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Mandatory Crisis Intervention Training for Jail Officers

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ABSTRACT

Mentally ill subjects have and will continue to be brought into jails for crimes or emergency detention. Having officers working at these facilities who are not equipped to handle a person in mental health crisis is dangerous to officers, individuals, and possibly other inmates. Mandatory crisis intervention is relevant to contemporary law enforcement to protect the mentally ill from often unnecessary uses of force. Jail officers will be able to identify the need of mental health care and will take the steps necessary to ensure the subject receives care.

Legislature has made the training mandatory for Texas peace officers as of September 2005. In LaPorte, Texas in 2001, a mentally ill subject was shot and killed by police officers (as cited in Latson, 2009). It took a tragedy of this magnitude to force legislature to create this mandate. Before a tragedy occurs in a jail involving a mentally ill subject, crisis intervention training (CIT) should be made mandatory for all jail officers.

The types of material used to support the researcher's position are a review of books, newspaper articles, websites, and journals. Research studies will be used to show the prevalence of mentally ill subjects in jails. Current requirements for licensing and rules followed by jail officers will be drawn from the Texas Code of Criminal Procedure, the Texas Occupations Code, the Texas Commission on Law Enforcement Officer Standards and Education, and the Texas Commission on Jail Standards.

The conclusion drawn from this paper is that mentally ill subjects are in jails and will continue to arrive. Currently, jail officers are not equipped to deal with these individuals. The risk of injury to these individuals and to the staff at the facilities will continue to be an issue until training is made mandatory. While an agency can offer the

training to jail officers and even make it mandatory, most will not offer the training until it is made mandatory. The recommendation is for the Texas legislature to make this training mandatory before a tragedy occurs.

TABLE OF CONTENTS

Page

INTRODUCTION

Once a mental health consumer is taken into custody by a peace officer with crisis intervention training (CIT), they are, in some cases, brought to the local county jail. Jail officers receive extensive training in self-defense and takedown techniques but no CIT training. With no CIT training, the officers will resort to the training they are taught to use, causing an often unnecessary use of force against mentally ill inmates. The jail officers are viewed as insensitive to the needs of the mental consumer, causing an unfair negative perception of the jail officers.

Crisis intervention training is a course designed to educate law enforcement officers about issues relating to communicating with persons with a mental illness. All peace officers in the state of Texas are required to attend CIT to maintain their license. Currently, cultural diversity training, given once every four years, is the only required training for persons holding a jail license. CIT is not required and is seldom offered as a course for jail officers.

Jail officers in Texas receive a three hour block of instruction during the Basic County Corrections Course (BCCC) (Texas Commission on Law Enforcement Officer Standards and Education [TCLEOSE], 2004). On a BCCC licensing exam in May 2005, only four out of 100 questions dealt with mental health issues. After passing the BCCC licensing examination, a person can become a licensed jail officer and is eligible to work in any jail in the state. Training is available to assist jail officers in identifying a person in mental health crisis. Once the identification is made, the officer must refer to the use of force continuum to deal with the individual. This can include a wide range of force options, including placement in a restraint chair, the use of chemical agents, or

deployment of the TASER. After the threat of injury to the officer has been removed by the use of force, the jail officer is still required to care for the individual for the duration of their incarceration.

Crisis Intervention Training should be mandatory for jail officers in Texas. There are a large number of persons incarcerated with some form of mental illness. Jail officers are not properly trained or equipped to handle these inmates. Texas Peace Officers are required to attend Crisis Intervention training, but the jail officers working in the facilities that often house these persons with a mental illness have no requirement for CIT training.

POSITION

The concept of crisis intervention was developed as a jail diversion technique. Responding officers, trained in crisis intervention techniques, would deescalate the subject and refer them to the appropriate mental health facility. There are, however, many instances where the individual is brought into jail rather than a place where the individual can receive some form of treatment for their illness. According to a survey conducted by the U.S. Department of Justice, at midyear 2005, 64%, or 479,000, of inmates housed in local county jails nationwide had some form of mental illness (as cited in James & Glaze, 2006).

One cause of the influx of mentally inmates into the criminal justice system is the de-institutionalization of mental health consumers in the 1950s and 1960s. In the late 1960s, new antipsychotic medications became available. This, coupled with the movement to place persons with a mental illness into community based, short-term outpatient treatment facilities, was the intent of the deinstitutionalization movement.

