

Amnesty International (1999). United States of America : Race, rights and police brutality. New York : Amnesty International Reports. <http://web.amnesty.org/library/index/ENGAMR511471999>.

Andruikaitis SM, Murphy J, Kammerer M, et al (2006). The Chicago Community Reintegration Collaborative. Presented at the 2nd Annual CIT Conference, Orlando FL, September 2006.

Bayne WC (1987). Furor sparks call for crisis team. Commercial Appeal, Memphis, Tennessee B1-B2, September 30, 1987.

Borum, R. (2000). Improving high risk encounters between people with mental illness and police. *Journal of the American Academy of Psychiatry and the Law*, 28, 332-337.

Borum, R., Deane, M.W., Steadman, H.J., & Morrissey, J. (1998). Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness. *Behavioral Sciences and the Law*, 16, 393-405. <http://www3.interscience.wiley.com/journal/15000755/abstract?CRETRY=1&SRETRY=0>.

In this study, we sampled sworn police officers from three law enforcement agencies (n=452), each of which had different system responses to mentally ill people in crisis. One department relies on field assistance from a mobile mental health crisis team, a second has a team of officers specially trained in crisis intervention and management of mentally ill people in crisis, and a third has a team of in-house social workers to assist in responding to calls. Calls involving mentally ill people in crisis appear to be frequent and are perceived by most of the officers to pose a significant problem for the department; however, most officers reported feeling well prepared to handle these calls. Generally, officers from the jurisdiction with a specialized team of officers rated their program as being highly effective in meeting the needs of mentally ill people in crisis, keeping mentally ill people out of jail, minimizing the amount of time officers spend on these calls, and maintaining community safety. Officers from departments relying on a mobile crisis unit (MCU) and on police-based social workers both rated their programs as being moderately effective on each of these dimensions except for minimizing officer time on these calls where the MCU had significantly lower ratings.

Borum, R., Swanson, J., Swartz, M., Hiday, V. (1998). Substance abuse, violent behavior and police encounters among people with severe mental disorders. *Journal of Contemporary Criminal Justice*, 12, 236-250.*

In this 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 4-month period before their hospital admission, most commonly for alcohol or drug offenses or crimes of public disorder (e.g., loitering or trespassing). Risk of a police encounter was significantly related to (a) recent use of alcohol or drugs and (b) recent violent behavior. However, substance use appeared to be related to police encounters only when medication noncompliance was also involved. Thus, violent behavior and the combination of medication noncompliance and substance use significantly increased the odds of a police encounter.

Bower, D.L. & Pettit, W.G. (2001). The Albuquerque police department's crisis intervention team. *FBI Law Enforcement Bulletin*, 70(2), 1-6. <http://www.fbi.gov/publications/leb/2001/feb01leb.pdf>.

Burtenshaw S, Smith D (2007). CIT in Canada - innovations and developments. Presented at the 3rd Annual CIT Conference, Memphis, TN, August 2007.

Chang CF, Kiser LJ, Bailey JE, et al (1998). Tennessee's Failed Managed Care Program of Mental Health and Substance Abuse Services. *Journal of American Medical Associations*, 279:864-9, 1998.

CIT National Advisory Board (2006). Crisis Intervention Team Core Elements. University of Memphis CIT Center, December, 2006. <http://cit.memphis.edu/CoreElements.pdf>.

Clay, R. (2000, Spring). Jail diversion programs enhance care. *SAMHSA News*. VIII(2), 1-5.

Cochran, S., (2002). The Crisis Intervention Team model in action. *Community Mental Health Report*. 2, 31.

Cochran, S., (2004). Fighting stigma in law enforcement: The message has come from the heart. Address Discrimination and Stigma Center .

Cochran, S., Deane, M.W., & Borum, R. (2000). Improving police response to mentally ill people. *Psychiatric Services*, 51, 1315-1316. <http://psychservices.psychiatryonline.org/cgi/reprint/51/10/1315>.

Cochran, S., Dupont, R., Hopkins, T., Farrell, D., Boyette, D., & McDade, K. (1996). The Memphis Police Crisis Intervention Team: More than just training. Presented at the annual meeting of the National Alliance for the Mentally Ill, Nashville, Tennessee.*

Compton, M.T., Esterberg, M.L., McGee, R., Kotwicki, R.J., & Oliva, J.R. (2006). Brief reports: Crisis Intervention Team Training: Changes in knowledge, attitudes, and stigma related to schizophrenia. *Psychiatric Services*, 57, 1199-1202. <http://psychservices.psychiatryonline.org/cgi/content/full/57/8/1199>.

Crisis intervention team (CIT) training provides police officers with knowledge and skills to improve their responses to individuals with mental illnesses. This study determined changes in knowledge, attitudes, and social distance related to schizophrenia among police officers after CIT training. **METHODS:** A survey was administered to 159 officers immediately before and after a 40-hour CIT training program in Georgia. Pre- and posttest data were gathered from surveys taken between December 2004 and July 2005. **RESULTS:** After the training, officers reported improved attitudes regarding aggressiveness among individuals with schizophrenia, became more supportive of treatment programs for schizophrenia, evidenced greater knowledge about schizophrenia, and reported less social distance toward individuals with schizophrenia. **CONCLUSIONS:** This study supports the hypothesis that an educational program for law enforcement officers may reduce stigmatizing attitudes toward persons with schizophrenia.

