SAVE THE DATE!! October 14th, 2011
Durham CIT 4th Annual Recognition Banquet

By Linda Burkhart, NAMI Durham CIT Representative

Time: 11:30 – ??
Place: The National Guard Armory, 801 Stadium Road

Keynote address - Tonier Cain, National Speaker and Educator with personal experience on Trauma

Some of us had the pleasure of attending our NAMI State CIT Conference last fall and got to hear Tonier Cain’s keynote address. I was seated at a table with some of our Durham CIT team members among other folks who were totally enthralled as Tonier gave us an account of her childhood up to what her life is like today. As I looked around Tonier had everyone in the room held captive. We could say that her story did not surprise many of us due to our work but no one could argue the strength and courage of these women. Below is a quote from her biography.

“After surviving a childhood of abuse and neglect, Tonier “Neen” Cain lived on the streets for two nightmarish decades, where she endured unrelenting violence, hunger and despair while racking up 66 criminal convictions related to her addiction. Incarcerated and pregnant in 2004, treatment for her lifetime of trauma offered her a way out... and up. Her story illustrates the consequences that untreated trauma has on individuals and society at-large, including mental health problems, addiction, homelessness and incarceration. Today, she is a nationally renowned speaker and educator on the devastation of trauma and the hope of recovery.”

We are anticipating our best ever Durham CIT Annual Recognition Banquet this fall!
In Durham there are 3 college campuses— Duke University, Durham Technical Community College and North Carolina Central University, not to mention several more in the surrounding Raleigh and Chapel Hill neighborhoods. Chances are good that many local students are going to be living in off-campus housing in our communities. With the start of the fall term only a couple of weeks away, the article below is just a reminder of the realities of suicide risks among the college-aged population.

By Rebecca A. Clay

College can be a stressful time, and the numbers bear that out. The American College Health Association’s 2006 National College Health Assessment found that 94 percent of the college and university students surveyed reported that they felt overwhelmed by everything they had to do. Forty-four percent confessed that they had felt so depressed it was difficult to function. And 18 percent had a depressive disorder.

According to SAMHSA’s National Survey on Drug Use and Health, in 2008, young adults age 18 to 25 were more likely than adults age 26 to 49 to have had serious thoughts of suicide (6.7 percent vs. 3.9 percent). These statistics underscore why Prevention of Substance Abuse and Mental Illness—including suicide prevention—is the first of eight Strategic Initiatives that will guide SAMHSA’s work through 2014 (see Suicide Prevention: Top Priority for SAMHSA and the Nation).

“Suicide is a preventable tragedy for college students, their families, and our communities,” said SAMHSA Administrator Pamela S. Hyde, J.D., noting the importance of education about depression, substance abuse, and other suicide risk factors, as well as resources such as SAMHSA’s National Suicide Prevention Lifeline.

“By working on suicide prevention on campuses and elsewhere, we can save thousands of lives.” For college students, they need all the support they can get. The bad economy is adding to students’ stress about debt and job prospects once they graduate. A 2010 Higher Education Research Institute study of more than 200,000 freshmen entering 4-year colleges found that their emotional health had declined to the lowest level since the annual survey began 25 years ago.

The Campus Suicide Prevention Grants program is one way SAMHSA is working to achieve that goal. The program supports colleges and universities in their efforts to prevent suicide among students and to enhance services for students with depression, substance abuse, and other behavioral health problems that put them at risk of suicide. (See East Tennessee University: Reaching Students Online, University of Guam: Transforming a Legend, and Boston University: Revealing Secrets Can Help Students for three campus grantees.)

The National Action Alliance for Suicide Prevention is taking action on a broader scale (see Action Alliance Identifies Three High-Risk Populations for Suicide Prevention Efforts). With this public/private partnership, Ms. Hyde and other leaders from Government, business, the advocacy community, and other groups work together to advance the National Strategy for Suicide Prevention.

For more information about SAMHSA’s suicide prevention activities, visit http://www.samhsa.gov/prevention/suicide.aspx. SAMHSA News online (Archives) also offers an extensive list of related articles.
Tell us about the great job your officers do every day. We want to know!!

Sgt. Ray

**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.

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**OFFICER SPOTLIGHTS**

NCCU Officer Cheryl Geiger referred a female student, Ms. Smith to the MHOP Team when she realized that this student had been attending classes for some time but was living out of her car on a city street. Ms. Smith had shown erratic behaviors of talking to herself, wandering through buildings, arguing with other students and assaulting a campus bus driver. This female had also been seen flagging down traffic on a city street for no apparent reason. With her CIT training as a tool, Officer Geiger had attempted to make contact with and try to help Ms. Smith but so far she would not engage with on-campus counseling services.

Ms. Smith’s behavior had started to become more irrational and physical so Officer Geiger contacted the MHOP Team for assistance. After meeting with NCCU officials, the MHOP Team and Officer Geiger swore out involuntary commitment papers on Ms. Smith. NCCU officers transported Ms. Smith to DCA for evaluation.

