

**The Bill Blackwood  
Law Enforcement Management Institute of Texas**

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**Public School Based Law Enforcement  
Crisis Intervention Response Teams**

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**A Leadership White Paper  
Submitted in Partial Fulfillment  
Required for Graduation from the  
Leadership Command College**

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June 2017**

## **ABSTRACT**

According to one website, “One in five youth live with a mental health condition, but less than half of these individuals receive needed services. Undiagnosed, untreated or inadequately treated mental health conditions can affect a student’s ability to learn, grow and develop” (“Mental health in schools,” n.d., para. 2). It is the responsibility of school based law enforcement officers to identify these individuals in an effort to assist them if a crisis occurs and protect the community that they serve. This includes students, staff, or visitors who may have a diagnosable mental illness. The purpose of this research was to identify the need for public school based law enforcement agencies to have their own designated crisis intervention response teams to deal with members of the school community in the event one of them should experience a mental crisis.

In order to assess the need for designated crisis intervention response teams for school based law enforcement agencies, the following areas were examined: officer safety, the need to serve the mentally ill population, and the education of the community about mental health. Information was also gathered on the statistics concerning the average age that students are diagnosed with mental illness and the effect that it can have on them if not handled appropriately. The study concluded that for the safety of the officers and the community that they serve, all school-based law enforcement agencies should have their own designated crisis intervention response teams.

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## INTRODUCTION

The National Alliance on Mental Illness stated that a “mental illness is a condition that impacts a person's thinking, feeling or mood, and may affect and his or her ability to relate to others and function on a daily basis” (“Mental health conditions,” 2015, para.1). A person does not become a mentally ill overnight. There are various factors that contribute to a person's overall mental health and ability to function appropriately in society.

Until recently, only mental health professionals were tasked with dealing with the mental health problems of general public. Their problems were mostly kept confidential. If a person suffered from a serious mental illness, they were kept in an institution away from the general public. But today, with new attention focused on returning soldiers diagnosed with PTSD for war related experiences, anxiety, depression and other mental health disorders, a new light has been shed on the mental health of functioning citizens around the country.

Mental illness does not only occur in soldiers in the armed forces, but it also occurs in regular everyday citizens, including school age children. Research completed by the National Alliance on Mental Illness has reached the conclusion that “50% of mental health conditions begin by age 14 and 75% of mental health conditions develop by age 24” (Mental Health Conditions, 2015, para.1). This means that half of all the students in the public school system in America will be diagnosed with some sort of mental illness by the age of 14 or possibly earlier. There needs be a police presence in the school system to help deal with students with mental illness. Public school based law enforcement agencies should have their own designated crisis intervention

response teams to address, evaluate identify and service members of the community that they serve.

## **POSITION**

Since there is a presence of students in the public school system who are suffering or exhibiting signs of mental illness, there definitely needs to be a program in place to deal with this issue. Currently, traditional police departments have crisis intervention response teams (CIRTS). Crisis intervention teams are a team of a licensed peace officers who are trained to deal with members of the community who are experiencing a mental health crisis. In order to be effective, the goals of each team needed to clear. Watson & Fulambarker (2012) stated that "The primary goals of the crisis intervention response teams is to increase safety and encounters, and when appropriate, to divert persons with mental illnesses from the criminal justice system to mental health treatment" (p. 2).

The development of the concept and implementation of crisis intervention teams "was developed in 1988 by the Memphis Tennessee Police Department in collaboration with the National Alliance on Mental Illness (NAMI) to improve interactions between officers and individuals with mental illness" (James, Logan, & Davis, 2011, p. 212). The Memphis Police Department created this team after a deadly encounter with a mentally ill subject. They have since moved on to build and develop strong relationships with the mental health agencies individuals, and families affected by mental illness. Police crisis intervention teams have become a very important part of the community that they serve. Watson & Fulambarker (2012) stated that "As persons with mental illnesses and law enforcement become increasingly intertwined, the collaboration of police and mental

health service providers has become critical to appropriately servicing the needs of individual experiencing mental health crises" (p. 1). School-based law enforcement agencies should have their own designated crisis intervention response teams for the following reasons: it promotes officer safety, to service the growing number of students and staff that suffer from mental health issues, and the crisis intervention team can educate the community on mental health issues.

