# 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)

Ver the past several years, Summit County (greater Makron), Ohio has been working to address the problem of overrepresentation, or "criminallysticion," 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 CAINS 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 reversible.

#### The Sequential Intercept Model: ideals and description

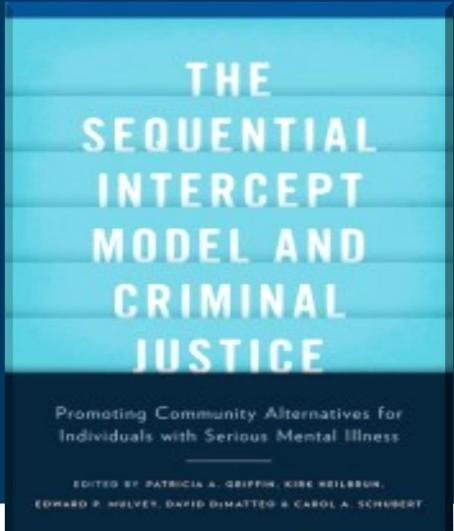
We start with the ideal that people with mental disorders should not "penetrate" the criminal justice sys-

De Munets to chief clinical officer of the Summit County Alcohol, Drug Addiction, and Mental Health Services Board, 100 West Codes Prese, State 300, Afron, Othe 44507 (e. Mental Health Services Board, 100 West Codes Prese, State 300, Afron, Othe 44507 (e. Mental Mental Health Services) (e. Mental Mental Health Services) (e. Mental Healt

tem at a greater frequency than peo ple 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 sympto matic 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 menta 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

# HOT OFF THE PRESSES!



CONFIDENCE



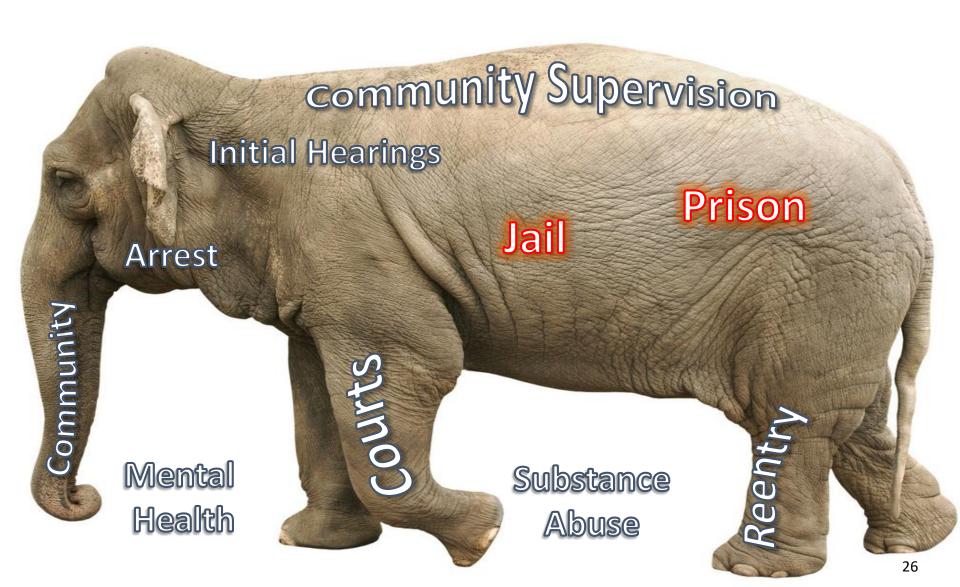
he John D. and Catherine T. MacArthur Foundation