Cowell, A., Broner, N. & Dupont, R. (2004). The cost-effectiveness of criminal justice diversion programs for people with serious mental illness co-occurring with substance abuse: Four Case Studies. *Journal of Contemporary Criminal Justice*, 20, 292-314. <http://ccj.sagepub.com/cgi/reprint/20/3/292>.

Many cities, counties, and states have criminal justice diversion or jail diversion programs, in which those committing low-level offenses and who have mental illness or substance abuse are diverted from the criminal justice system into treatment. However, there is little existing evidence on the cost and

cost-effectiveness of such programs. This article presents the first such estimates for four sites. Estimates of the impact of diversion on both costs and effectiveness varied across the sites. This variation likely reflects heterogeneity in the structure and implementation of the programs across the sites. Directions for future research are suggested.

Cordner, G. (2000). A Community policing approach to persons with mental illness. *The Journal of the American Academy of Psychiatry and the Law*, 28, 326-331.

Cordner, G. (2006). People with mental illness. Retrieved June 30, 2006.
<http://www.cops.usdoj.gov/mime/open.pdf?Item=1731>.

Council on State Governments: Criminal justice/mental health consensus project (2002). Council of State Government Reports, 2002.

Dailey J (2005). Family and Consumer Perspectives on Interaction with Law Enforcement During a Crisis - The Louisville CIT Program. Presented at the 1st Annual CIT Conference, Columbus OH, May 2005.

Dank, N.R., & Kulishoff, M. (1993). An alternative to the incarceration of the mentally ill. *Journal of Prison and Jail Health*, 3, 95-100.*

Dawson B, McGray K (2007). Comprehensive Psychiatric Emergency Program (CPEP): An Essential Component for CIT Success. Presented at the 3rd Annual CIT Conference, Memphis TN, August 2007.

Deane, M.W., Steadman, H.J., Borum, R., Veysey, B.M., & Morrissey, J.P. (1999). Emerging partnerships between mental health and law enforcement. *Psychiatric Services*, 50, 99-101.
<http://psychservices.psychiatryonline.org/cgi/reprint/50/1/99>.

Police departments in the 194 U.S. cities with a population of 100,000 or more were surveyed in 1996 to identify strategies they used to obtain input from the mental health system about dealing with mentally ill persons. A total of 174 departments responded (90 percent). Ninety-six departments had no specialized response for dealing with mentally ill persons. Among the 78 departments with special programs, three basic strategies were found: a police-based specialized police response, a police-based specialized mental health response, and a mental-health-based specialized mental health response. At least two-thirds of all departments, even those with no specialized response program, rated themselves as moderately or very effective in dealing with mentally ill persons in crisis.

Deane M, Steadman H, Borum R, et al (1997). Effective Mental Health Partnerships Within Community Policing Initiatives. Presented at the 126th Annual Meeting of the American Public Health Association, Washington DC, November 1997.

Ditton, P. M.. (1999) Mental health treatment of inmates and probationers. U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics.

Dowd, J. (2004) Crossing the line: Formal training can transform relations between the police and mental health services. *Mental Health Today*, 4, 14-15.*

Draine, J., & Solomon, P. (1999). Describing and evaluation jail diversion services for persons with serious mental illness. *Psychiatric Services*, 50, 56-61. <http://psychservices.psychiatryonline.org/cgi/reprint/50/1/56>.

Despite efforts over the last 30 years to promote diversion from jail for individuals with serious mental illness who have engaged in criminal behavior, few jail diversion programs have been adequately studied. To guide development of jail diversion services and encourage empirical research on their effectiveness, the authors describe the overall concept of jail diversion and the basic operations of such a program. They also outline research issues in evaluating the effectiveness of jail diversion programs, including problems encountered in randomized field trials and quasi-experimental designs. Implications of jail diversion services for mental health professionals include learning how to collaborate with law enforcement personnel, sufficiently integrating mental health and substance abuse services into the criminal justice system despite segregated funding streams, and ensuring that clients who are intensively monitored are also provided with adequate treatment to avoid jail recidivism.

Dupont, RT (2002). Final Report: Criminal Justice Diversion Project. Rockwell, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002.

Dupont, R (2001). How the Crisis Intervention Team Model enhances policing and improves community mental health. *Community Health Report*, 2(1), 3-4.

Dupont, RT. The Crisis Intervention Model and Community Mental Health Services. *Community Mental Health Report*, 3:3-8.

Dupont, RT (2001). A Real Chance at Recovery - Shelby County Detoxification Program. *Shelby County Government Newsletter: County Lines* 3:1-5.

Dupont, R. & Cochran, S. (2001). Police and mental health linked programs: Promising Practices-The CIT Model. In G. Landsberg & A. Smiley (Eds.), *Serving mentally ill offenders and their victims*. New York , Springer Publishing.

Dupont, R., & Cochran, S. (2000). Police response to mental health emergencies: Barriers to change. *The Journal of the American Academy of Psychiatry and the Law*, 28, 338-344.

El-Mallakh, R.S., Wulfman, G., Smock, W. & Blaser, E. (2003). Implementation of a Crisis Intervention Program for police response to mental health emergencies in Louisville. *Journal of the Kentucky Medical Association*, 101(6), 241-243.

Elpers JR (1989). Public Mental Health Funding in California, 1959-1989. *Hospital & Community Psychiatry*, 40:799-804.

