

Crisis Intervention Teams (CIT)

Randolph Hospital Home Health Bldg - Asheboro, NC

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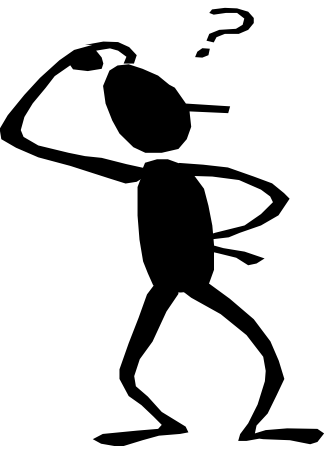


What is the purpose of putting people in jail?

- To protect the public's safety.
- To provide a consequence to bad behavior that will deter future crimes.
- Does jailing a person with mental illness serve either of these purposes?



**Lack of services or
barriers to service will
increase the likelihood
that people with
mental illness
will end up in jail.**



Psychiatric instability often results in legal problems.....

- About 20% of people with SMI who have been treated and released from a psychiatric hospital are arrested within one year of discharge - compared to 5% life time arrest rate for the general population.
 - Usually the arrest is for minor crimes...
 - Trespassing
 - Public Intoxication
 - Disturbing the public order
 - Impeding the flow of traffic
 - Drug related offenses.
 - *According to a recent Duke University study.*



High Rates of People with Serious Mental Illness in Jail

- Every year, about 800,000 people with severe mental illness are incarcerated in US jails.
- More than 8% - 16% of people in US jails have a serious mental illness.
- Women in jail have almost double the rate of serious mental illness as men.

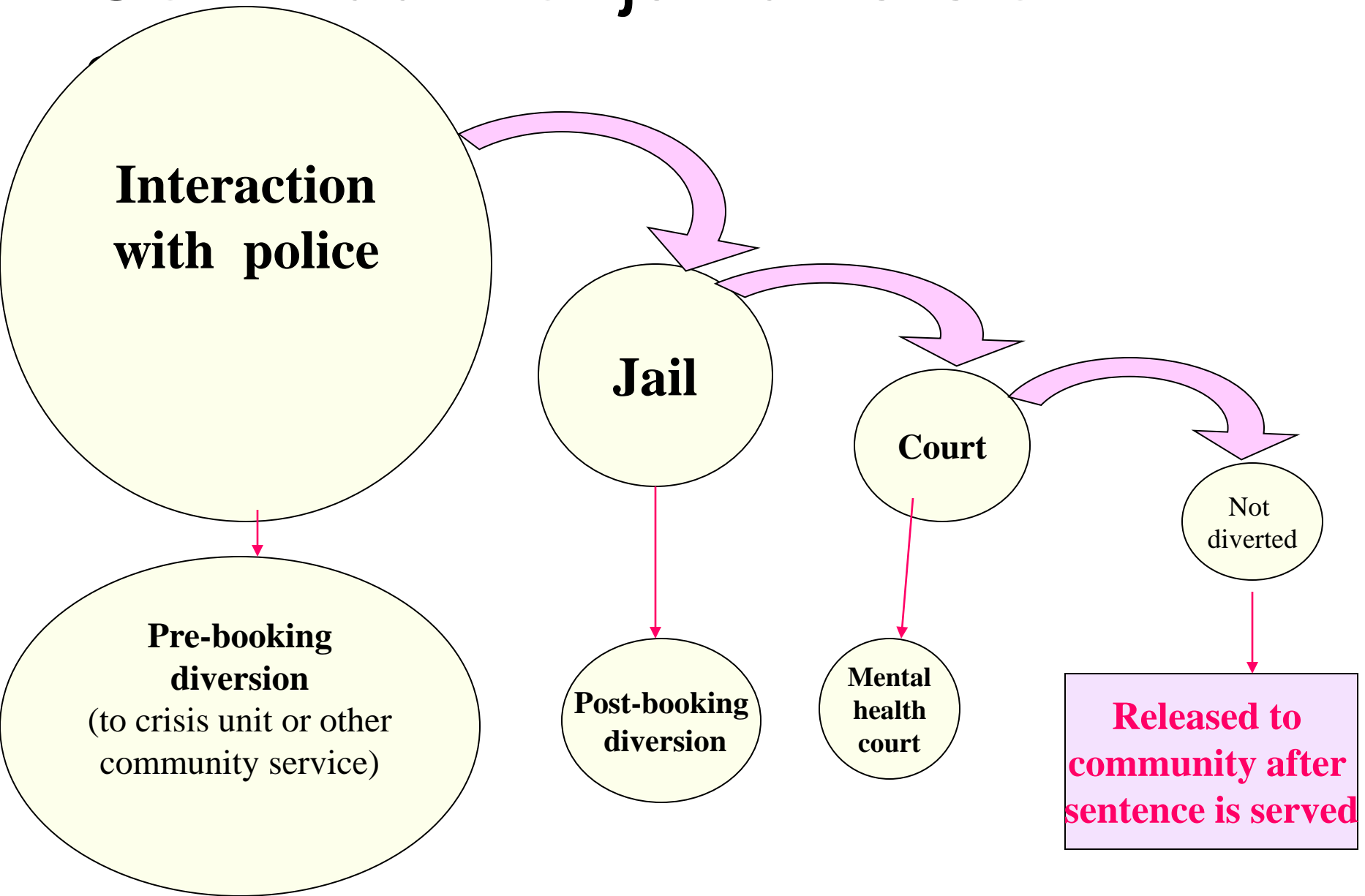
People with mental illness don't fare well in the criminal justice system