# Sequential Intercept Model As Our Organizing Tool

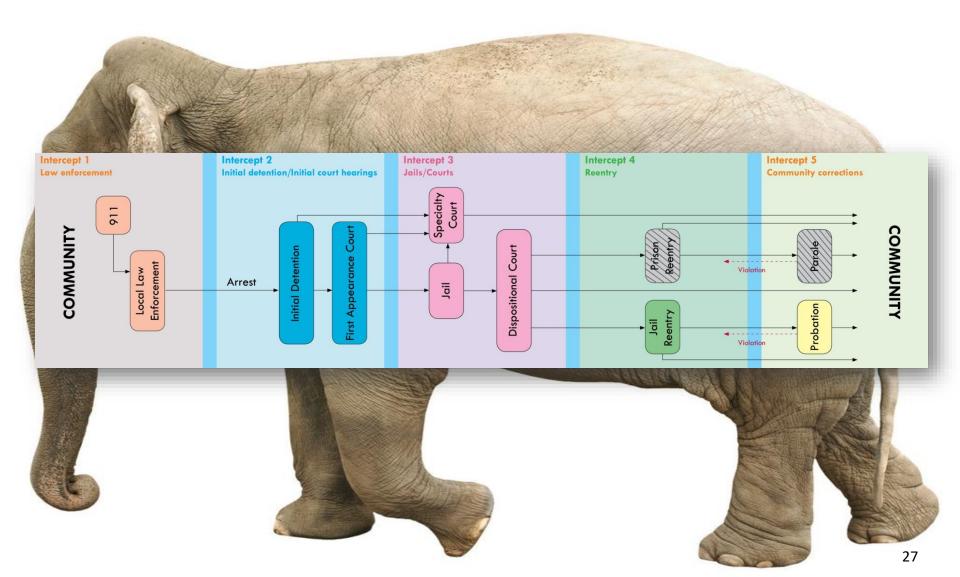
Mark Munetz, MD & Patty Griffin, PhD (2006)

