No. 24-624

IN THE
Supreme Court of the United States

WILLIAM TREVOR CASE,
Petitioner,
v.

STATE OF MONTANA,
Respondent.

On Writ of Certiorari to the Supreme Court of Montana

BRIEF OF AMERICAN PSYCHIATRIC ASSOCIATION, AMERICAN PSYCHOLOGICAL ASSOCIATION, AND JUDGE DAVID L. BAZELON CENTER FOR MENTAL HEALTH LAW AS *AMICI CURIAE* IN SUPPORT OF NEITHER PARTY

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August 6, 2025

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INTEREST OF *AMICI CURIAE*[1]

The American Psychiatric Association, with more than 39,000 members, is the Nation's leading organization of physicians who specialize in psychiatry. The American Psychiatric Association has participated in numerous cases in this Court.

The American Psychological Association is the leading association of psychologists in the United States. A non-profit scientific and professional organization, it has more than 173,000 members and affiliates. Among its major purposes are to increase and disseminate knowledge regarding human behavior, and to foster the application of psychological learning to important human concerns. The American Psychological Association has filed numerous *amicus* briefs in this Court and other state and federal courts around the country.

Since 1972, the Judge David L. Bazelon Center for Mental Health Law has advocated for the civil rights, full inclusion, and equality of adults and children with mental disabilities. The Bazelon Center has played a key role in numerous cases involving the provision of services to people with mental health disabilities by state and local governments, including services provided by emergency personnel. The Center has also conducted extensive research on mental health emergency response systems across the country and provides technical assistance to jurisdictions on how to provide effective, nondiscriminatory, community-based mental health services, including mobile crisis

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[1] Pursuant to Supreme Court Rule 37.6, counsel for *amici* represent that they authored this brief in its entirety and that none of the parties or their counsel, nor any other person or entity other than *amici* or their counsel, made a monetary contribution intended to fund the preparation or submission of this brief.

services, to adults and children with mental health disabilities. The Center works to ensure that mental health emergencies receive a mental health, rather than a police, response in circumstances where a physical health emergency would receive a health response.

Mental health professionals and advocates for individuals with mental illness have dedicated substantial effort and resources to studying, analyzing, and developing practices to reduce the risks that arise from encounters between law enforcement and persons with mental illness. Many such encounters arise from circumstances that involve primarily, if not exclusively, the need for treatment and that should not lead to criminal justice system intervention. There is accordingly a pressing need for emergency response personnel to be prepared to intervene in a manner that best avoids the risk that intervention will exacerbate, rather than reduce, the risk of harm.

INTRODUCTION AND SUMMARY OF ARGUMENT

Encounters between individuals with mental illness and law enforcement officers have become a pervasive feature of police work. Of course, not every encounter between a police officer and an individual with mental illness involves a failure to engage successfully and transport those in need to psychiatric care. Law enforcement plays a vital role in protecting public safety, and police officers encounter significant risks in carrying out their duty. At the same time, stigmatization of individuals with mental illness and failure to implement appropriate practices can lead to the unwarranted criminalization of individuals with mental illness, or even to physical harm to the individuals and the officers tasked with rendering assistance. While training methods and alternative response

models have improved over time, they are still underutilized, leaving officers in the inopportune position of having to render assistance to individuals with mental illness without having received proper training or support. The Court should recognize these dynamics when addressing the issue presented.

ARGUMENT

I. POLICE OFTEN ARE CALLED TO RESPOND TO SITUATIONS INVOLVING INDIVIDUALS WITH MENTAL ILLNESS, DESPITE LACK OF TRAINING, WHICH CAN RESULT IN UNWARRANTED ENTRY INTO THE CRIMINAL JUSTICE SYSTEM AND HARM TO BOTH THE INDIVIDUAL AND THE OFFICER

Over the past 50 years, law enforcement officers have increasingly become "the *de facto* mental health crisis responders."[2] But officers commonly do not receive adequate training in how to engage most safely with individuals with mental illness who may be in distress or require aid. Too often, this increases the chances that encounters between law enforcement and individuals with mental illness will turn situations calling for provision of mental health care into a criminal justice matter, with attendant costs and risks of physical harm.[3]

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[2] Amy C. Watson et al., *The Impact of Crisis Intervention Team Response, Dispatch Coding, and Location on the Outcomes of Police Encounters with Individuals with Mental Illnesses in Chicago*, 15 Policing 1948, 1949 (2021) ("Watson, *Impact*"), https://pmc.ncbi.nlm.nih.gov/articles/PMC8507917/pdf/paab010.pdf.

