

# Preparing for Success: Strategic Planning for Collaborative Crisis Response

**2021 IACP Conference  
On-Demand Workshop**

## Featuring:

**Dan Abreu**

Policy Research Associates

**Chief Brian Peete**

Montpelier (VT) Police Department

**Officer John D. Hollingsworth**

Huntsville (AL) Police Department

**Leigh Ann Davis**

The Arc of the United States

**Opening Remarks:** Maria Fryer, Bureau of Justice Assistance

**Facilitator:** Hannah D. McManus, University of Cincinnati



# Presented by: The Academic Training to Inform Police Responses

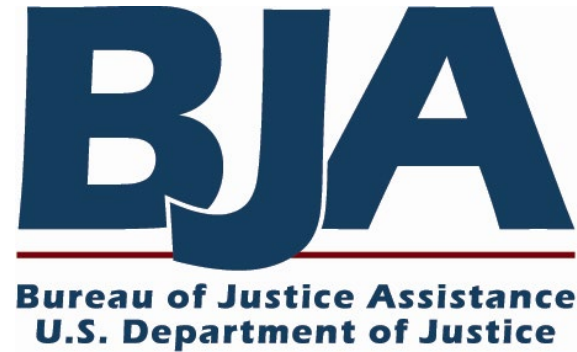
- Supports police agencies in the development and delivery of responses to people with behavioral health (BH) conditions and intellectual or developmental disabilities (IDD)
- Facilitates collaboration between police, behavioral health, and disability stakeholders
- Shares information on evidence-based and best practices in crisis response



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<https://www.theiacp.org/projects/academic-training-to-inform-police-responses>

# Academic Training Partners



# Opening Remarks



***Maria Fryer***

Policy Advisor

Bureau of Justice Assistance

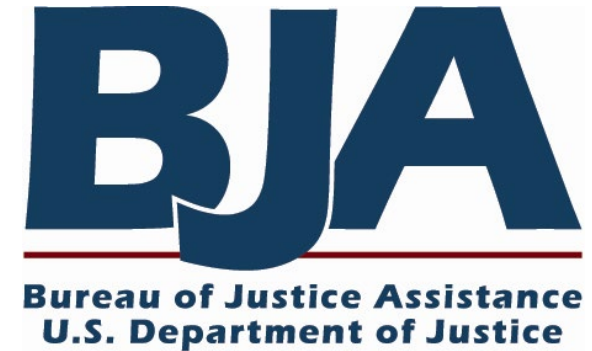
U.S. Department of Justice



# The U.S. Department of Justice Bureau of Justice Assistance

## Mission

The BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities.



[www.bja.gov](http://www.bja.gov)



# Introducing Our Speakers

- **Dan Abreu**  
Senior Project Associate  
Policy Research Associates
- **Chief Brian Peete**  
Montpelier (VT) Police Department
- **Officer John D. Hollingsworth**  
Huntsville (AL) Police Department
- **Leigh Ann Davis**  
Director of Criminal Justice Initiatives  
The Arc of the United States



# Introducing Our Speakers



Dan Abreu, MS CRC LMHC  
Senior Project Associate  
Policy Research Associates

- Dan Abreu has been employed at PRA as a Senior Project Associate since 2005.
- He coordinates several justice and behavioral health projects and training focusing on issues related to these areas.
- As a Senior Technical Assistance Specialist for SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, He provides TA to communities on behavioral health and criminal justice collaboration and assists with the planning and development of expert meetings that address various issues relating to justice involved persons with behavioral health conditions.
- He conducts Sequential Intercept Model (SIM) Mapping Workshops and state-wide SIM Summits.

# How Sequential Intercept Mapping Can Transform Communities

Dan Abreu

Senior Project Associate

Policy Research Associates





# Sequential Intercept Model

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

## 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; initial mental health assessment; initial forensic evaluation; and

tem at a greater frequency than people in the same community with mental disorders (personal communication, Steadman H, Feb 23, 2016). Although the nature of mental illness makes it likely that people with symptomatic illness will have contact with law enforcement and the courts, presence of mental illness should

### SPECIAL ISSUE ARTICLE

## Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0

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A conceptual model for community-based strategic planning to address the criminalization of adults with mental and substance use disorders, the Sequential Intercept Model has provided jurisdictions with a framework that overcomes traditional boundaries between the agencies within the criminal justice and behavioral health systems. This article presents a new paradigm, Intercept 0, for expanding the utility of the Sequential Intercept Model at the front end of the criminal justice system. Intercept 0 encompasses the early intervention points for people with mental and substance use disorders before they are placed under arrest by law enforcement. The addition of Intercept 0 creates a conceptual space that enables stakeholders from the mental health, substance use, and criminal justice systems to consider the full spectrum of real-world interactions experienced by people with mental and substance use disorders with regard to their trajectories, or lack thereof, through the criminal justice system.