Mental health institutions were closed, but outpatient facilities were not created to the extent necessary to adequately handle the numbers of mental health consumers who were released. According to a survey conducted by the Inventory of Mental Health Organizations in 2004, (as cited in Torrey et al. 2010) there was one bed for every 3,000 people. In 1955, prior to the de-institutionalization movement, there was one bed for every 300 people (Substance Abuse and Mental Health Services Administration, 2004).

Based on the professional experience of the author from one agency, consumers were forced to live with relatives, who were not equipped or prepared to deal with the needs and costs of the consumer. The consumers would often stop taking the medication required to avoid crisis due to costs of the medication and the lack of anyone keeping the consumer on the strict regimen. The consumer's actions would be improperly interpreted as substance abuse, and the consumer would be confronted by police officers. Some consumers resort to substance abuse as a cost effective means to self treat their mental illness. Officers at the time were trained to subdue the subject and place them under arrest, until transferred to the local jail. While in jail, the consumer would not receive proper treatment and would be returned to the street at the conclusion of their sentence, only to repeat the process again and again.

Another reason for the increase in the mental health populations of jails was the "get tough" legislation of the 1980s (Fagan & Ax, 2003). The legislation changed the competency and criminal responsibility standards. These legislative changes caused more individuals to be incarcerated for a longer period of time. Included in these individuals were offenders with mental illnesses.

Due to the lack of available space and the number of inmates with a mental illness, many of them are placed in general population. An inmate placed in general population with a mental illness at risk of being assaulted or taken advantage of. According to a survey conducted by the Bureau of Justice Statistics, inmates with mental illness were three times more likely to be injured in a fight after admission (as cited in James & Glaze, 2006). Other inmates may not recognize the signs of a mental crisis and may view the actions as aggressive or disrespectful and assault the individual. The inmate with a mental illness may not understand what is happening when another inmate is taking advantage of them, subjecting them to the loss of items or possibly sexual assaults.

In jails, rules must be followed. These included facility rules as well as unwritten rules put in place in the cell block by other inmates. Some mental illnesses do not allow the individual to understand the difference between right and wrong. For each rule broken, there are consequences. Jails have a clearly defined set of rules that must be adhered to by all inmates. Officers not trained to recognize a mental crisis and properly handle the situation will discipline the inmate, tightening the security on them. This tightening of security may lead to an increased sense of fear and paranoia to the inmate involved aggravating the crisis.

Most jails are not equipped to deal with the large numbers of mentally ill offenders being housed in the facilities. Jails are not normally built with mental health treatment in mind. Most are built as large “warehouses” for individuals who have refused to conform to the laws of the state. With the overcrowding that is occurring, there is often not enough available space to designate a cell block for the mentally ill.

The mentally ill are placed into segregation cells to protect them from the other inmates who may prey on them. Housing a mentally ill subject in isolation can aggravate the illness and confirm their fears of persecution (Torrey et al., 1992).

Stress among jail officers is elevated due to the nature of the job. The sometimes manipulative ways of inmates can be tough to deal with on a daily basis. Officers are faced with the danger of inmate-on-officer assaults and inmate-on-inmate assaults every day they are on duty. From 1992 to 1996, there were 58,300, or 218 per 1000 officers, incidents of assaults on corrections officers (Finn, 2000). Some of these assaults could have been prevented if the officers were properly trained in deescalation techniques like crisis intervention. Jail officers are forced to handle these types of situations with the training they have. Most often, this training is in the use of force. Using force against an inmate may result in injury to the inmate but can also result in injury to the officers as well. An individual in a mental health crisis may not understand the orders being given and will act out. If the crisis is one that puts the individual in fear that they are being attacked, they will certainly defend themselves.

Officers that operate and maintain security in jails are not properly trained to handle the mentally ill offender. Jail officers in Texas receive a three-hour block of instruction during the BCCC (TCLEOSE, 2004). After the initial training, no other mental health training is required for the duration of the officer's career (Texas Occupations Code, 2009a). The steps an officer must complete to determine the possibility of a mental illness and what to do afterwards is clearly defined. During the booking process, officers are required to complete a mental health-screening instrument on all inmates booked into the facility (Texas Administrative Code, 2009). After

determining, based on answers to the screening instrument, that the inmate is in need of further evaluation, the officers must notify a magistrate within 72 hours (Early Identification of Defendant Suspected of Having Mental Illness or Mental Retardation, 2009). After determination, there are no defined steps on what to do next. Typically, the officer will place the inmate into a holding cell, usually away from other inmates and monitor them during regular checks. If the inmate, or mental health consumer, has a mental crisis, the officer is not trained to properly deescalate the individual. The officer will resort to the training that was received during the training process: use of force. The inmate will be subjected to the appropriate use of force to remove the perceived threat. This will often have an undesired effect on the inmate in a crisis. The inmate may not understand what is happening and will begin to resist more violently, causing to the officer to escalate the force. Unfortunately, this may result in injury to the inmate. The officer is trained to use the amount of force necessary to regain control of the inmate.