The implementation of crisis intervention response teams promotes officer safety because officers are immediately able to identify a mentally ill person and use the training they have received to de-escalate any situation. The officer will never respond to a mental health crisis alone, at least two officers would respond. They are less likely to be injured when dealing with a violent consumer because of their training and the support of another trained mental health officer. When both officers arrived at the scene, this displays a show of force to the individual experiencing a mental health crisis. Most mentally ill individuals will comply with a lawful directive given by an officer. While the primary officer speaks to the individual, the 2nd or 3rd officer on the scene can focus solely on the individual and watch for any suspicious behavior, weapons or any sudden movements. Although all public school officers have some level of crisis intervention training, officers who receive specialized training in this area routinely resolve mental health crises without injury to all parties involved. There is no other place where this type of training is needed more than in the public school system. The dedicated crisis intervention response teams would help ensure that a majority of police mental health crises end with a positive outcome.

Public school systems definitely need trained mental health officers who know the students and staff that they serve. In addition to the training, the familiarity that both the officer and the consumer would have with one another will also help in de-escalating any mental health crisis. This would ensure that officers resolve crises without injury. In support of this fact, Sharron (2004) stated that “The implementation of Crisis intervention response teams may have an effect on officer injury rates in a positive way and injury rates for departments should show a decrease in officer injuries” (p.11).

In addition to promoting officer safety, the implementation of school based law enforcement crisis intervention response teams would ensure that the growing number of students with mental illness are treated fairly and not treated as common criminals. Police officers can work hand in hand with school administrators to make sure students receive the appropriate mental health services. In addition to fully servicing their community, having a designated school-based law enforcement crisis intervention team would increase the overall safety of the school campus.

The implementation of crisis intervention response teams for school based law enforcement agencies would give them another way to reach out to the community and educate them on mental illness and ways to respond and assist someone who is having a mental crisis. A majority of the population do not understand individuals with mental health issues and just label them as crazy. Or if they see a person experiencing a mental health crisis, they are afraid of them and do not know how to assist them. The school-based law enforcement crisis intervention response teams can discuss with members of the community about the different types of mental illness, how to identify someone in crisis and when to call for a crisis response intervention team.

By reaching out to the community they can be made aware that they have a resource that they can count on in times of need. This is basic community policing which builds trust, establishes relationships and makes the response team a visible and contributing member of their community. By educating the community, it will also encourage those who may be having mental health issues to go and seek help to resolve or manage their issues. The violence that students experience in their homes, at school and in their neighborhoods also contribute to the mental health issues that they develop which leads to problems at school and eventually with the criminal justice system if not they are not identified and treated. This is a very proactive approach which will prevent those with mental health issues from becoming undeserving criminals. Educating members of their community would also help eliminate the stigma school aged children perceive, which prevents many of them from seeking the help that they need. According to Friedman (2014), "Research suggests that the majority of people hold negative attitudes and stereotypes towards people with mental illness. From a young age children will refer to others as "crazy" or "weird"; these terms are used commonly throughout adulthood as well" (para. 3).

### **COUNTER POSITION**

To refute the position on the creation of crisis intervention response teams in schools, there are a few reasons why some school-based law enforcement agencies should not have their own designated crisis intervention teams. There is the cost of training the officers required for the team and purchasing equipment, the dedicated manpower needed to staff the team, and the police building associated with hosting the training. These are not the only objections that this proposal may face but they are the



most prominent objections.

Walden (2011) stated, "The law enforcement agency will have to consider training costs, equipment cost and overtime expenses if the team operates outside of its normal shift" (p. 8). Each officer who will be selected for the crisis intervention response team will have to attend at least a 40-hour mental health officer training course. The training necessary comes at a cost to the officer's police department which includes the cost of the class, mileage to and from the training location, and possibly hotel, airfare and the loss of manpower. Agencies with restricted budgets will not be able to carry the cost of a normal four to six-man team.

In addition to the cost of training each officer, agencies will lose the officer as a resource during the required training period and during the response time to mental health crisis in the department's jurisdiction. This is a major concern for most departments. It is why most school-based law enforcement agencies choose not to have a designated team especially the smaller departments.