### 1 | INTRODUCTION

Adults with mental and substance use disorders are overrepresented in the criminal justice system. Four percent of adults aged 18 or older have experienced a serious mental illness compared with 14.5 percent of male inmates and 31.0 percent of female inmates in local jails (Center for Behavioral Health Statistics & Quality [CBHSQ], 2016; Steadman, Osher, Robbins, Case, & Samuels, 2009). Substance use disorders for young adults aged 18 to 25 and

# THE SEQUENTIAL INTERCEPT MODEL AND CRIMINAL JUSTICE

Promoting Community Alternatives for Individuals with Serious Mental Illness

EDITED BY PATRICIA A. GRIFFIN, KIRK HEILBRUN,

EDWARD P. MULVEY, DAVID DEMATTEO & CAROL A. SCHUBERT

OXFORD

#IACP2021

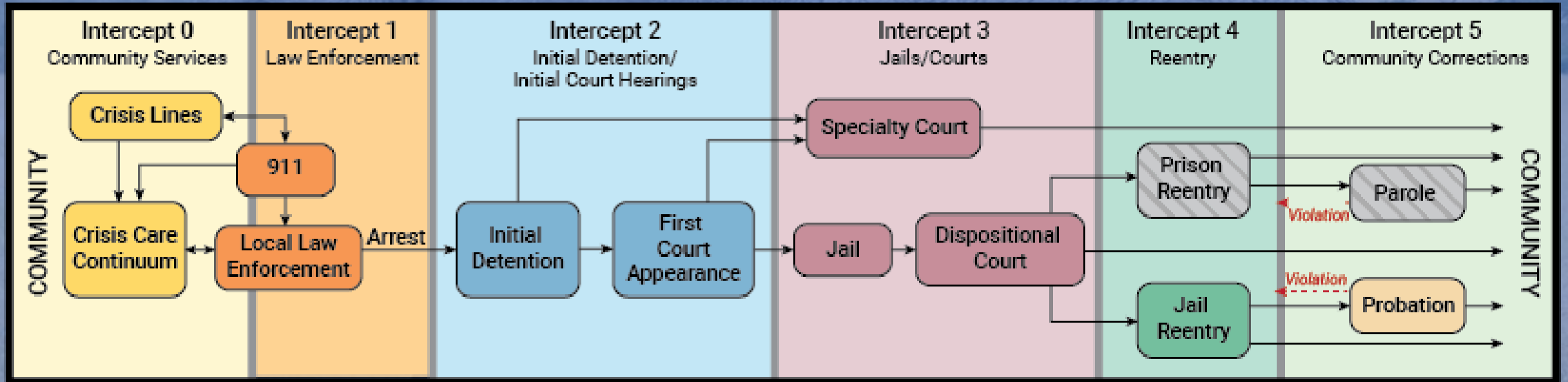


# The “Unsequential” Intercept Model

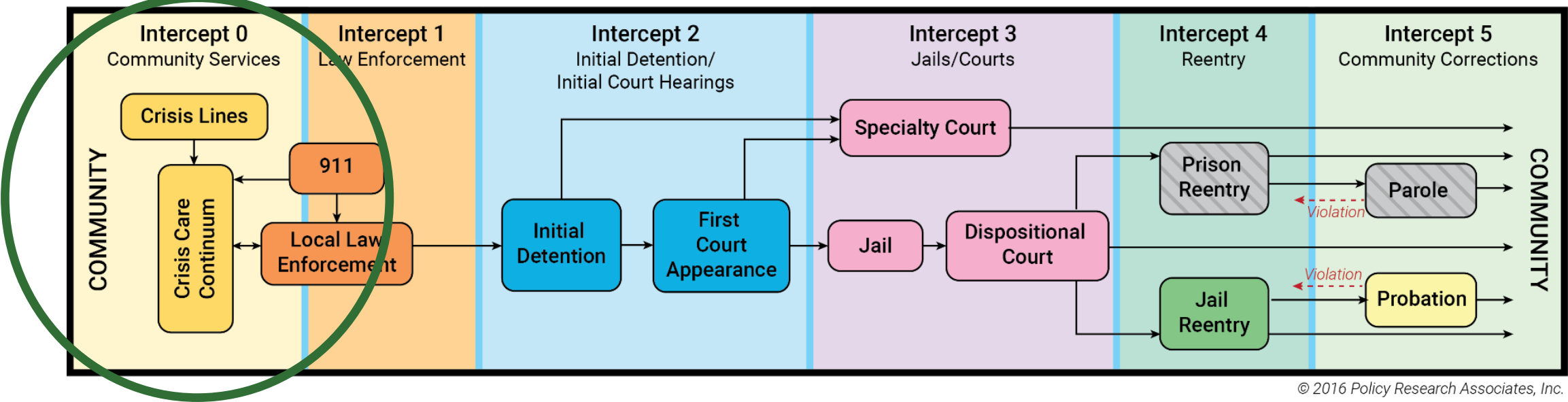




# Sequential Intercept Model



# Introducing Intercept 0



# Enhancing Collaboration



- Cross-training
- Interagency agreements
  - Coordinate services
  - Communication
  - Information sharing (data)
  - Partnerships
- Success involves:
  - Task forces
  - People with lived experiences
  - Boundary spanners/champions

# COLLABORATION

## Among

Professionals

People with Lived  
Experiences

Family  
Members/Advocates

## From

Criminal Justice

Mental Health/IDD

Substance Use

## Supports

Social Services

Entitlements

Health

Housing

Veterans Services

# Major Themes due to COVID-19 and Criminal Justice Reforms

- Transition/expansion from police-led crisis response to provider-based response and increased LE support.
- Reduction in arrests
- Bail policies
- Reduction in jail census
- Expansion of telehealth
- Renewed focus on diversity equity inclusion in criminal justice practices and healthcare.
- Opioid response

# Addressing Racial Inequities and Disparities

## **Some Intercept 0/1 Concerns:**

- Treatment access and culturally competent treatment (Kugelmass, 2016; SAMHSA, 2019)
- Higher arrest rates and disparity in referral to diversion programs (Fielding-Miller, Davidson, & Raj, 2016)

## **Some Intercept 2/3 Concerns:**

- Bail and pre-trial release disparities: higher prevalence of incarceration
- Jails and prisons should consider fiscal and familial constraints that vary across races and ethnicities when charging fees for health care services, phone calls, and other critical needs
