



## Serving consumers with criminal justice involvement: Current status of CIT, BLET, CJ LEADS and other initiatives

A presentation to the Alamance Stepping Up Task Force  
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## High Rates of People with Serious Mental Illness in Jail

- About 16% of people in US jails have a serious mental illness.
- Women in jail have double the rate of serious mental illness as men.
- Nationally, every year, about 800,000 people with severe mental illness are incarcerated in our jails.
- Each year, about 25,000 people with severe mental illness end up in North Carolina's jails.

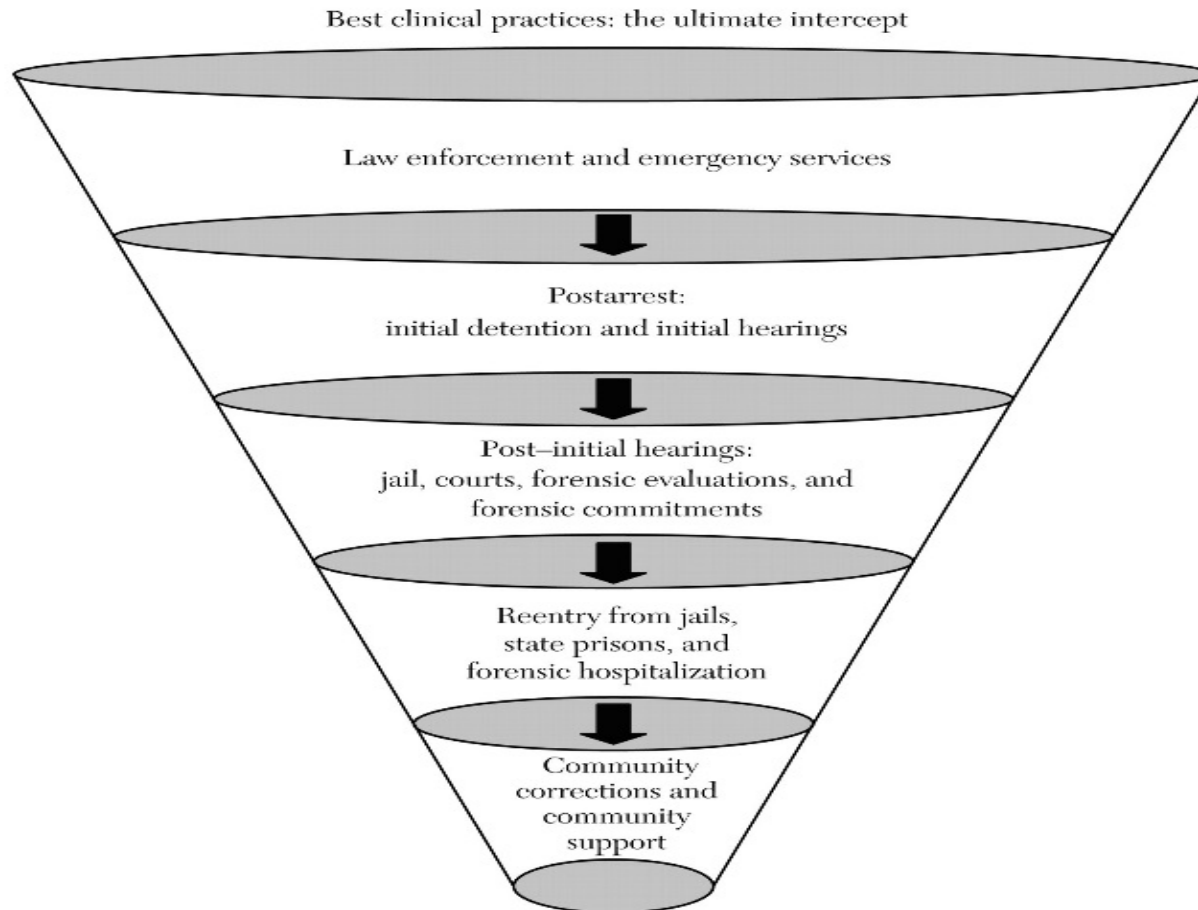
*[Extrapolated from U.S. census figures]*

