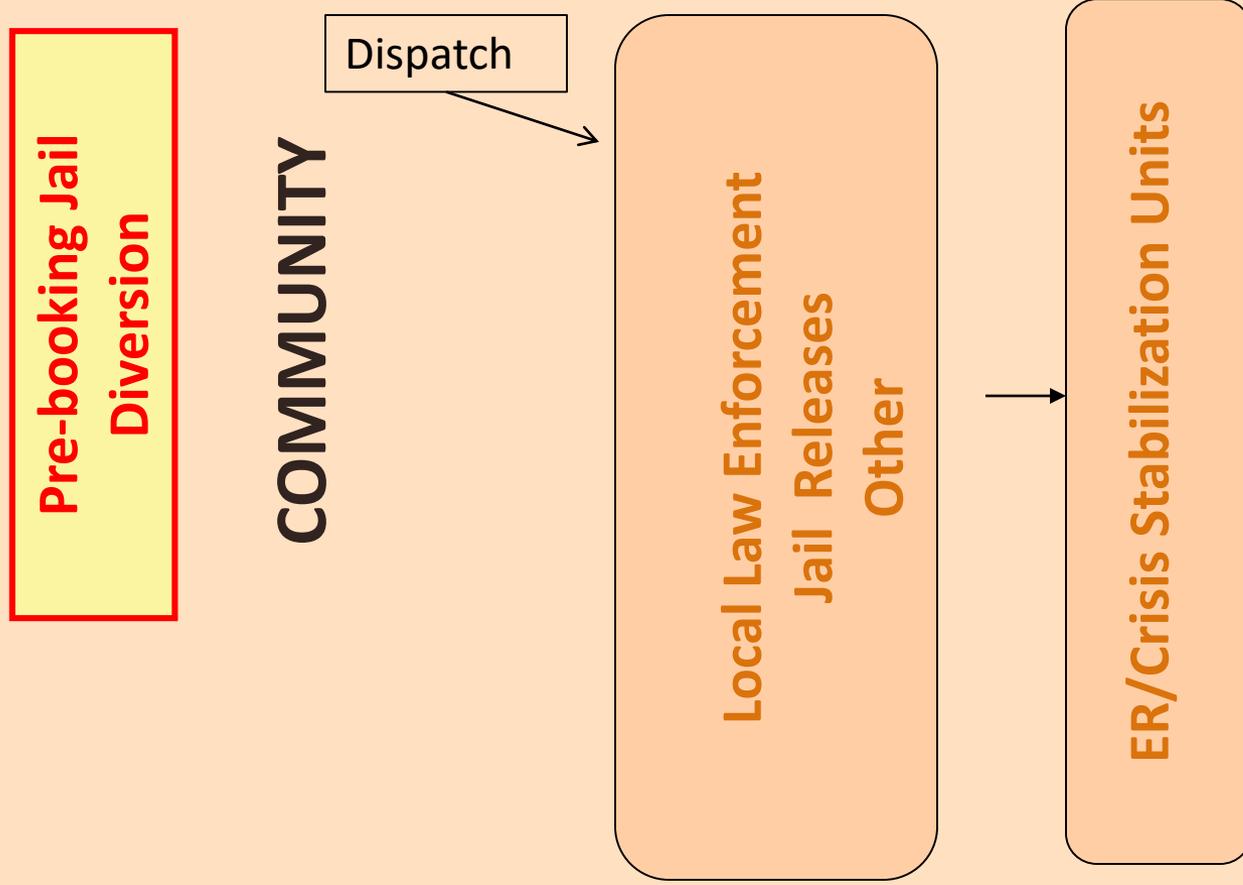
# Sequential Intercept Model



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

# Intercept 1

Law enforcement / Emergency services -  
Transition



# Law Enforcement/Emergency Services

- Police-based Crisis Intervention Teams
- Co responder model:
  - MH professionals employed by police department or police-mobile crisis co-response
  - Population specific models:
    - Atlanta HOT Teams (Homeless)
    - Seattle LEAD Teams (low level drug offenders)
- Mobile mental health crisis teams



# Benefits of CIT

- Memphis
  - Decreased injuries, ↓40%
  - Reduced TACT, ↓50%
- Orange County
  - Central receiving center
  - Officer turnaround time, <10 minutes
- Miami-Dade
  - Reduced wrongful death suits
- Las Vegas
  - More appropriate use of force
  - Reduced injuries to citizens and police