- Research shows that people with mental illness -
 - **Are more likely to be arrested** - In one study, 47% vs. 26% for non-MI following police encounters.
 - **Face more serious charges** - Are often charged with more serious crimes than others for similar behavior.
 - **Stiffer sentences** - Are sentenced more severely than other people with similar crimes.
 - **Often don't get treatment** - A U.S. Justice Dept study found 60% of people with SMI in jail don't get treatment.

People with mental illness in the criminal justice system continued...

- **Serve longer in jail and prison** - Spend two to five times longer in jail and average 15 months more in prison.
- **Can't make bail** - Are often detained because they have no income and can't make bail.
- **Have more difficulty coping** - Experience more fights, infractions, and sanctions while incarcerated, resulting in longer sentences and more jail or prison time
- **Are more vulnerable** - To being exploited or manipulated by other inmates. *A recent NC found people with Mental Illness are 3 X more likely to be victims of violent crime than people without Mental Illness.*

Continuum of jail diversion



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THIS AND MAY BE KEPT

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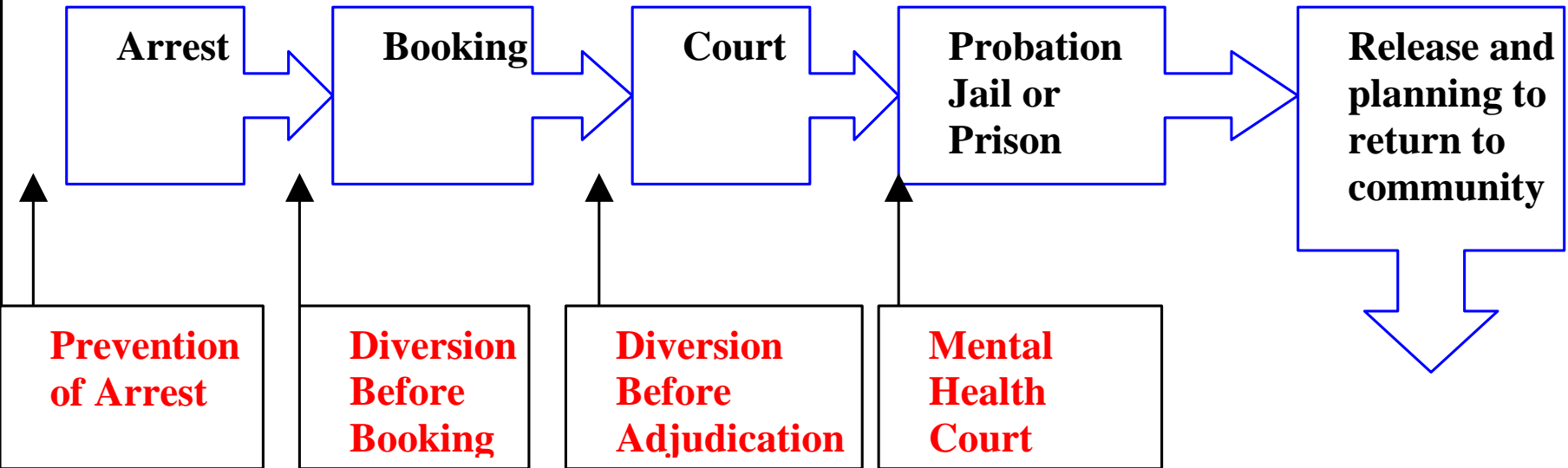
GET OUT OF JAIL

