Mental Health / Juvenile Justice

ActionNetwork

A Project of ModelsforChange

Law Enforcement-Based Diversion

Strategic Innovations from the Mental Health/Juvenile Justice Action Network

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ModelsforChange

Systems Reform in Juvenile Justice

Background

The majority of youth involved with the juvenile justice system in this country have a diagnosable mental disorder. A recent national mental health prevalence study found that 70% of youth in the juvenile justice system met criteria for a mental disorder, over 50% met criteria for multiple disorders, and almost 30% are experiencing disorders so severe that their ability to function is highly impaired (Shufelt & Cocozza, 2006). Many of these youth end up in the juvenile justice system not because of the seriousness of their crime, but because of their need for mental health services that are unavailable in the community.

Numerous studies have determined that youth are often unnecessarily placed in the juvenile justice- sometimes by their own parents- in a desperate attempt to obtain treatment (NAMI, 1999; General Accounting Office, 2003; Osher and Shufelt, 2006). However, well documented investigations by the US Department of Justice into the conditions of confinement in juvenile detention and correctional facilities across the country have consistently revealed the questionable quality and availability of mental heath services for youth in these facilities (US DOJ, 2005, NY Times, 2010). Given the needs of these youth and the documented inadequacies of their care within the juvenile justice system, there is a growing sentiment that whenever safe and possible, youth with mental health needs should be diverted to effective community-based treatment (Skowyra & Cocozza, 2006).

Law enforcement officers are often the first to respond to calls involving youth with mental health needs. The response by law enforcement, and the immediate decisions that are made about how to handle the case, can have a significant and profound impact on a youth and their family. This initial contact also represents an opportunity to connect the youth with emergency mental health services or refer the youth for screening and evaluation. However, the ability of law enforcement to respond in this way requires that they be trained to recognize the signs and symptoms of mental disorders among youth, and that resources be available so that they have a place to take the youth for immediate services.

Within the adult system, one approach for responding to people with mental illness that has gained real traction across the country is the Crisis Intervention Team (CIT) model. This approach trains police officers on response techniques appropriate for people with mental health problems. Law enforcement officers on a CIT team typically undergo an intensive 40 hour training in which they learn about mental illness, how it affects people in crisis, and how best to respond to crisis situations. This training is coupled with the development of strong linkages with the mental health system to ensure that the resources are available to law enforcement officers when they respond to an individual in mental health crisis or needing mental health services. Studies of CIT programs indicate that they decrease the need for more intensive and costly law enforcement responses, reduce officer injuries, and increase referrals to emergency health care (Dupont & Cochrane, 2000). In addition, the partnerships created between law enforcement and the mental health systems have been found to improve access to mental health services (Teller, et al, 2006).

Models for Mental Health/Juvenile Justice Action Network

Responding to this need, the Mental Health/Juvenile Justice Action Network, part of Models for Change and supported by the John D. and Catherine T. MacArthur Foundation, decided to take on the issue of mental health diversion. The Action Network is a partnership of eight states working together to improve services and policies for youth with mental health needs involved with the juvenile justice system. These states, which include Colorado, Connecticut, Illinois, Louisiana, Ohio, Pennsylvania, Texas and Washington, focused their first year efforts on creating more opportunities for youth with mental health needs to be appropriately diverted to community-based treatment at their earliest points of contact with the juvenile justice system. Each state selected where they wanted to focus their mental health diversion efforts- Connecticut, Ohio, Illinois and Washington selected schools; Texas selected probation intake and Colorado, Louisiana and Pennsylvania selected law enforcement.

Crisis Intervention Teams for Youth

While law enforcement officers are called to respond to incidences involving both adults and youth, the standard CIT training that is offered to most police officers focuses primarily on response techniques for adults, not adolescents. To address this void, the MH/JJ Action Network and the three participating states (Colorado, Louisiana and Pennsylvania), working with the Colorado Regional Community Policing Institute (CRCPI) and other national experts, expanded the existing CIT strategy by creating a supplemental, 8 hour training curriculum- ***Crisis Intervention Teams for Youth (CIT-Y)***. ***CIT-Y*** trains police officers on response techniques appropriate for *youth* with mental health needs. It is targeted to law enforcement officials who have previously undergone standard CIT training, who understand the basic principles and concepts of CIT, but who are looking for more specific information on youth. In addition to developing a training curriculum, the states also worked to develop partnerships between their existing CIT programs and the mental health system to ensure that mental health resources are available to law enforcement officers when they respond to crisis situations involving youth.

*The **CIT-Y** training curriculum includes seven modules:*

Module 1: This module provides an **Introduction** to the course, previews the course objectives, ground rules and module content, and reviews the basic goals of CIT.

Module 2: This module addresses **Adolescent Development** and describes the developmental processes that take place during adolescence as well as specific developmental limitations often displayed by adolescents. It also describes recent adolescent brain research and how this has changed our understanding of adolescent behavior.

Module 3: This Module addresses common **Adolescent Psychiatric Disorders and Treatment Interventions** for youth involved with the juvenile justice system.

Module 4: This Module reviews **Crisis Intervention and De-Escalation Techniques** for officers to use with youth. It reviews common triggers for adolescents and describes

the key elements of effective communication and includes the demonstration of de-escalation techniques.

Module 5: This Module addresses the **Family Experience** and what it is like, from a caregiver's perspective, to live with a youth who has a mental health disorder and becomes involved with the juvenile justice system.

Module 6: This Module addresses the **Legal Issues** associated with responding to youth with emotional/behavioral disorders, and allows for the inclusion of site specific state and local statutes and local procedures that guide police interventions.

Module 7: This Module reviews local services- **Connecting to Resources**- and is designed to provide law enforcement with information on local resources, service providers, and hospitals that are available to accept youth referrals from the police.

The curriculum is designed not to be administered by a single person, but rather, by a team of instructors with relevant subject matter expertise, experience, and region specific knowledge. Modules 2 and 3, for example, should be administered by a mental health professional with first hand experience of working with youth with mental health needs in the juvenile justice system. Module 4 should be co-administered by a law enforcement official and a mental health professional. Module 5 should be presented or co-presented by a family representative. Module 6 should be administered by a legal representative, and Module 7 should include a panel presentation of local service providers.

Current Status

The ***CIT-Y*** was pilot tested in Colorado (Grand Junction and Lone Tree counties), Louisiana (Rapides Parish), and Pennsylvania (Allegheny county) in the summer of 2009 and approximately one hundred fifteen (115) law enforcement officers were trained on the new curriculum. Feedback was collected from all training participants (including trainers) as to how the curriculum could be strengthened and improved. Revisions were made to the curriculum based on this feedback and it was re-circulated back to the three states for final review. Representatives from Colorado and Louisiana, along with the NCMHJJ, presented the curriculum at the International CIT conference held on June 2010 in San Antonio, TX.

Summary

The MH/JJ Action Network focused its initial efforts on the development of front end diversion strategies for youth with mental health needs. Colorado, Louisiana and Pennsylvania, recognizing the lack of training resources available for law enforcement officials on adolescent mental health, worked in conjunction with the NCMHJJ and the CRCPI to develop an 8 hour training curriculum focused exclusively on juveniles. This training curriculum is designed to be used by police departments with existing CIT programs to expand their programs to include a juvenile component. Communities expanding their CIT programs to include youth must also work to create expanded service linkages with the mental health community so that law enforcement officers have resources available to them once they have successfully intervened and identified a youth in need of mental health care. The NCMHJJ will be working with the National Alliance on Mental Illness, CIT International and other national CIT experts to develop a dissemination strategy for the CIT-Y.

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