With a plan of action in place, DCA personnel prepared Ms. Smith for a transfer to a longer term facility that could more closely meet her needs and highly resistant nature.

The reality is that the college age is a very stressful time in which many mental health concerns may come to light. It is important to not only have trained and dedicated officers in place but also to have the partnership to assist in the tough cases.

GREAT JOB—Officer Geiger and the rest of the NCCU Team!!

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Officer Jonathan Bell recently responded to a missing person call at a group home. He found the subject walking by a business on Hillsborough Rd. This subject wandered away last month and Officer Bell was able to find him in the same location. The group home supervisor stated that they were trying to move the consumer to a more secure facility for his safety. Officer Bell recognized the consumer’s signs of memory loss and confusion so he transported the consumer to Duke for evaluation. He articulated to the staff at Duke about the consumer’s history of wandering off. Duke agreed to hold the consumer for a complete evaluation. It was invaluable of Officer Bell’s knowledge of the consumers in his beat. Officer Bell knew this consumer’s history and was not only able to locate him when he wandered away, but was able to articulate to the doctors the client’s need for evaluation.

GREAT JOB OFFICER BELL!!
The Criminal Justice Resource Center, a Durham County public safety department, has three primary functions: delivery of quality rehabilitative services so offenders and at-risk youth can become productive successful citizens; supervision and monitoring of high-risk offenders residing in Durham County; and support of the criminal justice system at large through collection and dissemination of criminal and treatment histories.

The principle programs are Community Based Corrections (Day Reporting Center, Second Chance, AND Reentry), Substance Abuse Treatment and Recidivism Reduction for jail inmates (STARR), Pretrial Services, Youthful Offender Services, and Court Services. Each program area has a defined target population and addresses a specific need within the criminal justice system.

The newest program, the Mental Health Outreach Program, serves as a co-responder model between law enforcement and mental health. The target population is individuals 16 and older, especially youth and females, with a serious mental health or co-occurring mental health and substance abuse disorder who have not successfully engaged with the mental health system and are nonviolent, repeat offenders.

The program is funded by a 2010 Bureau of Justice Assistance two year grant, and is a collaboration between CJRC, Durham Police, The Durham Center, and Duke Center for Child and Family Health.

Other CJRC programs and services are:

**DAY REPORTING CENTER (DRC)** is an Intermediate Sanction under Structured Sentencing. Individuals must be referred with a direct court order or a probation modification order. This program is considered to be an alternative to incarceration and therefore provides close supervision and monitoring of participants. Individuals in DRC must report on a daily basis with decrease in reporting based on performance. The length of the program is 6 months.

**SECOND CHANCE PROGRAM (SCP)** is a substance abuse treatment program designed for probationers or parolees who do not require the structure and supervision of the Day Reporting Center. Individuals are referred through TASC (Treatment Accountability for Safer Communities), the Division of Community Corrections or directly through the Courts. Most individuals are referred to SCP for substance abuse treatment.

**REENTRY PROGRAM** is designed to facilitate the smooth return of serious and/or violent offenders into the community after lengthy incarceration in the state prison system. The program provides various support services through collaborative supervision without compromising public safety. This program works in partnership with the Durham Police Department, Community Corrections, the Parole Commission and the Religious Coalition for a Non-Violent Durham.

**STARR** The Substance Abuse Treatment and Recidivism Reduction Program (STARR) is a cooperative effort between CJRC and the Durham County Office of the Sheriff. STARR is an intensive four-week chemical dependency treatment program provided to criminal offenders in the Durham County Detention Facility.
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The program accepts volunteer and court-mandated men and women inmates. Upon completion of STARR, an additional four-week program (STARR GRAD) is available. The STARR Program also provides referral and case management services.

PRETRIAL SERVICES Pretrial Services strive to provide complete and accurate information to judges to assist in the release or detention decision for inmates. Pretrial Services also actively supervise pretrial defendants while ensuring that agency-mandated conditions and court-ordered requirements are satisfied.

COURT SERVICES Since FY 2005, The Durham Center and CJRC have partnered to provide a number of innovative services for mental health and substance abuse clients. Services generally focus on identification of needs, recommendations, referrals and follow-up.

Staff receives and complete requests from the court for forensic evaluations for both adult and child populations to determine if an individual has the capacity to proceed to trial.

The partnership also offers mental health evaluations of adults and juveniles to assist in court proceedings to determine clinical diagnosis, intellectual functioning, and an individual’s ability to function and need for treatment/services.

Staff conduct substance abuse screenings/assessments and psychological evaluation/testing to ensure connection and coordination of services for individuals with MH/DD/SA issues admitted to the Durham County Youth Home and Detention Facility.

All participants are assigned a case manager who works to remove barriers that could negatively impact a participant’s likelihood to become a productive, healthy citizen. Case Managers provide assistance with literacy programs, housing, employment, clothing, food, identification and insurance documentation as well as coordination with other community providers to address mental health and physical health needs.

