DURHAM NORTH CAROLINA...

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MAY 2011

Durham Crisis Intervention Team

Observe, listen, create a plan, communicate and connect

Where Do I Refer this Consumer?

Durham County Resources Explained

The Durham Police will soon have three resources for individuals who might benefit from mental health services. These three programs serve slightly different populations and provide different types of services. Continue reading to learn more about each of these programs, or consult the **chart on page 4** of this newsletter.

The North Carolina Child Response Initiative – Veteran officers of the Durham Police Department likely already know about NCCRI and the services it provides to children and families after violent incidents. Many DPD officers regularly make referrals and participate in follow-up visits with NCCRI clinicians. When children witness violent events, officers can submit police reports to NCCRI via email (info@nccri.org), fax (919-419-9353), phone (919-419-3474), or the NCCRI mailboxes in each substation. When referrals are received, an NCCRI clinician and officer visit the home together to provide families with information regarding the impact of trauma on children, what parents can do to lessen these effects, and how families can enhance safety and security following violent incidents. NCCRI invites families to participate in a free mental health assessment and up to 4 free sessions with a licensed therapist. Families who need additional mental health services will be referred for longer term treatment.

Mental Health Outreach Program – In October 2010, the DPD received a grant to provide mental health services to citizens who frequently use emergency services (police, EMS, etc.) due to ongoing mental health needs. Officers who encounter adult citizens exhibiting signs of mental illness or experiencing other extenuating circumstances (homelessness, lack of food, etc.) should email CIT reports and/or incident reports to Sgt. Ray (lori.ray@durhamnc.gov), copying both Cpl. Morais (mark.morais@durhamnc.gov) and Inv. Fleeman (William.fleeman@durhamnc.gov). Upon receiving these reports, CIT personnel and Clinical Case Manager Alanna Jones, MSW will follow up with the referred citizen to learn whether he or she is already connected to mental health services. The team will then work to connect the individual with needed services in the community. These connections may include mental health treatment, housing assistance, food pantries, drug and alcohol treatment, education, or other needed resources. The Mental Health Outreach Program prioritizes referrals of females between the ages of 16 and 24; however, referrals for adults of any age will be considered.

The BECOMING Project – Although not yet underway, the BECOMING (Building Every Chance of Making It Now and Grown-up) will target high-risk youth between the ages of 16 and 21 years old. Police will be encouraged to refer youth who have a serious mental illness and exhibit significant problems functioning in their home, school, or community environments. Services for these youth will include education, recreation, mental health, and numerous other opportunities. Stayed tuned for more information about this exciting program!

See Chart on Page 4 of this Newsletter!

Inside this issue:

Collaborating Agencies:

- Durham County Sheriff's Department
- City of Durham's Police Department
- Durham County Detention Officers
- Veteran's Administration
- Duke University Campus Police
- N.C.C.U. Campus Police
- Durham Technical Community College Police Department
- NAMI
- The Durham Center

Veterans with untreated PTSD are more likely to wind up in the criminal justice system.

> JOHN GALVAN: You get rage you can't understand and you can't control it. When I got arrested I was telling the police, "You need to get me away from this situation. There's a high potential that I'm gonna do something that's gonna be really bad." Better to get arrested and get some psych help than be free.

But getting veterans like John Galvan the help they need shouldn't come only after a jail sentence. So a pilot program is helping train law enforcement officers to identify distressed veterans and help them diffuse as ituation before it escalates to crisis and arrest. In the second part of KALW News' series on returning veterans, reporter Lilah Crews-Pless takes us to a Combat to Community training near Sacramento.

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LILAH CREWS-PLESS: About 50 police officers are having morning coffee and donuts in a conference room near Sacramento. Light shines into the cool room, which is covered in linoleum and wood paneling.

> MIKE VANDERWOOD: Anybody else here a veteran? Prior service? Currently serving? Got about 30 of you all in the room. Great. Anybody work with veterans? Like your peers? A lot of you all? And how many of you encounter vets in the street or in your jobs? A lot of you, right?

About a third of today's class identify themselves as vets, and Mike Vanderwood says that proportion tends to be the norm. Former soldiers are six times more likely to work in law enforcement than civilians.

> VANDERWOOD: And if your hand wasn't raised you are freakin' wrong. I'm telling you because you are going be working with veterans at some point.

