Crisis Intervention in Today’s Criminal Justice Environment

Joyce L. Carbonell, Ph.D.

jcarbonel@flsheriffs.org

Florida Sheriffs Association
History

• 1700-1800’s
  • Counties allowed to house the mentally ill in jails and poorhouses

• Dorothea Dix
  • 1841-visited a prison
  • Mentally ill women housed in prisons with criminals
  • Began a crusade to provide separate institutions for the mentally ill

• Over the years conditions deteriorated
Institutions
Deinstitutionalization

- In the last bill signed before his death, Kennedy approved a bill to deinstitutionalize
  - Community Mental Health Act
- Only half of the proposed community mental health centers were ever built, and those were never fully funded.
Where we are now

• 1957: 565,000 people with mental illness in psychiatric institutions or hospitals
• Now: under 40,000
  • NAMI, circa 1980’s

“People who suffer from mental illness: we used to lock them up and throw away the key. Now we just drop them off on the street.”
"14.1 state hospital beds per 100,000 people remained by the end 2010,

essentially the same level that existed in 1850

Treatment Advocacy Center,( 2012)

Any remaining funding was cut in 1981

Converted to mental health block grants

90 percent of beds cut since CMHC
Institutionalization in the United States, 1928-2000 (per 100,000 adults)*

*U. of Chicago, Public Law Working Paper
Why Law Enforcement

- 24 hour service
- Always open
- Mandated by law
- Baker Act for example
  - “Shall” vs “may”
- Limited funding for mental health services
- Never have a no vacancy sign
Who initiates the Baker Act?

<table>
<thead>
<tr>
<th>Initiator</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
<td>85,276</td>
<td>49.65%</td>
</tr>
<tr>
<td>Professional</td>
<td>83,099</td>
<td>48.39%</td>
</tr>
<tr>
<td>Judge</td>
<td>3,369</td>
<td>1.96%</td>
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## Increase in Baker Act Initiations

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<tbody>
<tr>
<td>2013</td>
<td>171,774</td>
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<tr>
<td>2012</td>
<td>157,352</td>
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<tr>
<td>2011</td>
<td>150,466</td>
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<td>143,347</td>
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<td>132,066</td>
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<td>122,454</td>
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<td>2006</td>
<td>120,506</td>
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<tr>
<td>2005</td>
<td>122,206</td>
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<tr>
<td>2004</td>
<td>110,697</td>
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<tr>
<td>2003</td>
<td>104,600</td>
</tr>
<tr>
<td>2002</td>
<td>99,772</td>
</tr>
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</table>
Mental Health Spending

- Florida was 49th
- Now 50th in spending per capita on mental health
Mental Health Diversion

67% served by a mental health court
97% served by CIT

(2013 Treatment Advocacy Center)
Is Mental Illness a Law Enforcement Problem?

• Medical and social services problem
• Becomes a law enforcement problem because:
  • May involve suicide
  • Call for service
  • Disturbance calls
  • Other calls for service
  • crime
Why have training on mental illness?

• Officer safety
• Community safety
• Safety for the disturbed person
• Risk Management
Interactions with People with Mental Illness

• People with mental illness are 16 times more likely to be shot than a non-mentally ill person

• About 1 in 10 law enforcement encounters involve someone with mental illness

• People with mental illness killed law enforcement officers at a rate 5.5 times greater than non MI population
  • More likely to be killed by a person with MI than by a person with history of assault against leo

• Training reduces officer injury
Encounters with People with Mental Illness:

- Often take more time
- Require special training/skills
- May not succeed because of lack of community resources
- Involve multiple contact with the same individual
- Mostly involve a minor or nuisance offense
- Are occasionally volatile
People with Mental Illness in Custody

- 2 million jail bookings involve a person with mental illness
- 1 in 4 people killed in officer-involved shootings has a serious mental illness
- Estimated that approximately 20% of people in jails have a serious mental illness
- Estimated that 15% of people in state prisons have a mental illness
- Inmates with mental illness cost more:
  - $80 vs $130
- Average stays in jail are longer (depends on the jail)
- More than twice as likely to be charged with rule infraction
Legal Obligations

In *City of Canton v. Harris*, 489 U.S. 378 (1989), the United States Supreme Court recognized that municipalities may be held liable for failing to properly train officers where those failures represent a “deliberate indifference” to known or obvious consequences.
In Estate of Barber v. Barnes, 2006 U.S. Dist. LEXIS at *42 (M.D.N.C.), the family of a decedent sued a sheriff in a case arising from a deputy’s shooting of an unarmed assailant demonstrating irrational behavior. In granting summary judgment to the sheriff and deputy on a failure to train claim, the court found that “the uncontradicted evidence shows that Deputy Gordy received lengthy training before beginning duties as a deputy, including specific training in the use of force and the handling of ‘sensitive populations,’ including the mentally ill.”
Why have training?

Lord v. Riley, 921 F.2d 272 (4th Cir. 1990), the U.S Court of Appeals for the Fourth Circuit affirmed summary judgment for a municipality and supervisors on a claim of failure to train under 42 U.S.C. §1983. The defendants presented evidence that they provided specific training on the problems of the mentally ill and those with seizures and plaintiff pointed to no evidence that the training program was so inadequate as to evidence a "deliberate indifference" to the rights of those served by police and fire departments.
Why have training?