FREE



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Where Diversion Can Occur



Violation of Rights

Cost Effectiveness of Intervention

The earlier the diversion is in the criminal justice process, the better!

CIT is a first-responder model

- Police can provide immediate response
- Police can de-escalate potentially violent encounters - or deal with them if the situation turns violent
- Police provide 24 / 7 coverage
- Police are who the public calls

When law enforcement responds to calls on people with mental illness...

- The arrest rate is 20% when no specialized response exists.
- The arrest rate is 7% when some form of specialized response exists.
- The arrest rate for the Memphis CIT program is just 2%.
 - Percent of incidents resolved on scene = 23%
 - Percent of incidents resulting in the person being transported to a crisis unit = 75%

CIT Training

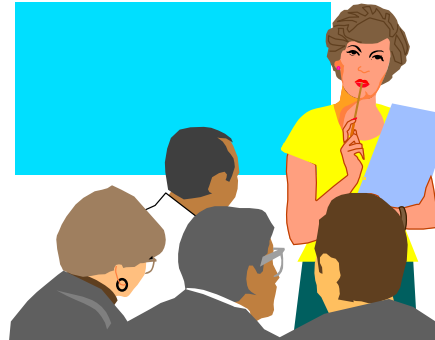
■ Didactic

- Formal lectures on mental illness medications and crisis intervention



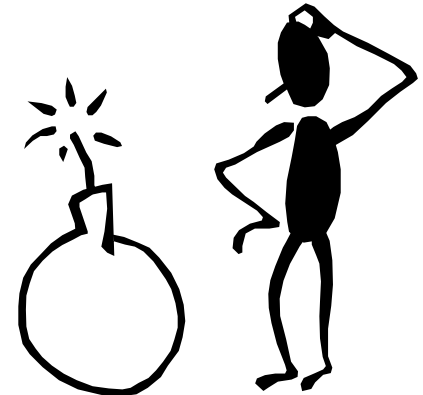
■ Dialogues with Consumers

- To reduce stigma and help officers see people with MI as similar to them



■ Experiential

- Use of role plays, practicing skills at de-escalation.



Typical CIT Curricula

- Introduction/orientation to CIT and the CIT partnership.
- An overview of the mental health system.
- Symptoms and signs of severe mental illness.
- Medications for treatment of mental illness.
- Personality disorders.
- Substance abuse and co-occurring mental illness.
- Developmental disabilities.
- Dementia and aging.
- Children's/adolescent's mental health.
- Legal issues and mental health law.
- Suicide intervention.
- Post-traumatic stress disorder and effects of trauma.
- Community resources, including training on accessing emergency/crisis services.
- Family and consumer perspectives and panels.
- Crisis intervention / de-escalation skills training
- Use of force continuum including when to use and not use less lethal weapons.
- Hearing Voices – an auditory hallucination simulation exercise.
- Role plays or “practical experience” exercises

CIT is a win, win, win proposition!

■ For the Community:

- Costs are reduced as consumers are diverted from expensive arrest and jail into less expensive and more effective community treatment.
- Mental health and co-occurring substance abuse problems are addressed sooner and more consistently.
- The cycle of homelessness / jail is interrupted.

CIT is a win, win, win proposition!

■ For Consumers:

- Better relationships are developed between consumers and law enforcement officers.
- The stigma of unnecessary incarceration in local jails is removed.
- Consumers receive more timely, efficient, and therapeutic assessments and treatment.

CIT is a win, win, win proposition!

