



Mercer, Paulding, Van Wert CIT Peer Review

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Organization of CIT Peer Review Report

A. THE PEER REVIEW PROCESS

B. THE CRISIS INTERVENTION TEAM MODEL

C. CIT BACKGROUND

D. CIT PROGRAM EVOLUTION

E. CIT TRAINING RECOMMENDATIONS

F. CIT PROGRAM DEVELOPMENT RECOMMENDATIONS

A. The Peer Review Process

In volunteering for this peer review, Mercer, Paulding, and Van Wert CIT is joining 25 other county and multi-county Ohio CIT programs that have undergone this same process which is supported by the Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE) and the National Alliance on Mental Illness of Ohio (NAMI Ohio). The CJ CCoE was established in May 2001 to promote jail diversion alternatives for people with mental illness throughout Ohio. The Center is funded by a grant from the Ohio Department of Mental Health and Addiction Services to the County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board. The ADM Board contracts with the Northeast Ohio Medical University to operate the Center.

The CJ CCoE desires to work with Crisis Intervention Team (CIT) programs across Ohio to strengthen our collective understanding of the core elements and emerging best practices. One vehicle of doing just that is through a peer review process, a voluntary collegial process of identifying and coalescing the best elements of CIT programs from across the State of Ohio and the United States.

The peer review process was built from the Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs which identifies 15 ideal elements that CIT programs should strive to achieve. The process consists of four parts:

- Self-Assessment
- Desk Audit
- Site Visit
- Written Report

A telephone conference call was held on February 5, 2021 among reviewers and these representatives of the Mercer, Paulding, and Van Wert CIT training committee:

- Gery Thobe, Chief Deputy & CIT Coordinator, Mercer County Sheriff's Office
- Jessica Clune, Deputy, Mercer County Sheriff's Office

During this call, the reviewers discussed the content of the training and CIT program development at the law enforcement agency and county level. These topics are addressed in more detail in this report.

The site visit was conducted by video conference on March 15, 2021 by the reviewers and these members representing the Mercer, Paulding, and Van Wert CIT program:

- Gery Thobe, Chief Deputy & CIT Coordinator, Mercer County Sheriff's Office
- Sandy Goodwin, Executive Director, Tri-County ADAMHS Board
- Roberta Donovan, Clinical Director, Foundations Mental Health
- Matt Ronan, Supervisor – Addictions, Foundations Mental Health
- Diane Gable, Executive Director, Foundations Mental Health

This final report is a synthesis of what the reviewers found after studying the program self-assessment, conducting the conference call, consulting with the designated Mercer, Paulding, and Van Wert County CIT training committee members, and attending the site visit video conference.

B. The Crisis Intervention Team Model

According to CIT International, Crisis Intervention Teams are community-based programs that bring together law enforcement, mental health professionals, mental health advocates, and other partners to improve community responses to persons in mental health crises. CIT is an organizational model that helps coordinate the mental health crisis care system with the criminal justice system. The model has core elements that when properly implemented at the local level, will not only improve the utilization of essential mental health services but assist with keeping people out of crisis.

- **CIT is a community-based program**

Through collaboration, CIT is designed to improve the mental health crisis response system.

- **CIT includes people living with mental illness and their families**

No one has a greater stake in the outcome of a mental health crisis than the person in crisis, followed closely by their family members. Only by engaging individuals with mental illness and their families can we build crisis response systems that people feel confident utilizing.

- **CIT is based on partners coming together**

CIT partners are equal decisionmakers who solve problems together, bring resources to the table, and hold each other accountable.

- **CIT focuses on responses to persons in crises**

CIT is not just about how law enforcement responds to crisis situations. It also addresses how all local essential mental health services are involved in crisis response.

(Usher et al., 2019, p. 4)

The Goals of a CIT Program

1. To improve safety during law enforcement encounters with people in crisis
2. To increase connections to effective and timely mental health services for people in mental health crisis.
3. To use law enforcement strategically during crisis situations and increase the role of essential mental health services.