Although costs associated with the training and loss of manpower during officer's absences are factors that would prohibit or prevent some school based law enforcement agencies from creating crisis intervention response teams, there are some alternatives to creating and implementing a team. Walden (2011) stated, "First, the training can actually be sponsored at the local law enforcement agency. Many times this allows for the sponsoring agency to attend for free" (p. 9). This would automatically eliminate the training fees, hotel, airfare, and mileage to and from the training location. All future officers who wish to join the crisis intervention response team would be able to use the training opportunity at the department. Another training alternative would be to have one

of the officers receive a certification as a mental health officer instructor. This would ensure that the department could save on training costs in the future.

Another reason why some school-based law enforcement agencies may opt out of having a designated crisis intervention response team is the liability that officers may face as a result of dealing with an individual who is experiencing a mental health crisis. To avoid this liability, most school based law enforcement agencies will defer to city and county law enforcement agencies to deal with the mental health crises that occur in their jurisdiction. They often have to rely on untrained officers to handle various mental health crises. Without proper training, an officer can possibly put him or herself and their department in a position to face criminal and/or civil liability (Otu, 2005).

The possibility of the police liability as a result of an officer's action are a constant concern for all law enforcement agencies. Since some mental health crises involve violent individuals, there is a chance that the individual may become injured due to officer attempting to gain control of them if verbal commands are not effective. Without proper training the officers may be injured as a result of their interaction with the individual. In other words, chiefs and supervisors do not want to be held liable for injuries and mentally ill person may obtain. This could result in a lawsuit against the department and the officers involved.

For example, in 2009, an officer from the Stafford Police Department fatally shot and killed a mentally ill man. The mentally ill man was in the middle of a crisis when his mother called a police crisis intervention team to get her son under control and transported to a hospital. The mother advised dispatch that her son did not have any weapons. Because the mother knew that her son needed specialized officers to assist

she requested a crisis intervention team. She received a regular patrol officer who encountered her son. The officer was not trained to deal with her son's mental illness and eventually created a situation where the officer feared for his life and shot the mentally ill man, killing him. In 2015, a Houston federal court granted the parents of the deceased man \$150,000 for use of excessive force. Although the city of Stafford, the shooting officer, or the police chief were not found responsible, the money was still paid out to the family. This was achieved because the department settled out of court before closing arguments to prevent acknowledging any wrong doing (Barajas, 2015). This just one example where a department faced liability due to an officer incident involving a mentally ill man.

There has been an increase of law enforcement officer encounters with emotionally disturbed people on a daily basis. Although the number of law enforcement contacts have been on the rise, determining the culpability of officers dealing with a person with a mental illness has been inconsistent throughout U.S. justice systems when attempting to decide whether or not an officer has violated a person's rights under the American Disabilities Act (Oh, 2014). If the officer acts in good faith and does not implement excessive force tactics, the officer and the department are less likely to be liable for interactions with a mentally ill individual even if the outcome is not positive. Therefore, it is definitely imperative that these teams be put together and made readily available for citizens or who are in a mental health crisis. Hundreds of incidents such as this one occur every day in public school districts across America. School based law enforcement agencies that would opt not to have a designated crisis intervention response team are susceptible to lawsuits. If an incident occurs on a school campus

where a trained team could have prevented loss of life, then departments could be held responsible for not protecting its citizens when they had the resources to do so. Trained officers would drastically reduce the risk of liability of departments when dealing with the mentally ill if they are available to respond to an active crisis.

## **RECOMMENDATION**

Walton & Fulambarker (2012) stated that “Crisis Intervention Units are becoming an industry standard in contemporary law enforcement agencies” (p. 11). It is now time for school based law enforcement crisis intervention response teams to become an industry standard. Crisis intervention response teams promote officer safety, they service the growing number of students and staff who suffer from mental health issues, and they can educate the community they serve about mental health issues. All school based law enforcement agencies should have a designated crisis intervention response teams to accomplish the aforementioned objectives. The reasons that these agencies should consider implementing the teams are because they promote officer safety, they allow the teams to service the growing number of staff and students who may suffer from mental illness, and it gives the team an opportunity to educate the community about the different types of mental illness, how to identify someone in crisis and when to call for a crisis response intervention team.

Although the liability associated with the mentally ill as a law enforcement agency can be great, this can be mitigated by properly training all officers, creating a designated crisis intervention response team, and educating the community. The other opposition to creating an intervention team is the cost. When creating any new unit, the startup and operation cost of the program is always a departmental concern. The cost to train

and maintain a crisis response team is relatively inexpensive. In most cases, the training is free and there are no other additional costs to maintain it.