Engel, R.S., Silver, E. (2001). Policing mentally ill disordered suspects: A reexamination of the criminalization hypothesis. *Criminology*, 39, 225-252.*

The criminalization hypothesis is based on the assumption that police inappropriately use arrest to resolve encounters with mentally disordered suspects. The current study uses data collected from two large-scale, multi-site field studies of police behavior—the Project on Policing Neighborhoods (POPEN) conducted in 1996–1997 and the Police Services Study (PSS) conducted in 1977—to examine the relationship between suspect mental health and use of arrest by police. Multivariate results show that police are not more likely to arrest mentally disordered suspects. Implications for future research on the criminalization hypothesis are discussed.

Finn, P.E., & Sullivan, M. (1989). Police handling of the mentally ill: sharing responsibility with the mental health system. *Journal of Criminal Justice*, 17, 1-14.*

The public repeatedly calls on law enforcement officers for emergency assistance with the mentally ill because police officers and deputy sheriffs provide free, around-the-clock service and are required to respond. However, law enforcement agencies are typically ill equipped to handle this population. On the one hand, arrest is usually an inappropriate disposition. On the other hand, mental health facilities frequently refuse to accept police referrals due to lack of bed space. As a result, police often lose substantial time and experience considerable frustration trying to resolve incidents involving this population. In a few communities, however, law enforcement agencies and the social service system have developed formal arrangements to coordinate responsibility for handling the mentally ill. These networks relieve police officers and deputy sheriffs of handling individuals whose problems are primarily psychiatric; however, when dealing with cases that do require law enforcement intervention, officers can get quick assistance from the appropriate human service provider. Each mental health facility, in turn, can expect law enforcement officers to refer only those types of mentally ill persons whom the staff are qualified to assist; at the same time, facility staff can obtain prompt help from officers in emergencies involving dangerous clients. At the least, the mentally ill benefit by avoiding unnecessary involvement with the criminal justice system; at best, they receive assistance from mental health professionals to begin to solve their problems

Fyfe, J. (2000). Policing the emotionally disturbed. *The Journal of the American Academy of Psychiatry and the Law*, 28, 345-347.

Gentz, D., & Goree, W. (2003). Moving past what to how: The next step in responding to individuals with mental illness. *FBI Law Enforcement Bulletin*, 72(11), 14-18.
<http://www.fbi.gov/publications/leb/2003/nov03leb.pdf>.

Green, T. (1997). Police as frontline mental health workers: the decision to arrest or refer to mental health agencies. *International Journal of Law and Psychiatry*, 20, 469-486.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6V7W-408JK3C-5-1&_cdi=5853&_user=720518&_orig=browse&_coverDate=12%2F31%2F1997&_sk=999799995&_view=c&_wchp=dGLbVtb-zSkzS&_md5=e0a90c63ff9283e2a2085c09420640c2&_ie=/sdarticle.pdf.

Hails, J., & Borum R. (2003). Police training and specialized approaches to respond to people with mental illness. *Crime and Delinquency*, 49, 52-61. <http://cad.sagepub.com/cgi/reprint/49/1/52>.

Eighty-four medium and large law enforcement agencies reported the amount of training provided on mental-health-related issues and the use of specialized responses for calls involving people with mental illnesses. Departments varied widely in the amount of training provided on mental-health-related topics, with a median of 6.5 hours for basic recruits and 1 hour for in-service training. Approximately one third of the agencies (32%) had some specialized response for dealing with calls involving people with mental illnesses. Twenty-one percent had a special unit or bureau within the department to assist in responding to these calls; 8% had access to a mental health mobile crisis team.

Hanson KW, Huskamp HA (2001). Behavioral Health Services under Medicaid Managed Care: The Uncertain Implications of State Variation. *Psychiatric Services*, 52:447-50.

Hill, R. (2001). Civil liability and mental illness: A proactive model to mitigate claims. *The Police Chief*.

Husted, J.R., Charter, R.A., & Perrou, B. (1995). California law enforcement agencies and the mentally ill offender. *Bulletin of the American Academy of Psychiatry and the Law*, 23, 315-329.*

This article reviews the results of a survey of California law enforcement agencies, designed to assess the experience of these agencies with mentally ill offenders (MIOs) and the training of their officers to interact with this population. The results suggest that most law enforcement officers are given insufficient training to identify, manage, and appropriately refer the MIOs they are increasingly likely to encounter. The data indicate that, in contrast to their training and expectations, peace officers are as likely to be called to a mental illness crisis as to a robbery. The MIO is likely to be arrested for nonviolent misdemeanors and to be screened by officers with little of the training or knowledge needed to divert them to appropriate mental health treatment. Respondents report that increased communication and cooperation between law enforcement and mental health professionals is the single greatest improvement needed for handling mental illness crises.

Janofsky JS, Tamburello AC (2006). Diversion to the Mental Health System: Emergency Psychiatric Evaluations. *Journal of the American Academy of Psychiatry and the Law* 34:283-91.

Jazbec, C. A. (n.d.). Shared Concerns: Family Members and Law Enforcement.

Kornman S (2006). \$54 Million Sought to Help Mentally Ill. *Tucson Citizen*, Tucson AZ, May 4, 2006.

Lamb, H., Weinberger, L., & DeCuir, W. (2002). The police and mental health. *Psychiatric Services*, 53, 1266-1271. <http://psychservices.psychiatryonline.org/cgi/reprint/53/10/1266>.