■ For Law enforcement:

- Specialized training enhances community policing efforts.
- Risk of injury is significantly reduced.
- Jailers do not have to contend with inappropriately incarcerated individuals who are difficult and costly to serve.

“For many law enforcement agencies, policy change often comes only on the heels of a lawsuit or an embarrassing major incident. However, instead of waiting for that fatal police shooting or the federal investigation for excessive force, law enforcement leaders should go on the offensive, be proactive, and implement policy that will help mitigate a plaintiff’s civil claim.”

- Article on CIT model

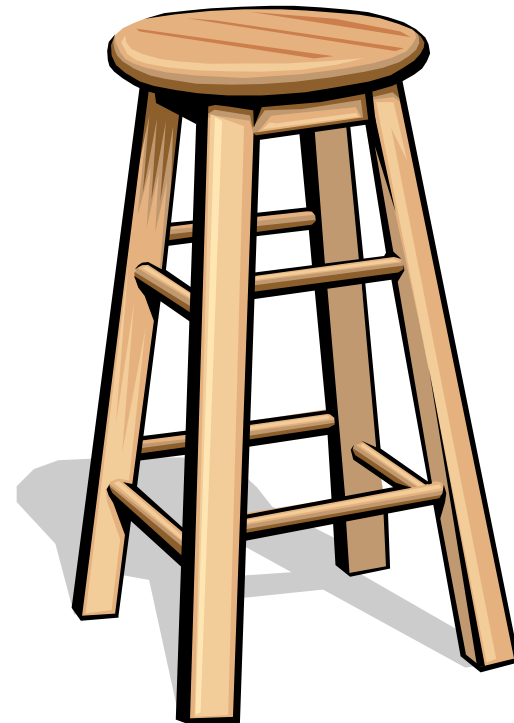
- FBI Law Enforcement Bulletin, July 2004

Outcomes for Memphis CIT model

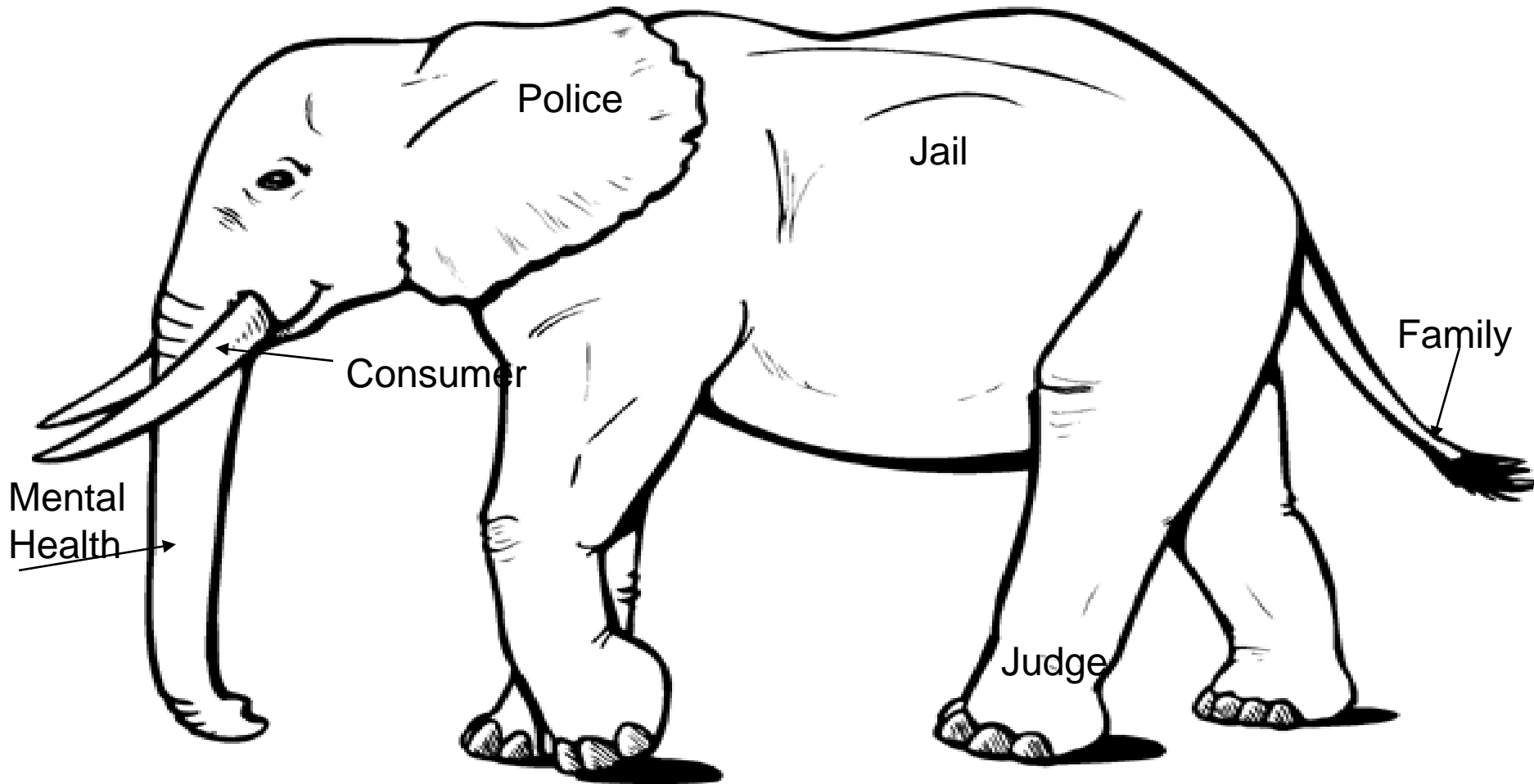
- 🏆 Reduces officer's and consumer's injury rate.
- 🏆 Reduces need for lethal force.
- 🏆 Prevents unnecessary incarceration of people with mental illness.
- 🏆 Improves officer's de-escalation skills.
- 🏆 Increases officer's knowledge of mental illness.
- 🏆 Improves officers knowledge of community resources.
- 🏆 Decreases time officers spend in the ER or crisis unit.
- 🏆 Reduces fear / myths / stigma of mental illness among law enforcement.
- 🏆 Improves law enforcement / mental health / advocacy partnerships.