According to the Texas Commission on Law Enforcement Officer Standards and Education (2005), “crisis intervention programs are designed to educate law enforcement officers in the basic elements of mental illness and prepare them to utilize practical applications of de-escalation techniques” (p. 7). Crisis Intervention Training came about because of an incident in September of 1987 in Memphis, Tennessee after officers shot and killed a man holding a knife and threatening suicide. Police officers at the time were trained to respond to the force with deadly force. The mayor of Memphis, responding to public outcry, enlisted the help of police, the University of Tennessee, the National Alliance for the Mentally Ill (NAMI), managers of mental health facilities, and

local citizens. Together, this group formed the Memphis model of crisis intervention training, which is still used today by numerous agencies (Vickers, 2000).

The state of Texas found the need for standardized Crisis Intervention Training (CIT) so important that a senate bill was passed making the training mandatory. Senate Bill 1473, the Bob Meadours Act, amended 1701.253, Occupations Code requires licensed peace officers in Texas to complete training in crisis intervention (Texas Occupations Code, 2009c). The bill is named after a bipolar man by the name of Bob Meadours. Meadours was shot 14 times by officers in La Porte, TX on October 29, 2001. Meadours was having a paranoid breakdown when officers were called to the residence. Upon arrival, officers saw Meadours holding a screwdriver. Meadours refused to put the screwdriver down and became agitated at the responding officers. At the conclusion of the incident, Meadours was shot 14 times and was pronounced dead at a local hospital (Latson, 2009).

Crisis Intervention Training is required for all persons licensed as a peace officer in Texas (Texas Occupations Code, 2009b). While this training has improved peace officers' contacts with mentally ill persons, little has been done for jail officers. Jail officers are faced with the dilemma of protecting the mentally ill subjects that are brought into the jail with little or no training. Jail officers are in contact with these individuals far more than any other member of the criminal justice community and are often the first to notice the beginning of a mental crisis. The officer is not adequately prepared to handle and de-escalate the situation. The need for this type of training is imperative for the safety of the officers and the mentally ill. In a survey conducted by

Bonnin (2004), 70% of the jail officers questioned agreed that the manner that individuals suspected of having a mental illness are handled needs to change.

COUNTER POSITION

The implementation of any new programs or concepts comes with roadblocks and skeptics. These arguments point to reasons why the implementation of the program is being hindered. Included in the arguments is the placement of civilian personnel in the admissions or booking section, the fear of jail officers diagnosing the mentally ill offender, and the strain placed on the budget of departments.

Some jails throughout the state place civilian personnel in the admissions or booking section of the jail. Civilian personnel are less costly to employ because of a lower pay scale. Civilians do not attend the BCCC and do not receive even the basic mental health training or use of force training. It is not necessary for the civilian personnel to attend the BCCC because of the work they are expected to complete. Because they are only to complete the paperwork required to book an inmate into the facility, most of their training is clerical in nature. If an inmate were to escalate into a mental crisis, the civilian would not be equipped to de-escalate the situation.

However, the concept of crisis intervention is not limited to only licensed officers. Any person can use the training and effectively de-escalate a situation. The original crisis intervention model developed in Memphis, Tennessee was developed with the input of numerous civilian persons including local citizens (Vickers, 2000). Because of this, the training would be beneficial to anyone who has the likelihood of encountering a person experiencing a crisis. If the crisis were to begin prior to the arrival of a jail

officer, the booking clerk could begin the process of intervention, benefitting the mentally ill subject and responding officers.

There is a fear that jail officers would diagnose the inmates after receiving crisis intervention training. An officer may want to take on the role of psychologist and begin to treat the inmate after detecting a mental illness. This could have a negative impact on the illness and do more harm than good. Correctional officers should not attempt to diagnose the inmate. They should only report what they observe (Cornelius, 1997). However, Chapter 16.22 of the Code of Criminal Procedure sets the rules all jails in Texas must adhere to regarding the finding of a possible mentally ill subject. Jail officers are to report the findings to a magistrate within 72 hours ("Early Identification of Defendant," 2009).