With deinstitutionalization and the influx into the community of persons with severe mental illness, the police have become frontline professionals who manage these persons when they are in crisis. This article examines and comments on the issues raised by this phenomenon as it affects both the law enforcement and mental health systems. Two common-law principles provide the rationale for the police to take responsibility for persons with mental illness: their power and authority to protect the safety and welfare of the community, and their *parens patriae* obligations to protect individuals with disabilities. The police often fulfill the role of gatekeeper in deciding whether a person with mental illness who has come to their attention should enter the mental health system or the criminal justice

system. Criminalization may result if this role is not performed appropriately. The authors describe a variety of mobile crisis teams composed of police, mental health professionals, or both. The need for police officers to have training in recognizing mental illness and knowing how to access mental health resources is emphasized. Collaboration between the law enforcement and mental health systems is crucial, and the very different areas of expertise of each should be recognized and should not be confused.

Lamb, H., Weinberger, L., & Gross, B. (2004). Mentally ill persons in the criminal justice system: Some perspectives. *Psychiatric Quarterly*, 75, 107-126.*

There is an increasing number of severely mentally ill persons in the criminal justice system. This article first discusses the criminalization of persons with severe mental illness and its causes, the role of the police and mental health, and the treatment of mentally ill offenders and its difficulties. The authors then offer recommendations to reduce criminalization by increased coordination between police and mental health professionals, to increase mental health training for police officers, to enhance mental health services after arrest, and to develop more and better community treatment of mentally ill offenders. The necessary components of such treatment are having a treatment philosophy of both theory and practice; having clear goals of treatment; establishing a close liaison between treatment staff and the justice system; understanding the need for structure; having a focus on managing violence; and appreciating the crucial role of case management, appropriate living arrangements, and the role of family members.

LaPorte County Sheriff's Office (2007). Use of Force Policies. Less Lethal Working Group. <http://www.less-lethal.org/docs/22/UseofForcePolicyLaPorteCO.pdf>.

Lattimore, P. K., Broner, N., Sherman, R., Frisman, L., & Shafer, M. S. (2003). A comparison of prebooking and postbooking diversion programs for mentally ill substance-using individuals with justice involvement. *Journal of Contemporary Criminal Justice*, 19, 30-64. <http://ccj.sagepub.com/cgi/reprint/19/1/30>.

Eight programs are described representing a variety of approaches to diversion in terms of point of criminal justice intervention (prebooking or postbooking), degree of criminal justice coercion, type of linkages provided to community-based treatment, and approaches to treatment retention. The authors also describe the characteristics of almost 1000 study participants who were diverted into these programs over an 18-month period and examine the extent to which systematic differences are observed between prebooking and postbooking subjects, as well as among sites in each of the diversion types. Results suggest that prebooking and postbooking diversion subjects were similar on most mental health indicators, but differed substantially on measures of social functioning and substance use and criminality, with postbooking subjects scoring worse on social functioning and reporting more serious substance use and criminal histories. Variability among sites was also observed, indicating differences in local preferences for the types of individuals deemed appropriate for diversion.

Matthews AR (1970). Observations of Police Policy and Procedures for Emergency Detention of the Mentally Ill. *Journal of Criminal Law, Criminology, and Police Science* 61:283-95.

McFarland, B.H., Faulkner, L.R., Bloom J.D., et al. (1989) Chronic mental illness and the criminal justice system. Hospital and Community Psychiatry, 40, 718-23. Murphy, G. (1986). Improving the police response to the mentally disabled. Washington , DC : Police Executive Research Forum.*

Memphis CIT Program (1996). Crisis Intervention Team training manual. Memphis Police Department, Memphis, Tennessee, October, 1996.

Miller BJ, Paschall CB, Svendsen DP (2006). Mortality and Medical Comorbidity Among Patients with Serious Mental Illness. Psychiatric Services, 57:1482-7.

Murphy, G. R. (1989). Managing persons with mental disabilities: A curriculum guide for police trainers. Washington , D.C: Police Executive Research Forum.*

Munetz, M. R., & Griffin, P. A. (2006, April). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. Psychiatric Services, Vol. 57, No. 4, 544-549. <http://www.neoucom.edu/CJCCOE/544.pdf>.

Munetz, M. R., Fitzgerald, A., & Woody, M. (2006, June). Police use of the taser with people with mental illness in crisis. Psychiatric Services, Vol. 57, No. 6, 883-884. <http://psychservices.psychiatryonline.org/cgi/reprint/57/6/883>.

Munetz, M. R., Morrison, A., Krake, J., Young, B., & Woody, M. (2006, November). Statewide implementation of the Crisis Intervention Team Program: The Ohio Model. . Psychiatric Services, Vol.57, No. 11, 1569-1571. <http://psychservices.psychiatryonline.org/cgi/content/full/57/11/1569>.

This column discusses ways that states can implement community-based best practices statewide, by using the crisis intervention team (CIT) model as an example. Although state mental health authorities may want to use a top-down approach to ensure uniform, high-quality implementation, programs may be more likely to succeed if they arise as bottom-up, grassroots innovations. Programs like CIT are especially challenging to implement because they involve collaboration between complex systems and affect multiple stakeholders. The column describes lessons learned in Ohio in hopes of assisting other states in implementing this and other innovations.

Oliva JR, Haynes NL, Compton MT, et al (2007). Evolution of the Georgia Crisis Intervention Team Program. Presented at the 3rd Annual CIT Conference, Memphis, TN, August 2007.

Panzarella, R., & Alicea, J., (1997). Police tactics in incidents with mentally disturbed persons. Policing: An International Journal of Police Strategies and Management, 20, 326-338. <http://gessler.emeraldinsight.com/Insight/ViewContentServlet?Filename=/published/emeraldfulltextarticle/pdf/1810200207.pdf>.