[3] *See generally*, Joel A. Dvoskin et al., *A Brief History of the Criminalization of Mental Illness*, *in Decriminalizing Mental Ill-*

A. Law Enforcement Officers Frequently Are Called To Render Assistance to Individuals with Mental Illness, Including Suicidal Individuals, Despite the Lack of Specialized Training

Approximately 10% of all police calls involve or concern individuals with serious mental illness,[4] and law enforcement officers spend a disproportionate amount of time and resources responding to such calls. For example, a 2017 nation-wide survey revealed that 21% of total law enforcement staff time was used to respond to and transport individuals with mental illness.[5]

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ness 14-29 (Katherine Warburton & Stephen M. Stahl eds., Cambridge Univ. Press 2021), *available at* https://www.cambridge.org/core/books/decriminalizing-mental-illness/0171E77333C1244DD99F51E46AF33EA2.

[4] *See* Police Exec. Rsch. Forum, *Rethinking the Police Response to Mental Health-Related Calls: Promising Models* 13 (Oct. 2023), https://www.policeforum.org/assets/MBHResponse.pdf; Dep't of Just. & Dep't of Health & Human Servs., *Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities* 2 (May 2023), https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities_FINAL.pdf.

[5] *See* Treatment Advocacy Ctr., *Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness, A National Survey* 9 (May 2019), https://www.tac.org/reports_publications/road-runners-the-role-and-impact-of-law-enforcement-in-transporting-individuals-with-severe-mental-illness/; *see also* Marvin S. Swartz et al., *State Laws on Enforcement Custody and Transportation in the Process of Involuntary Civil Commitment*, 76 Psychiatric Servs. 437, 437-38 (May 2025), *available at* https://psychiatryonline.org/doi/10.1176/appi.ps.20240345; Katie Lazar et al., *Changing the Route:*

Police officers are also tasked with acting as first responders in situations involving threats of suicide, which often mean officers are deployed to the at-risk individual's home, where suicides are most common.[6] More than half of mental health crisis calls involve indications of self-harm or suicidal thoughts or behaviors.[7] Approximately 95% of law enforcement officers have responded to at least one situation involving a threat of suicide, and the average officer responds to approximately 30 such situations over the course of a career.[8] Given these statistics, it is not surprising that, as a profession, police officers – who, as explained below, often have inadequate training in mental health crisis response – have the highest on-duty exposure to suicide, followed by firefighters, psychiatrists, counselors, social workers, and psychologists.[9]

Seeking Compassionate Alternatives to Police Transport in Involuntary Civil Commitment (Oct. 2024), *available at* https://wcsj.law.duke.edu/wp-content/uploads/2024/10/Changing-the-Route.pdf.

[6] *See* Sharyn E. Parks et al., *Surveillance for Violent Deaths – National Violent Death Reporting System, 16 States, 2010*, Ctrs. for Disease Control & Prevention (Jan. 17, 2014), https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6301a1.htm.

[7] *See* Leslie L. Wood et al., *Contextual Factors of Mental Health Crisis Calls to Law Enforcement: A Brief Report*, 60 Cmty. Mental Health J. 403, 403 (Feb. 2024), *available at* https://link.springer.com/article/10.1007/s10597-023-01185-z.

[8] *See* Julie Cerel et al., *Suicide Exposure in Law Enforcement Officers*, 49 Suicide & Life-Threatening Behavior 1281, 1284-85 (Oct. 2019), *available at* https://www.academia.edu/67835362/Suicide_Exposure_in_Law_Enforcement_Officers.

[9] *See* Renan Lopes de Lyra et al., *Occupational exposure to suicide: A review of research on the experiences of mental health professionals and first responders*, 16 PLoS ONE: e0251038, at 11 (Apr. 30, 2021), *available at* https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0251038.

