

LAW ENFORCEMENT AND THE CRISIS CARE CONTINUUM

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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

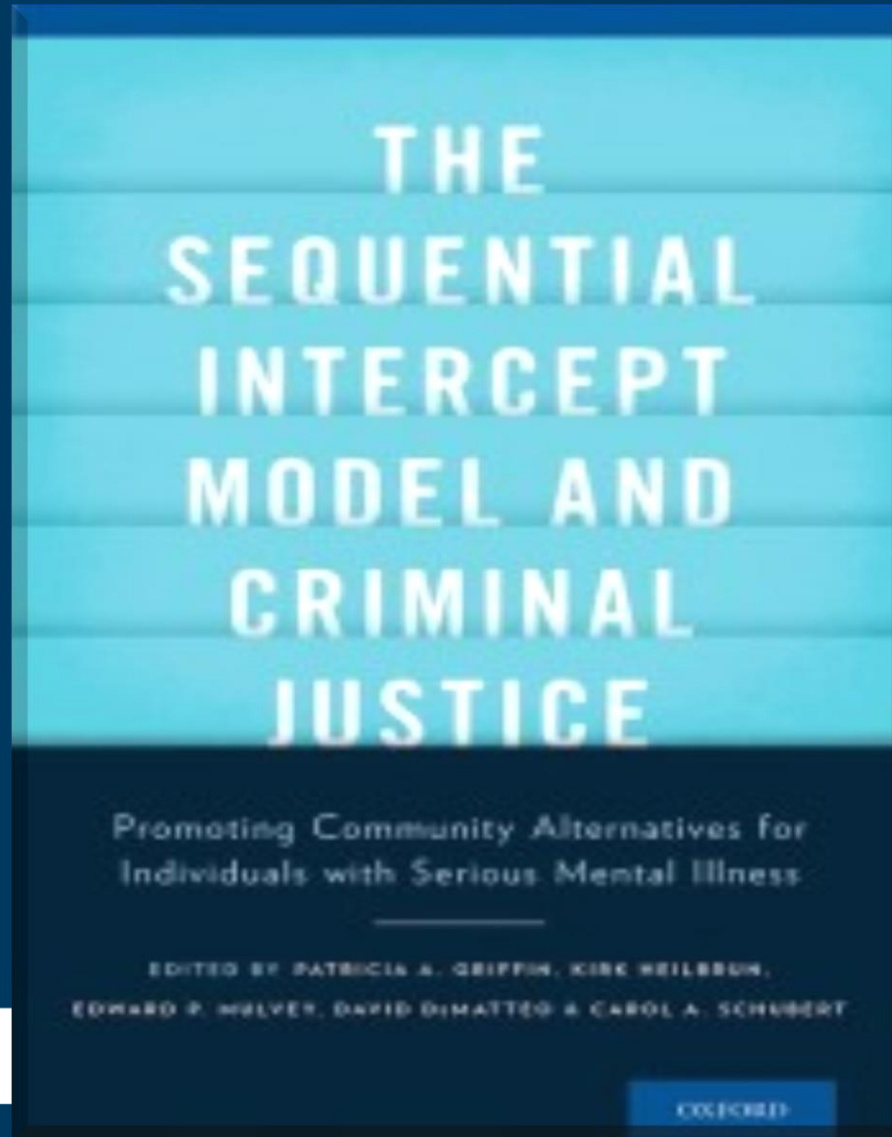
We start with the ideal that people with mental disorders should not "penetrate" the criminal justice sys-

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!