# Specialized Crisis Responses

- Central drop off
  - Co-location with SUD services
- Police-friendly policies
  - No refusal policy
  - Streamlined intake
- Legal foundation
  - Criminal code
  - Civil code
- Cross-training
  - Ride-along
- Community linkages
  - Case management
  - Care coordination
  - Co-response or warm hand-off

Must help law enforcement answer  
the question of:

• **DIVERT TO WHAT???**

# But...No Good Deed Goes Unpunished-CIT

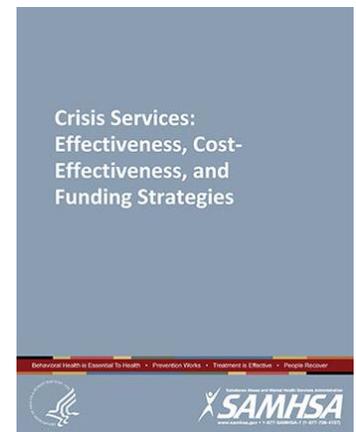
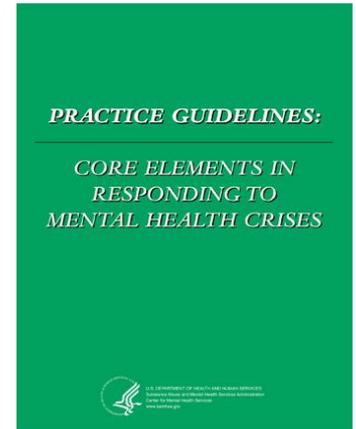
- Not committable
- Behavior problem not MI
- Medical not psychiatric
- Substance abuse not MI
- Needs detox before MH admission
- Needs medical clearance
- No insurance coverage
- Appropriate but no beds available

# Intercept | 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**

# 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



# LAW ENFORCEMENT + CREATING A BETTER CRISIS CONTINUUM

Mecklenburg County, North Carolina

October 6, 2016



Supported by the John D. and Catherine T. MacArthur Foundation

# Historical Context

- Long history of collaboration
- “Recovery Solutions” workgroup, now called the “Street Campaign”
  - Crisis Intervention Team established
  - Child Development – Community Policing piloted and brought to full-scale
  - Crisis care center – opened and closed
  - Multiple visits to Bexar County, Texas