- Lower rates of admission to drug courts and graduation from drug court and more likely to be sentenced to prison (Nicosia, MacDonald, & Arkes, 2013, (Gallagher & Wahler, 2013)

## **Some Intercepts 4/5 Concerns:**

- Reentry planning should consider a person's cultural values and priorities and connect people with culturally-responsive programs
- More likely to have probation revoked (Jannetta, Breaux, & Ho, 2014)



## Intercept 0 and 1

### Community Services

#### Law Enforcement

- 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-Integration
- Resource awareness
- Officer Wellness

## Intercept 2

### Arraignment

- Lack of diversion opportunities
- Lack of specialized supervision for people with mental disorders on pretrial supervision
- Lack of multiple mental health screening strategies

## Intercept 3

### Jails and Disposition Courts

- 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

## Intercept 4

### Reentry

- Timing is everything...
- Insufficient medications or prescriptions upon release
- Lack of Medicaid/SSI enrollment
- Insufficient connection to community-based services
- Court releases
- Transportation
- Treatment providers who meet needs

## Intercept 5

### Community Supervision

- Alternatives to technical violation
- Housing
- Caseloads
  - Lack of specialized caseloads
  - Caseloads with high ratios of probationers to officer
- Behavioral health providers
  - Lack of agreement on what information is shared with probation
  - Implementation of RNR strategies
  - Medication Assisted Treatment access

## Across Intercepts

- Information Sharing (HIPAA)
- Cross Training
- Trauma Informed Approaches and Trauma Specific Treatment
- Cross system screening for veterans
- Healthcare reform
- Integration of Peer services
- Housing/homelessness
- Lack of formal planning structure
- Data, Data, Data

# Bringing a SIM to your Community Representatives



- **Grants**
  - GAINS SIM solicitation
  - SAMHSA/BJA Grants
- **Educate Stakeholders**
  - Distribute SIM information
- **State/Local Funding**
  - e.g., CARES ACT, American Rescue Plan
  - Reframing Police initiatives
- **Use State SIM Resources: SD, NY, GA, TN, TX, VA, OR, FL, MO**



