Crisis Intervention Teams – Youth
A Law Enforcement Diversion Project

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Acknowledgements

- John D. & Catherine T. MacArthur Foundation
- National Center for Mental Health & Juvenile Justice
  - Joseph Cocoza, Ph.D., Director
- Mental Health /Juvenile Justice Action Network
  - Kathleen Skowyra, Associate Director
- Colorado Regional Community Policing Institute
- Monroe County, NY Office of Mental Health
  - Don Kamin, PhD, Chief, Clinical & Forensic Services
- LSU Health Sciences Center- Institute for Public Health & Justice
  - Stephen Phillippi, PhD, Director
- Alexandria Parish Police Dept & CENLA Volunteers of America
  - Lt. Clifford Gatlin
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.
Please stand up....
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

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 health 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
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

<table>
<thead>
<tr>
<th>Nat’l Center for MH &amp; JJ (Shufelt &amp; Cocozza, 2006)</th>
<th>LOUISIANA (n=406)</th>
<th>TX &amp; WA (n=1031)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Disorder</td>
<td>73.5%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>42.8%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>21.9%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Disruptive Behavior Disorders</td>
<td>47.4%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>52.7%</td>
<td>44.1%</td>
</tr>
<tr>
<td><strong>SEVERE DISORDERS</strong></td>
<td><strong>37.0%</strong></td>
<td><strong>24%</strong></td>
</tr>
<tr>
<td><strong>MULTIPLE DISORDERS</strong></td>
<td><strong>61.5%</strong></td>
<td><strong>53.7%</strong></td>
</tr>
</tbody>
</table>
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)
Risk Perception Declines and Then Increases After Mid-adolescence

(Steinberg, 2009)
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

- Active Listening Skills
- Empathy
- Rapport
- Trust
- Influence
- Behavioral Change
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
Using Local Detention Alternatives to Improve Outcomes for Youth

Monday, July 14th 2014
School-to-Prison Pipeline

Youth Arrested at School

Data Source: Jefferson Parish Department of Juvenile Services


50% decrease

CIT-Y
Detention Admissions

Data Source: Jefferson Parish Department of Juvenile Services
Alternatives to Detention

- Youth who are not re-arrested for a new offense but only violate terms of the program can be moved to a different level of supervision without first being detained
- ATD Types:
  - Pre-Trial Supervision – additional probation officer assigned for low level supervision; minimal office visits and phone contacts
  - Trackers – contracted, community based for medium level supervision; frequent home visits and phone contacts
  - Electronic Monitoring – home detention bracelet, intensive monitoring
  - GPS Monitoring – more invasive detention bracelet, high level monitoring
- The ATD program served 650 youth in 2013 and saved over 12,000 detention days

Data Source: Jefferson Parish Department of Juvenile Services
Population Management

Average Length of Stay

Days
0 8 9 10 10.5 11 11.5 12
2007 2008 2009 2010 2011 2012 2013
11.35 11.12 11.75 10.93 10.34 10.14 9.29

Days
0 8.5 9 9.5 10 10.5 11 11.5 12
2007 2008 2009 2010 2011 2012 2013

Average Daily Population

Youth
0 10 20 30 40 50 60
2007 2008 2009 2010 2011 2012 2013
54 49 48 38 37 34 30

Data Source: Jefferson Parish Department of Juvenile Services

18% 44%
Detention Expenditures

Data Source: Jefferson Parish Department of Juvenile Services

6%
Youth Referred for Evidence Based Services

*actual services given by interns not evidence-based, although they use evidence based treatment

Data Source: Jefferson Parish Department of Juvenile Services
Treatment Expenditures

Data Source: Jefferson Parish Department of Juvenile Services
Evidence Based Practices

- Ecological-Based Family Therapy
- Multi-Systemic Therapy
- Moral Recognition Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Cognitive-Behavioral Therapy and Motivational Interviewing
- Aggression Replacement Therapy
- Project LAST
- Dialectical Behavior Therapy
- Functional Family Therapy

Data Source: Jefferson Parish Department of Juvenile Services
Probation Caseload

Data Source: Jefferson Parish Department of Juvenile Services

Cases Supervised

- 2007: 1227
- 2008: 1365
- 2009: 1326
- 2010: 1236
- 2011: 1130
- 2012: 839
- 2013: 733

Total reduction: 46%
Baseline Data

12 Months After Successful Probation Completion

Out of the Youth Successfully Completing Probation

<table>
<thead>
<tr>
<th>Probation End Date</th>
<th>Re-Arrested</th>
<th>Charge Accepted</th>
<th>Adjudicated Delinquent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>27%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>2010</td>
<td>34%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>2011</td>
<td>32%</td>
<td>13%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Data Sources: Jefferson Parish Department of Juvenile Services, JPSO ARMMS Database, Juvenile Court Database (JPJCIS), and Clerk of Court JeffNet
**Baseline Data**

24 Months After Successful Probation Completion

Out of the Youth Successfully Completing Probation

Data Sources: Jefferson Parish Department of Juvenile Services, JPSO ARMMS Database, Juvenile Court Database (JPJCIS), and Clerk of Court JeffNet
Questions?

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Data Source: Jefferson Parish Department of Juvenile Services