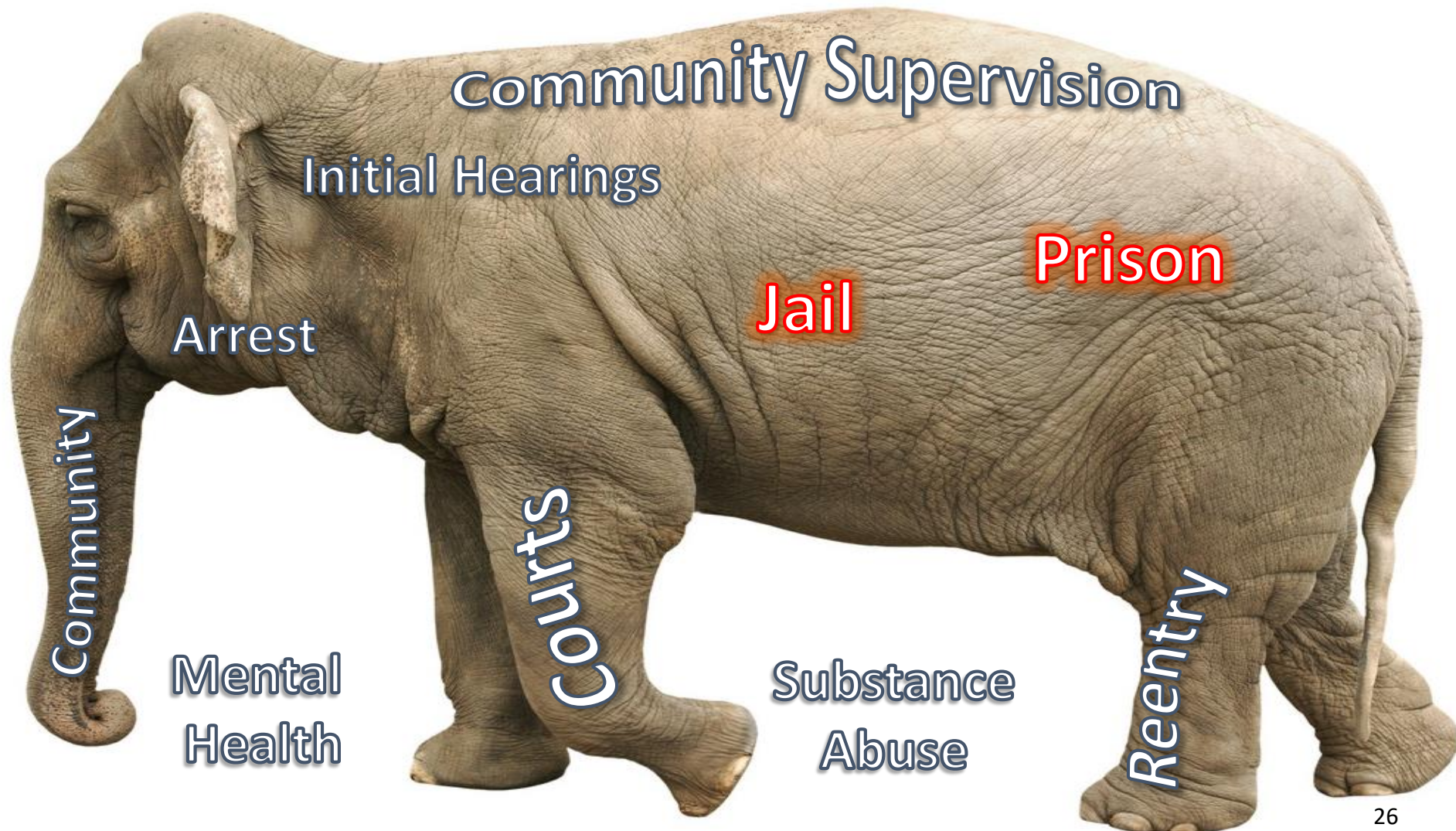


Sequential Intercept Model As Our Organizing Tool

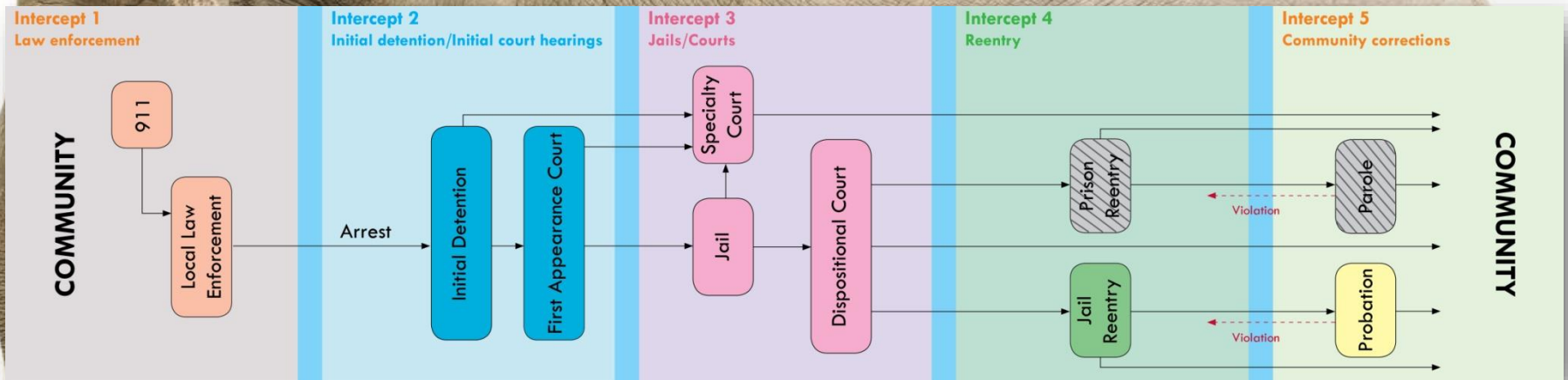
Mark Munetz, MD & Patty Griffin, PhD (2006)