To a significant extent, the responsibility falling on law enforcement reflects pervasive underfunding of mental health resources in the United States, which leaves existing resources severely over-burdened.[10] There is a critical shortage of appropriate treatment options for individuals with mental illness,[11] and especially those with co-occurring needs (e.g., substance

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[10] *See* Faraaz Mahomed, *Addressing the Problem of Severe Underinvestment in Mental Health and Well-Being from a Human Rights Perspective*, 22 Health & Human Rights J. 35, 42 (June 2020), https://pmc.ncbi.nlm.nih.gov/articles/PMC7348439/pdf/hhr-22-01-035.pdf; Margarita Alegria et al., *A New Agenda for Optimizing Investments in Community Mental Health and Reducing Disparities*, 179 Am. J. Psychiatry 402, 402-03 (June 2022), https://psychiatryonline.org/doi/epdf/10.1176/appi.ajp.21100970; Ryan K. McBain et al., *Estimating the Investment Gap in Treating Serious Mental Illness in the United States*, 76 Psychiatric Servs. (forthcoming 2025) (estimating the cost of providing outpatient treatment to all eligible adults with serious mental illness who are Medicaid enrollees or uninsured exceeds current expenditures by 350%), *to be available at* https://psychiatryonline.org/doi/10.1176/appi.ps.20250142.

[11] *See generally* Nat'l Ctr. for Health Workforce Analysis, *State of the Behavioral Health Workforce, 2024* (Nov. 2024), https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf; Hemangi Modi, *Exploring Barriers to Mental Health Care in the U.S.*, Ass'n of Am. Med. Colls. (Oct. 10, 2022), https://www.aamc.org/about-us/mission-areas/health-care/exploring-barriers-mental-health-care-us; NRI, Inc., *State Behavioral Health Workforce Shortages and Initiatives, 2023-2024* (Oct. 2024), https://nri-inc.org/media/tghpz5uu/smha-workforce-shortages-2023.pdf; *New Research Suggests 911 Call Centers Lack Resources to Handle Behavioral Health Crises*, Pew (Oct. 26, 2021), https://www.pew.org/en/research-and-analysis/issue-briefs/2021/10/new-research-suggests-911-call-centers-lack-resources-to-handle-behavioral-health-crises.

use disorders).[12] This shortage means that mental health systems are not prepared to address the range of adverse circumstances – including homelessness and unemployment – that correlate with both mental illness and encounters with police.[13] Further, in many local emergency response systems, the practice is to dispatch law enforcement as the primary responder to mental health emergency calls.

The shortage of resources for providing treatment and support to individuals with mental illness, along with emergency response systems' reliance on law enforcement responders, means that police officers are increasingly called on to respond to mental health crises.[14] But officer training methods have not

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[12] *See* Howard Padwa et al., *Barriers to Serving Clients With Co-occurring Disorders in a Transformed Mental Health System*, 66 Psychiatric Servs. 547-550 (May 2015). https://psychiatryonline.org/doi/epdf/10.1176/appi.ps.201400190; Mary Ann Priester et al.. *Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders: An Integrative Literature Review*, 61 J. Substance Abuse Treatment 47-59 (Feb. 2016), https://www.jsatjournal.com/article/S0740-5472(15)00262-7/pdf.

[13] *See* Steven K. Hoge et al., Am. Psychiatric Ass'n Task Force Report, *Outpatient Services for the Mentally Ill Involved in the Criminal Justice System* 4-5, 11 (Oct. 2009), https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/task-force-reports/tfr2009_outpatient.pdf; *see also* Council of State Gov'ts, *Criminal Justice / Mental Health Consensus Project* 264-65 (June 2002) (noting that individuals with mental illness, particularly in the absence of appropriate treatment options, face chronic disability, unemployment, and homelessness), https://www.ncjrs.gov/pdffiles1/nij/grants/197103.pdf.

[14] *See* Natania Marcus & Vicky Stergiopoulos, *Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models*, 30 Health & Soc. Care Cmty. 1665, 1666 (Sept. 2022), *available at* https://onlinelibrary.wiley.com/doi/epdf/10.1111/hsc.13731.

adapted to fully prepare officers to deal with these situations.[15]

To be clear, there are many situations where a law enforcement response to a mental health emergency call is not warranted. As discussed below, an increasing number of jurisdictions have begun to implement systems that enable emergency response systems to dispatch mental health mobile crisis or other alternative responses to mental health emergency calls where a law enforcement response is not warranted. In those situations, non-law enforcement responses like mobile crisis teams should be used rather than specialized police responses.[16] In light of the facts of this case, however, this brief focuses on specialized police responses to mental health-related emergencies.