Implementation of a school based law enforcement crisis intervention team is quite simple. An agency can use the current instructors that it has on staff to teach the members of the proposed team, four to six officers, how to deal with individuals in crisis. This is usually done by reviewing the Texas Commission on Law Enforcement (TCOLE) structured mental health officer's training, which is usually a 40-hour block of instruction. A yearly review of the mental health information is recommended. The program is cost effective and will definitely pay dividends for the department. The recommendation based on this research is that all school based law enforcement agencies should have a designated crisis intervention response team.

## REFERENCES

- Adamson, A. D., & Peacock, G. G. (2007, October). Crisis response in the public schools: A survey of school psychologists' experiences and perceptions. *Psychology in Schools, 4*(8), 749 -764.
- Barajas, M. (2015, June 4). Lawsuit over mentally ill man shot and killed by stafford cop settled for 150K. Retrieved from <http://www.houstonpress.com/news/lawsuit-over-mentally-ill-man-shot-and-killed-by-stafford-cop-settled-for-150k-7488291>
- Desmarais, S. L., Livingston, J. D., Greaves, C. C., Johnson, K. L., Verdun-Jones, S., Parent, R., & Brink, J. (2014, November). Police perceptions and contact among people with mental illnesses: Comparisons with general population survey. *Psychology, Public Policy, Law, 20*(4), 431-442.
- Freckelton, I. (2008, July). Liability for failure by police to detain potentially suicidal and dangerous persons. *Psychiatry, Psychology and Law, 15*(2), 175-187.
- Friedman, M. (2014, May 13). *The stigma of mental illness is making us sicker*. Retrieved from <https://www.psychologytoday.com/blog/brick-brick/201405/the-stigma-mental-illness-is-making-us-sicker>
- Hanafi, S., Bahora, M., Demir, B. N., & Compton, M. T. (2008, December). Incorporating crisis intervention team (CIT) knowledge and skills into the daily work of police officers. *Community Mental Health Journal, 44*(6), 427-432.
- Hoffmann, M. A. (2007, June). Policies, ongoing training essential in avoiding police liability. *Business Insurance, 23*-23.

- James, R. K., Logan, J., & Davis, S. A. (2011, April) . Including school resource officers in school-based crisis intervention: Strengthening student support. *School Psychology International*, 32(2), 210 - 224.
- Knox, S., & Roberts, A. R. (2005, April). Crisis intervention and crisis team models in schools. *Children & Schools*, 93 - 100.
- Mental health in schools. (2015, June 4). Retrieved from <http://www.nami.org/Learn-More/Public-Policy/Mental-Health-in-Schools>
- Mental health conditions. (2015, June 4). Retrieved from <http://www.nami.org/Learn-More/Mental-Health-Conditions>
- Oh, M. J. (2014, July). Encountering mentally ill people and potential liability under the Americans with Disabilities Act. *The Police Chief*, 81(7). Retrieved from [http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display\\_arc&article\\_id=3400&issue\\_id=72014](http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arc&article_id=3400&issue_id=72014)
- O'Neill, T. (2012, November 15). *Appendix B Civil Liability*. Retrieved from <https://www.omh.ny.gov/omhweb/forensic/manual/html/appendixb.htm>
- Otu, N. (2005). The police service and liability insurance: Responsible pricing. *International Journal of Police Science & Management*, 8(4), 294-315.
- Rodgers, B. (n.d.). How to handle the mentally ill. Retrieved from <http://policelink.monster.com/training/articles/2261-how-to-handle-the-mentally-ill>
- Ryan, J. (n.d.). *Legal/liability issues in the training function*. Retrieved from <http://www.patc.com/weeklyarticles/liabilitytraining.shtml>

Sharron, S. (2004, April). *Crisis intervention teams - A law enforcement response to mental health*. Huntsville, TX: The Bill Blackwood Law Enforcement Management Institute of Texas.

Walden, S. W. (2011, February). *Crisis intervention units and third party intermediates*. Huntsville, TX: The Bill Blackwood Law Enforcement Management Institute of Texas.

Watson, A. C., & Fulambarker, A. J. (2012, December). The crisis intervention team model of police response to mental health crises: A primer for mental health practitioners. *Best Practices in Mental Health*, 8(2), 71 - 81.