- 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

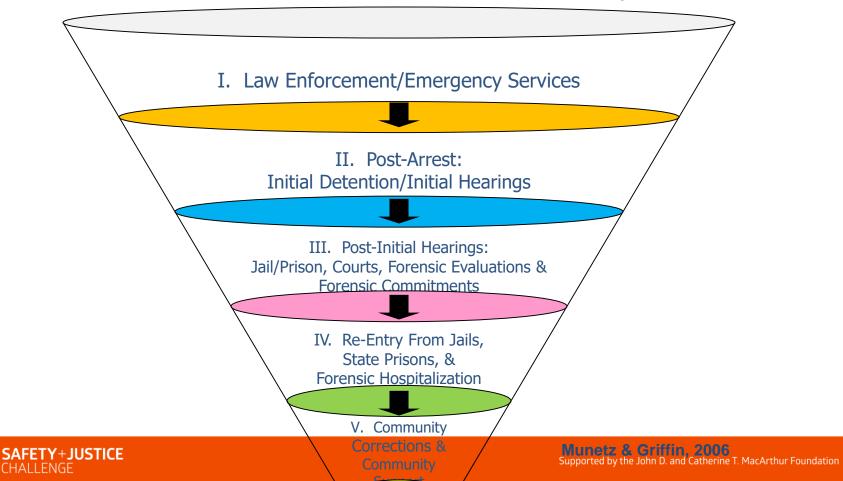


# Sequential Intercept Model

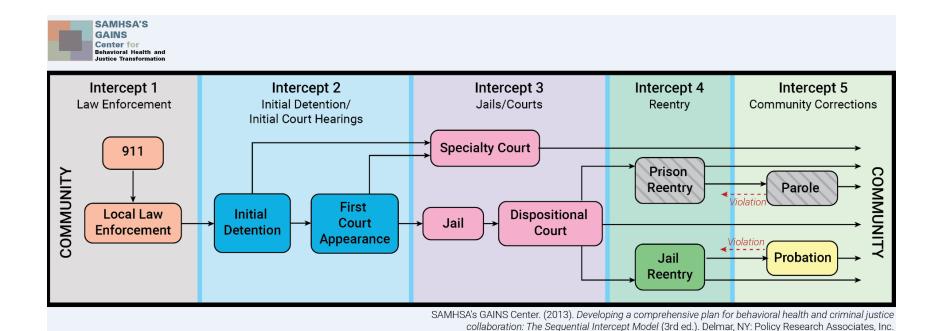


# The Filter Model

0. Best Clinical Practices: the Ultimate Intercept

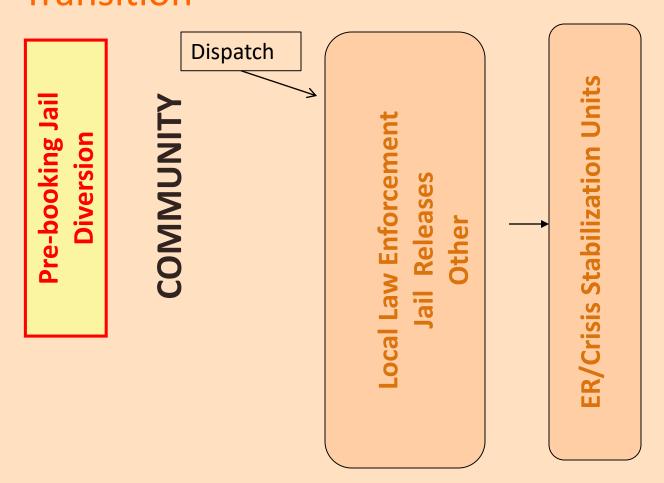


# Sequential Intercept Model



## **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 policemobile 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,  $\sqrt{50}$ %
- Orange County
  - Central receiving center
  - Officer turnaround time, <10 minutes</li>

- 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

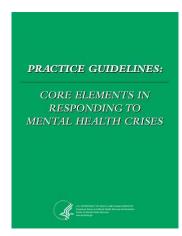
- Not committable
- Behavior problem not MI
- Medical not psychiatric
- Substance abuse not MI
- Needs detox before MH admission
- Needs medical clearance
- No insurance coverage
- Appropriate but no beds available

# 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





Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies



# 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

#### **INTERCEPT II INTERCEPT I INTERCEPT III INTERCEPT IV INTERCEPT V** Law Enforcement/Emergency Service Jails/Courts **Community Corrections Initial Detention/Court Hearings** Reentry 911 Dispatch Over 100 Telecommunicators 16-hr Crisis Intervention Team Central Regional Hospital training (CIT) Mecklenburg County Jail competency evaluations Broughton Hospital -Arrest Processing **Cardinal Innovations Probation & Parole under** Call Center treatment & competency restoration **Community Corrections** Crisis referral/info 24/7/365 **Correct Care Solutions** Mental Health First Aid (contracted healthcare provider) MEDIC Mobile CriSys S.T.E.P. Drug Treatment Courts Program Mental Health Officers and Intake medical/mental health screening **Mecklenburg County Reentry** 24/7/365 24/7/365 Supervisors Master's-level clinicians, nurses Assess, triage, transport Assess, triage, refer Services **Felony Drug Courts** Comprehensive case management; Housing, employment, educational Mental Health Court Carolinas Healthcare referrals for education/vocational Charlotte support: refer to mental System DWI Courts training/food/clothing/bus passes; health/substance abuse provider for Mecklenburg Police **Behavioral Health Family First Drug Court** Criminal Justice Services (CJS) appointments Department Center - Charlotte Peer Navigator under contract with Forensic Evaluations Unit Link with Promise Resource Network 40-hr CIT Training 24/7/365 Psychiatric Referrals to contract substance abuse/mental Promise Resource Network In-custody competency evaluations CIT Mental Health **Emergency Department** health services providers Inpatient unit Clinician Referrals for employment services through Jail Reentry Pod **CJS Jail Liaison** Observation unit Mental Health First Aid Promise Resource Network Correct Care Solutions discharge Urban Ministries/HousingWorks Mental health clinician and community Recovery Enhancement Component planner (works with Jail Liaison and **Behavioral Health** Permanent supportive housing with liaison for severe and persistent mentally Mecklenburg County Sheriff's Office reentry pod staff) Center - Davidson ill detainees wrap-around support Sheriff's Office Psychiatric hospital Moore Place 40-hr Crisis Intervention **CJS Jail Liaison** Mecklenburg County Jail - Central **CJS Court Liaison** (85 -unit apartment building) Team training Correct Care Solutions Mental health clinician and community Mental health clinician serving severe Scattered site apartments Presbyterian Hospital liaison for severe and persistent Director, Mental Health Director, medication, and persistent mentally ill detainees in (90 units) Acute Care Emergency Municipal and College crisis intervention. Master's-level clinicians mentally ill individuals the courtroom MeckFUSE (45 housing slots) Department Police Departments Behavioral health beds Probation Substance Abuse Pod: Child/adolescents unit Volunteer or ordered to treatment **Public Defender's Office Charlotte Rescue Mission** 42 day program Monarch Walk-In Jail interviews for indigent defendants by Shelter to 60-70 people Clinic PD's Office Social Workers **Charlotte Vet Center** Evaluations, medication University of North Carolina - Charlotte Range of social and management, therapy In-Reach Service psychological services Veterans Justice Outreach Limited in-reach program for women with Assessments, referrals, discharge mental health issues Anuvia Detox Services **Urban Ministry** planning 24/7/365 Social Detox Homeless diversion Services administered by graduate-level interns w/street outreach on ad-hoc basis Amara Wellness Walk-In Clinic **Housing/Shelter Supports** Evaluations, medication Salvation Army; Charlotte Bridge Home; Helping Homeless to Housing; Re-entry Partners of Mecklenburg management Recovery Supports Promise Resource Network; Mental Health America; National Alliance on Mental Illness