In recent years police departments have responded to increasing numbers of incidents involving mentally disturbed people. Data for this study were drawn from a survey of 90 officers in a special unit

mandated to respond to such situations and from their detailed descriptions of 90 specific incidents. Explores the types of incidents, their relative frequency, the characteristics of such incidents, and especially police tactics considered to be effective or ineffective. The articles discusses the findings in terms of police department organizational structure as well as individual officers' beliefs about the mentally disturbed and tactical choices.

Pasch S, Boehm P, Malofsky L, et al (2007). Crisis Intervention Partners: A Unique Approach to Expanding Relationships Into the Community. Presented at the 3rd Annual CIT Conference, Memphis TN, August 2007.

Patch, P.C., & Arrigo, B.A. (1999). Police officer attitudes and use of discretion in situations involving the mentally ill. *International Journal of Law and Psychiatry*, 22, 23-35.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6V7W-3VWFP1G-2-1&_cdi=5853&_user=720518&_orig=browse&_coverDate=01%2F02%2F1999&_sk=999779998&_view=c&_wchp=dGLbVzz-zSkWb&_md5=2d57469ab0614e1d4f127040dda7890a&_ie=/sdarticle.pdf.

Peck, L. Jr. (2003). Law enforcement interaction with persons with mental illness. *TELEMASP Bulletin*, 10(1), 1-12.

Perez, A., Leifman, S., & Estrada, A. (2003). Reversing the criminalization of mental illness. *Crime and Delinquency*, 49, 62-78. <http://cad.sagepub.com/cgi/reprint/49/1/62>.

In 1972, a federal court reinforced the deinstitutionalization of state psychiatric hospitals when they held that people with mental illness have a constitutional right to treatment (Wyatt v. Stickney, 1972). Although many states released patients and closed hospitals in response to this decision, they neglected to provide adequate community-based treatment resulting in the unintended reinstitutionalization of this population into our state and local jails. Recently, many state and local stakeholders have come together to address this situation. This article will discuss how the criminal justice system has become a primary mental health provider and strategies being utilized to reform the current system.

Presidents New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America*. Rockville MD, Department of Health and Human Services, 2003.

Redlich, A. D. (2004). Mental Illness, Police Interrogations, and the Potential for False Confession. *Psychiatric Services*, Vol. 55, No. 1, 19-21. <http://psychservices.psychiatryonline.org/cgi/content/full/55/1/19>.

Reuland, M. (2004). A guide to implementing police-based diversion programs for people with mental illness. Delmar, NY: Technical Assistance and Policy Analysis Center for Jail Diversion.
http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/PERF.pdf.

Reuland, M., and Margolis, G. (2003). Police approaches that improve the response to people with mental illnesses: A focus on victims [Electronic Version]. *The Police Chief* 70(11), 35-39.
http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=145&issue_id=112003.

Ruiz, J. (1993). An interactive analysis between uniformed law enforcement officers and the mentally ill. *American Journal of Police*, 4, 149-177.*

Saunders, M (2004). Orlando: Streamlining Crisis Services, a Community Collaboration Effort. Florida Council for Community Mental Health Conference, Orlando FL, October 2004.

Sheridan E, Teplin L (1981). Police-referred Psychiatric Emergencies: Advantages of Community Treatment. *Journal of Community Psychology* 9:140-7.

Steadman, H.J., Barbera, S., & Dennis, D. (1994). A national survey of jail diversion programs for mentally ill detainees. *Hospital and Community Psychiatry*, 45, 1109-1113.*

Steadman, H.J., Braff, J., & Morrissey, J. (1988). Profiling psychiatric cases evaluated in the general hospital emergency room. *Psychiatric Quarterly*, 59, 10-22.*

Steadman, H.J., Coccozza, J.J., & Veysey, B.M. (1999). Comparing outcomes for diverted and nondiverted jail detainees with mental illness. *Law and Human Behavior*, 23, 615-627.

<http://proquest.umi.com/pqdweb?index=1&did=399167971&SrchMode=3&sid=5&Fmt=10&VInst=PRO D&VType=PQD&RQT=309&VName=PQD&TS=1155145817&clientId=37634&aid=3&cfc=1>.

Jail diversion programs have been proposed for use with persons with mental illnesses. While much support exists for these programs in theory, little is known about their characteristics, the individuals they divert, or their effectiveness. The current study focuses on identifying the characteristics of persons diverted through a court-based program in one midwestern city and their outcomes during the first 2 months after diversion. Information on participants (n = 80) was gathered through detainee interviews, staff interviews, and record abstracts. Two factors appear to be important in diversion: (1) community risk and (2) availability of specialized programs for diverted offenders. Demographic, clinical, and social context variables appear to influence diversion decisions. Overall, the diverted and nondiverted groups did approximately the same upon release, but one third of the nondiverted group never got released during the follow-up

Steadman, H.J., Deane, M.W., Borum, R. & Morrissey, J.P. (2000). Comparing outcomes of major models of police responses to mental health emergencies. *Psychiatric Services*, 51, 645-649.

<http://psychservices.psychiatryonline.org/cgi/reprint/51/5/645>.