# Introducing Our Speakers



Chief Brian Peete  
Montpelier (VT) Police Department

- Brian R. Peete is the Chief of Police for Montpelier, Vermont.
- Prior to Montpelier, he was the Chief of Police for the Alamogordo Police Department in New Mexico.
- He previously worked in the City of Chicago's Inspector General's Office as the Chief Forensic Audit Investigator for Public Safety and as one of the IG's Chief Investigators. He has also served as a patrolman, field training officer, and fusion center analyst in the Chicago Police Department.
- He has experience as a federal law enforcement officer in the Air Force Office of Special Investigations.
- Chief Peete is a graduate of Northwestern University's School of Police Staff and Command and holds an M.A. in Police Psychology and a B.S. in Sociology with an emphasis on Employment Relations.



*Otero County  
Community Health Council*



*Alamogordo*  
Police Department

- Alamogordo, New Mexico's Crisis Intervention Team Program



# Alamogordo, New Mexico's Crisis Intervention Team Program



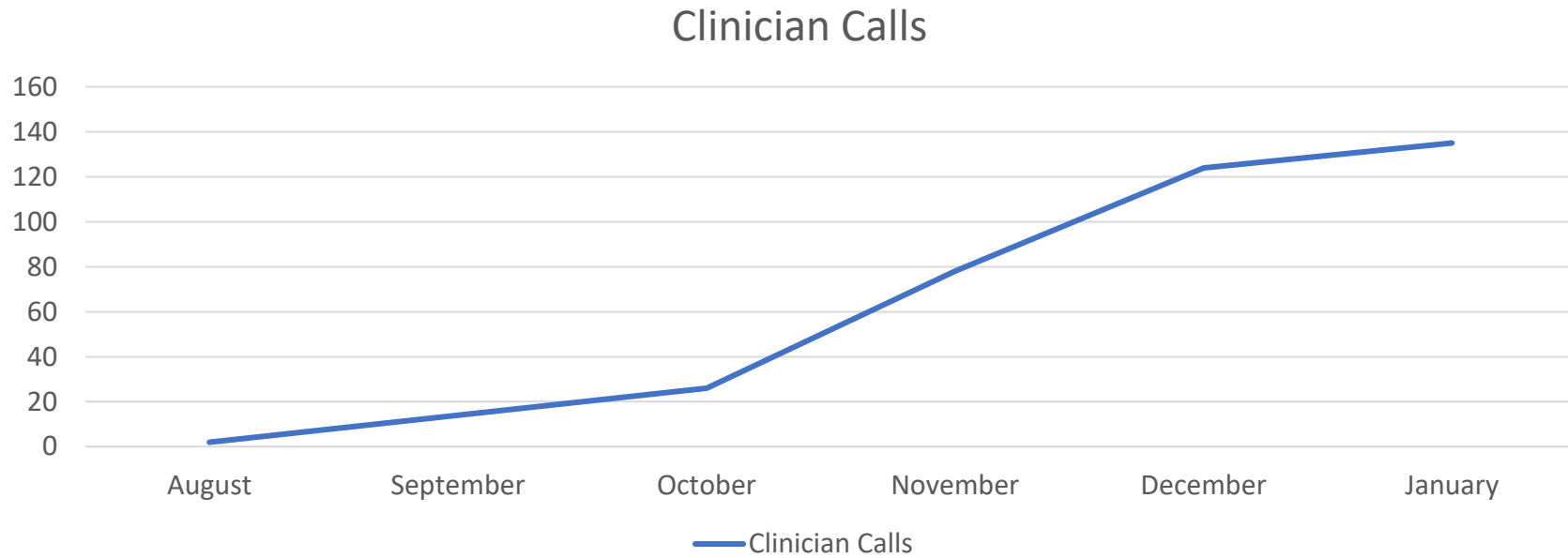
- June 2018, APD selected as one of four pilot sites for a BJA Technical Assistance Grant to establish a Crisis Intervention Team training model
- Through facilitation and assistance from PRA, worked with community stakeholders to develop a CIT training program and a response model
- APD received a \$211k grant from the Paso Del Norte Health Foundation to fund a mental health professional and peer support members to work with an officer as a mobile crisis response team

# Challenges



- Personnel and experience in grant writing
- Plan for training program resiliency and sustainability
- Getting stakeholder organizations onboard to develop a response model, in our case it was the Police who were last to come on board
- Finding resources to overcome the gaps in services
- Lack of resources and priority (external AND internal)
- Pushing the concept in the community, garnering community support to ensure future funding – Document your progress and justify the need!