Although training programs focused on providing officers with the tools to respond to mental health crises have become more common in recent years, this training is not commensurate with the amount of time officers spend responding to mental health crises. For example, the Maine Criminal Justice Academy for police recruits involves a 720-hour, 18-week residential

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[15] *See* Cong. Rsch. Serv., *Issues in Law Enforcement Reform: Responding to Mental Health Crises* 1 (Oct. 17, 2022) ("CRS, *Issues in Law Enforcement Reform*") (describing how police officers often receive minimal training on responding to mental health crises), https://www.congress.gov/crs_external_products/R/PDF/R47285/R47285.1.pdf.

[16] *See* Am. Psychiatric Ass'n, *Position Statement on Police Interactions with Persons with Mental Illness* (Dec. 2023), https://www.psychiatry.org/getattachment/b0478c2d-c203-468a-a8e6-bfd01daf423a/Position-Police-Interactions-with-Persons-with-Mental-Illness.pdf.

program.[17] During this extensive training program, recruits receive less than 20 hours of training on responding to mental health crises.[18] Moreover, even with the increased focus on improving officer training discussed below, officers often feel unprepared to respond to mental health crises.[19]

B. Encounters Between Individuals with Mental Illness and Police Can Result in Harm to Both the Individual and Police and Unwarranted Criminalization

The lack of adequate mental health training for police officers – just one critical tool for responding to individuals in crisis – is particularly problematic because it can lead to (1) physical harm to individuals with mental illness and officers and (2) individuals with mental illness entering the criminal justice system instead of receiving appropriate treatment.

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[17] *See* Emily Bader & Emmett Gartner, *Police training in mental health lags behind new reality*, Maine Monitor (Jan. 7, 2024), https://themainemonitor.org/police-mental-health-training-lags/; *see also See* Police Exec. Rsch. Forum, *Guiding Principles On Use of Force* 9-10 (Mar. 2016) (2015 nation-wide survey finding that, on average, officers received only about 8 hours of training on crisis intervention), https://www.policeforum.org/assets/30%20guiding%20principles.pdf.

[18] *See* Bader & Gartner, *Police training in mental health lags behind new reality*, Maine Monitor.

[19] *See* Kyle Lane-McKinley, *988 is Coming, But Most Localities Still Not Prepared*, 57 Psychiatric News 12 (July 2022), https://psychiatryonline.org/doi/epdf/10.1176/pn.2022.57.issue-7.

1. Deploying Traditional Police Tactics in Interactions with Individuals with Mental Illness Increases the Likelihood of Harm

Responding to situations involving individuals with mental illness using traditional police tactics – such as verbal commands, displays of authority, and threats of physical force – can escalate already sensitive encounters,[20] putting all parties, including the police officers, in danger.[21] Encounters between police and individuals with mental illness are more likely to result in harm than encounters between police and individuals who do not have a mental illness. For example, one study of police encounters in New York City and Baltimore found that individuals with serious mental illness were more likely than the general population to be involved in violent incidents with the police, even after controlling for criminal behavior.[22] Research also suggests that people with mental illness are disproportionately killed during interactions with

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[20] *See* Kelli E. Canada et al., *Intervening at the Entry Point: Differences in How CIT Trained and Non-CIT Trained Officers Describe Responding to Mental Health-Related Calls*, 48 Cmty. Mental Health J. 746, 747 (Dec. 2012) ("Canada, *Intervening at the Entry Point*"), *available at* https://link.springer.com/article/10.1007/s10597-011-9430-9.

[21] *See* Robin Shepard Engel et al., *Further Exploration of the Demeanor Hypothesis: The Interaction Effects of Suspects' Characteristics and Demeanor on Police Behavior*, 17 Justice Q. 235 (June 2000), *available at* https://www.tandfonline.com/doi/epdf/10.1080/07418820000096311.