#### Continuum of Mental Health Services: 2016

Charlotte, Mecklenburg County, North Carolina

#### PRE-CRISIS (PREVENTIVE)

#### CRISIS, NOT EMERGENCY

#### **EMERGENCY**

#### POST CRISIS OR EMERGENCY

#### National Alliance on Mental Illness

Family and consumer education, resource information, and advocacy

#### Monarch Walk-in Clinic

Evaluations, medication management, therapy

#### **Anuvia Prevention and Recovery Center**

**Detox Services** 24/7/365 Social Detox

#### Amara Wellness Walk-in Clinic

Evaluations, medication management, therapy

#### Promise Resource Network

Recovery Hub

#### Urban Ministry

Homeless diversion w/street outreach

#### **Charlotte Community Based Outpatient Clinic**

**Charlotte Health Care Clinic** 

For Veterans Individual, group, family counseling

#### **Charlotte Vet Center**

Range of social and psychological services

#### **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

#### 911 Dispatch

Over 100 Telecommunicators 16-hr Crisis Intervention Team (CIT) training

#### **Cardinal Innovations Call Center**

Crisis referral/info 24/7/365

#### MFDIC

24/7/365 Assess, triage, transport

#### 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

Mobile CriSys 24/7/365 Assess, triage, refer

#### 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** 

#### **National Alliance on Mental Illness**

Family and consumer education, resource info, and advocacy Support groups Recommendations for on-going recovery

### support

Promise Resource Network Recovery Hub Peer support transition from inpatient setting

#### Peer Bridger Program

Transition from Hospital and Jail Peer support transition from inpatient setting

#### HopeWay

Residential treatment Day treatment Two transitional living centers

#### **Charlotte Community Based Outpatient** Clinic

#### **Charlotte Health Care Clinic**

For Veterans Individual, group, family counseling

#### **Mecklenburg County Reentry Services**

For Formerly Incarcerated Individuals

Housing, employment, educational support; refer to mental health/substance abuse provider for appointments

#### Recovery Advocacy

Promise Resource Network; Mental Health America; National Alliance on Mental Illness



# 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

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Municipal and College Police Departments Probation

Central Regional Hospital Broughton Hospital

# Crisis Intervention Team (CIT)

### Training – Cross-disciplinary training

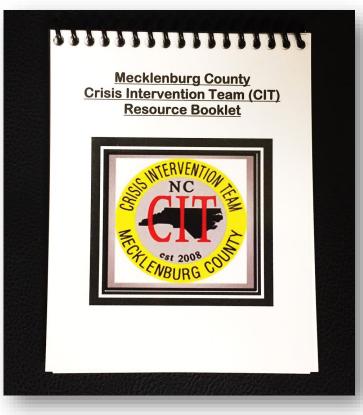
- Five 40-hour officer classes/year; three 2-day dispatcher classes/year
  - 58 dispatchers trained
  - 1,017 officers trained
    - 375 officers from the Mecklenburg County Sheriff's Office
    - 511 officers from Charlotte-Mecklenburg Police Department
    - 121 officers from municipal police departments, 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, NOT EMERGENCY

## 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