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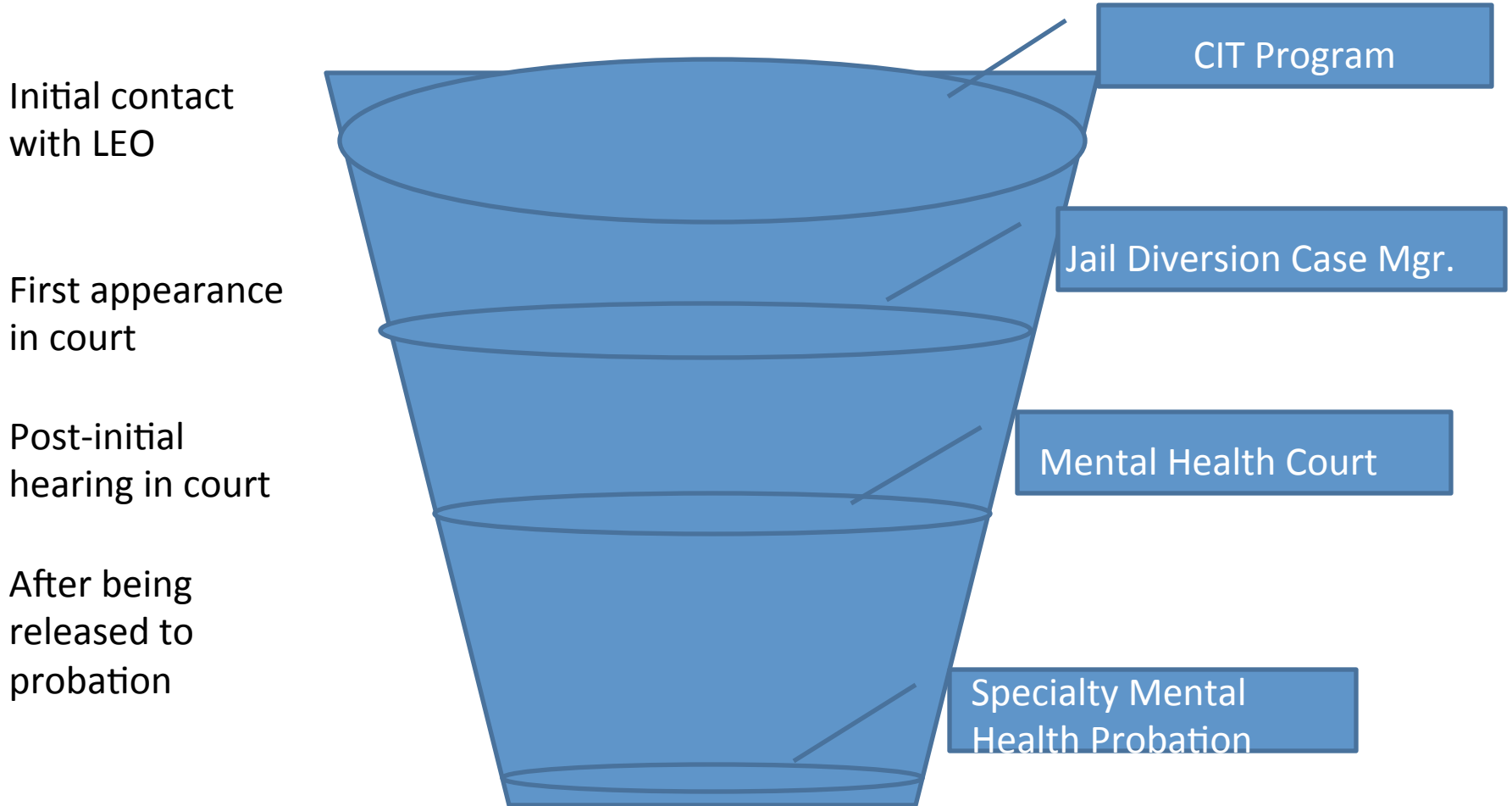
**Figure 1**

The Sequential Intercept Model viewed as a series of filters

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# Sequential Intercept Model



*Char*

THIS AND MAY BE KEPT  
UNTIL REDEEMED OR

GET OUT OF JAIL  
FREE



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## Crisis Intervention Teams:

Aim to prevent the unnecessary criminalization of MH/DD/SA problems by providing community based alternatives to arrest and incarceration, when this can be done at little risk to the public.

– Trains law enforcement:

- To better understand mh/dd/sa disabilities
- To recognize when people are in crisis and need help
- The skills to de-escalate people in crisis
- To know how to get people the help they need

– Emphasizes providing law enforcement a quick turnaround, making it as convenient to take a person to treatment as it is to jail.



# CIT Training

CIT Training takes at least 40 hours and consists of three parts.