The magistrate must then notify the appropriate mental health authority. Failure of an officer to adhere to this rule can result in termination of employment and the risk of lawsuits. Additionally, the Texas Commission on Jail Standards requires all jails in Texas to maintain a plan for screening and notification if an individual is found to have a mental illness in their operational plan (Texas Administrative Code, 2009). Failure to comply with this rule can result in the jail not meeting the minimum standards and the facility can be placed in non compliance. Again, this can end in termination of the officer and possible lawsuits. With these rules and repercussions in place, the likelihood of an officer not adhering to them is minimized. The crisis intervention training course curriculum addresses the detection and tools to deescalate a mental crisis. The curriculum does not instruct the officer on how to diagnose or treat the individual.

As is the case with any new program or training, the impact on the budget must be taken into consideration. A large scale mandatory implementation of a program, such as Crisis Intervention Training, can be very costly. To implement a successful program, numerous staff members and officers must be trained in the proper use of CIT. In addition to the monetary costs, the lack of staffing is to be considered. The minimum length of training for Crisis Intervention Training is 16 hours (TCELOSE, 2005). The duties of these staff members must be covered while they are in training.

To offset the cost of training officers in crisis intervention, an agency can designate a trainer. The trainer can attend a trainer's course and, upon return to the agency, train the necessary staff. The Houston Police Department recently offered a CIT Train the Trainer Course for a cost of $150.00 (Houston Police Department Crisis Intervention Team, 2010). This is a 40-hour course. Estimating the cost of a hotel room at $120.00 per night for four nights and $36.00 per diem for five days, the total cost to send an officer to the course would be $810.00. The cost of one lawsuit can far exceed this amount. Administering the training to veteran officers can be done on the officer's days off. Because the department now has a trainer, there is no additional cost to the department to train the staff. A small number of officers can be trained at different intervals to reduce the burden of staffing. New officers can be trained as part of their Basic County Corrections Course, again incurring no cost to the department.

RECOMMENDATION

Persons with a mental illness will continue to arrive in jails. In some cases, there is no other alternative. With the decline in the economy and the strain on already tight budgets, hospitals are more frequently denying individuals with a mental illness. The

arresting officer may have no other option but to bring the mentally ill person to jail for emergency detention if for no other reason. Chapter 16.22 of the Code of Criminal Procedure gives the authority to do this ("Early Identification of Defendant," 2009). Jails will have no choice but to take the person in and care for them as best they can. With the current training jail officers receive, the risk of injury to the mental consumer remains elevated. The majority of mental health consumers are not normally violent unless provoked by improper treatment.

The ability to recognize a mentally ill subject will lessen the likelihood of the person being housed improperly within the facility. The placement of the mentally ill can have severe negative effects on the outcome of the crisis. Other inmates may exploit the individual for their own gain. Too often, the mentally ill will end up being assaulted or, worse, sexually assaulted.

Proper housing and care for the mentally ill person can make the experience a positive one. A drug regimen can be started and monitored under the direction of a physician. The subject is removed from the streets and placed in a secure environment where all of their needs will be met and a routine can be established. This can reduce the risk of the person reoffending and being brought back into the criminal justice system.

The cost of training officers is very low. Training all officers in a facility will ensure that someone will always be available to deescalate a subject experiencing a mental health crisis. This training can include any civilian and support staff in the facility. The training curriculum does not address diagnosing an inmate, only recognizing, communicating, and deescalating. Safeguards in place with the Code of

Criminal Procedure and the Texas Commission on Jail Standards will ensure the steps are followed, and the subject will receive the care they desperately need. The program must be reevaluated often and feedback from staff is necessary to make crisis intervention techniques successful.

Legislature should make crisis intervention training mandatory for jail officers. After years of successful CIT training in place in Memphis, Tennessee, it was not until the tragic 2001 shooting of Bob Meadours by La Porte Police Officers that Texas legislature made it mandatory for peace officers (as cited in Latson, 2009). A tragedy should not have to occur before the training is made mandatory for jail officers.

Training jail officers in crisis intervention techniques will ease some of the stress felt by the officers every day. The officer will have a sense of pride in knowing that an unnecessary use of force was avoided. Family members of mental health consumers will take comfort in knowing their loved one is being cared for during their incarceration and will receive treatment for their illness.

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