Vanderwood, a captain in the Marine Corps Reserve, is teaching these law enforcement officers how to deal with troubled vets, especially those who have just come home from the wars in Iraq and Afghanistan. Vanderwood illustrates just how psychologically damaging combat can be on soldiers using a film clip.

> VANDERWOOD: Alright, what you saw was a convoy, or a series of vehicles driving down the road. Bomb goes off and they start shooting. They ask, "What happened?" Now why do I show you this video? What blew up? A car. Where was the car? On the side of the road parked. Seemingly completely normal. Important for you to note. Why? Because when you see a vet careen off the freeway going from the number one lane to the number four lane, and you stop him, and he's freakin' outta his mind, like what may have happened? If you can get him to actually answer the question, he might say, "I saw a freakin' car broke down in the emergency lane and I don't know what happened after that."

Vanderwood believes cops can de-escalate these types of high stress situations if they know what to look for.

> VANDERWOOD: Whether it's just to get the person calmed down so you can get them in the back of your car. Or that you can connect them to services; it will depend on the situation, obviously. Alright? We're not here to teach you how to do your job. We're here just to give you some extra information and some tools that you will use or may not use in your work.

The program is still pretty new, just over a year old, but already it's trained about 1,300 California officers, sheriffs, and deputies. It's also in demand. All the seats today are filled. Clicking through the Powerpoint projected on the wall behind him, Vanderwood illustrates the parallels between the military and law enforcement.

> VANDERWOOD: Getting people to go through difficult experiences and then understanding they can actually work through them and come out better, I think that's something that you all can actually use - that will help you

OFFICER SPOTLIGHTS

CODE 5/ 5R

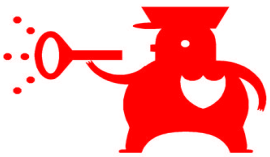
REMINDER

If a call concerns a mental health concern in any way– please clear the call *10-24, code 5*. If the call requires an incident or arrest report– clear *10-24, code 5R*. All referrals should be supported with a CIT Report as well.

Tell us about the great job your officers do every day. We want to know!!

Sgt. Ray

SET and Hostage Negotiation Teams Have Busy Week…..



On 5/3 officers responded to suicide threats call involving Mr. C. on Homeland Ave.. Rifle Officers, hostage negotiators, SET, and patrol officers responded and it was apparent this consumer was hoping for "suicide by cop." He was further upset that the VA was not handling his treatment the way he thought they should. After some convincing by the hostage negotiation team, he was taken to the VA and even though it was conveyed what crisis had transpired, Mr. C was released from the VA at 7:00 am the next morning after he sobered up. By 1400 hrs on 5/4, Mr. C was calling 911 and hanging up.

Officer Fleeman and Cpl. Clayton were aware of the prior call and responded with officers. Mr. C. was already intoxicated again and trying to invoke a response from officers on the scene. Officer Fleeman and Cpl. Clayton were able to deflect Mr. C's attention away and established a rapport with him, after he admitted wanting to commit "suicide by cop". He had a vendetta against police because they were unable to save his daughter who died in a vehicle fire while he was serving in Vietnam. Mr. C was voluntarily taken to the VA again, and Investigator Fleeman stayed in the room with Mr. C and was able to get him to admit in front of the psychiatrist his intent to commit suicide by cop. Fleeman and MHOP Clinician A. Jones worked as a pair to address the necessary people, including the Chief of Police in order to assure that Mr. C was held and appropriately evaluated.

It is MHOP team's plan to be contacted (*hopefully*) upon his release and ensure that he is connected to some other support services (VFW, care review, etc) in order to reduce the calls for service at this location.

Although the "system" showed some flaws in its' care, it is a true example of how the right response from the appropriate people can make a difference. We certainly want to acknowledge the response of the SET and Hostage Negotiator Teams for their response and actually actively listening to Mr. C made all the difference in the outcome of this situation.

On May 6, Capt. Bazemore of the Durham County Jail contacted Sgt. Ray to assist a mother in obtaining IVC papers on her son. The mom had received text messages that stated that he was not going back to a psychiatric ward alive and that he was not going to bow to anyone. He also included very graphic and disturbing photos to family members.

The consumer had suffered a trauma as a teenager when two three close family members were the victims double homicide/suicide. He had little involvement with mental health system to date. Although he was seeking treatment, the doctor had no idea that the consumer was capable of this type of behavior.