4. To reduce the trauma that people experience during a mental health crisis and thus, contribute to their long-term recovery. (Usher et al., 2019, p. 5)

CIT International explains that The CIT Model is designed to fit the needs of many different types of communities. Ultimately, the success of a community's CIT program will be based on:

- **An ongoing commitment from leaders** of your local mental health system, law enforcement agencies, and mental health advocacy organizations.
- **A network of relationships** among criminal justice & mental health professionals, mental health advocates, and other community members and leaders.
- **An understanding of your community-wide response to crisis situations**, including mental health services, emergency responders, law enforcement, and other resources that can help people during a crisis.
- **Building the infrastructure to strengthen your crisis response system and sustain your program** - including the creation of CIT specific policies and procedures, information sharing and data collection.
- **A training program for law enforcement officers and dispatchers** that prepares them to respond safely and compassionately to people in crisis and helps them link people to essential mental health services.
- **A commitment to ongoing improvement and engagement with partners.** Every community has an opportunity to improve, whether it be advocating for better access to essential mental health services, expanding training to other populations, or reaching out to support new CIT programs in another community. (Usher et al., 2019, p. 6)

Crisis Intervention Team Core Elements

The CIT Core Elements describe a fully developed CIT program. Keep in mind, partnerships are the first core element of CIT because they are the foundation of everything else. As a community progresses, they can strengthen their crisis response system incrementally as a long-term goal. Law enforcement training is only a step along the way to developing a CIT program, not the end goal. Crisis Intervention Teams are robust programs containing ongoing, operational, and sustaining elements.

Ongoing Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership: Planning, Implementation & Networking

3. Policies and Procedures

Operational Elements

4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: CIT Training
6. Mental Health Receiving Facility: Emergency Services

Sustaining Elements

7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities (Compton et al., 2011, p. 27)

C. Mercer, Paulding, and Van Wert County CIT Background

Mercer, Paulding, and Van Wert Counties are located on the western edge of Northwest Ohio and are bordered on the west by the State of Indiana. Paulding is the most northern of the three counties. To Paulding's south is Van Wert County followed by Mercer County. They are bordered to the North, South and East by Defiance, Putnam, Allen, Auglaize, and Darke Counties.

Each of the respective counties have their own mental health provider agency funded in part by the Tri-County ADAMHS Board. In Mercer County, the provider agency is Foundations Behavioral Health Services. In Paulding and Van Wert, the provider agency is Westwood Behavioral Health Center which maintains a location in each county.

The ratio of the population to mental health providers:

County	# Mental Health Providers	County Value	Z score
Van Wert	25	1,130:1	0.71
Paulding	9	2,080:1	1.06
Mercer	36	1,140:1	0.71

<https://www.countyhealthrankings.org/app/ohio/2020/measure/factors/62/data>

Mercer, Paulding, and Van Wert Counties have one hospital, Mercer Health Hospital, AKA Mercer County Community Hospital, with no behavioral health units. The nearest inpatient behavioral health hospital beds are in Lima (Allen County) at Mercy Health-St. Rita's Medical Center. The counties sometimes utilize the hospital system in Toledo for inpatient behavioral health treatment.

During regular business hours, mental health crisis evaluations are handled by the responding officer transporting the individual to the local mental health provider agency where a mental health screening is conducted. If it is after business hours, the individual is transported to Mercer Health Hospital where Coleman Professional Services staff conducts the screening.

Mercer, Paulding, and Van Wert Counties each maintain their own sheriff's offices and jails. Each county also handles its own dispatch. Their county police departments and sheriff's offices are as follows:

- Mercer: Celina Police Department, Coldwater Police Department, Fort Recovery Police Department, Rockford Police Department, St. Henry Police Department, Mercer County Sheriff's Office
- Paulding: Antwerp Police Department, Grover Hill Police Department, Oakwood Police Department, Paulding Police Department, Payne Police Department, Paulding County Sheriff's Office
- Van Wert: Convoy Police Department, Scott Police Department, Van Wert Police Department, Van Wert Sheriff's Office

The first training for CIT was conducted in 2014. It was funded and continues to be funded by the Tri-County ADAMHS Board and NAMI Ohio. A steering committee for CIT training was formed in 2019. The trainings are held once per year with approximately 20 individuals trained in each class. To date, only law enforcement officers have been trained. Due to the COVID-19 pandemic, the 2020 training was cancelled. In 2021 it is expected to offer two trainings with 15 trainees in each class.

