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Crisis Intervention Teams – A Law Enforcement Response to Mental Health Issues

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ABSTRACT

... Mental illness affects a large segment of our society today. Law enforcement many times finds itself caught between those with mental illness and a mental health system unable to deal with the numbers of persons needing help. Law enforcement officers are not generally trained or equipped to handle persons with mental health problems. The purpose of this research was to find out if a relatively recent innovation for policing the mentally ill, Crisis Intervention Teams, could be used successfully to diffuse potential crises between law enforcement and the mentally ill. Also, the research will show if Crisis Intervention Teams would have any affect in diverting the mentally ill out of the criminal justice system. Both of these goals may prove useful to law enforcement agencies in Texas.

... In order to assess the possible benefit of Crisis Intervention Teams, information concerning police departments currently using these units was reviewed as well as material currently used in training. Information was also gathered concerning organizations that deal with the mentally ill. It was found that departments incurred a great deal of cost associated with dealing with the mentally ill in regard to resources, officer and suspect injuries, and public relations.

... It concluded that the implementation of Crisis Intervention Teams within law enforcement agencies has a positive impact on diffusing crisis situations involving the mentally ill as well as jail diversion. A side effect is that there is evidence that departments utilizing these teams have far less officer and suspect injuries and save costs by having fewer tactical call outs.

TABLE OF CONTENTS

	Page
...	
Abstract	
Introduction.	1
Review of Literature	3
Methodology	10
Findings	11
Discussions/Conclusions	14
References	18

INTRODUCTION

Throughout our communities, on the streets and in homes, a large segment of today's population is dealing with mental health issues. These problems range from severe cases to minor. Unfortunately because of past court decisions, current budget shortfalls, and a general lack in understanding of society, the problem has gone from bad to worst and the future does not look bright. Severe cases that were once confined to hospitals and more minor cases that are now denied medication and therapy because of budget concerns are now turned out to the streets to their own device. Today's mental health agencies are few and are overwhelmed and what has happened is a reliance on law enforcement agencies to become a conduit for individuals experiencing mental health problems.

The problem is that simply put, law enforcement officers are not trained to handle the issue of mental health disease. This was never one of the traditional responsibilities of policing and many law enforcement agencies have resisted the urge by others to drop it at their door. Police officers are being asked to make mental health decisions based on limited or no training in regard to this. According to Dr. Greg Riede and Officer Frank Webb who conduct the Houston Police Department's Crisis Intervention training, Texas is 43rd in the nation in funding for mental health (2003). Hospitals and doctors are using law enforcement's authority to make warrant-less detentions for mental health evaluations to move patients with no insurance from private hospitals to state run institutions which in turn because of budget problems act as a revolving door back into society without the individual ever being adequately treated. Society demands that when the police are called that they do something with the individual, which many times means that the person is subjected to the criminal justice system, including the jails and possibly the prison system. The person will probably receive little or no mental health care and

eventually will be released back into society continuing an endless cycle. Many times because of the lack of training that law enforcement agencies receive concerning the mentally ill and emotionally disturbed, calls for service involving these people becomes confrontational and escalates.

The research question to be examined is would the development of Crisis Intervention Teams by law enforcement agencies help diffuse the problems that lead to confrontations between the mentally ill and the police and also could they help divert the mentally ill out of the criminal justice system. The team would be staffed by volunteer sworn officers who would receive specialized training in handling calls for service involving individuals with mental health problems rather long or short term. They would be among the first officers sent to situations such as hostage/barricade situations, suicidal individuals, and mental custody cases where a Peace Officer Warrant may be necessary. Team members would be assigned to each shift and there would need to be enough of them where twenty-four hour coverage would be possible.

There will be several methods of inquiry used in this study. Material used by the cities of Memphis, Tennessee and Houston, Texas in the training of their officers as well as officers from around the country will be used. Several articles from the Internet detailing law enforcement's dealing with the mentally ill and the development and use of Crisis Intervention Teams will also be used. Finally, the Tyler Police Department's Crime Analysis and Internal Affairs statistics detailing the number and type of mental custody cases and use of force reports will be used.