[22] *See* Hyun-Jin Jun et al., *Police Violence among Adults Diagnosed with Mental Disorders*, 45 Health & Soc. Work 81 (May 2020), *available at* https://academic.oup.com/hsw/article-abstract/45/2/81/5835910?redirectedFrom=fulltext.

law enforcement.[23] For example, in 2018, approximately 25% of the 1,000 people fatally shot by police officers in the United States had a mental illness.[24] Overall, people with serious mental illness are 16 times more likely than the general public to be killed during a police encounter.[25]

These unfortunate outcomes cannot properly be attributed to violent tendencies of individuals with mental illness. Most individuals with mental illness are not violent, and most violence is not associated with mental illness.[26] Both law enforcement officers and the public nevertheless tend to overestimate the

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[23] *See* Amam Z. Saleh et al., *Deaths of People with Mental Illness During Interactions with Law Enforcement*, 58 Int'l J.L. & Psychiatry 110 (May-June 2018) ("Saleh, *Deaths of People with Mental Illness*"), *available at* https://www.sciencedirect.com/science/article/abs/pii/S0160252717301954?via%3Dihub; Doris A. Fuller et al., Treatment Advocacy Ctr., *Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters* 1 (Dec. 2015) ("Fuller, *Overlooked in the Undercounted*"), *available at* https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf.

[24] *See* Michael S. Rogers et al., *Effectiveness of Police Crisis Intervention Training Programs*, 47 J. Am. Acad. Psychiatry & L. 414, 414 & n.1 (Dec. 2019) ("Rogers, *Effectiveness*") (citing Saleh, *Deaths of People with Mental Illness*), https://jaapl.org/content/jaapl/47/4/414.full.pdf.

[25] *See* Fuller, *Overlooked in the Undercounted* at 1, 12. In addition, being a racial minority and having a mental illness increases the risk of police violence. *See* Saleh, *Deaths of People with Mental Illness*.

[26] *See* Tori DeAngelis, *Mental Illness and Violence: Debunking Myths, Addressing Realities*, 52 Monitor on Psychology 31, 31-32 (Apr./May 2021) (noting that "most people with severe mental illness are not violent" and, "when people with serious mental illness commit violent or aggressive acts, other factors besides the illness itself are often at play"), https://www.apa.org/monitor/2021/2021-04-monitor.pdf.

connection between serious mental illness and violence toward others.[27]

2. Failure To Understand Mental Illness During Initial Points of "Intercept" Can Result in More Individuals with Mental Illness Entering the Criminal Justice System Instead of Receiving Appropriate Treatment

Because officers are often not trained to detect mental illness or to assess the need for treatment, interactions between individuals with mental illness and officers often lead to entry into the criminal justice system, as opposed to procuring treatment.

In the United States, there is a disproportionately high percentage of incarcerated individuals with mental illness: more than 70% of people in American jails and prisons have at least one diagnosed mental

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[27] *See* Amy C. Watson et al., *Police Officers' Attitudes Toward and Decisions About Persons With Mental Illness*, 55 Psychiatric Servs. 49, 49, 53 (Jan. 2004) (finding exaggerated police perceptions of violence among individuals with schizophrenia), http://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.55.1.49; Jeffrey W. Swanson et al., *Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy*, 25 Annals of Epidemiology 366, 367 (May 2015) ("[T]he assumption of dangerousness is a key element of th[e] negative stereotype [toward persons with serious mental illnesses such as schizophrenia]."), *available at* https://www.sciencedirect.com/science/article/pii/S1047279714001471?via%3Dihub; Colleen L. Barry et al., *After Newtown – Public Opinion on Gun Policy and Mental Illness*, 368 New Eng. J. Med. 1077, 1080 (Mar. 21, 2013) (finding that 45.6% of respondents believe individuals with mental illness are "by far" more dangerous than others), http://www.nejm.org/doi/pdf/10.1056/NEJMp1300512.

illness or substance use disorder.[28] This means that, "[f]or too many individuals with serious mental illness, substance use disorder, or both, the justice system is the de facto entry point for obtaining treatment and services."[29]

The overcriminalization of individuals with mental illness is well-documented and driven in large part by limited treatment access.[30] Even with quality training, law enforcement agencies need access to more crisis services equipped to accept acute, complex cases. De-escalation training cannot replace the availability of treatment – officers often detain rather than divert individuals simply because no viable services

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[28] *See* Nat'l Jud. Task Force to Examine State Courts' Response to Mental Illness, *State Courts Leading Change: Report and Recommendations* 9 (Oct. 2022) ("Task Force, *State Courts Leading Change*"), https://www.ncsc.org/sites/default/files/media/document/MHTF-State-Courts-Leading-Change.pdf.