The study compared three models of police responses to incidents involving people thought to have mental illnesses to determine how often specialized professionals responded and how often they were able to resolve cases without arrest. METHODS: Three study sites representing distinct approaches to police handling of incidents involving persons with mental illness were examined- Birmingham, Alabama; and Knoxville and Memphis, Tennessee. At each site, records were examined for approximately 100 police dispatch calls for "emotionally disturbed persons" to examine the extent to which the specially trained professionals responded. To determine differences in case dispositions, records were also examined for 100 incidents at each site that involved a specialized response. RESULTS: Large differences were found across sites in the proportion of calls that resulted in a specialized

response-28 percent for Birmingham, 40 percent for Knoxville, and 95 percent for Memphis. One reason for the differences was the availability in Memphis of a crisis drop-off center for persons with mental illness that had a no-refusal policy for police cases. All three programs had relatively low arrest rates when a specialized response was made, 13 percent for Birmingham, 5 percent for Knoxville, and 2 percent for Memphis. Birmingham's program was most likely to resolve an incident on the scene, whereas Knoxville's program predominantly referred individuals to mental health specialists.

CONCLUSIONS: Our data strongly suggest that collaborations between the criminal justice system, the mental health system, and the advocacy community plus essential services reduce the inappropriate use of U.S. jails to house persons with acute symptoms of mental illness.

Steadman, H.J., Deane, M.W., Morrissey, J.P., Salasin, S. & Shapiro, S. (1999). A SAMHSA research initiative assessing the effectiveness of jail diversion programs for mentally ill persons. *Psychiatric Services*, 50, 1620-1623. <http://psychservices.psychiatryonline.org/cgi/content/full/50/12/1620>.

For nearly 30 years jail diversion programs have had wide support as a way to prevent people with mental illnesses and substance use disorders from unnecessarily entering the criminal justice system by providing more appropriate community-based treatment. Although these programs have had wide support, very few systematic outcomes studies have examined their effectiveness. This paper discusses findings on rates of incarceration of persons with serious mental illness and co-occurring substance use disorders in U.S. jails, summarizes recently completed research on jail diversion programs, and describes a three-year research initiative begun in 1997 by the Substance Abuse and Mental Health Services Administration that uses a standardized protocol to examine the characteristics and outcomes of various types of jail diversion programs in nine sites throughout the U.S.

Steadman, H.J., Morris, S.M., & Dennis, D.L. (1995). The diversion of mentally ill persons from jails to community-based services: A profile of programs. *American Journal of Public Health*, 85, 1630-35. <http://psychservices.psychiatryonline.org/cgi/reprint/52/2/219>.

A major proposal for appropriately treating persons with mental illnesses who have been arrested is to divert them from jail to community-based mental health programs. However, there are few available definitions, guidelines, and principles for developing effective diversion programs. The goal of this research was to determine the number and kinds of jail diversion programs that exist, how they are set up, and which types of programs are effective. Methods. On the basis of information gathered during a national mail survey (n = 1263) and follow-up telephone survey of 115 responding jails, 18 sites were selected for on-site interviews based on perceived effectiveness and presence of a formal diversion program. Results. Data are presented from a national sample of jail diversion programs (n = 18). Key factors for developing diversion programs and descriptors of effective programs are presented. Conclusions. It is clear that controlled, longitudinal studies of these programs' effectiveness, using client-based and organizational outcome measures, are badly needed.

Steadman, H.J., Stainbrook, K.A., Griffin, P., Draine, J., Dupont, R., & Horey, C. (2001). A specialized crisis response site as a core element of police-based diversion programs. *Psychiatric Services*, 52, 219-222.

<http://proquest.umi.com/pqdweb?index=6&did=832036231&SrchMode=3&sid=2&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1152546782&clientId=37634&aid=2>.

Transporting an individual in psychiatric crisis to an emergency department is often frustrating for both law enforcement and mental health professionals. To facilitate collaboration between police and mental health professionals in crisis cases, some communities have developed prebooking diversion programs that rely on specialized crisis response sites where police can drop off individuals in psychiatric crisis and return to their regular patrol duties. These programs identify detainees with mental disorders and work with diversion staff, community-based providers, and the courts to produce a mental health disposition in lieu of jail. This paper describes three of the diversion programs participating in the Substance Abuse and Mental Health Services Administration jail diversion knowledge development application initiative that demonstrate the importance of specialized crisis response sites. The three programs are in Memphis, Tennessee; Montgomery County, Pennsylvania; and Multnomah County, Oregon. The authors describe important principles in the operation of these programs: being a highly visible, single point of entry; having a no-refusal policy and streamlined intake for police cases; establishing legal foundations to detain certain individuals; ensuring innovative, intensive cross-training; and linking clients to community services.

Strauss, G., Glenn, M., Reddi P., Afaq, I. , Podolskaya, A., Rybakova, T., et al. (2005). Psychiatric disposition of patients brought in by crisis intervention team police officers. *Community Mental Health Journal*, 41, 223-228. Link to article.

Background: As part of an effort to improve police interactions with mentally ill citizens, and improve mental health care delivery to subjects in acute distress, the University of Louisville, in conjunction with the Louisville Metro Police, established the crisis intervention team (CIT). CIT is composed of uniformed officers who receive extensive training in crisis intervention and psychiatric issues and who are preferentially called to investigate police calls that may involve a mentally ill individual. Methods: In an effort to determine the characteristics of the individuals brought to the emergency psychiatric service (EPS) by CIT officers, a comparative (CIT vs. mental inquest warrant [MIW, a citizen-initiated court order to bring someone for psychiatric evaluation because of concerns regarding dangerousness] vs non-CIT/non-MIW), descriptive evaluation was performed. Results: With the exception of a higher rate of schizophrenic subjects brought in by CIT (43.0% vs. 22.1, non-CIT, $P=.002$), the demographics, diagnosis, and disposition of CIT-referred subjects were not different in any way from non-CIT patients. Subjects referred on MIWs were more likely to be admitted to a psychiatric hospital than non-MIW patients (71.6 vs. 34.8, $P <.0001$), but CIT-referred hospitalization rates were not different from hospitalization rates of self-referred subjects (20.7 vs. 33.3, ns). Conclusions: CIT officers appear to do a good job at identifying patients in need of psychiatric care.