It is hypothesized that the research will show it would be a tremendous benefit to departments to develop and train Crisis Intervention Teams. The outcome will show that many crisis situations when handled with early intervention by trained personnel, can be de-escalated before more police presence is needed tying up valuable and slim resources and before the

situation becomes dangerous for both the person in crisis and law enforcement personnel. It will also show that utilizing Crisis Intervention Teams will divert individuals out of the criminal justice system.

This research will benefit the field of law enforcement by showing that if the conclusions of this research are put into practice the following things will occur. Law enforcement agencies will have far fewer standoff situations saving money and allowing valuable resources to be used elsewhere. Potentially dangerous situations will be de-escalated resulting in fewer injuries and deaths to persons in crisis, citizens and law enforcement officers. Agencies will score public relations points from the public and the media when they demonstrate that they are taking extra measure to deal with the mentally ill. Finally, in the event that their officers must use deadly force to conclude a crisis situation, they can more easily justify their officer's actions when it can be shown that everything possible was done to de-escalate from the beginning of the incident.

REVIEW OF LITERATURE

According to the World Health Organization, 4 out of the 10 leading causes of disability in the United States are mental disorders, including major depression, bipolar disorder, and schizophrenia (Medscape Resource Center). The National Alliance for the Mentally ILL (NAMI) estimates that 25% to 40% of the seriously mentally ill will get arrested at least once, and 75% will be jailed repeatedly (CNN, 2000). Also according to NAMI, over 16% of all detainees have a serious mental illness and two thirds of those report co-substance abuse with drugs or alcohol (CNN, 2000). A Justice Department report conducted in 1999 also found that 16% of inmates in state prisons and local jails, a total of roughly 283,000, could be classified as mentally ill (Nislow, 2000). Another 7% of federal inmates fit that description. According to the Justice Department study, mental illness among local jail inmates is about twice that of the

general population (Nislow, 2000). Along with a large proportion of the population that is mentally ill it is also estimated that 2 to 3 million Americans are inflicted with Alzheimer's disease (Riede & Webb, 2003).

According to the Akron, Ohio police department Taser use reports, 31 out of the 46 uses of the Taser at that police department dating from September 2000 through September 2002 were attributed to persons who were combative or suicidal because of mental disease and/or drug-alcohol use. The Tyler, Texas Police Department worked 339 mental custody cases from October of 2002 through October of 2003. Of the 66 use of force reports recorded by the department for 2003, officers used force (OC spray, strikes, pepper balls, baton) against 7 who were intoxicated from alcohol, 2 who were under the influence of cocaine, 5 who had some sort of mental illness and were being detained for a peace officers warrant, 4 who were suicidal, and 1 who was an Alzheimer's patient. Across the country there are routinely reports regarding the mentally ill forcing confrontations with law enforcement, a phenomenon known as "suicide by cop." On January 1, 2003 in Tyler Texas, a Korean War Veteran set his house on fire and then fired upon responding firefighters. When nearby police ran to assist they were also fired upon. A local reporter and photographer covering the house fire were shot and wounded. As his house burned the elderly subject continued to shoot at police officers until finally he was killed by a police sharpshooter's round (Tyler Police Department). In Round Rock, Texas a suicidal man threatened officers trying to talk him into laying down his weapon. When a less lethal beanbag did not work on the man he shot at officers. He was shot and wounded when he chambered another round into his rifle (Blues Newspaper, 2003). In less than 90 days, three mentally ill people were shot and killed by police in the Tampa Bay, Florida area (Turnbaugh, 1999). And the mentally ill are not the only ones affected by cases where officers use deadly force.