- 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

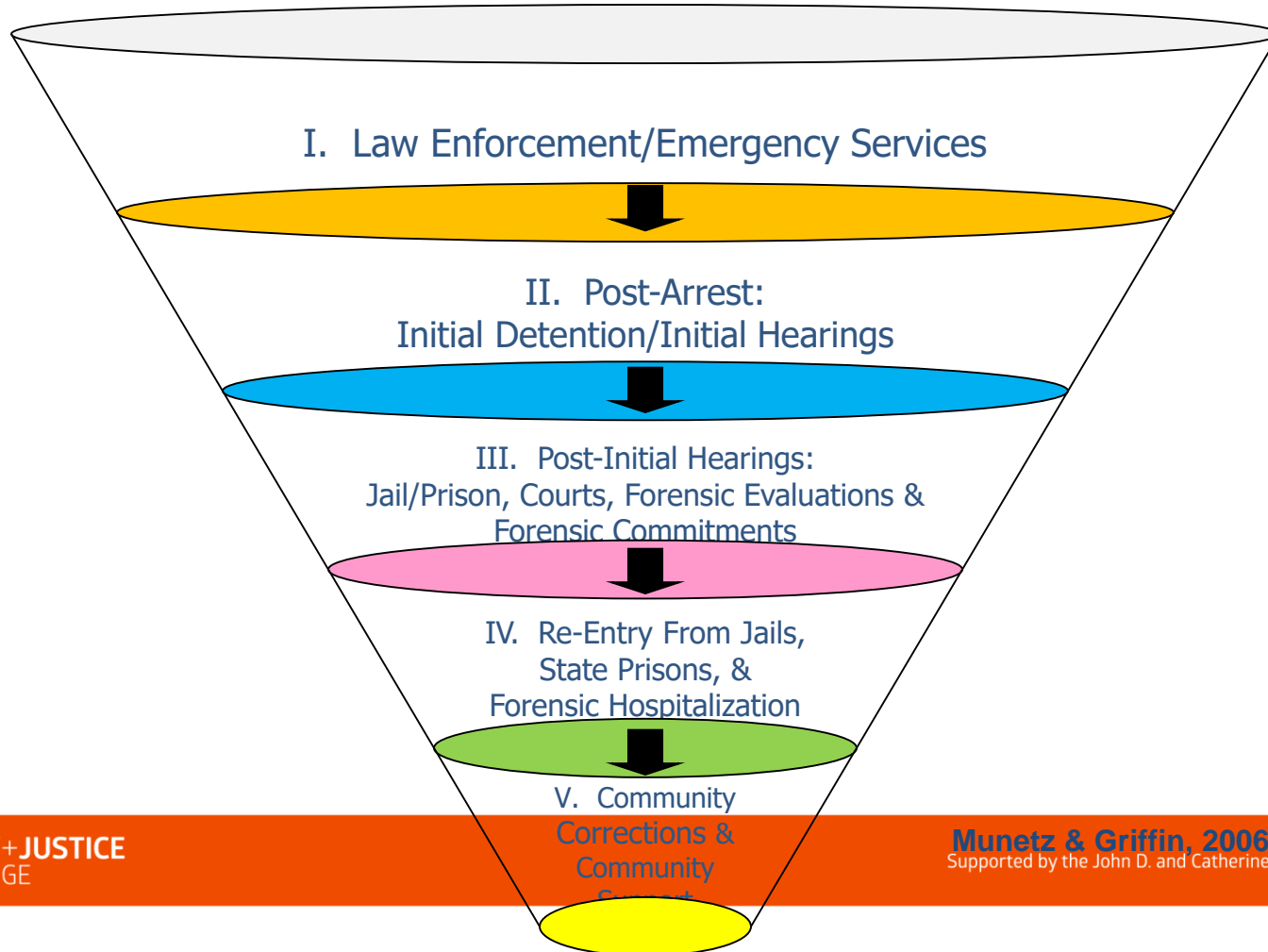


Sequential Intercept Model

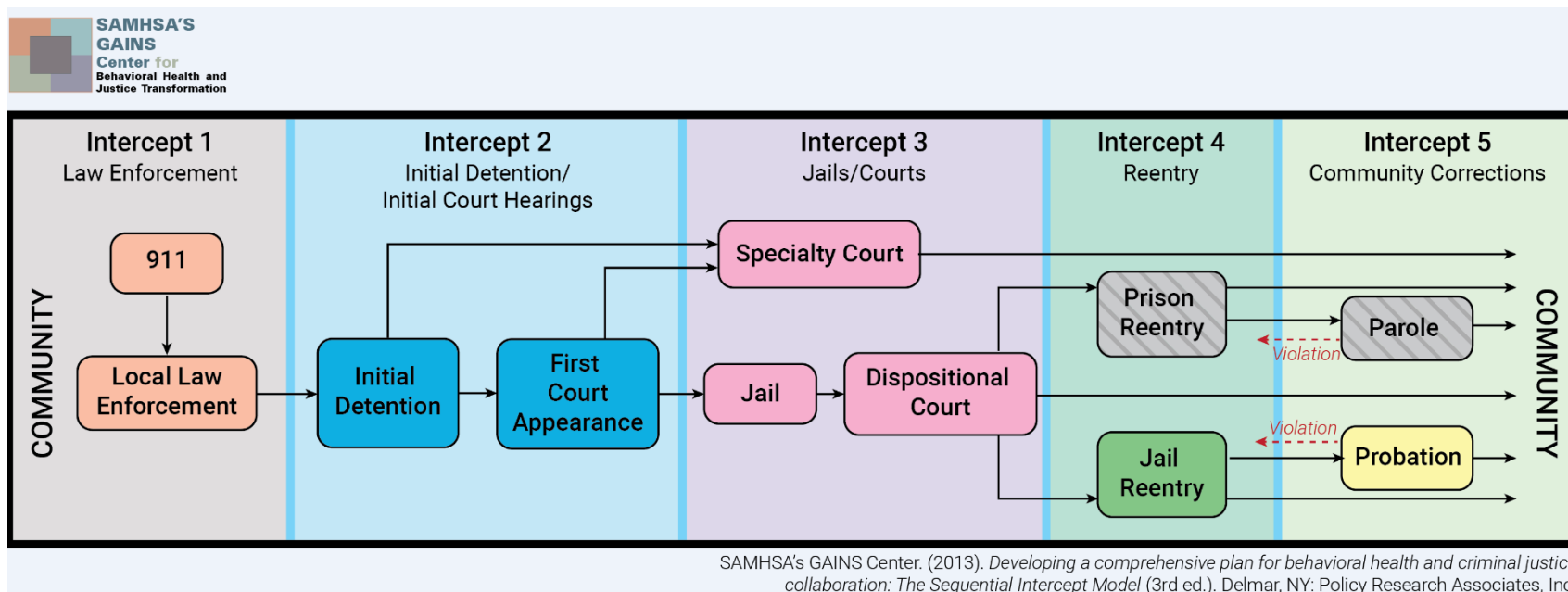


The Filter Model

0. Best Clinical Practices: the Ultimate Intercept

