Crisis Intervention Teams for Youth

Crisis De-escalation and Pre-Arrest Diversion for Youth in Mental Health Crisis
CIT- Crisis Intervention Team

• Goals
  • Dramatically decrease the number of persons who suffer from mental illness being brought into our jails and prisons
  • Increase safety for the officer, the individual in crisis, and the community
  • Increase access to treatment and community partnerships
Origins

- Developed in 1988 in Memphis, TN by Major Sam Cochran
  - Reason: A man suffering from schizophrenia was killed in a police action shooting
  - Public outcry
  - Major Cochran recognized that first responders needed better training
What is CIT?

• 40 hour training over 1 week
• Covers a variety of mental illnesses, their signs and symptoms
• Officers learn active listening and de-escalation techniques to resolve a crisis
• Role playing
• Observation on a crisis unit
CIT Training & De-escalation
Crisis Intervention Team Training

Who are trained?
- Law Enforcement
- Police Dispatch
- Jail Staff
- School Resource Officers
- Probation Officers

What is covered?
- Overview of CIT
- Legal Issues
- Mental Illness 101
- CIT Officer Experiences
- Family and Individual Experiences
- Youth with Mental Illness
- Recovery and Medical Treatment
- Hallucination Demonstration
- Active Listening
- PTSD
- Addiction/Substance Abuse
- Autism
- De-Escalation and Role Play
- MR/DD
- Traumatic Brain Injury
- Community Resources
- Alzheimer's/Dementia
Where is CIT in Indiana?
Typical Response to Mental Health Crisis in Indiana

Crisis

- Jail/ Juvenile Detention
- Community Mental Health Center
  Emergency Eval.
- Emergency Room
- De-escalation resolves crisis
- Inpatient Hospitalization
- Refer to Community Based (Outpatient) Services
A Novel Approach

• Typically officers are trained in the force continuum
• Forcefully approaching someone who is paranoid or manic might actually escalate the situation – the officer could make the situation worse
• Active listening, slowing things down, building trust, are valued over a quick resolution
Immediate Detention

• I.C. § 12-26-4-1. Authority of law enforcement officer to apprehend and charge individual

• A law enforcement officer, having reasonable grounds to believe that an individual is mentally ill, dangerous to themselves or others or gravely disabled, and in immediate need of hospitalization and treatment, may do the following:
Immediate Detention (cont.)

- (1) Apprehend and transport the individual to the nearest appropriate facility.
  - The individual **may not** be transported to a state institution
- (2) Charge the individual with an offense if applicable.
“Mental illness” means the following:

1. For purposes of IC § ...12-26, a psychiatric disorder that:
   
   (A) Substantially disturbs an individual’s thinking, feeling, or behavior;
   
   (B) Impairs the individual’s ability to function.

The term includes mental retardation, alcoholism, and addiction to narcotics or dangerous drugs.
“Dangerous,” for purposes of IC § 12-26, means a condition in which an individual, as a result of mental illness, presents a substantial risk that the individual will harm the individual or others.
I.C. 12-7-2-96 Gravely Disabled

“Gravely disabled,” for purposes of IC 12-26, means a condition in which an individual, as a result of mental illness, is in danger of coming to harm because the individual:

1. Is **unable to provide** for that individual’s food, clothing, shelter, or other essential human needs; or

2. Has a substantial impairment or an obvious deterioration of that individual’s judgment, reasoning, or behavior that results in the individual's **inability to function independently**.

(emphasis added)
The Officer’s Statement

• I.C. § 12-26-4-2. Statement of law enforcement officer – Contents
  • A law enforcement officer who transports an individual to a facility under section I (I.C. § 12-26-4-1) of this chapter shall submit to the facility a written statement containing the basis for the officer’s conclusion that reasonable grounds exist under this chapter.
Need for CIT-Youth
Need for CIT-Youth

- 70% of youth in juvenile justice system have one or more diagnosable psychiatric disorders
  - 20% of those youth (14% of youth in justice system) live with serious mental illness that interferes with day to day functioning
- Only 20% of youth with mental illness receive appropriate treatment
- 50% of youth over the age of 14 living with mental illness drop out of high school
  - The highest dropout rate of any disability group
Need for CIT-Youth Cont.

• Symptoms of mental health disorder (often perceived as defiant/disruptive behavior) may result in suspensions, expulsions, or even arrests
  • especially when first responder escalates situation

• 80% of school arrests in Marion County are not processed to disposition or sentencing. School arrests make up 25% of all arrests in Marion County.
  • unnecessary arrests = unnecessary trauma

• 50% of brain disorders begin by age 14, 75% by age 24
Mental Health Treatment: Youth Perspective
CIT- Y Community Partnership

- Law Enforcement—School Based Officers/ School Resource Officers
- Families and Youth –Parent and Caregivers
- School Personnel –Principals, Teachers, Counselors, etc.
- Community Mental Health Providers
- Other Child Serving Agencies
Crisis Intervention Team

• More than officer training!
• Build community partnerships to address complex, multi-system breakdowns that have led to the criminalization of youth with mental health needs.
  • Connect at-risk youth with mental health services
  • Provide continuous support to youth with ongoing mental health needs
  • Work as a team to identify and address barriers to care
CIT, CIT for Youth, and JDAI

- **Crisis Intervention Teams (CIT)** – community partnerships that train law enforcement how to identify and interact with individuals experiencing a mental health crisis, as well as how and when to divert these individuals away from the criminal justice system and into treatment (pre-arrest diversion).