Approximately 85 percent of police officers involved in such cases experience at least transitory symptoms of emotional trauma. As many as a third have moderate to severe reactions. Between three to five percent experience long-term problems such as post-traumatic stress disorder (Bailey, 2003).

Police are generally the first “caregivers” to come in contact with a person with mental illness so it is important that they can calm, contain and keep the situation from escalating (Turnbaugh, 1999). “The essential difference between suspect encounter training, that officers traditionally receive and how to approach the mentally ill is the need to be non-confrontational. Such a requirement to, in effect, shift gears is diametrically opposed to the way officers are expected to control conflict. The same command techniques that are employed to take a criminal suspect into custody can only serve to escalate a contact with the mentally ill into violence” (Police Magazine, 2000).

Dr. Randy Dupont, head of the psychiatric emergency room at the University of Tennessee Medical Center, in compiling data as part of a study for the Substance Abuse and Mental Health Services Administration (SAMSA) on jail diversion initiatives believes his study suggests that Crisis Intervention Teams decrease the need for hostage negotiations and tactical teams. His research also suggests that the officer injury rate in Memphis, Tennessee was seven times higher before the implementation of the CIT program in that city’s police department (2000). The CIT model originated in Memphis in 1988 in response to a crisis in which a subject with a history of mental illness and substance abuse was fatally shot by police while holding a knife. According to Dr. Dupont and Sam Cochran in their article, Police Response to Mental Health Emergencies – Barriers to Change, the CIT model was built upon by work done by an alliance between NAMI and a community task force composed of law enforcement, mental

health and addiction professionals, and consumer advocates. The task force focused on four basic goals. (1) The need for advanced training and specialization with patrol officers, (2) immediacy of a crisis response, (3) emphasis on officer and consumer safety, and (4) proper referral for those in crisis (2000). Using 100 randomly drawn police mental health crisis events, it was found that in 94 percent of the cases, a CIT officer was on the scene in under 10 minutes, with a great majority of those calls responded to in under 5 minutes. This is in contrast with the 10-minute response rate of 28 percent for the community service officer model and 8 percent for the mobile crisis team model.

It also appears that CIT de-escalation training may decrease the need for more intensive and costly police responses. Case study reports from the CIT officers in Memphis suggest that they are able to resolve complex situations without use of intervention units from outside the patrol division such as tactical teams. Dupont and Cochran compared tactical unit callout rates from periods prior to the beginning of the CIT program to callout rates after the program began. The tactical team calls demonstrate a decreasing trend. The rate for the four-year period prior to the beginning of CIT was .042 per 1000 police events. The next three four-year periods show a continual decrease, with the last period having a rate of only .019 tactical team calls per 1000 events (2000).

The CIT program appears to be decreasing officer injury rates as well. Officer injury rates were examined in Memphis during crisis calls involving mentally ill subjects prior to the CIT program. The rate for the three-year period prior to the implementation of CIT was .035 per 1000. The rate for the last three-year period after implementation was .007 officer injuries per 1000 events (Dupont, Cochran, & Bush, 1999). According to the data, a similar analysis for disturbance calls, which include domestic violence, did not have similar findings. This suggests

that the CIT program is producing a positive effect on the rate of officer injuries on crisis calls involving the mentally ill. There is also evidence that the CIT program increases the likelihood that persons suffering from mental illness will be diverted away from criminal justice and into the mental health system instead. In Memphis referrals from law enforcement to the regional mental health services rose 42 percent within the first four years of the CIT program's existence (Dupont & Cochran, 1999). This increase began immediately after CIT was initiated. Steadman and colleagues found the arrest rate in 100 randomly drawn calls was two percent. The estimated national rate is 20 percent (2000).