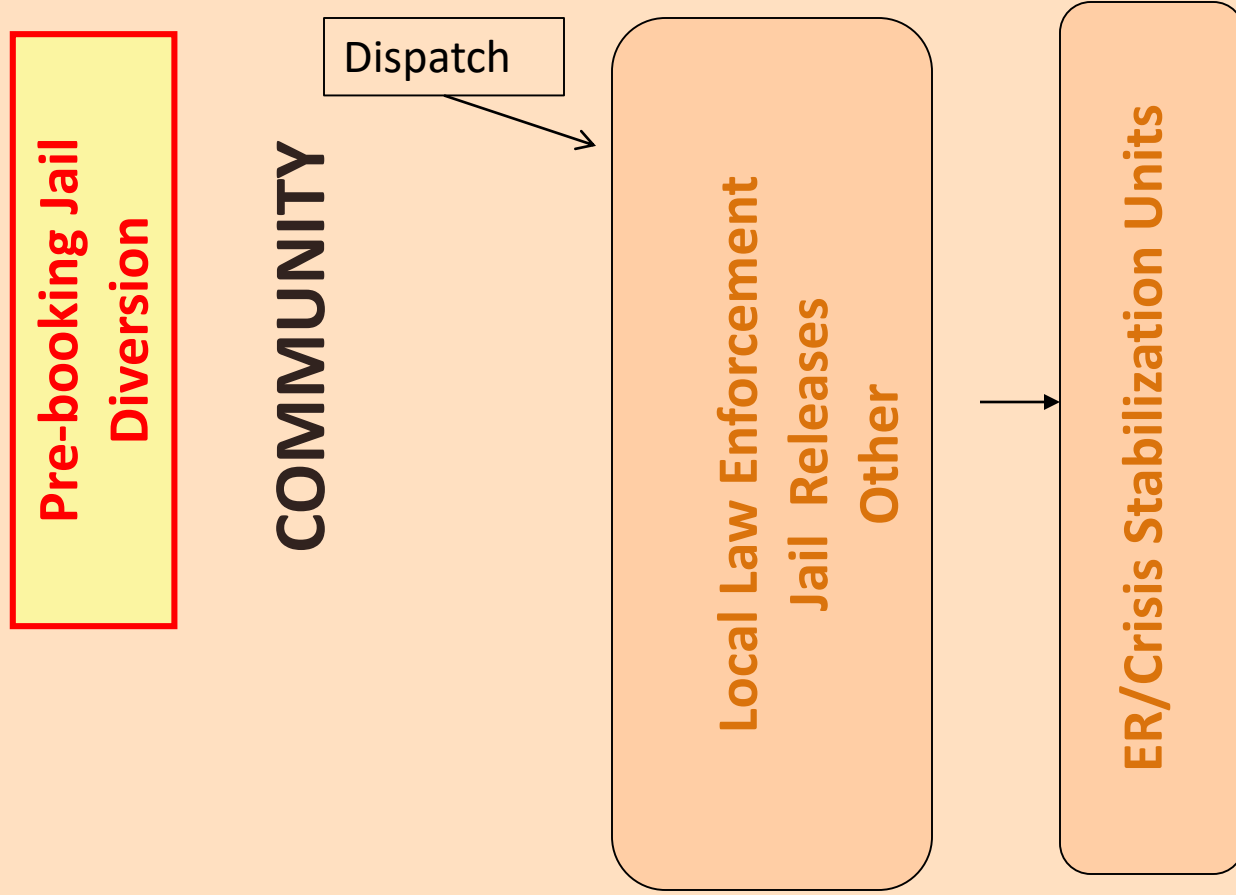


Sequential Intercept Model



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

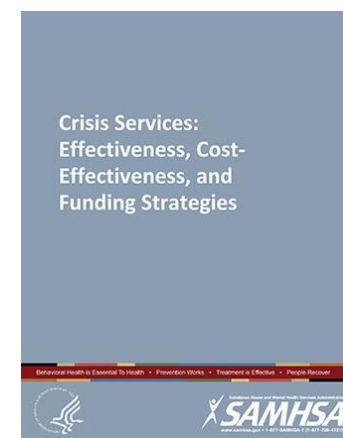
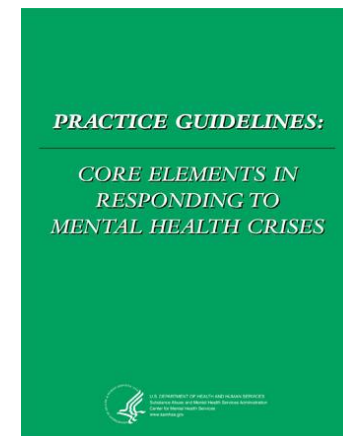
- Not committable
- Behavior problem not MI
- Medical not psychiatric
- Substance abuse not MI
- Needs detox before MH admission
- Needs medical clearance
- No insurance coverage
- Appropriate but no beds available