# MCRT Clinician Crisis and Case Management Calls



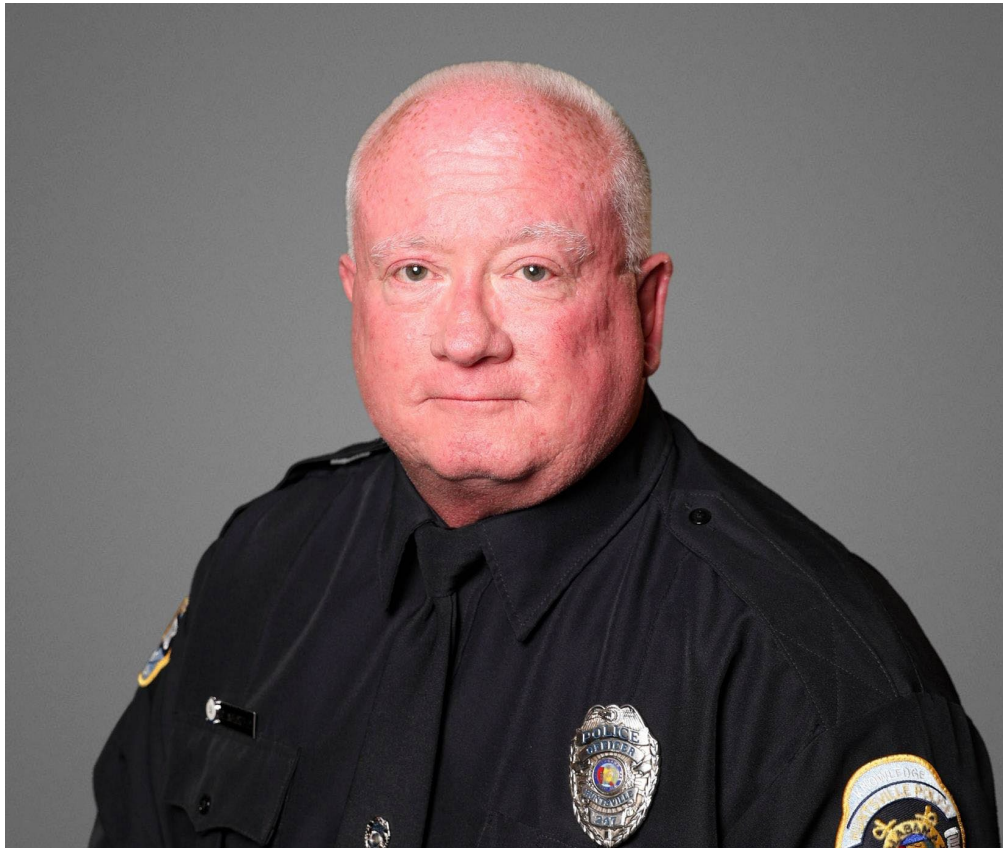
As of Feb 25, 2021, Total Calls for Service for CIT Officer = 409

\*Total Calls for January includes CIT Officer MCRT calls in addition to CIT Clinical Director calls.





# Introducing Our Speakers



Officer John D. Hollingsworth  
Huntsville (AL) Police Department

- John Hollingsworth has served as a Police Officer in Huntsville, Alabama since 1986.
- He assumed the duties of Crisis Intervention Team (CIT) / Mental Health Officer Training Coordinator in 2018.
- He became a CIT Master Trainer in 2020. He is also a CIT Train-the-Trainer.
- Officer Hollingsworth also served his department for 14 years as a Hostage Negotiator, 15 years as a Community Relations Officer, and 10 years as a Field Training Officer.
- He holds a B.S. degree in Criminal Justice from Columbia Southern University and holds certifications in numerous other law enforcement areas.

