



## Introduction

- In 2012, ten times more individuals with **serious mental illness (SMI)** were incarcerated (356,268) than those housed in state psychiatric hospitals (35,000) (Torrey, Kennard, Eslinger, Lamb, & Pavle, 2014).
- Of those in jail, 26% are affected by some form of mental illness and 15% of inmates in state prisons are now estimated to have a SMI (Bureau of Justice Statistics, 2017; Torrey, et al., 2014). These findings are consistent with studies reporting up to 40% of individuals with SMI have been in jail or prison at some time in their lives (Torrey, et al., 2014; Fields, 2006).
- Jail inmates with mental health issues are more likely to report drug use in the month before their recent arrest (60% vs. 40%, Mumola & Karberg, 2006); 60% of jail inmates with SMI have a **co-occurring substance use disorder (COD)**, compared with 9% of people in the general population; Karberg & James, 2005; National GAINS Center, 2004).
- While research has broadly focused on interactions between individuals with SMI and law enforcement, little is known about individuals with mental illness **who come to the attention of law enforcement on multiple occasions**.
- An estimated 7% of all police contacts involve individuals with SMI (Deane, Steadman, Borum, Veysey, & Morrissey, 1999).
- The police are often the first called to deal with persons with mental health emergencies, making them a crucial point of interception to divert individuals with SMI from the criminal justice system.
- Police have the discretion in deciding whether to arrest an individual or decide if they should be taken for treatment. Therefore, training law enforcement officers on how to properly handle encounters with individuals with SMI is crucial.