According to the study, Police Perspectives on Responding to Mentally Ill People in Crisis: Perceptions of Program Effectiveness, nationally on average, medium and large police departments estimate that about 7% of their contacts involve people with mental illness (Borum, Dean, Steadman, and Morrissey, 1998). In one sample of 331 people with severe mental disorders, 20% reported being arrested or picked up by police for a crime at some time in the four month period before their hospital admission, most commonly for alcohol or drug offenses as well as crimes of public disorder, i.e. loitering or trespassing (Borum, Swanson, Swartz, and Hiday, 1997). This study points out that the reason for so many arrests may be that police officers tend to find these cases challenging and difficult to manage. They often feel inadequately trained to identify and intervene in cases involving mental illness but when they are called to respond, they are responsible to provide a disposition that serves both the needs of the individual and the community (Finn & Sullivan 1987, 1989). Because their options are limited they often resort to arrest. Over the last two decades the percentages of mentally ill people have grown while during the same time the number of hospitals to treat them has declined. The asylums that grew out of the humanitarian movement of the 18th century were ended by a

combination of events including groundbreaking medications, muckraking journalism that exposed the “snake pit” conditions of the asylums, legal challenges, and attempts by bureaucrats and politicians who upon realizing that significant costs savings could be had by closing these institutions, did their best to do so (Tolson, 1999). In theory the release of nonviolent patients back into society was laudable. Rights advocates applauded the developments and money saved by hospital closings was supposed to be put into outpatient community programs. Instead, states rebudgeted the savings and many mentally ill people found themselves without appropriate social services, support systems, and monitoring to make sure they stayed on their medications (Practitioner Perspectives, July 2000).

Community Policing expert Police Chief Charles Moose has described the Crisis Intervention Team model of law enforcement as “policing for the 21st century” (1996). It has been recommended for duplication in “every city in America” by a leading mental health advocate (Torrey, 1996). It has been featured as the “best practice” model by the White House Conference on Mental Health (1999), the U.S. Department of Justice Bureau of Justice Assistance (Practitioner Perspectives, 2000), and the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA News, 2000). It has been given recognition by groups as diverse as NAMI, National Alliance for the Mentally Ill (1996, 1997), American Association of Suicidology (1997), and Amnesty International USA (1999). Because of the level of recognition, sociologist Henry Steadman, PhD has characterized the Memphis CIT model as the “most visible pre-booking jail diversion program in the U.S.” (Steadman, Dean, Borum & Morrisey, 2000).

METHODOLOGY

The research questioned examined is would the development of Crisis Intervention Teams by law enforcement agencies diffuse confrontations between the mentally ill and the police and would they help divert the mentally ill out of the criminal justice system? It is hypothesized that groups of officers, extensively trained to deal with the mentally ill and formed into Crisis Intervention Teams would be successful in diffusing critical incidents involving the mentally ill and diverting them out of the criminal justice system. This hypothesis is supported by a large amount of data from various sources. Crisis Interventions Teams are a realistic approach to the ever-increasing frequency of police confrontations with the mentally ill. The idea is an accepted approach by mental health organizations and advocates. In some communities throughout the United States it is already demanded by the public in general and in the near future will be expected in all communities especially if the number of officer-mental health patient confrontations rise. Crisis Intervention Teams fall into the philosophy of community policing as a proactive approach to help deal with a particular segment of the community. Mental health patients should not be viewed as outcasts that law enforcement is forced to deal with, but rather as a just another segment of our society that we can help by training our officers with the help of mental health experts, to best serve the interests of the patients, society, and the criminal justice system by diverting the persons in need out of the criminal justice system.

In researching this issue the Internet was searched for articles and writings dealing with police responses to situations involving the mentally ill throughout the country. Newspaper articles detailing tragic confrontations between law enforcement officers and persons suffering from mental illness were gathered and reviewed. Training materials from agencies already

involved in developing programs and training their officers in dealing with the mentally ill were gathered and studied. Finally, material and files from the Crime Analysis and Integrity Units of the Tyler Police Department were reviewed.