Intercept I 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

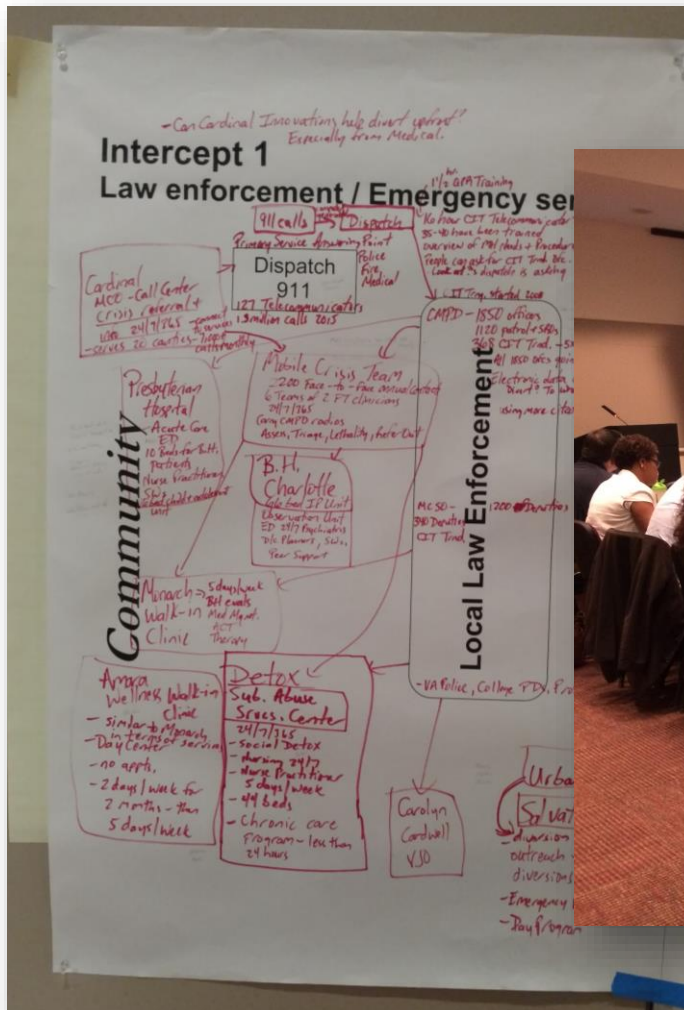
Historical Context

- 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

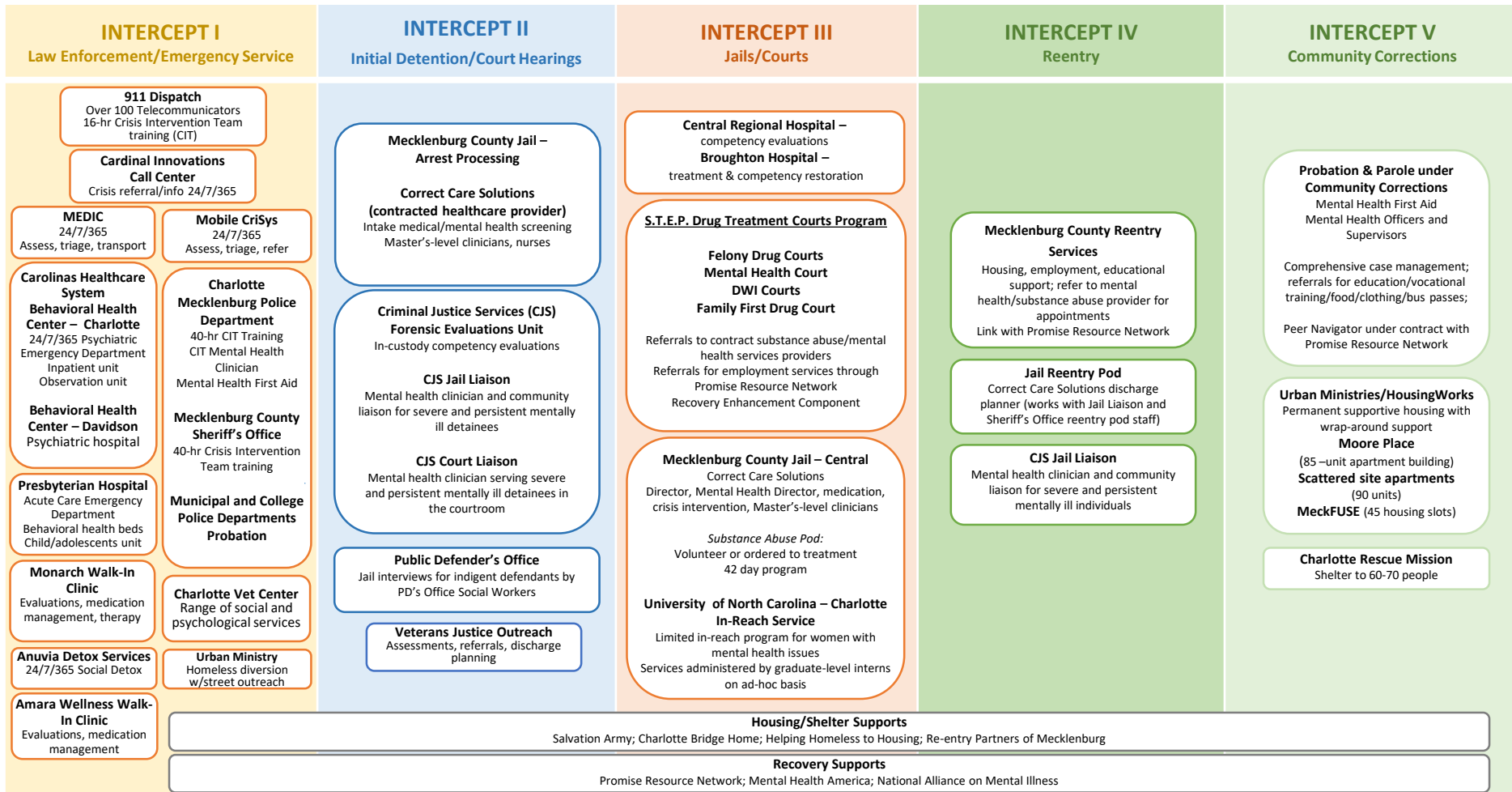
- Jail mental health numbers in 2015:
 - 88% of bookings had a Brief Jail Mental Health Screen administered
 - 11% of bookings resulting in positive mental health screen
 - 4,027 positive mental health screens (using the Brief Jail Mental Health Screen) – about 11 positive screens per day
 - 976 new 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 Intercept Mapping Workshop