CIT Training numbers for each county are as follows:

- Mercer County has 62 full-time sworn officer positions. 45 officers have received training. They encompass 6 jurisdictions of which 3 have participated.
- Paulding County has 32 full-time sworn officer positions. 15 officers have received training. They encompass 6 jurisdictions of which 2 have participated.
- Van Wert County has 45 full-time sworn officer positions. 27 officers have received training. They encompass 4 jurisdictions of which 2 have participated.

* It is unknown how many of those trained are currently patrol officers.

(CIT Training Report rev. 10.2020, CJ CCoE)

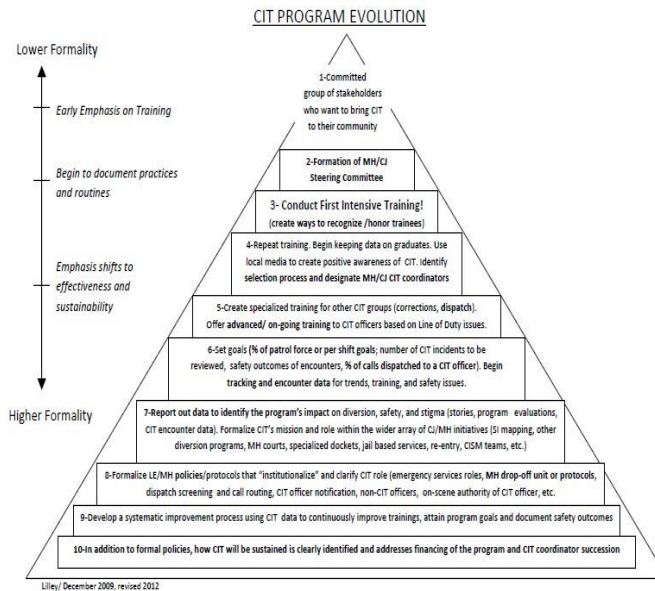
In 2020, Mercer, Paulding, and Van Wert CIT applied for a grant through the CJ CCoE. With the grant funding, Mercer, Van Wert, and Paulding CIT plan to enhance the program training and speaker development, create policies and procedures for each law enforcement jurisdiction, create a data collection system, create points of contact within each law enforcement jurisdiction, and create a recognition and honors program for CIT participants.

Mercer County Sheriff's Office has recently established contact sheets for the agency which provides for the collection of data from crisis calls. The data is entered on an Excel spreadsheet maintained at the

Sheriff's Office. Other agencies in Mercer, Paulding, and Van Wert Counties have not established the use of contact sheets. Presently there are no crisis intervention policies for any agency in the 3 counties.

Mercer, Paulding, and Van Wert Counties are not part of the Stepping Up initiative, nor do they have any diversionary court or assisted outpatient treatment programs (AOT).

D. CIT Program Evolution



Developing CIT programs go through common growth stages. Starting with a committed group of people who bring an initial training to their community to policy-driven, data-rich collaboration between law enforcement and other crisis care system partners, the core elements provide a way to guide the growth of programs. While the success of any program is impacted uniquely by each community's leadership, commitment and resources, the CIT "Program Pyramid" depicts common stages of program development. As part of the peer review process, the reviewers assess Mercer, Paulding, and Van Wert County CIT to be in the initial phases of the 4th stage of development: repeat training, bring awareness to the Crisis Intervention Teams and begin to designate CIT coordinators.

As mentioned in section "B. The Crisis Intervention Team Model", CIT is more than just a training course. It is a community-based organizational model designed to help prevent people from crisis and if in crisis, refer them to essential mental health services instead of the criminal justice system, when possible. Where sound CIT programs exist, they include elements such as formalized department-level policies and the systematic collection, sharing and analysis of encounter information. The main goal of CIT as a risk reduction program is to increase officer and consumer safety and divert individuals in a mental health crisis from jails to gain quicker access to much needed treatment services.

Since Mercer, Paulding, and Van Wert County CIT is not yet to the point of having program elements like those listed within and beyond the 4th stage, this report will be structured to stress the reviewers'

assessment of the strengths and recommendations for improvement of the CIT training as well as outlining recommendations that address continued program development through the subsequent stages. The ultimate test of this peer review process will be if Mercer, Paulding, and Van Wert CIT is able to strengthen their CIT program through assisting their local law enforcement agencies and crisis care system to organize and coordinate crisis care services in their counties.