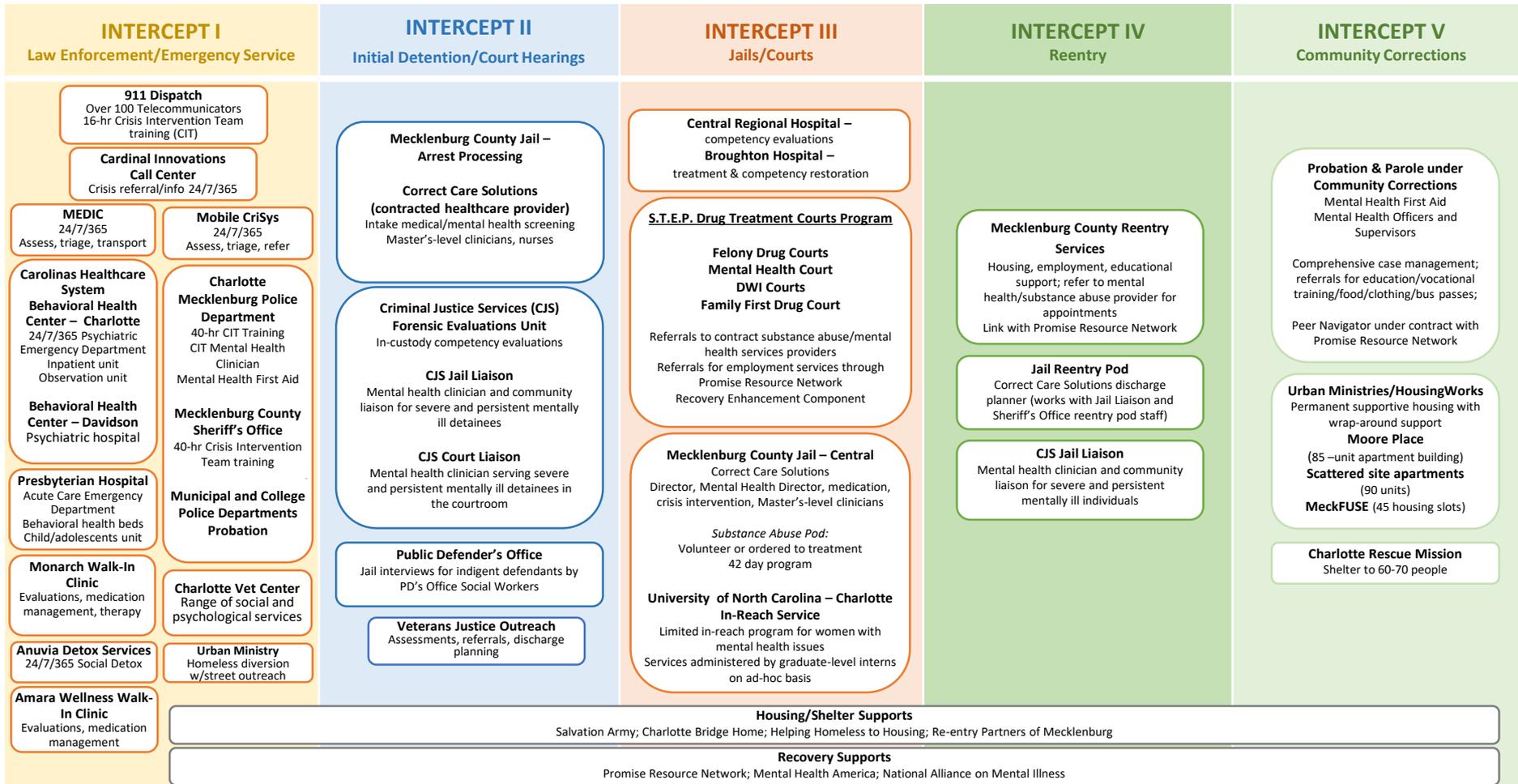
# Recent Challenges

- Jail mental health numbers in 2015:
  - 88% of bookings had a Brief Jail Mental Health Screen administered
  - 11% of bookings resulting in positive mental health screen
  - 4,027 positive mental health screens (using the Brief Jail Mental Health Screen) – about 11 positive screens per day
  - 976 new patient visits with the contracted psychiatrist or mid-level psychiatric provider
  - 781 suicide watch events
  - In 2014, a total of 3,642 detainees were on psychotropic medications.
- Mandated change in Managed Care Organization
- Low levels of state-funding for crisis services
- Private providers discouraged from becoming Medicaid providers
- Stigma