The SET Team and Hostage Negotiators were called out to the consumer's residence. The negotiators attempted communications with him, yet he continued to send disturbing messages to his family members. He made it clear that he was going to "go out with a bang", and said his good-byes to family by promising to come out and start shooting. Negotiations continued for over three hours.

At that point, SET fired tear gas into the home. The consumer was taken into custody without incident and transported to Duke for treatment.

Set members advised that the consumer had truly barricaded himself into the home with furniture stacked, several loaded weapons and dozens of rounds of ammunition ready. By all accounts, the consumer was prepared to take his own life, or take someone else's. By a peaceful ending, a tragedy was certainly avoided.

The SET Team and Hostage Negotiators certainly did a great job in doing all that they could in ensuring a safe outcome in this situation. It was their efforts that changed the consumer's mind-set that

www.durhampolice.com/units/crisis_intervention_team

	NCCRI (ongoing)	BJA/MHOP (Oct. 2010 – Oct. 2012)	SAMHSA – BECOMING (Oct. 2011 – Oct. 2016)
Population / Eligibility	0-18 Exposed to violence/trauma City of Durham resident	16 + Nonviolent, repeat offenders Showing obvious signs of mental illness and/or substance use Unengaged in MH services Risk of frequent emergency service (ER, 911, etc.)	16-21 History of or current gang activity behavioral concerns felony or misdemeanor charge homelessness family difficulties Serious mental illness or emotional disturbance
Services	Officer/clinician follow up Information about trauma Crisis case management Free mental health assessment Recommendations for treatment 4-6 free sessions of assessment and crisis stabilization	Service connection/coordination Follow-up home visits and phone contacts Linkages to community resources	Diagnostic assessments Care coordination Outreach to 16-21 year-olds Linkages to mental health, substance abuse, employment, court, occupational, educational, recreational, and peer support services
Contact Information	NCCRI Clinicians CIT Investigator	Clinical Case Manager CIT Investigator, Corporal, and Sergeant	2 designated officers, to be determined

Resource Spotlight

721 Foster Street

Durham, NC. 27701

919-560-0525

BUILDING UPLIFTING & IMPACTING LIVES DAILY

Project B.U.I.L.D

LAYING THE FOUNDATION THAT LEADS TO A PRODUCTIVE TOMORROW

What is Project BUILD?

The purpose of Project BUILD is to serve as a catalyst for positive growth, development and change in the Durham community. We are dedicated to enhancing young lives by directly linking them to educational and employment resources , mentors, pro-social role modeling, and encouragement all in an effort to decrease negative activity and more importantly to increase productivity. Although we aim to serve most populations between the ages of 14-21, our primary focus is gang and potential gang members. It is our goal to **B**uild, **U**plift & **I**mpact **L**ives **D**aily.

How does Project BUILD work?

Project BUILD is designed to function as a wrap (system) structure. Upon being referred to BUILD, individuals are assessed and assigned to an Outreach Worker. Each case is individually reviewed by our Intervention Team (IT). The IT makes appropriate resource referrals based upon goals, aspirations, circumstances coupled with the presented information. Lastly, the BUILD Outreach Workers assist the youth in following through on the resources referrals and conduct aftercare services until goals are achieved. We function under the Office of Juvenile Justice and Delinquency Prevention's Comprehensive Gang Model. There are five core service strategies:

Community Mobilization: Project BUILD solicits the support of the community in responding to issues concerning youth and gang problems.

Opportunities Provision: BUILD presents both educational and employment opportunities as a means of setting and accomplishing goals and increasing productivity.

Suppression: BUILD partners the community and community based agencies in an effort to reduce crime, violence and harm to the community.

Social Intervention: BUILD addresses social deficits and issues such as mental health, family dysfunction, substance abuse, and other factors that will diminish an individual's ability to disengage from the gang and gang activity.

Organizational Change and Development: Through education and communication, BUILD aims to improve the ability of organizations and agencies to respond to gangs.

Although the work of BUILD is strenuous and very challenging, to date, BUILD has assisted over 100 Durham youth in completing probation and community service requirements, gaining employment, working towards and/or gaining a high school diploma or GED, entering a community college or four year institution and becoming more productive in our community.