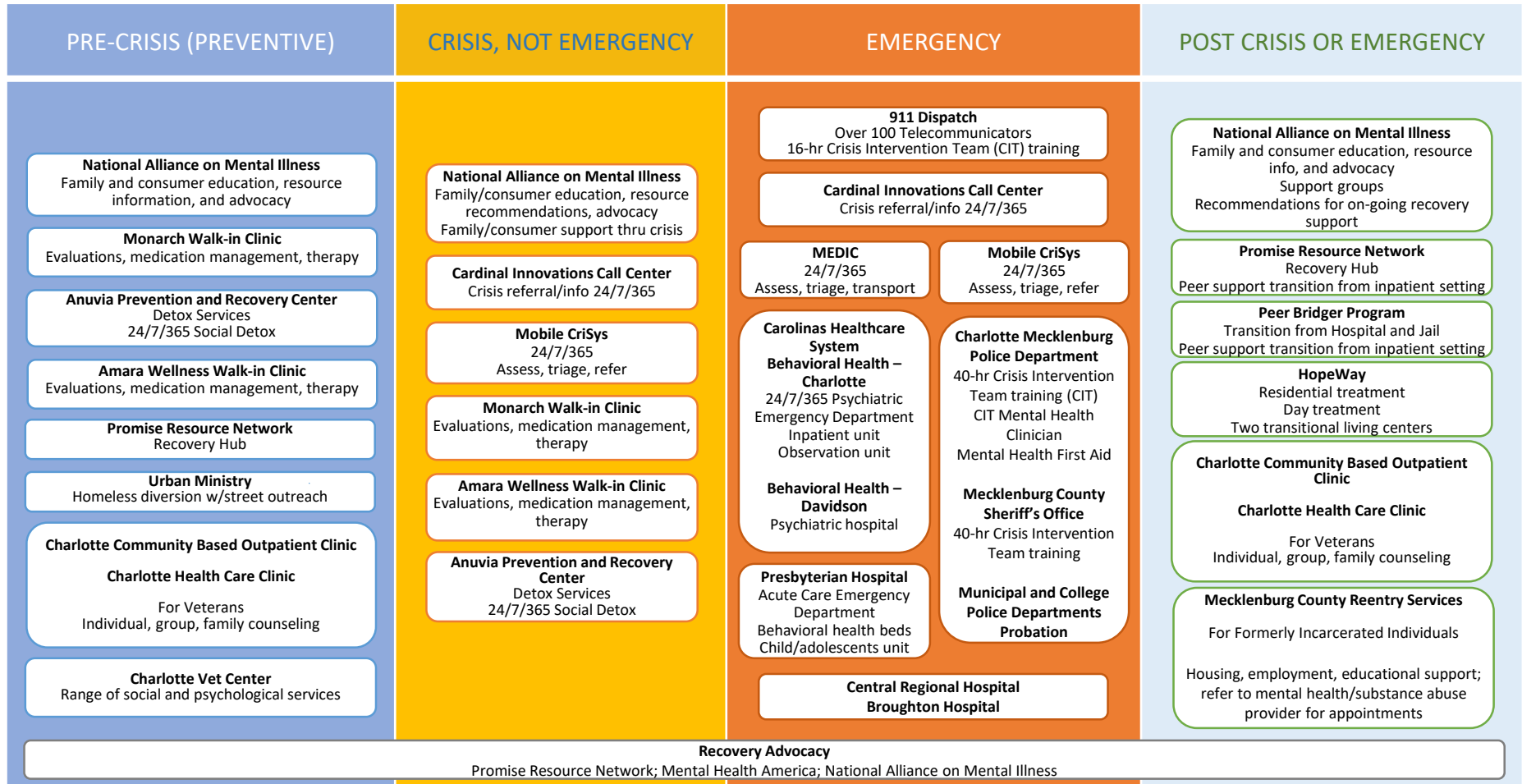
Sequential Intercepts for Change: Criminal Justice/Behavioral Health Partnerships - 2016