The Four-Legged Stool of CIT in NC

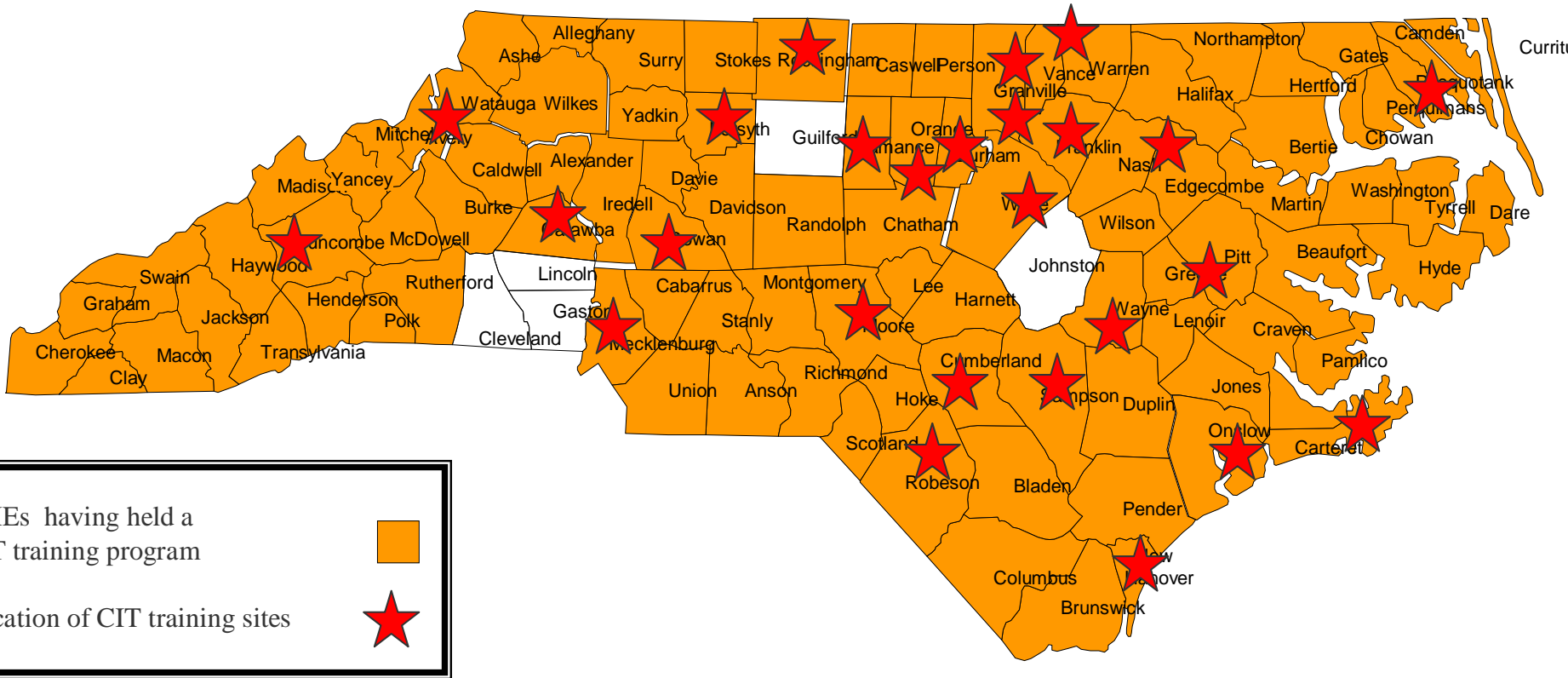
- Law enforcement
- Mental Health Professionals
- Advocates (NAMI and/or Mental Health Association)
- Community College