E. CIT Training Recommendations

Mercer, Paulding, Van Wert CIT training has many strengths. First, the Mercer, Paulding, Van Wert CIT should be commended on their ability to manage training across three counties. Coordination and management of CIT training is a difficult task to do for one county, let alone three. Regarding the training schedule, the CIT training includes a large majority of the required CIT training elements, including Overview of Mental Illness, Overview of Addiction, Emergency Hospitalization process, Recognizing Special Populations, Consumer panels, Ride-alongs, Community Resources, and De-escalation skill development and role plays. The training curriculum also includes additional blocks on important topics such as trauma, officer resiliency, youth, and locally relevant topics such as veterans. The training is in the process of adding more training blocks on veterans because of feedback from the community on the need for increased knowledge on this topic. The training schedule provides a variety of different learning strategies with PowerPoint presentations as well as “hands on” activities such as the Hearing Voices exercise and community ride-alongs. The training also uses a combination of individual and panel presenters including law enforcement, behavioral health, family and veterans.

The structure of the schedule is organized and allows for the building of knowledge and skills across the five-day training. For example, blocks on recognizing mental illness and addiction are taught prior to the consumer panels and the ride-alongs. The training consistently receives positive feedback from the training participants suggesting that the training is relevant to the needs of the officers.

Recommendations:

1. Formalize the CIT Patrol Officer Training

As discussed above, the CIT training curriculum has many strengths. To further strengthen the training, it is recommended that Mercer, Paulding, Van Wert CIT continue to formalize the CIT training curriculum. A recommended first step is having the instructors/presenters provide the training coordinator with copies of their presentations and handouts prior to each training so that they can review the materials and recommend updates as needed. This step can assure that information is relevant to the participants and is not overly clinical in nature. Having access to the presentations and handouts also ensures that if there is turn-over with presenters, the coordinator has access to the information and new presentations will not need to be developed.

2. Utilize Training Evaluation Data

Mercer, Paulding, Van Wert CIT has the data available to begin to analyze the effectiveness of their training. It is recommended that Mercer, Paulding, Van Wert CIT begin utilizing training evaluations as well as the pre- and post-surveys to assist with reviewing each of the training blocks. Analyzing the training evaluations and surveys after each training and comparing them across previous trainings is valuable to assess the impact of training blocks and presenters. Analyzing the data can show themes that highlight areas of strengths as well as areas for improvement.

Involving the CIT training committee in the review is highly recommended. Collaboration across community partners will strengthen the training, encourage buy-in, allow for continued improvement, and assure that new trends impacting the three-county area are being discussed from the perspective of both the behavioral health and the criminal justice systems.

3. Additional Training Blocks

The CIT Patrol Officer Training provides a variety of different types of training blocks and additional topics to address local concerns. A recommendation would be to include a block on “Client Rights”. This training block would include a review of the required rights of clients in the public behavioral health system defined by the Ohio Department of Mental Health and Addiction Services (OMHAS). The training block would be helpful to educate participants on the barriers that the behavioral health system experiences. The training block typically provides an opportunity to discuss frustrations law enforcement may experience and provide the opportunity for the behavioral health system to dispel misconceptions about the treatment system.

Another training block that would be helpful relates to Ohio civil commitment laws. The Mercer, Paulding, Van Wert CIT training currently has a short block on Emergency Hospitalization. This block provides information on the local process for involuntary evaluation and commitment. Consider including further information about the overall Ohio civil commitment laws and their processes. Participants may benefit from a more in-depth look and specifically, what happens after the initial encounter with law enforcement.

4. Conduct Training for Other CIT Roles

Since 2014, the Mercer, Paulding, Van Wert CIT has trained over fifty percent (50%) of officers in all three counties. As part of the formalization of the CIT training, it would be helpful for the Mercer, Paulding, Van Wert CIT Program Coordinator to evaluate the number of CIT trained officers that are still currently active in the tri-county area. If after such review the coordinator believes that enough officers have been trained at each jurisdiction, a recommended next step would be to expand training to other first responders such as public safety telecommunicators (PSTs) and EMS. Providing CIT training to other first responders allows for a more comprehensive approach when responding to individuals in crisis. Since PSTs are often the first to receive information on a possible crisis, providing PSTs with training to properly identify, classify and dispatch crisis calls is a key component

to the success of a CIT program. Training EMS can also be valuable since crisis calls are not always identified as mental health when dispatched and may result in EMS being first on the scene. Providing EMS with access to crisis intervention training will help them learn about the available resources and how to connect a person in crisis to them. The proper use of mental health services by community members can lead to a decrease with frequent faces and potentially minimize the use of law enforcement and the criminal justice system.