Sullivan G, Han X, Moore S, et al (2006). Disparities in Hospitalization for Diabetes Among Persons with and without Co-occurring Mental Disorders. *Psychiatric Services*, 57:1126-31.

Tanous R, Anders D, Raichel, C, et al (2007). The Winding Road to CIT Success: Hurricanes "Katrina" and "Rita" Bringing People Together. Presented at the 3rd Annual CIT Conference, Memphis TN, August 2007.

Teller, J.L.S., Munetz, M.R., Gil, K.M., & Ritter, C. (2006). Crisis Intervention Team training for police officers responding to mental disturbance calls. *Psychiatric Services*, 57, 232-237.
<http://proquest.umi.com/pqdweb?index=6&did=832036231&SrchMode=3&sid=2&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1152546782&clientId=37634&aid=2>.

OBJECTIVE: In recognition of the fact that police are often the first responders for individuals who are experiencing a mental illness crisis, police departments nationally are incorporating specialized training for officers in collaboration with local mental health systems. This study examined police dispatch data before and after implementation of a crisis intervention team (CIT) program to assess the effect of the training on officers' disposition of calls. METHODS: The authors analyzed police dispatch logs for two years before and four years after implementation of the CIT program in Akron, Ohio, to determine monthly average rates of mental disturbance calls compared with the overall rate of calls to the police, disposition of mental disturbance calls by time and training, and the effects of techniques on voluntariness of disposition. RESULTS: Since the training program was implemented, there has been an increase in the number and proportion of calls involving possible mental illness, an increased rate of transport by CIT-trained officers of persons experiencing mental illness crises to emergency treatment facilities, an increase in transport on a voluntary status, and no significant changes in the rate of arrests by time or training. CONCLUSIONS: The results of this study suggest that a CIT partnership between the police department, the mental health system, consumers of services, and their family members can help in efforts to assist persons who are experiencing a mental illness crisis to gain access to the treatment system, where such individuals most often are best served.

Teplin, L. (2000). Keeping the peace: Police discretion and mentally ill persons. *National Institute of Justice Journal*, 244, 9-15. <http://www.ncjrs.gov/pdffiles1/jr000244c.pdf>.

Teplin, L. (2001). Police discretion and persons with mental illness. *Community Mental Health Report*, 1, 37-38, 45-46.*

Teplin, L. & Pruett, N. (1992). Police as street corner psychiatrist: managing the mentally ill. *International Journal of Law and Psychiatry*, 15, 139-156. *

Thompson, M.D., Reuland, M., & Souweine, D. (2003). Criminal Justice/Mental Health Consensus: Improving responses to people with mental illness. *Crime and Delinquency*, 49, 30-51.
<http://cad.sagepub.com/cgi/reprint/49/1/30>.

This article summarizes the impetus for and findings of the Criminal Justice/Mental Health Consensus Project. This project has been a 2-year effort to develop recommendations, which reflect a bipartisan agreement among the stakeholders in the criminal justice and mental health systems to improve the response to people with mental illness who are involved with--or are at risk of involvement with--the criminal justice system. Stakeholders involved in consultations for the project included state lawmakers, police chiefs, officers, sheriffs, district attorneys, public defenders, judges, court administrators, state corrections directors, community corrections officials, victim advocates, consumers of mental health services, family members and other mental health advocates, county commissioners, state mental health directors, behavioral health care providers, and substance abuse experts. The success of the

project will hinge largely on how effectively these flexible guidelines are shaped and molded to meet the particular needs within various jurisdictions throughout the country.

Thorward, S. R. (2003). Crisis Intervention team (CIT) Training sees immediate results.

<http://www.neoucom.edu/CJCCOE/support/CrisisInterventionTeam.pdf>.

Torres, C. & Valdes, G. (2002, June 12). Collaborative crisis intervention and alternatives to incarceration for persons with mental illness. The Council.

<http://webdocs.nyccouncil.info/attachments/54671.htm?CFID=1435118&CFTOKEN=72949620>.

Torrey, E.F., Steiber, J., Ezekiel, J., Wolfe, S.M., Sharfstein, J., & Flynn, L.M. (1992). Criminalizing the seriously mentally ill: The abuse of jails as mental hospitals. *Innovations & Research*, 2, 11-14. Washington, DC : Public Citizen's Health Research Group.

Treatment Advocacy Center (2005). Briefing paper: Law enforcement and people with severe mental illnesses.

<http://webdocs.nyccouncil.info/attachments/54671.htm?CFID=1435118&CFTOKEN=72949620>.

Turnbaugh, D. (1999). Crisis Intervention Teams: Curing Police Problems with the Mentally Ill. *The Police Chief*, 52(2), 52-54.

University of Memphis CIT Center (2007). CIT national directory. University of Memphis CIT Center website, 2007. <http://www.cit.memphis.edu/USA.htm>.

Ustun TB (2000). Mainstreaming Mental Health. *Bulletin of the World Health Organization*, 78:412, 2000

Vermette, H. S., Pinals, D. A., & Appelbaum, P. S. (2005). Mental health training for law enforcement professionals. *The Journal of the American Academy of Psychiatry and the Law*, 33, 42- 46.