FINDINGS

Mental illness in Texas as well as the rest of the United States is a very large concern. According to the research four out of ten leading cases of disability are mental disorders (Medscape Resource Center). Twenty three percent of adult Americans have a diagnosable mental disorder and as many as 5.4% have a serious mental illness (Medscape Resource Center). Society's ability to deal with the mentally ill from a medical perspective is dwindling because of various reasons. Over the last two decades the percentage of the mentally ill has grown while during the same time the number of facilities to deal with them has declined. From 1955 to 1995, the number of long-term patients kept in mental hospitals declined by 82 percent (Tolson, 1999). In Texas, the number went from 16,400 to 2,900 during that same period (Tolson, 1999). Some of the research estimates that 25 percent to 40 percent of the seriously ill will get arrested at least once and 75 percent will be jailed on more than one occasion (CIT Roundtable, NAMI, 2003). Studies have shown that over 16 percent of all detainees have a serious mental illness (CIT Roundtable, NAMI, 2003). A justice Department study showed that 16 percent of state prison inmates and local jails totaling approximately 283,000 persons could be classified as mentally ill. Seven percent of federal inmates could also be placed in that classification (Nislow, 2000). This does not include the two to three million Americans suffering with Alzheimer's (Riede & Webb).

Confrontations between law enforcement and the mentally ill are becoming a common news story. In Los Angeles alone over a six-year period, confrontations between police and the

mentally ill resulted in twenty-five fatal shootings (Bailey, 2003). In a city in the state of Washington, an “investigation” of police records showed that one third of the people killed by police in that jurisdiction showed signs of being emotionally disturbed or mentally ill (Bailey, 2003). Fifteen percent of the use of force reports from the Tyler Police Department involved someone who was emotionally disturbed or suffered from mental illness. This research shows that the mentally ill are not the only ones affected by these confrontations. One publication reported that approximately 85 percent of police officers involved in these cases show some type of symptoms of emotional trauma and as many as a third have moderate to severe reactions. Between three to five percent experience long-term problems (Bailey, 2003).

Crisis Intervention Teams may have an affect on officer injury rates in a positive way. In Memphis, Tennessee the officer injury rate was seven times higher before the implementation of CIT. The rates went from .035 per 1000 events for the three years prior to the implementation to the CIT program down to .007 officer injuries for the three years immediately after the implementation of the program (Dupont & Cochran, 2000).

The findings also show that there may be bonuses to department budgets when Crisis Intervention Teams are utilized. Situations involving hostage negotiators and tactical teams tend to not only drain large amounts of manpower from other police operations, but also become very expensive, especially when the event lasts a long time. Data compiled as part of a study on jail diversion initiatives suggests that the intervention of CIT officers may decrease the need for hostage negotiators and tactical teams. Case study reports from one major agency suggest that CIT officers are able to resolve complex situations many times without the need for tactical teams. Tactical team call-outs in the same jurisdiction decreased from .042 call-outs per 1000

events to .019 per 1000 events in a twelve-year period after the start of the program (Dupont & Cochran, 2000).

It also appears that Crisis Intervention programs may increase diversion from the criminal justice system into a more appropriate environment for the mentally ill. In Memphis, Tennessee referrals to mental health services increased forty two percent and arrest rates for the mentally ill decreased after the program was started (Dupont & Cochran, 2000). Various studies suggest that officers who receive substantial training in dealing with the emotionally disturbed and mentally ill find these cases less challenging than officers with little or no training and tend to be able to identify and intervene in these cases thereby diverting these individuals away from the criminal justice system.

Nowhere in any of the material studied for this research was there any reference to anything negative concerning Crisis Intervention programs. In fact all the research was positive toward the implementation of these programs. It was obvious by the research that Crisis Intervention programs follow the philosophy of community policing.

