Mental Health / Juvenile Justice
ActionNetwork
A Project of
Modelsfor**Change**

Crisis Intervention Teams – Youth
A Law Enforcement Diversion Project

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LOUISIANA
Modelsfor**Change**
Supported by the John D. &
Catherine T. MacArthur Foundation

CIT Crisis Intervention Teams
for
YOUTH

8-hour
Continuing Education Training

Mental Health / Juvenile Justice
ActionNetwork Models for Change

CIT YOUTH
Crisis Intervention Teams

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CIT YOUTH
Crisis Intervention Teams

Purpose of CIT-Y

Training developed with law enforcement for law enforcement to better address the high prevalence of mental health problems encountered by youth coming in contact with the juvenile justice system

- Offers specialized information on adolescents

- Teaches response techniques appropriate for adolescents

- Affords a low cost self-sustaining training approach.

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Please stand up….

CIT YOUTH — Crisis Intervention Teams

Law Enforcement Diversion Initiative

- *Why CIT-Y?*
  - Composition of juvenile justice system
    - 70% meet criteria for mental illness diagnosis[1]
    - 27% of those youth, have disorders serious enough to require immediate mental health services[1]
  - Most CIT training is adult focused

[1]Shufelt, J. L. & Cocozza, J. J. (2006). *Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study*. National Center for Mental Health and Juvenile Justice, Delmar, NY.

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Training Goals

- Increase understanding of justice-involved youth with mental health, substance abuse and trauma disorders.
- Increase familiarity with issues of adolescent development and how they impact youth behavior.
- Emphasize the role of the family and community in obtaining optimal outcomes for youth and the public.
- Provide practical tips for successful, positive interactions with youth.
- Improve job safety and reduce job-related stress.
- Decrease unnecessary arrest and detention

So what about you?

Normative vs. Desirable

REMEMBER WHEN….

- What were you like as a teen?

- Did you do impulsively take risk and even possibly do anything illegal?

- When did you stop telling your parents everything and begin hiding information about your friends and siblings?

- How much more would this be influenced if you faced mental illness?

THE INTERFACE BETWEEN THE TWO SYSTEMS

Resulting Relationship Between the Systems

- Mental health "is the **number one emergent issue** as far as juvenile justice is concerned...." (Coalition for Juvenile Justice, 2000)

- "In effect, **our jails and prisons are now our largest psychiatric facilities**..." (State Mental Health Commissions, 2002)

- "As a shrinking public health care system limits access to services, many poor and racial or ethnic minority youth with serious disorders fall through the cracks into the juvenile justice system.." (New Freedom Commission on Mental Health, 2002)

Result of the Relationship Between the Systems

- Overburdened community-based mental health systems

- Lack of community-based care for youth charged with minor nonviolent offenses

- Criminalization of youth with mental heath needs.

Result of the Relationship Between the Systems

Mental health services in the juvenile justice system are often inadequate or unavailable

- 25% of all juvenile detention centers reported providing no or poor mental health treatment for youth (Congressional Committee on Government Reform, 2004)
- Series of investigations of juvenile detention and correctional facilities have documented inadequate clinical services, inappropriate use of medications, lack of training (US Department of Justice, 2005, 2010)

Perceived Barriers to Treatment

Youth in detention who have mental health needs identified the following barriers to obtaining community based treatment:

- The belief that the problem would just go away.
- Uncertainty about where to access services.
- Too difficult to access services.

(Abram, et al., 2008)

Solving the Problem…

- **DIVERT** YOUTH AWAY FROM A SYSTEM NOT DESIGNED TO TREAT MENTAL HEALTH PROBLEMS

- We cannot incarcerate our way out of the social and behavioral health problems our youth face

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National Center for Children in Poverty
Percent of Children with Mental Health Problems
Report on Children's Mental Health, November, 2006

Low Income	Child Welfare	Juvenile Justice
21	50	68

National Center for Children in Poverty
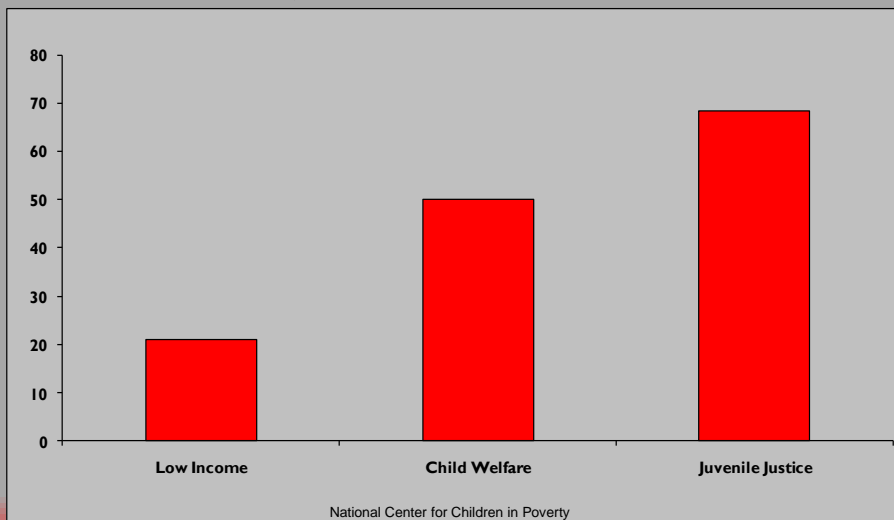
Law Enforcement Diversion Initiative