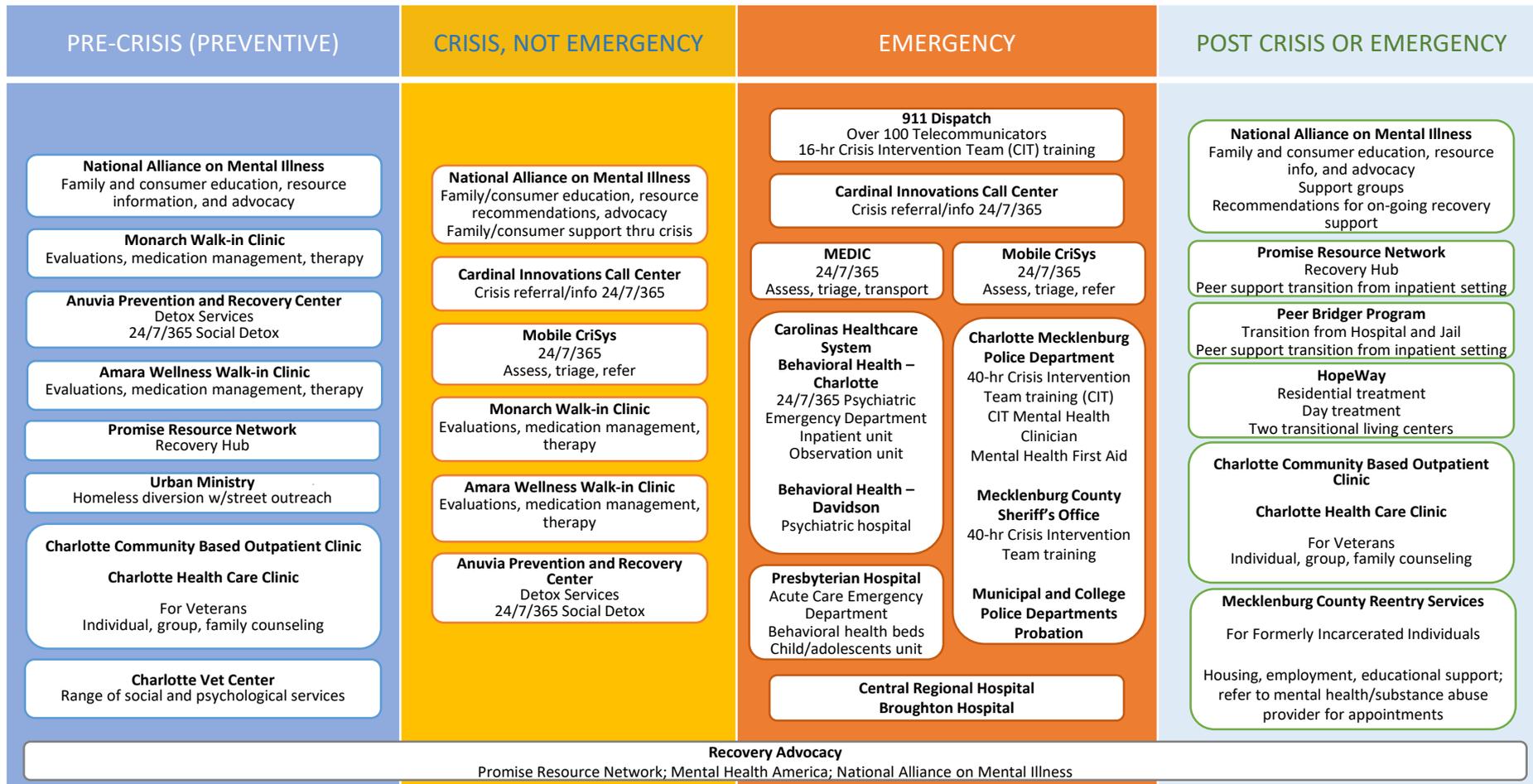
# Sequential Intercepts for Change: Criminal Justice/Behavioral Health Partnerships - 2016

## Charlotte, Mecklenburg County, North Carolina



# Continuum of Mental Health Services: 2016

## Charlotte, Mecklenburg County, North Carolina



# Intercept One

Resources and Developments to Support Law Enforcement

# Emergency Services

- Law Enforcement
  - Crisis Intervention Team
  - Mental Health First Aid training
- MEDIC
- Mobile Crisis Team
- Psychiatric Emergency Department
- 66-bed Psychiatric Hospital

**EMERGENCY**

- 911 Dispatch**  
16-hr Crisis Intervention Team (CIT) training
- Cardinal Innovations Call Center**  
Crisis referral/info 24/7/365
- MEDIC**  
24/7/365  
Assess, triage, transport
- Mobile CriSys**  
24/7/365  
Assess, triage, refer
- Carolinas Healthcare System Behavioral Health – Charlotte**  
24/7/365 Psychiatric Emergency Department  
Inpatient unit  
Observation unit
- Charlotte Mecklenburg Police Department**  
40-hr Crisis Intervention Team training (CIT)  
CIT Mental Health Clinician  
Mental Health First Aid
- Behavioral Health – Davidson**  
Psychiatric hospital
- Mecklenburg County Sheriff's Office**  
40-hr Crisis Intervention Team training
- Presbyterian Hospital**  
Acute Care Emergency Department  
Behavioral health beds  
Child/adolescents unit
- Municipal and College Police Departments**  
**Probation**
- Central Regional Hospital**  
**Broughton Hospital**