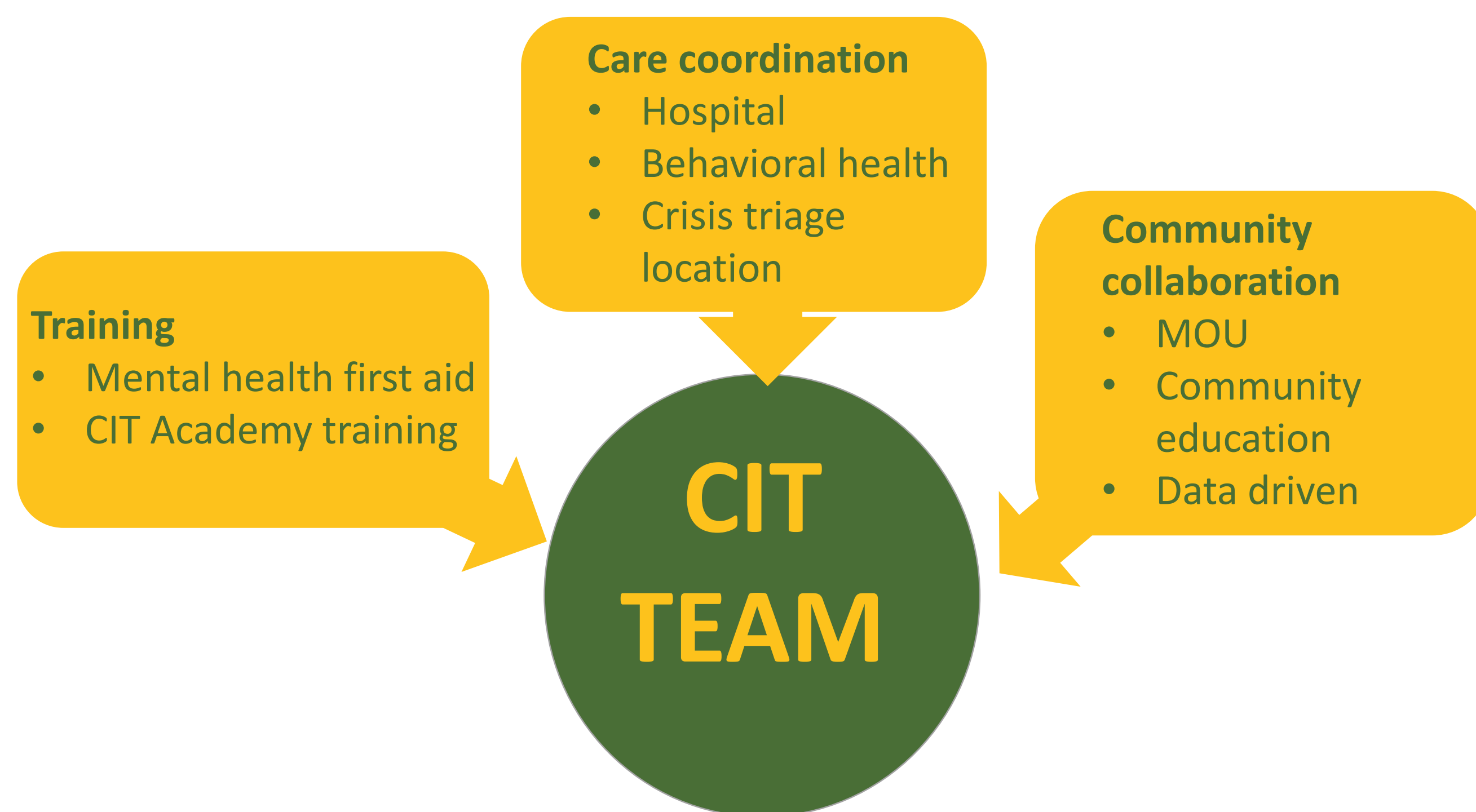


Figure 1. Crisis Intervention Team Model

## Research Questions

- Does CIT training have an impact on the repeated encounters that individuals with SMI have with law enforcement?
- Do these encounters differ for those with a COD?

## Methods

- Law enforcement call reports (CRs) were collected from one Midwestern county Sheriff's Office.
- The county has a population of 1.24M people (72.5% White, 13.3% Black, 7.0% Asian, 3.9% Hispanic, and 2.8% Other) and is affluent (median household income: \$71,920; 8.5% live below the poverty line; American Community Survey, 2014).
- The Sheriff's Office is primary patrol for 14 local jurisdictions and patrols the entire county.
- Crisis Intervention Team (CIT) was provided to 25% of Sheriff's Deputies in May of 2015.

### Sample

- The initial sample of 53 individuals was found by collecting those who had two or more mental health interactions with law enforcement in 2015.
- Then, all (criminal, mental health, etc.) interactions for this sample were collected over the course of three years (2014-2016).
- Treatment data was collected from Medicaid billing encounters. Individuals with both mental health and substance use encounters were noted as a proxy for having evidence of a co-occurring disorder (COD).

### Analytic Approach

- Descriptive analysis (i.e. frequencies, means) were used to describe the sample.
- Bivariate analyses (i.e. paired-sample t-tests) assessed law enforcement interactions before and after CIT training.
- Cox regression/proportional hazard ratio (HR) model investigated the impact of COD on the risk of having another law enforcement interaction after the implementation of CIT.