In Cortez v. Prince George’s County, 31 Fed. Appx. 123, 128 (4th Cir. 2002), the U.S. Court of Appeals for the Fourth Circuit held that a county’s failure to train deputies to recognize symptomatology that warranted full psychiatric assessment and treatment allegedly resulting in suicide of prisoner stated a claim under 42 U.S.C. §1983.
Why Train?

Herrera v. Las Vegas Metro Police

in Herrera v. Las Vegas Metro. Police Dept., 298 F. Supp.2d 1043 (D. Nev. 2004), the estate of mentally ill man shot and killed by police officers after use of bean bag pellets and pepper spray failed to subdue him presented a genuine issue of fact as to whether officers had been inadequately trained in dealing with mentally ill persons and in the use of impact projectiles, and whether the alleged inadequate training caused his death. The officers’ treatment of the situation, combined with their statements that a mentally ill person should be treated as any other person, regardless of the situation, indicated the police department’s training dealing with the mentally ill fell well below the reasonable standard of contemporary care.
Why train?

Arnold v. City of York

Arnold v. City of York, 340 F. Supp. 2d 550 (M.D. Pa. 2004), the parents of a mentally ill man sued the police department after their son died, allegedly of positional asphyxia, after being taken into custody. The court found a possibly viable claim for disability discrimination under the Americans with Disabilities Act (ADA), based on the alleged failure to provide adequate training for officers in handling encounters with mentally ill persons.
Why Train?

Gaddis v. Redford Township, 364 F.3d 763 (6th Cir. 2004), the court found that a suspect’s apparent mental state is one of facts and circumstances that should be among those factors that considered in weighing an excessive force claim. Thus, training officers and deputies to recognize signs of a mental impairment or illness and how to use de-escalation techniques to reduce the risks of injury to themselves and to subjects is vitally important.

(B. Meek, Associate General Counsel UVA)
What are the Options?

• Generalized training
• Providing more information to patrol officers
• Deploying specially trained LEOs
• Deploying specialized non-police responders
Training Generalists

• Training on mental illness occurs in police academies
• Generally not sufficient
• Evaluations indicate this improves understanding and knowledge
  • No change in attitudes and behaviors
• Pre-service and in-service training can help
Providing More Information to Patrol

• Two types of specific information can help
  • Information about clinics, shelter, mental health services
  • Information about community members who have a history of mental health problems
Specialized Training

• Most popular approach in recent years
• Most extensively used model is CIT - Crisis Intervention Team
• Receive extra training
  • 40 hours
• Serve as generalists/specialists
• How any people need to be trained?
• What is the training?
Evidence Based Policing?

- 15 years of studies
- Scientific and informal
  - Scientific studies involve comparison groups,
  - Scientific studies more likely to be published
  - Informal studies may be more likely to be shared informally
Does it work?

- Improves officer interaction with mentally ill
  - And
- Improves confidence in ability to respond
  - (Compton et al., 2008, Heilbrun 2012)
- Decreased desired social distance from people with schizophrenia (2006)
  - Improved attitudes about aggressiveness (Esterberg, et al., 2006)
- Newly trained officers CIT officers had increased knowledge, difference in attitudes (Wells & Schafer, 2006)
- Less likely to endorse use force (Compton, et al., 2011)
  - Another study indicates that CIT trained officers were slightly more likely too endorse use of force
Does it work?

- Study involving CIT officers who responded to a crisis
  - CIT officers used force less likely than is reported in traditional policing
- CIT no less likely to arrest, but more likely to refer and transport those with mh problems (Teller et al., 2006; Watson et al., 2010)
- CIT trained officers more likely to be able to correctly identify people I need of mh services; people brought to ER 2x as likely to have schizophrenia than those brought by CIT officers (Strauss et al., 2005)
- CIT diverted individuals
  - spend less time in jail
  - Cost less for criminal justice, more for treatment funding
- Does not decrease use of SWAT (Compton, et al., 2009)
Informal Studies

• San Jose, CA – decrease of 32% in officer injuries after one year of CIT
  • (Reuland, 2004)

• Memphis- injuries went from 1 in 28571 events to 1 in 142,857
  • (Dupont & Cochran, 2000)

• Other studies reported reduced use of SWAT
  • New Mexico- use of SWAT decreased 58% (Bower and Petit, 2000)
  • Use of SWAT decreased by 30% (Dupont & Cochran, 2000)
DOES IT WORK?

- Improves officer attitudes and knowledge
- Effective in connecting people with services
- Not associated with changes in arrest
- Informal evidence suggests reduction in officer injuries
- One study indicates increases in mh costs
Specialized Non-Law Enforcement Responders

- Usually involves social workers or mental health counselors
- May be more complicated than the CIT model
- May resolve more incidents at the scene
- Cannot handle as high a proportion of cases
Other Responses to Mental Illness

- Mental health courts
- Jail based diversion
- Assisted outpatient treatment
- Crisis response sites
Responses that Generally Do Not Work

• Arresting people with mental illness
• Incarcerating people with mental illness
• Ignoring mental illness
Summary

- Training is the most important factor that you control
- Specialized training and more generalist training woks best
- Develop collaborations with local mental health agencies
- Meet with the local providers; have a liaison from your agency
- Be sure to include corrections
- Communicate with advocacy agencies
- Have a program that you can articulate
Questions/Comments?