# Preparing for Success: Strategic Planning for Collaborative Crisis Response

## Presented by Officer John Hollingsworth Huntsville, Alabama



- Introduction
- Huntsville established a Crisis Intervention Team (CIT) program in 2019 through a grant provided by the Bureau of Justice Assistance (BJA) from the U.S. Department of Justice. The grant was part of the BJA's VALOR program (preventing Violence Against Law Enforcement and Ensuring Officer Resilience and Survivability).
- Endorsed by IACP, NAMI, and CIT International
- A total of 50 law enforcement officers from 3 area agencies were trained by professionals and provided with a training package.
- Approximately 20 officers and stakeholders were certified as train the trainers under the grant.
- Our department was tasked with locating leaders and stakeholders in the mental health community

# GETTING STARTED



- Our department was tasked with locating leaders and stakeholders in the mental health community
- City, County, and state leaders connected with the 3 LEO agencies, and mental health professionals and medical personnel
- NAMI Huntsville, Crisis Services, veteran service organizations, Community Watch, and faith leaders.
- Alabama Mental Health Coalition formed in 2007, provided additional stakeholders
- Policy Research Associates (PRA) orchestrated the training and implementation of the CIT program and walked the group through developing the Sequential Intercept Model.
- PRA aided the department in developing the CIT Strategic Implementation Plan that provided a road map for setting up a crisis response system.

# GROWTH



- We have continued to improve our training and expanded into a CIT Unit.
- The Steering Committee has targeted resource gaps by establishing a 39 bed 24/7 drop-off center.
- WellStone Emergency Services (WES) added CIT officers with telehealth capability and hired two masters level clinicians to start an embedded co-response that hopefully will evolve into a mobile crisis team over the next two years.
- Chief McMurray understood the benefits of the CIT program and pushed for more officer training in crisis intervention throughout the state. With the help of State Representative Rex Reynolds, Alabama Peace Officer Standards and Training Commission (APOSTC) was persuaded to change the standard for mental health training from 8 hours to 16 hours of Training based on CIT International guidelines beginning with all 2021 academies.

# EXPANDING



- We are currently working with the Alabama Department of Mental Health (ADMH) to start CIT regional training hubs within the same regions as Alabama's newly established drop-off centers.
- In the meantime, Chief McMurray has allowed the CIT training team to travel to other Alabama agencies to provide CIT training and certify CIT TTT where they can also develop a sustainable CIT program.



# STRUGGLES

- Between 2018 and early 2021, we did not have the necessary resources outside of the jail or hospital after 5pm and on weekends to address people in crisis that police encountered.

# RECOMMENDATIONS

1. Developing the Modified Sequential Intercept Model Mapping Report will allow you to understand what gaps your agency is facing. It establishes priority and sets long- and short-term goals.
2. Developing a CIT implementation plan will be your department and steering committee's guide to establishing a true crisis response team.



# Introducing Our Speakers



Leigh Ann Davis  
Director of Criminal Justice Initiatives  
The Arc of the United States

- Leigh Ann Davis is Director of Criminal Justice Initiatives at The Arc of the United States. She directs The Arc's National Center on Criminal Justice and Disability® (NCCJD®).
- She oversaw the development of NCCJD's signature training: *Pathways to Justice*® and passionately works to establish NCCJD and The Arc's 650-chapter network as the go-to place for information and training on justice and disability.
- As The Arc's SME on the topic of justice and IDD, she provides consultation to federal and non-profit agencies and has provided guidance to White House officials.
- Her mission is to ensure that people with IDD have a platform and the training they need to advocate for themselves, especially as citizens who are overrepresented in the criminal justice system



# Connecting with Behavioral Health/Disability Stakeholders

Dan Abreu, Senior Project Associate  
Policy Research Associates

Leigh Ann Davis, Director, Criminal Justice Initiatives  
The Arc





# Resources

- IACP One Mind Campaign

[One Mind Campaign | International Association of Chiefs of Police \(theiacp.org\)](#)

- CSG Justice Center Stepping Up Campaign

[Stepping Up Initiative \(stepuptogether.org\)](#)

- National Alliance for Mental Illness

[Crisis Intervention | NAMI: National Alliance on Mental Illness](#)

# Disability Response Team (DRT) Hosted by Chapters of The Arc

**Criminal Justice  
Professionals**

**Disability  
Community**

Law  
Enforcement

Victim  
Services  
Providers

Legal  
Professionals

Family  
Advocates

Disability  
Advocates  
(Other than  
The Arc)

Self-  
Advocates

**Disability Response Team  
Responsibilities**

**PROACTIVE**

Train other  
members of  
your profession

**REACTIVE**

Respond  
to situations  
involving people  
with I/DD

Law  
Enforcement

Victim Service  
Providers

Legal  
Professionals

Self-Advocates

Parent  
Advocates

Disability  
Advocates

# Access Resources Follow our Work

<https://www.theiacp.org/projects/academic-training-to-inform-police-responses>





*Thank you for  
watching!*



# Disclaimer

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