Table 1

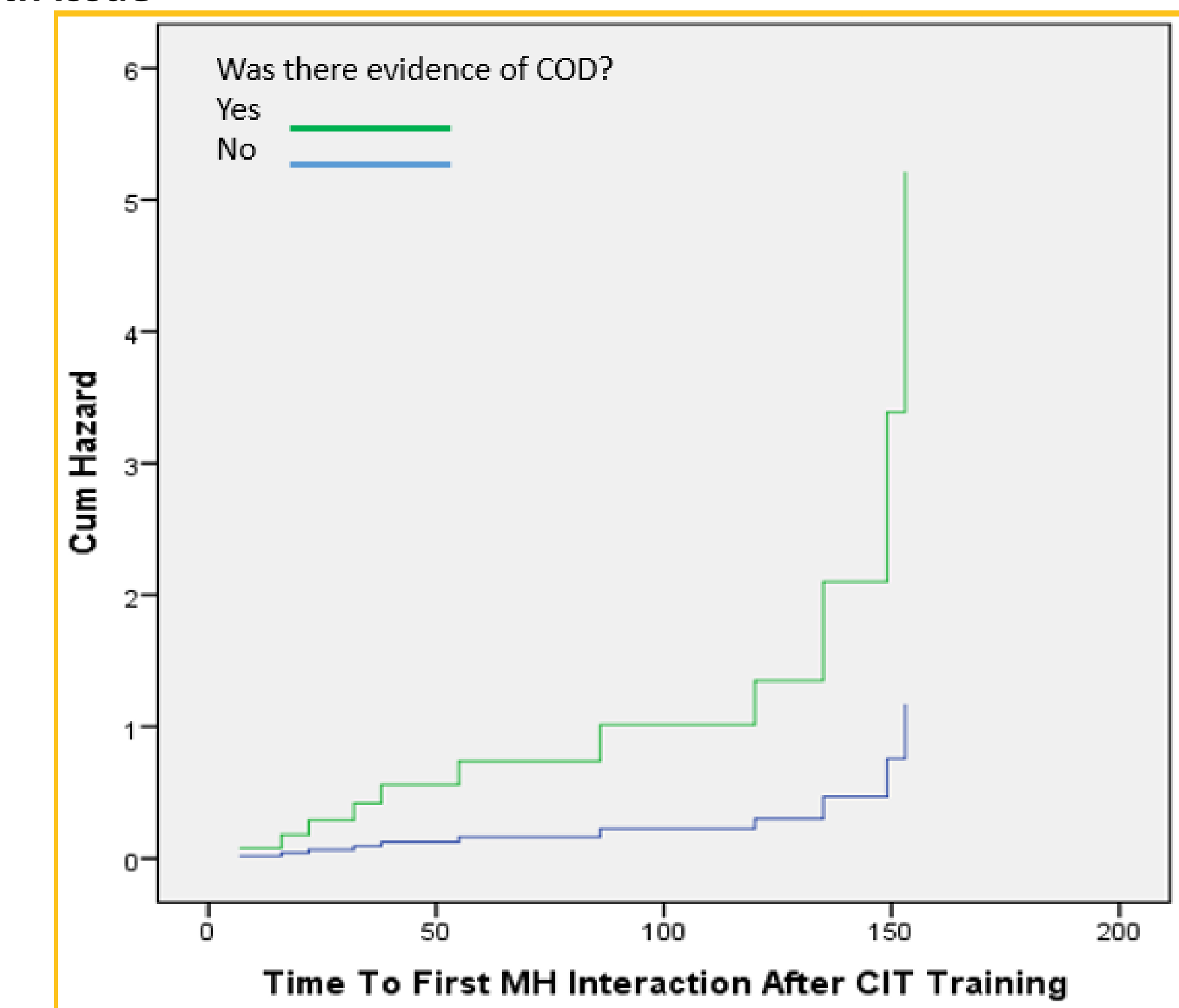
Law Enforcement Interactions Before and After CIT

Outcome	Pretest				Posttest				95% CI for Mean Difference				
	N	%	M	SD	N	%	M	SD	r	t	df		
MH Interaction & CIT	44	60	.83	1.28	80	59	1.51	1.55	-.059	-2.20	-.255*	-2.197	52
Criminal Interactions & CIT	29	40	.55	1.32	56	41	1.06	1.61	-.030	-2.13	.310*	-2.133	52
Total Interactions & CIT	73	100	1.38	2.26	136	100	2.57	2.41	-2.10	-.28	-.001*	-2.623	52

## Results

- The sample (N=53) was predominantly male (64%, n=34) and White (80%, n=35), with 46% (n=24) having a co-occurring mental health and substance use disorder (COD)
- A total of 219 interactions with law enforcement occurred across these 53 individuals during the three-year period:
  - 58% (n=126) for mental health issues
  - 38% (n=84) for criminal charges
  - 4% (n=9) for 'other' interactions
- The average mental health interactions increased from .8 before CIT, to 1.5 after:  $t(52)=-2.197, p<.05$
- The average criminal interactions increased from .6 before CIT, to 1.1 after:  $t(52)=-2.133, p<.05$
- Few individuals experienced a jail stay before (6%, n=3) and after (17%, n=9) CIT.
  - The most serious charge for post-CIT jail stays were mostly misdemeanor offenses (n=7; felonies, n=2).
- 13% (n=7) of the participants did not have any law enforcement interaction post CIT training.
- The cox regression model indicates that the time to first mental health interaction after the implementation of CIT training was .2 times greater for those who were identified as having a co-occurring disorder (HR=.223; 95% CI: .043, 1.146)  $p<.05$ .

Figure 2. Cox regression Predicting Time to First Law Enforcement Interaction for a Mental Health Issue



## Discussion

- Findings show the positive impact of CIT training, which helps officer's recognize mental illness when responding to crisis and the pervasiveness of COD among this population.
- Collaboration between the public mental health system and the criminal justice system, which gives law enforcement several alternatives when handling mentally ill persons in the community-besides arrest or hospitalization.
- The training of law enforcement on the identification and diversion of individuals with mental illness is crucial. Likewise, creating a more integrated system that prevents individuals with co-occurring mental health and substance use disorders is the next step in diversion activities for jail diversion.

## Contact

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## References

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