The review of literature shows that law enforcement agencies must do more in their dealings with the mentally ill. As much as those in law enforcement would like to ignore the problem and hope that those more knowledgeable in mental health issues would take responsibility that line of thinking is neither realistic-nor practical. Even if states were suddenly to have a dramatic influx of cash and even if the politicians and bureaucrats decided to put forth a Herculean effort using that budget surplus to build hospitals and outpatient facilities to house and care for the mentally ill, the reality is that, number one it would take years if not decades to repair the damage already done and number two, police officers are still going to be called first to handle the situation long before anyone with extensive training and experience would be

involved. Having come to grip with those realities there is now a need to prepare police officers to deal with the mentally ill in a way that diverts a large number of persons in crisis out of the criminal justice system.

DISCUSSION/CONCLUSIONS

Because of the large number of mentally ill in society today coupled with the lack of facilities to deal with them it is a foregone conclusion that law enforcement dealings with persons in crisis would rise and that at times these dealings would become confrontational and many times deadly. It is a very common occurrence to see media reports involving another confrontation between law enforcement officers and a person who was emotionally disturbed or suffering from some degree of mental illness. Most times when this is reported it is because one of the parties is seriously injured or killed during the encounter. The problem as stated at the beginning of this paper is that law enforcement officers in general are not trained to handle these types of events in an appropriate manner. The purpose of this study was to find if there was an innovative means for law enforcement agencies to deal with events involving the emotionally disturbed or mentally ill other than the traditional use of force that police officers are taught. The research question that was examined was would the development of Crisis Intervention Teams help diffuse the problems that lead to confrontations between the mentally ill and the police, and would they help divert the mentally ill out of the criminal justice system?

It is hypothesized that the development of Crisis Intervention Teams within police agencies will be a tremendous benefit by interjecting early intervention into calls for service involving the mentally ill using officers trained in dealing with the mentally ill, thus de-escalating crisis situations, lessening officer injuries, and increasing diversion out of the criminal justice system for individuals with mental illness. Throughout this research the findings have

supported this idea. The data collected during this research demonstrated that agencies would benefit in numerous ways. Public perception will be positively enhanced. There is no question that in the majority of tragic cases researched for this paper, where an emotionally disturbed or mentally ill person was killed by officers, those officers truly were in fear for their lives and based on what training they had received in their careers, made justifiable decisions to use deadly force. All deadly force decisions raise questions, but when they are directed against a person who is mentally ill it becomes far more difficult to explain the justification to the general public and media. By making proactive good faith efforts to put together groups of officers to handle calls involving these incidents the number of these events that turn tragic should decline. In conjunction, if the uses of deadly force go down, so also does the number of officers who develop their own post-traumatic symptoms because of their involvement.

Using the CIT model of having CIT trained officers on duty 24 hours a day, response times to these calls would be reduced drastically and there would be an almost immediate attempt to diffuse the situation by a trained officer before it escalates, which many times makes it more dangerous for all involved and definitely more expensive for the department. This type of program will most likely eliminate the need for negotiation and tactical teams in many instances, once again diffusing the situation before those units are needed. Officer injuries will be reduced as officers who are trained to deal with the mentally ill use their verbal skills that were developed through their training, to calm down the person in crisis and bring him or her into compliance not with physical force, but by listening, understanding, and convincing that person that the police are there to help. In this time of jail overcrowding, Crisis Intervention Officers, because they will be trained to identify the mentally ill and emotionally disturbed and because they will have a close working relationship with mental health professionals, will be able to divert these persons

out of the criminal justice system and into the mental health system instead. This is not only good business, eliminating the burden, both costs and personnel involved when someone with mental illness is placed into the criminal justice system, but it is also places the person where they belong, into the mental health system where they can be cared for.

The results of this study are relevant to all law enforcement agencies, which deal with the mentally ill and emotionally disturbed on a routine basis. It is fact that a large segment of the community has mental health problems and this number will at least not decrease and probably increase. As there are more contacts between police officers and the mentally ill, departments will come under increased scrutiny. Crisis Intervention Teams are an innovative and tested tool that that will fit in well with the community-policing philosophies of law enforcement agencies.

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