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

Behavioral Health – Davidson

Psychiatric hospital

Presbyterian Hospital

Acute Care Emergency
Department
Behavioral health beds
Child/adolescents unit

Charlotte Mecklenburg Police Department

40-hr Crisis Intervention
Team training (CIT)
CIT Mental Health
Clinician
Mental Health First Aid

Mecklenburg County Sheriff's Office

40-hr Crisis Intervention
Team training

Municipal and College Police Departments Probation

Central Regional Hospital Broughton Hospital

Crisis Intervention Team (CIT)

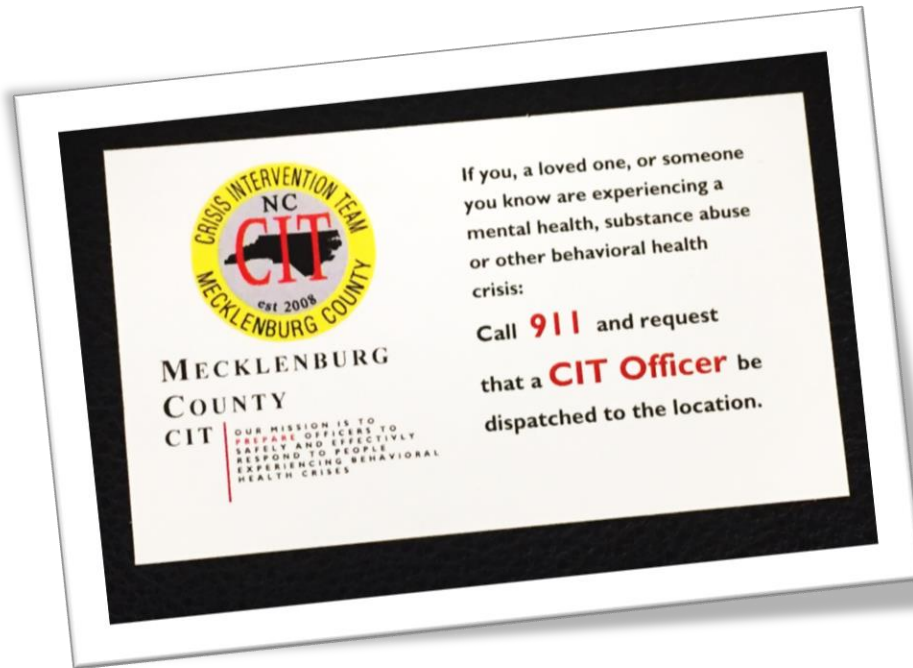
Training – Cross-disciplinary training

- 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.

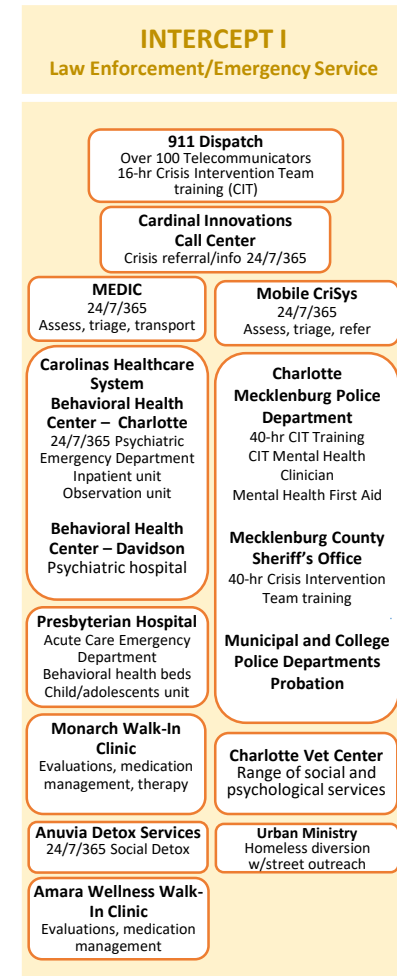
- Matrix – Engagement Services

- 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