# Crisis Intervention Team (CIT)

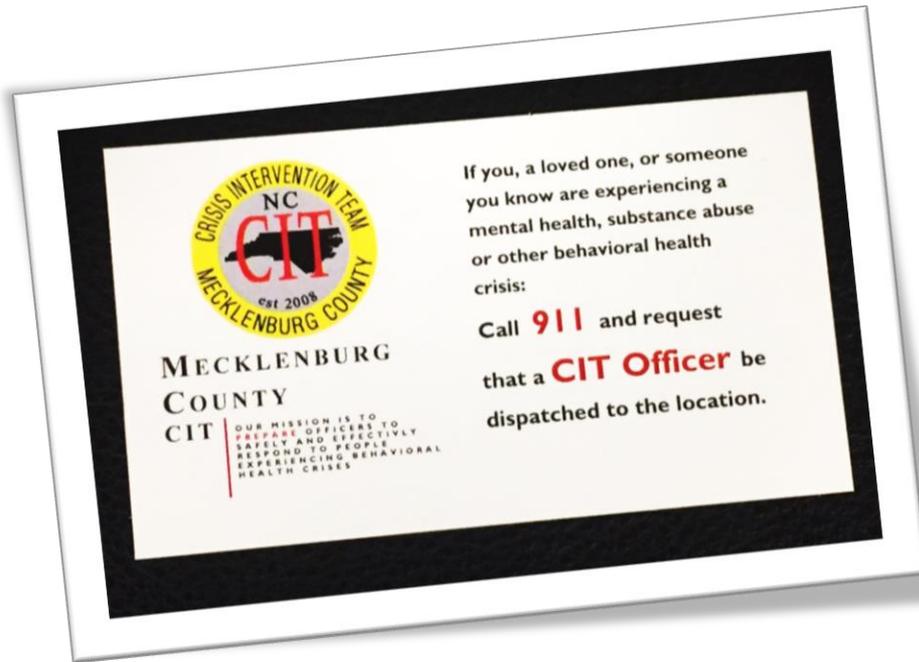
## Training – Cross-disciplinary training

- Five 40-hour officer classes/year; three 2-day dispatcher classes/year
  - 58 dispatchers trained
  - 1,017 officers trained
    - 375 officers from the Mecklenburg County Sheriff's Office
    - 511 officers from Charlotte-Mecklenburg Police Department
    - 121 officers from municipal police departments, university police, Veteran's Affairs officers, and probation
- CIT Licensed Mental Health Clinician
  - New grant-funded position
  - Data gathering structure being implemented

# Crisis Intervention Team (CIT)

“More than just training” initiative

- Community event, booklets, referral cards



# Mobile CriSys

- Mobile Crisis Team
  - Mental health first responders to individuals or groups experiencing a mental health crisis.
  - Services include emergency psychological assessment, immediate intervention and stabilization, crisis hotline, and more.
- Matrix – Engagement Services
  - Licensed clinicians to follow clients as long as needed.
  - Services include case management, transportation assistance, medication compliance assistance, and more.



# Next Steps

- Intercept One Development: Diversion from Institutions
  - To include diversion from the jail AND hospital emergency departments
    - Gaps in continuum of care result in reliance on law enforcement for crisis care assistance, triage, and transport.
    - N.C. study: 61% of mental health-related ER visits in the state were for a diagnosis of stress, anxiety, or depression – all of which do not provide a return on investment considering the expense of ER services.



# Crisis Services

- New focus: Develop “Intercept Zero”
- Challenges:
  - Culture: call the police, “law enforcement social workers”
  - “Divert to What?”
    - Services limited to normal business hours
    - Agencies often reach capacity limits
  - Underutilization of services (such as detox)
  - Gaps in appropriate crisis care services for lower acuity needs
- Better utilization of existing resources:
  - Call Centers with referral support
  - Walk-in Clinics
  - N.C. MedAssist

**National Alliance on  
Mental Illness**

Family/consumer  
education, resource  
recommendations,  
advocacy  
Family/consumer support  
thru crisis

**Cardinal Innovations Call  
Center**

Crisis referral/info 24/7/365

**Mobile CriSys**

24/7/365  
Assess, triage, refer

**Monarch Walk-in Clinic**

Evaluations, medication  
management, therapy

**Amara Wellness Walk-in  
Clinic**

Evaluations, medication  
management, therapy

**Anuvia Prevention and  
Recovery Center**

Detox Services  
24/7/365 Social Detox

# Next Steps

- Develop Recovery Oriented System of Care (Intercept Zero)
  - Peer Respite Center
  - Peer Support Services
  - Services for lower acuity mental health needs
    - versus
  - Services for step-down, wrap-around care and case management
  - Integrated behavioral health care at the primary care level

# Contact for More Info

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# Thank You



[SafetyAndJusticeChallenge.org](http://SafetyAndJusticeChallenge.org)