<http://www.jaapl.org/cgi/reprint/33/1/42.pdf>.

The purpose of this pilot study was to determine topics of interest and preferred modalities of training for police officers in their work with persons with mental illness. Police officers across Massachusetts attending in-service mental health training were asked to rate the importance of potential mental health topics and the effectiveness of potential training modalities on a Likert-type scale. Additional data collected included the officer's experience, level of education, motivation for attendance, previous attendance of post-academy mental health training, and preferences for length, frequency, training site, and trainer qualifications. A t test was used to determine if there were significant differences ($p < .05$) between those who volunteered and those who were mandated to attend the training. Repeated-measures ANOVAs were used to determine if there were significant differences ($p < .05$) between mental health topics and lecture formats and to determine the effect of education and experience on the results. Although all topics suggested were rated, primarily, as fairly important, the topics of Dangerousness, Suicide by Cop, Decreasing Suicide Risk, Mental Health Law, and Your Potential Liability for Bad Outcomes were given the highest ratings. Role-playing was rated significantly lower than other training modalities, while Videos and Small Group Discussion had the highest mean scores. Level of prior education had no significant effect on the ratings, but officers with more experience rated the importance of mental illness as a training topic significantly higher than officers with less experience.

This survey suggests that police officers are interested in learning more about working with persons with mental illness and view it as an important aspect of the job.

Vickers, B. (2000). Memphis, Tennessee, Police Department's Crisis Intervention Team, Bulletin From the Field Practitioner Perspectives. <http://www.ncjrs.gov/pdffiles1/bja/182501.pdf>.

Waldman, W., Gilmore, K., & Maschi, T. (2004, September 20). Individuals with mental illness in the Camden County Criminal Justice System: An analysis of the implications of a tragedy and recommendations for cross systems improvements. The Camden Mental Health and Criminal Justice Report, 1-36.

Walsh, J. & Holt, D. (1999). Jail diversion for people with psychiatric disabilities: The sheriffs' perspective. *Psychiatric Rehabilitation Journal*, 23, 153-160.
<http://web.ebscohost.com/ehost/detail?vid=2&hid=6&sid=9ab57945-9699-469b-b8aa-ea76f53a83fc%40SRCM2&bdata=JnNpdGU9ZWhvc3QtGjZlZQ%3d%3d#db=c8h&AN=2000035271>.

The limited availability of community treatment for people with psychiatric disabilities has led to an increase in their rates of arrest. Mental health treatment is not part of the mission of jails, and the specific needs of these people may go unserved, with a consequent risk of symptom relapse. The present study was undertaken to solicit the perspectives of Virginia sheriffs, who regularly intervene with this group, on the potential for diversion programs to reduce the jailing and recidivism of people with psychiatric disabilities. The results indicate that sheriffs have many constructive suggestions for diversion strategies and, in partnership with mental health professionals, could develop programs that better facilitate the rehabilitation of people and contain costs for both systems.

Watson, A.C., Corrigan, P.W., Ottati, V. (2004). Police officers' attitudes toward and decisions about persons with mental illness. *Psychiatric Services*, 55, 49-53.
<http://psychservices.psychiatryonline.org/cgi/reprint/55/1/49>.

A significant portion of police work involves contact with persons who have mental illness. This study examined how knowledge that a person has a mental illness influences police officers' perceptions, attitudes, and responses. **METHODS:** A total of 382 police officers who were taking a variety of in-service training courses were randomly assigned one of eight hypothetical vignettes describing a person in need of assistance, a victim, a witness, or a suspect who either was labeled as having schizophrenia or for whom no information about mental was provided. These officers completed measures that evaluated their perceptions and attitudes about the person described in the vignette. **RESULTS:** A 4x 2 multivariate analysis of variance (vignette role by label) examining main and interaction effects on all subscales of the Attribution Questionnaire (AQ) indicated significant main effects for schizophrenia label, vignette role, and the interaction between the two. Subsequent univariate analyses of variance indicated significant main effects for role on all seven subscales of the AQ and for label on all but the anger and credibility subscales. Significant role-by-label interaction effects were found for the responsibility, pity, and credibility subscales. **CONCLUSION:** Police officers viewed persons with schizophrenia as being less responsible for their situation, more worthy of help, and more dangerous than persons for whom no mental illness information was provided.

Wolff, N. (1998). Interactions between mental health and law enforcement systems: Problems and prospects for cooperation. *Journal of Health and Politics, Policy, and Law*, 23, 133-174.
<http://proquest.umi.com/pqdweb?index=5&did=26866245&SrchMode=3&sid=1&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1152545919&clientId=37634&aid=1>.

The article focuses on the difficulties of coordinating the roles of the mental health and law enforcement agencies, working with people with severe mental illness, while examining the challenges posed by system specialization in the United States. Factors which make these agencies seem ineffective and inefficient; How specialization and mutual interdependency can undermine the effectiveness of the community service network.

Woody, M. (2005, Summer). The art of de-escalation. *The Journal*, 26-62. Retrieved July 17, 2006, from Northeastern Ohio University College of Medicine Division of Clinical Sciences. *The Journal*, 26-62.
<http://www.neoucom.edu/CJCCOE/cit.html>.

Woody, M. S. (2003, January 6). Dutiful Minds-Dealing with mental illness.
<http://www.neoucom.edu/CJCCOE/support/dutifulminds.pdf>.

Zager L (1990). Individuals with mental Illness in Shelby County Jails. Report to Shelby County Government, Memphis TN, 1990.