- Didactic lectures
  - Formal lectures on mental illness, substance abuse, DD and autism, dementia and crisis intervention
- Dialogues with Consumers
  - To reduce stigma and help officers see people with MH/DD/SAS problems as people rather than as problems
- Experiential practice
  - Use of role plays, practicing skills at de-escalating people who have mental illness, autism, DD, and/or substance abuse problems who are

**BUT CIT  
IS MORE  
THAN JUST  
TRAINING!**

# A CIT program should also include....

- A 24 / 7 facility that can take all consumers and provide a very quick turnaround for law enforcement.
- A local on-going CIT committee composed of Law Enforcement, LME-MCOs, advocates, and others working in close collaboration to develop a system that functions smoothly together.
- Tele-communicators trained to recognize mental disturbance calls, and to dispatch CIT officers to those calls.
- Policies that support CIT officers in the field.
  - Permission to take more time to de-escalate crises.
  - For CIT officers to take the lead on CIT calls.



# Growth of CIT in NC



- The first CIT program in NC began in Wake in Sept. 2005
- There were 15 CIT training programs by Sept. 2008
- By January 2009, there were 100 participating law enforcement agencies with 1,225 CIT officers.
- By January 2015, there were 352 participating law enforcement agencies with 7,004 CIT-trained officers.
- More than 33% of all LEO in NC have been CIT trained.
- The Alamance – Caswell legacy LME-MCO had trained 95 of their 266 law enforcement officers (36%) as of Jan. 2015.

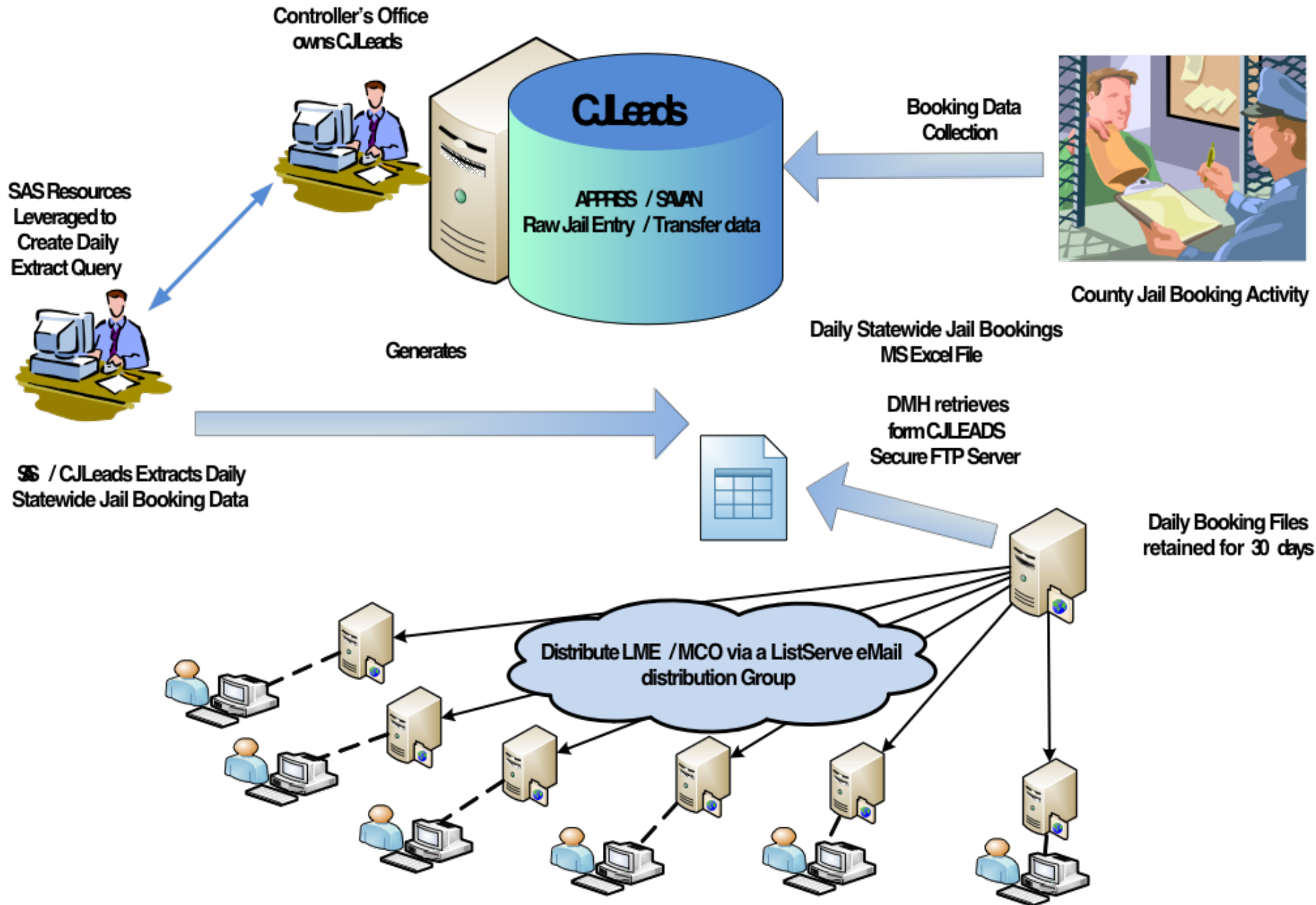
# But challenges remain....