F. CIT Program Development Recommendations

Since Mercer, Paulding, Van Wert CIT has not moved beyond the training stage in the evolution of a CIT program, there has not been a lot of activity associated with other areas of the Crisis Intervention Team core elements. However, Mercer, Paulding, Van Wert CIT should be commended for continuing to develop beyond training by participating with a CIT expansion project funded through the CJ CCoE that began in the summer of 2020. Through funding from the grant, Mercer, Paulding, Van Wert CIT has agreed to deliver program development in several areas. These areas include law enforcement policy development, information sharing and data collection, identifying CIT contacts within agencies, and developing a marketing campaign to promote CIT in the Mercer, Paulding, and Van Wert County areas.

Recommendations:

1. Dedicated Program Coordinator for the Tri-County Crisis Intervention Team

CIT programs can flourish when time and resources are dedicated to them. A program coordinator is recommended for CIT programs with multi-county and agency coordination. A program coordinator is responsible for the day-to-day logistics such as multi-agency communication, information sharing and data collection & management, CIT expansion and outreach, and training. The coordinator should be familiar with the roles of all three primary components (Mental Health, Criminal Justice, and Advocacy) of CIT programs and comfortable and effective in communicating in all three environments. Much of the role of a coordinator will be diplomatic in nature. They may also have additional duties in identifying and securing sustaining programmatic resources. It is recommended that Mercer, Paulding, and Van Wert CIT explore funding sources to secure a dedicated CIT program coordinator. To do so, those currently involved with Mercer, Paulding, and Van Wert County CIT may need to revisit stage 1 (committed group of stakeholders who want to bring CIT to their community) and educate stakeholders on the time and resources needed to have a successful CIT program.

2. Advisory Committee, Training Committee and Crisis Care System Committee

It is recommended that Mercer, Paulding, and Van Wert CIT reestablish an inclusive CIT advisory committee that includes members who will actively commit to working together to ensure that the planning, implementation, and evaluation of the CIT program are consistent with best practices throughout the State of Ohio. For suggestions on the identification of potential members, look at

chapter 2 from the “Crisis Intervention Team (CIT) Programs Best Practices Guide,” a publication from CIT International (August 2019) and refer to the worksheets from pages 192 to 204.

It is also recommended that the steering committee include people with lived experience. Consumer involvement is critical to the success of a CIT program. They can add value by offering a unique view into crisis interactions from the consumer standpoint. Consumers are also “troubleshooters” regarding issues that arise during the development of the program, specifically, in relation to how they are managed throughout multiple systems (crisis stabilization services, the criminal justice system, behavioral health, recovery providers, etc.). It is recommended that a certified peer supporter have a permanent seat at the table.

Mercer, Paulding, and Van Wert CIT has an active CIT training committee that communicate when needed to address training needs. It is recommended that Mercer, Paulding, and Van Wert CIT establish another committee that specifically focuses on the crisis care system. This committee should consist of practitioners from all the agencies in the Mercer, Paulding, and Van Wert area that are part of the crisis care system. In general, the focus of regular meetings should be to build relationships and communication lines, troubleshoot crisis care system issues, and discuss case specific issues where legal and appropriate.

3. Policies and Procedures Development

“Policies and procedures are a necessary component of CIT. They provide a set of guidelines that direct the actions of both law enforcement and mental health officials.” (Dupont et al., 2007)

It is recommended that Mercer, Paulding, and Van Wert CIT review the crisis intervention policies of the law enforcement agencies in their area and recommend updates including specific language related to CIT. Crisis Intervention policies and procedures with a CIT focus would bring Mercer, Paulding, and Van Wert County law enforcement agencies into alignment with the goals and objectives of a CIT program. A review and revision of law enforcement policies in the Mercer, Paulding, Van Wert area will not only provide guidance and uniformity across all agencies related to crisis procedures but provide communities with program continuity when leadership and personnel changes occur.