- *CIT-Y: Creation*
  - CO, LA, PA
  - 8-hour in-service for *CIT trained police officers*

Law Enforcement Diversion Initiative

- *CIT-Y: Evolution*
  - Developed 2008-09
  - Field Tested May/June '09; Revised 2010
  - Dissemination to Network States (LA, PA, OH, CN, WA, TX) via Train-the-Trainer sessions completed 2010-11
  - Final Revisions and updates made including feedback from MacArthur Foundation 2012

Louisiana Data

Middle School > FINS > Drug Courts > Detention > Incarceration

Louisiana Prevalence Data

- Middle School Sample (N=1549) TeenScreen 2009
  - 18% screen positive for potential mental health issues, including risk of Depression, Suicide, & Anxiety
  - Top three contributing factors: Anger Mngt Issues with self and family; Family Violence (physical, sexual, emotional); Bullying (bully or victim
- FINS Sample (N=100) Phillippi 2010
  - 47% screen at risk of Depression/Anxiety
  - 28% screen at risk of Suicide
  - 21% screen at risk of Thought Disorder
  - 7% screen at risk of Substance Use

LA Arrested, Detained & Incarcerated Levels of MH & Sub Abuse

Nat'l Center for MH & JJ (Shufelt & Cocozza, 2006)	LOUISIANA (n=406)	TX & WA (n=1031)
Any Disorder	73.5%	69.4%
Anxiety Disorders	42.8%	31.7%
Mood Disorder	21.9%	17.1%
Disruptive Behavior Disorders	47.4%	46.3%
Substance Use Disorder	52.7%	44.1%
SEVERE DISORDERS	**37.0%**	**24%**
MULTIPLE DISORDERS	**61.5%**	**53.7%**

Outcome Evaluation

- Field Test (2009)
  - 115 officers / 3 States
  - Feedback: "helpful" "knowledge increased"
  - Pre-Post Evaluation: Increased knowledge demonstrated
- LA Pilot Evaluation Results:
  - Compare CIT + CIT-Y trained officers vs. Non-CIT trained officers
    - Rate of verbal interventions vs. other interventions improved
    - Rates of transports to clinics/hospital increased
    - Rates of referrals increased
    - Rates of delinquent/criminal arrest decreased

1. Introduction & Overview
(CIT Course Director)

- Pre-Test

- Overview of the day

- Review the "diversion mindset"

- Film: Introduction to CIT for Youth

Overview of Day

- Child & adolescent development

- Child & adolescent psychiatric disorders and treatment

- Crisis intervention & de-escalation

- The family experience

- Legal issues

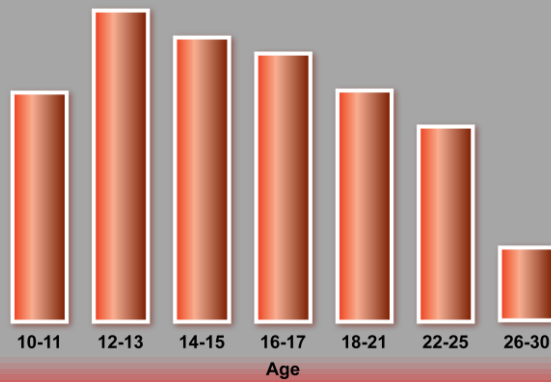- Connecting to resources

Film: Introduction to CIT for YOUTH

2. Adolescent Development
(Mental Health Professional)

- Adolescent Development
  - physical, emotional & cognitive
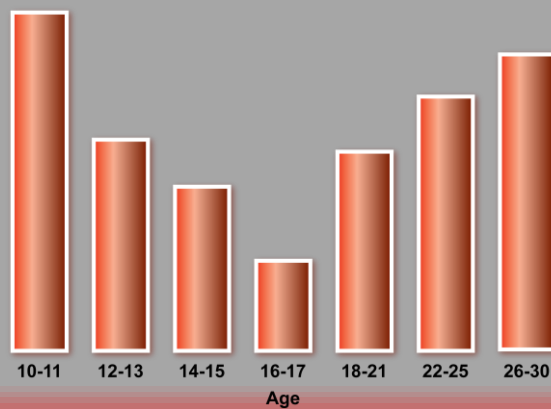- Brain development research
- Disruptions in normal development