- **Crisis Intervention Teams for Youth (CIT-Y)** – community partnerships that train law enforcement, school resource officers, school administrators, and other such individuals in how to identify situations in which a youth is experiencing a mental health crisis, methods to deescalate a crisis when it occurs, and available community supports and mental health services for youth.

- **Juvenile Detention Alternatives Initiative (JDAI)** – selected sites form community coalitions to identify and implement needed changes to policies, practices, and programs to reduce reliance on secure confinement, improve public safety, reduce racial disparities and bias, save taxpayer dollars, and stimulate overall juvenile justice reforms.
## Coordinating System Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Systems of Care (DMHA)</th>
<th>CIT for Youth</th>
<th>Juvenile Detention Alternatives Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who?</strong></td>
<td>Families &amp; Youth Advocates, Mental Health Agencies, DCS, Schools, Other Child Serving Agencies</td>
<td>Family &amp; Youth Advocates, Mental Health Providers, Other Child Serving Agencies</td>
<td>Juvenile Court Officials, Probation Agencies, Prosecutors, Defense Attorneys, Schools, Community Organizations and Advocates</td>
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<td><strong>Focus</strong></td>
<td>Prevention, System Reform, Community Partner Collaboration</td>
<td>Community Partner Collaboration, Crisis De-escalation and Pre-arrest Diversion</td>
<td>Juvenile Detention Reform (keeping low risk kids out of detention)</td>
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Crisis Intervention Teams (CIT) for Youth

Promoting Pre-Arrest Diversion for Youth in Mental Health Crisis

CIT in Indiana
- Self-Report CIT
- Self-Report and University of Memphis Reports CIT*
- University of Memphis Reports CIT*
- No Known CIT

JDAI in Indiana
- Yes
- No

CIT for Youth in Indiana
- Developing
- Existing
“Those who work in juvenile facilities know only too well that youth with mental health issues (including a history of trauma) emotionally deteriorate in custody, and their conditions often worsen... Detention centers are not designed for treatment, and many facilities struggle to provide even basic mental health services... The best way to prevent systemic traumatization is not to incarcerate youth in the first place.”

Trauma and the Environment of Care in Juvenile Institutions
Sue Burrell
Youth Law Center
August 2013

- Juvenile Detention Centers
- Inpatient Psychiatric Units that Serve Youth
In order to effectively divert youth with mental health needs away from the juvenile justice system, “first responders” (school resource officers, administrators, and law enforcement) need:

1. **Effective Training**
   ✓ CIT for Youth provides 40 hours of mental health crisis response training to school resource officers, law enforcement, and school administrators.

2. **Cross-System Collaboration at the Local Level**
   ✓ CIT for Youth is supported by community coalitions that meet regularly to plan and carry out CIT-Y training which increases cross-system collaboration and understanding.

3. **Effective, Locally Available Crisis Stabilization and Mental Health Services**
   ✓ CIT for Youth strengthens communication between youth-serving agencies and the families they serve. This aids in the identification of gaps in access to mental health services, which communities can begin to address through local CIT-Y, JDAI, and/or Systems of Care (SOC) coalitions.
How can CIT and CIT for Youth Create Statewide Change?
Influencing Statewide Change

Key Ingredients to Creating Change

• Problem and desired solution are clearly presented and supported by various community partners
• **Data** backs up request
Crisis Intervention Team Table

**Problem:** Even when properly filed, emergency detention (up to 72-hour detention for mental health evaluation) paperwork is getting lost and individual is never brought in for assessment.

**Community Level Solution:** Police department realizes no one checks fax machine (where ED paperwork is sent) and changes policy to have paperwork sent directly to overseeing officer via email for follow-up.

**Problem:** Police officers reported interacting with individuals whose mental illness left them unable to care for their basic human needs, but involuntary detention law was interpreted to not allow police to act in the absence of an imminent threat to the individual or public.

**State Level Solution:** Advocates lobbied for inclusion and definition of “grave disability” in ID statute.
Senate Enrolled Act No. 248
Psychiatric Crisis Intervention Study

- Report on psychiatric crisis intervention options in urban and rural Indiana areas to be completed by September 1, 2015
- Coordination of interventions
- Integration across health care delivery systems
- Recommendations for new services needed for crisis intervention
Typical Response to Mental Health Crisis in Indiana

Crisis

- De-escalation resolves crisis
- Situation is not resolved

- Jail
- Community Mental Health Center Emergency Eval.
- Emergency Room

- Inpatient Hospitalization
- Refer to Community Based (Outpatient) Services
## The Numbers: Inpatient Psychiatric Beds in Indiana

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Admittance to a state hospital can happen only after a screening by a Community Mental Health Center (CMHC) responsible for providing case management to the individual in both the hospital and community ("gatekeepers").
** Bringing someone to emergency room does not necessarily lead to admission to a psychiatric unit. If there isn’t demonstrated danger to self/others, insurance may not pay or provider may not feel they meet criteria to keep the individual, especially involuntarily.

Generally, commitment is the last resort. Must demonstrate community alternatives have been tried and have failed.
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Geographic Barriers to Accessing Inpatient Psychiatric Beds

Red—Adult Beds Only
Blue—Youth Beds Available
Circles—Not Connected to Emergency Department
Stars—Unit in General Hospital (with Emergency Department)
QUESTIONS?

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