It is recommended that when revising law enforcement policies, it be done sequentially. There should not only be a focus on law enforcement policies, but also the procedures that support agencies use to receive a person in crisis. Attention should be given to how people in crisis transverse the criminal justice and crisis care system. Current procedures and initiatives in other systems and departments should be reflected in law enforcement policies so that there is a safe and effective hand-off to the next level of care.

4. Information Collection and Data Sharing

Currently, there is no formal process for identifying and tracking police encounters for people in crisis outside of the Mercer County Sheriff’s Office. As a first step, it is recommended that other law

enforcement agencies implement procedures to document encounters with people in crisis. Implementing contact sheets and sharing the information with mental health professionals allows for the possibility for case management to intervene and outpatient services to be employed. When this information is also compiled and analyzed, it will assist with understanding utilization of the local mental health system, crisis care system, and criminal justice system by individuals with mental health issues, substance use disorders and developmental disabilities. The data will assist with identifying insufficiencies with your local crisis care services and gaps in service associated with the continuum of care for people in crisis.

To get buy-in from other law enforcement agencies, the CIT Steering Committee should promote how sharing contact information will benefit the agency and potentially lessen police encounters with people in crisis. Once contact information is being documented, a system should be designed for police to easily pass the information to mental health for follow-up with people in crisis in the community.

5. Emergency Hospitalization

It is understood that law enforcement officers from Mercer, Paulding, and Van Wert counties do not provide written statements to mental health receiving facilities after taking a person into custody under Ohio Revised Code (ORC) § 5122.10. This procedure is at the request of the behavioral health provider contracted for those counties. It is recommended that the law enforcement officers end that practice immediately. A written statement must be completed and provided to the hospital (or other designated location) if a person is seized and taken into custody by a police officer or sheriff (deputy sheriffs by extension) for “Emergency hospitalization” according to Ohio Revised Code (ORC) § 5122.10. ORC § 5122.10 explicitly states that “a written statement shall be given to the hospital by the individual authorized under division (A)(1) or (2) of this section to transport the person. The statement shall specify the circumstances under which such person was taken into custody and the reasons for the belief that the person is a mentally ill person subject to court order and represents a substantial risk of harm to self or others if allowed to remain at liberty pending examination.”

The Ohio Supreme Court upheld this requirement in the case *In re Miller*, 63 Ohio St.3d 99, 585 N.E.2d 396. In that case, a 38-year-old man was seized and transported to the Mansfield General Hospital by officers from the Mansfield Police Department and involuntarily committed to the psychiatric ward. The transporting officers provided no written statement to the hospital. No hearing was held, and no temporary order of detention was issued in conformance with ORC § 5122.11. A psychiatrist, the long-time personal doctor of the man seized, completed a “pink slip,” and his narrative read, in part, “the patient has been progressively confused, delusional, and paranoid. His sense of reality is altered, grandiose (sic) and at times, out of touch with reality.” The Ohio Supreme Court first noted that the man was not afforded due process because the seizing officers did not provide a written statement. They stated that the written statement “serves as a type of affidavit” and “is a requirement for the initiation of an emergency involuntary commitment.” The Court then stated that the doctor's language on the “pink slip” did not identify probable cause since it provided opinions instead of facts. The Court further stated that “concrete” facts must be supplied in a written statement to establish probable cause

for the seizure. In short, seizing police officers or deputy sheriffs must create a written statement and that statement must contain facts and not merely opinions to ensure due process.

A corollary issue relating to mental health seizure comes from a 2005 court decision by the U.S. Court of Appeals for the Sixth Circuit titled *Fisher v. Harden*, 398 F3d 837, 841. In this case, a man was seized for Emergency Hospitalization after a passer-by called the Morrow County (OH) Sheriff's Office to report the man had tied his feet to a set of train tracks and was possibly suicidal. Morrow County deputies responded and seized the man after making him walk to them. They made him lie face down on the roadway and handcuffed him behind his back. They asked him no questions before seizing him. The man sued due to injuries sustained. During the suit, the Morrow County deputies admitted that they seized him but stated that the seizure was a *Terry (Terry v. Ohio) seizure*. The Court of Appeals ruled that they would not apply the *Terry* doctrine to a mental health seizure. The takeaway is that law enforcement officers must have probable cause before effecting a mental health seizure. They cannot make an investigatory (reasonable suspicion) stop to gather further evidence to support a mental health seizure.

Reference List & Suggested Publications

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