Sensation-seeking Declines with Age

(Steinberg et al., 2008)

| 10-11 | 12-13 | 14-15 | 16-17 | 18-21 | 22-25 | 26-30 |

Age

Risk Perception Declines and Then Increases After Mid-adolescence

(Steinberg, 2009)

| 10-11 | 12-13 | 14-15 | 16-17 | 18-21 | 22-25 | 26-30 |

Age

3. Adolescent Disorders & Treatment
### (Mental Health Professional)

- Myths / Misconceptions
- Signs of Disorders in Youth
- Disorders in Youth
- Coping with Trauma
- Suicide
- Introduction to Interventions
- Treatment – What & Where
  - Medications

4. Crisis Intervention & De-escalation
(Law Enforcement Officer)

- Triggers for Adolescents
  - Trauma
  - Relationship break-up
  - Others
- Communication
  - Active listening / empathy
    - With family members
    - With youth

Behavioral Change Stairway

BEHAVIORAL CHANGE

INFLUENCE

TRUST

RAPPORT

EMPATHY

ACTIVE LISTENING SKILLS
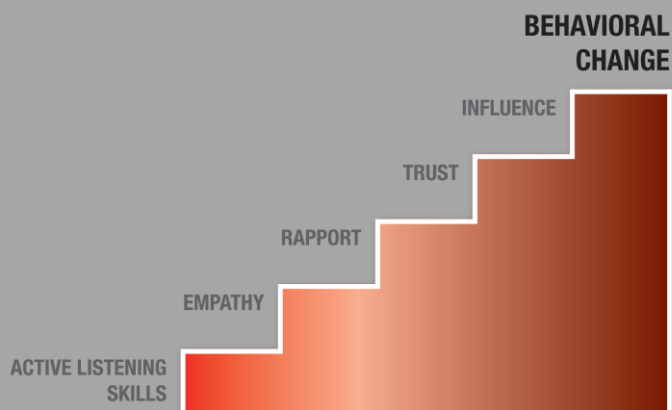
Specific Situations

- Frustrated & emotionally distraught
  - 14 y.o. female
  - Pacing & hand-wringing
- Hostile / aggressive
  - 15 y.o. male
  - Broke household items
- Suicide

Mental Health Response vs. Criminal Arrest

- If crime, but no mental illness = Arrest

- If mental illness, but no crime = Diversion

- If crime + mental illness, consider:
  - Seriousness of crime
  - Lethality of risk to self or others
  - Capability of jail/lockup to manage/treat person
  - Wishes/concerns victim has expressed
  - Mental health history
  - Availability of services

Demonstration of De-escalation Techniques

5. The Family Experience
(Course Director & Family Member)

- Need parent partner from NAMI / MHA / Federation of Families for Children's Mental Health..
- Introduction by Course Director sets context
  - "Imagine what it's like… "
  - "Getting help is not always easy…"
  - "In desperation, families call police…"

6. Legal Issues
(Legal Expert)

- Review Federal statutes (FERPA, HIPAA, 42CFR)
  - Law enforcement exceptions
- Discuss State guidelines
  - Voluntarily seeking help
  - Emergency transports / hospitalization
- Review local procedures

7. Connecting to Resources
(Local Experts)

- Emergency Services
- Outpatient Providers
- School-based Services
- Residential Facilities
- Support Groups (e.g., NAMI)
- Local Resource Cards

Schools and CIT-Y

- School is in key position to assist youth in crisis
  - Identify mental illness/behavioral health issues earlier and refer to appropriate services
  - Observe, support, guide, provide feedback on progress
  - Benefits of intervention
    - Proactive crisis intervention
    - Increase academic performance & attendance
    - School safety & improved classroom behavior
    - Provide youth with access to needed services
    - School-based mental health services

CIT-Y for SRO Objectives

- Understand the importance and benefit of using a CIT approach within a school setting
- Clarify the roles and responsibilities of SROs and other key stakeholders within the school environment as they relate to interactions with youth with mental health and/or behavioral health issues.
- Demonstrate skills specific to enhancing the SRO role on campus.

CIT-Y SRO Curriculum

- Child & adolescent development
- Child & adolescent psychiatric disorders & treatment
- Crisis intervention & de-escalation techniques
- The family experience
- Legal Issues
- Schools and SRO's
- Connecting to resources
- Demonstrating and practicing skills to improve SRO interaction and communication with youth

For More Information

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National Center for Mental Health and Juvenile Justice
www.ncmhjj.com

Models for Change
www.modelsforchange.net