- Many CIT programs are unable to provide a quick turnaround for law enforcement.
- Inconsistent growth of CIT – some counties have many CIT trained officers, others have few, and 15 have none.
- Changes in the MH/DD/SA system disrupt relationships between LE and LME-MCOs.
- Lag in getting tele-communicators trained.
- Lack of data to demonstrate impact of CIT in NC.

## We've made progress in other areas, too.

- Basic Law Enforcement Training (BLET) was re-written in 2014 to emphasize diversion, de-escalation, and CIT.
- Brief jail mental health screen used in most jails.
- A project to determine the feasibility of creating specialty mental health P.O.s is being piloted in Duplin and Wake counties.
  - Some MH training will be provided for all P.O.s
- Expansion of mental health courts – Orange, Mecklenburg, Guilford, Forsyth, and Brunswick counties, with an effort to develop one in Wake.
- CJ Leads agreement to share data with Division of MH/DD/SAS.

Proposed System / Process Design for DMH Jail Watch / Notification System



Providing sufficient mental health services and support to people with mental health problems will keep them from returning to jail.

**THIS IS A MYTH!**

**THE REALITY IS THAT...**

...consumers who get sufficient, good quality mental health services have many great outcomes, but reducing CJ recidivism is not among them. They need interventions targeted at their CJ risk factors.

- Caslyn et al., 2005; Clark, Ricketts, & McHugo, 1999; Skeem & Eno Loudon, 2006; Steadman & Naples, 2005

# People with MI return to jail....

- For many of the same reasons that people without mental illness go back to jail.\*
  - They have a history of criminal behavior
  - They have antisocial personality behavior patterns
  - They engage in antisocial thinking / cognition
  - They have antisocial friends / peer group
  - They experience family and marital discord
  - Poor school / work performance
  - They engage in few non-criminal leisure or recreational activities
  - They abuse alcohol or other substances

\*Skeem, Nicholson, and Kregg, 2008).

# Addressing risk factors for recidivism\*

## Risk Factors for jail-----How to address them

- |   |  |
|---|--|
| 1. History of criminal behavior.....    | 1. Build alternative pro-social behaviors                            |
| 2. Antisocial personality patterns..... | 2. Teach problem solving skills & anger management                   |
| 3. Antisocial thinking patterns.....    | 3. Cognitive interventions to challenge antisocial thinking patterns |
| 4. Antisocial friends / peers.....      | 4. Reduce associations with antisocial friends / peers               |
| 5. Family and/or marital discord.....   | 5. Reduce conflict & build good family / marital relations           |
| 6. Poor school / work performance.....  | 6. Enhance performance / rewards                                     |
| 7. Few legal leisure activities.....    | 7. Learn to enjoy new leisure activities                             |
| 8. Substance abuse .....                | 8. Reduce / eliminate substance abuse                                |

# What do we need to do?



- Expand CIT to all areas of the state.
- Have better fidelity to the CIT model, including:
  - CIT-trained tele-communicators
  - Policies that promote CIT
  - 24 /7 drop off facility that provides quick turnaround for LE.
- Gain timely knowledge of and data about our consumers in jail.
- Develop local systems that can :
  - Coordinate treatment and discharge planning for consumers in jail.
  - Divert consumers to treatment in the community, when this can be done at little risk to public safety.
  - Allocate resources to support the diversion of consumers from the criminal justice system to treatment.
- Disseminate evidence-based practices for working in the community with persons with MI who have come out of the CJ system.
- Develop “boundary spanners” who know and can function in both MH and CJ systems.
- Obtain resources to better address the needs of people with MI in the CJ system.



# For More Information about Jail Diversion

- 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:  
[http://gainscenter.samhsa.gov/topical\\_resources/jail.asp](http://gainscenter.samhsa.gov/topical_resources/jail.asp)
- The Consensus Project is an effort by the Council of State Governments to provide information, research and support to organizations attempting to help people with mental illness in the criminal justice system. They may be reached at: <http://www.consensusproject.org>
- To learn about CIT in NC, check the Division of MH/DD/SAS CIT website at:  
<http://www.ncdhhs.gov/mhddsas/cit/index.htm>
- Or contact Bob.Kurtz@dhhs.nc.gov.net or 919 / 715-2771