BEHIND THE BARS…

A new article coming soon about CIT in the detention setting. Look for it in the next issue…..

Upcoming Schedule

Weekends in June– NCCRI personnel will be conducting training for patrol officers. Topics will include the current trends in mental health and the various grants that officers may refer consumers to.

June 22/23, 29/30– 911 Communications training will focus on recognition of a mental health crisis, and de-escalation. "Hearing Voices"- a look at Schizophrenia and a consumer question and answer session will be included.

CIT Class #10 Graduates

Nineteen students were CIT Certified on Friday, May 20. The class included students from the Veteran's Administration, Duke University Police, North Carolina Central Police, Durham Sheriff's Office and Durham Detention Personnel and Durham Police. This is the 2nd training that has included jail personnel and we are all excited. Having the jail certified only strengthens the relationship between them and patrol officers in regards to dealing with detainees in crisis.

For this training, the practical role play instruction was conducted in the jail rather than in a classroom. This allowed students to test their CIT de-escalation skills in a more realistic setting. Student feedback about the training has instructors planning to make September's training even more realistic.

The next class is scheduled for September 19-23 at Duke University Police Department. If interested in attending, please notify Sgt. Lori Ray at lori.ray@durhamnc.gov, or Cpl. Mark Morais at mark.morais@durhamnc.gov.

Collaborating Agencies Contact Information

Durham Police Department:

Sgt. L. Ray 919-560-4438 x 29227
lori.ray@durhamnc.gov

Cpl. M.J. Morais

Mark.morais@durhamnc.gov

North Carolina Central University Police Department: Captain A.J. Carter 919-530-7365; acarter@nccu.edu

Durham County Sheriff Office: Captain R. Padgett

919-560-0097 or 621-3020
RPadg10410@aol.com

Durham Tech Community College Police: Chief Sarah Minnis 919-536-7200 x5504

minniss@durhamtech.edu

Duke University Police Department: Captain M. Linton

919-681-4370 or 812-2920;

Michael.linton@duke.edu

Veterans Administration Police: Sgt. J. Fordham 919-286-0411 x 4078

The Durham Center 560-7100 or Jennifer Meade 919-560-7201
jmeade@co.durham.nc.us

NAMI Durham Hotline-

919-231-5016 (non-crisis)

build rapport with the veteran population. You can relate to them a lot better I'm telling you, than Joe Shmoe that just works at the Jiffy Lube.

Vanderwood's gruff humor commands the attention of the room full of officers. He helped design the Combat to Community training, collaborating with the Veterans Administration to create today's workshop.

CAROLYN FINK: PTSD is a normal response to a very abnormal situation, and all of us are just as susceptible to get it as not.

Carolyn Fink is a therapist who treats trauma in soldiers.

FINK: We've made them really good fighters, and just because they have a piece of paper that says "discharge" doesn't mean that any of it has gone away, or that they have any control over it. They have to learn how to use their brain differently.

Vanderwood has a different term for PTSD. He calls it "battle mind."

VANDERWOOD: And the point of my telling you this stuff is to get you to understand maybe some of the difficulty people have transitioning out of this battle mind and how that manifests when they interact with you.

"You get rage you can't understand and you can't control it. When I got arrested I was telling the police, "You need to get me away from this situation. There's a high potential that I'm gonna do something that's gonna be really bad."

John Galvan

Not every returning veteran has PTSD, but the wars in Iraq and Afghanistan have unique characteristics that make PTSD more likely. Because of improved medical care, more soldiers are surviving explosions or other combat wounds, but they are also often serving longer deployments. And when vets do come back with PTSD, they're not the only ones who suffer.

VANDERWOOD: Because these people have spouses, parents, brothers, sisters, who are all affected in some manner or way through the military, and specifically through combat experience. And so their traumas, or simply their experiences, resonate throughout the community in many different ways. And to help people understand a little of the background about those experiences I think will build a better system of care for the veterans.

And fostering a system of care for veterans is only going to become more important as approximately 200,000 active military leave the service each year.

For Mills College, I'm Lilah Crews-Pless in Sacramento.

Lilah Crews-Pless is a student reporter at Mills College in Oakland.

This article originally appeared on KALWNews.org

Read more: http://www.sfgate.com/cgi-bin/blogs/kalw/detail?entry_id=89099#ixzz1NCRtwDpx