CJRC also offers a continuum of outpatient substance abuse treatment (SAT) services to offenders in Durham County who are on probation/parole. Treatment services are provided with the goal of helping clients establish productive, crime and drug free lives.

Service delivery builds upon and is provided in cooperation with local and state agencies such as the juvenile and adult detention center, The Durham Center, Durham Public Schools, the Courts and the judicial system, Department of Juvenile Justice & Delinquency Prevention (DJJDP), the NC Department of Corrections, and community nonprofits.

Collaborating Agencies Contact Information

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<th>Agency</th>
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<tbody>
<tr>
<td>Durham Police Department</td>
<td>Sgt. L. Ray 919-560-4438 x 2927</td>
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<td></td>
<td><a href="mailto:lori.ray@durhamnc.gov">lori.ray@durhamnc.gov</a></td>
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<td></td>
<td>Cpl. M. Morais 919-560-4438 x29462</td>
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<td></td>
<td><a href="mailto:mark.morais@durhamnc.gov">mark.morais@durhamnc.gov</a></td>
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<tr>
<td>NAMI Durham Hotline</td>
<td>919-231-5016 (non-crisis)</td>
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<tr>
<td>North Carolina Central University Police Department</td>
<td>Captain A.J. Carter 919-530-7365; <a href="mailto:acarter@ncsu.edu">acarter@ncsu.edu</a></td>
</tr>
<tr>
<td>Durham County Sheriff Office</td>
<td>Captain R. Padgett 919-560-0009 or 621-3020</td>
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<td></td>
<td><a href="mailto:RPadg10410@aol.com">RPadg10410@aol.com</a></td>
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<tr>
<td>Durham Tech Community College Police</td>
<td>Chief Sarah Minnis 919-536-7200 x5504 <a href="mailto:minniss@durhamtech.edu">minniss@durhamtech.edu</a></td>
</tr>
<tr>
<td>Durham Co. Detention Officers</td>
<td>Capt. Elijah Bazemore 919-560-0962</td>
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<td><a href="mailto:ebazemore@durhamsheriff.org">ebazemore@durhamsheriff.org</a></td>
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<tr>
<td>Duke University Police Department</td>
<td>Captain M. Linton 919-681-4370 or 812-2920;</td>
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<td></td>
<td><a href="mailto:Michael.linton@duke.edu">Michael.linton@duke.edu</a></td>
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<tr>
<td>Veterans Administration Police</td>
<td>Sgt. J. Fordham 919-286-0411 x 4078</td>
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<tr>
<td>The Durham Center</td>
<td>560-7100 or</td>
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<td>Jennifer Meade 919-560-7201</td>
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<td><a href="mailto:jmeade@co.durham.nc.us">jmeade@co.durham.nc.us</a></td>
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Training Updates
By: Katie Smith - NCCRI

During the month of June, NCCRI provided training to one hundred and thirty six (136) patrol officers and sixty-four (94) 9-1-1 telecommunicators.

Topics shared with patrol officers included a review of NCCRI's services and an introduction to the new Mental Health Outreach Program (MHOP). Officers also learned how to access both of these programs and reviewed signs and symptoms of mental illness. Scores from pre- and post-tests administered to these already knowledgeable officers showed an average increase of 13% in their knowledge of mental illness and related services. More importantly, in the weeks following the trainings, the MHOP team reported a 27.5% increase in calls being categorized as mental health-related!

9-1-1 Communicators participated in a full-day training during which they, too, were introduced to NCCRI and MHOP. Through activities, video clips, discussion, and lecture, these dedicated communications officers also learned about several types of serious mental illness, including delirium and dementia, psychotic disorders, anxiety disorders, personality disorders, and mood disorders. Preliminary results from their pre- and post-tests showed an amazing 30% average increase in knowledge. Feedback from participants indicated that they found the training helpful and meaningful to their work.

INTOXICATED PERSONS PROTOCOL

During the month of July, the Durham Police and the Durham Center Access conducted a trial protocol of how to handle intoxicated persons. The goal was ultimately to divert individuals away from the jail and give them the opportunity to seek services with Durham Center Access if they so desired. You never know when someone is ready to embrace the chance for sobriety and accept the chance for recovery that they have may have been avoiding for so long. A number of individuals have been serviced at Durham Center Access. Several were transferred to the appropriate hospitals due to medical conditions. The response is still being analyzed and a decision to continue this protocol has been determined. We will continue to transport all 10-56 consumers to DCA first if transporting them home is not an option.

We wanted to take this time to thank officers who assisted us in this pilot program and encourage continued support to those individuals in the future.

Upcoming Schedule

September 10-13: National CIT Conference
Virginia Beach, VA.

September 19-23: CIT Class #11
Duke University

October 1: BECOMING Project begins

October 14: CIT Recognition Luncheon
National Guard Armory