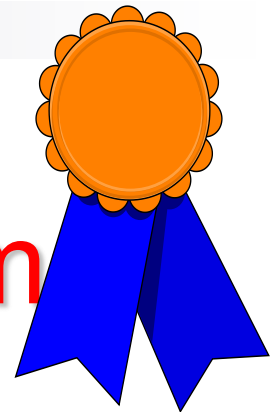
Collaboration across systems is critical:
We all have a piece of the puzzle.



CIT in North Carolina by April 2010



Awards / Recognition for North Carolina's CIT program



- Program of Excellence 2006: - *NC Council of Community Programs*
- Agent of Change Award 2006 - *Easter Seals UCP / ASAP*
- Outstanding County Program 2007 - *NC Association of County Commissioners*
- Heroes in the Fight Award 2009 – *NC Coalition for Persons Disabled by Mental Illness (CPDMI)*
- CIT described as a “Ray of hope in the system” - *News & Observer article by Verla Insko - State rep. and chairwoman of the House Committee on Mental Health Reform.*

The NC CIT Committee

- Established to make recommendations, set guidelines, and develop tools for CIT in NC.
- Composed of 25+ representatives from all existing NC CIT programs, and represents police, sheriffs, advocates, mental health, community colleges, and others.
- Have developed guidelines, sample policies and procedures, MOA's, data collection instruments, fidelity tools, and working on an NC CIT video (with the NC Justice Academy).

So what are the next steps to CIT?

- Establish a CIT planning committee.
- Designate a CIT planning coordinator.
- Review NC CIT manual and gather materials.
- Get a handful of officers CIT trained.
- Determine the CIT curriculum.
- Select your CIT trainers.
- Select your first CIT officers.
- Establish a CIT training calendar.
- Develop CIT procedures, data collection processes, policies, and MOAs between partners.
- Keep meeting regularly to review progress and solve problems.



For More Information about Jail Diversion

- The Tapa Center is the organization contracted by SAMSHA to provide technical assistance to jail diversion programs. Contact them at: www.tapacenter.org or (866) 518-8272
- The GAINS Center is a national organization that collects and disseminates information about effective services for people with co-occurring disorders in contact with the justice system. Access them at: www.gainscenter.com
- The Consensus Project is an national effort to provide information, research and support to organizations attempting to help people with mental illness in the criminal justice system. It is sponsored by the Council of State Governments. They may be reached and their report downloaded at: www.consensusproject.org
- Or Bob.Kurtz@dhhs.nc.gov or 919 / 715-2771