[29] *Id.*

[30] *See generally* Coreena A. Forstner, *Exploring Gender Disparities in the Overcriminalization of Psychiatric Illness and the Treatment of Mentally Ill Incarcerated Individuals*, 16 McNair Scholars Rsch. J. 33-57 (Fall 2023), https://commons.emich.edu/cgi/viewcontent.cgi?article=1192&context=mcnair; Erica Bryant, *The United States Criminalizes People Who Need Health Care and Housing*, Vera Inst. (Oct. 17, 2023), https://www.vera.org/news/the-united-states-criminalizes-people-who-need-health-care-and-housing; *Entangled: How People With Serious Mental Illness Get Caught in Misdemeanor Systems* (Leah G. Pope et al. eds., 2025); Debra A. Pinals, *Crisis Services: Meeting Needs, Saving Lives*, Nat'l Ass'n of State Mental Health Program Directors (Aug. 2020) ("Pinals, *Crisis Services: Meeting Needs, Saving Lives*"), https://988crisissystemshelp.samhsa.gov/sites/default/files/2024-01/crisis-services-meeting-needs-saving-lives-compendium.pdf.

are available.[31] Involuntary commitment laws also lack clear pathways to care, leaving incarceration as the default option.[32]

To assist in analyzing and remedying the problems caused by the application of traditional criminal justice system approaches – and in recognition of the role of law enforcement in identifying individuals with mental illness and diverting them to treatment – mental health professionals and policymakers have developed a framework known as the Sequential Intercept Model.[33] A key premise of the model is that there are untapped improvements in public health and safety – and potential resource savings – that can result from cooperation between law enforcement and mental health professionals.[34] The model identifies

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[31] *See* Alysson Gatens, *Responding to Individuals Experiencing Mental Health Crises: Police-Involved Programs*, Illinois Crim. Just. Info. Auth. (Apr. 2, 2018), https://icjia.illinois.gov/researchhub/articles/responding-to-individuals-experiencing-mental-health-crises-police-involved-programs.

[32] *See generally* Substance Abuse & Mental Health Servs. Admin., *Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice* (2019), https://www.samhsa.gov/sites/default/files/civil-commitment-mental-health-care-continuum.pdf; Debra A. Pinals & Lisa Anacker, *Legal Issues in Crisis Services*. Nat'l Ass'n of State Mental Health Program Directors (Aug. 2020), *available at* https://docslib.org/doc/5649536/legal-issues-in-crisis-services.

[33] *See generally* Substance Abuse & Mental Health Servs. Admin., *The Sequential Intercept Model (SIM)* (updated May 24, 2024), https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model; Pinals, *Crisis Services: Meeting Needs, Saving Lives*; *Entangled: How People With Serious Mental Illness Get Caught in Misdemeanor Systems*.

[34] *See* Substance Abuse & Mental Health Servs. Admin., *The Sequential Intercept Model (SIM)* (updated May 24, 2024),

five points of "intercept" where the collaboration between law enforcement and mental health professionals can be used to identify and divert to treatment individuals with serious mental illness.[35] These points of potential intervention range from initial encounters with police, through courts and jails, to prisons and rehabilitative facilities, including points of intervention available to community supervising entities such as probation and parole.[36] Public entities in several States have used the Sequential Intercept Model to develop interventions for individuals with mental illness at various stages of the criminal justice process, but a more systematic approach would

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https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model; *see also* Mark R. Munetz & Patricia A. Griffin, *Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness*, 57 Psychiatric Servs. 544, 547-48 (Apr. 2006) ("Munetz & Griffin, *Use of the SIM*"), http://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544.

[35] *See* Substance Abuse & Mental Health Servs. Admin., *The Sequential Intercept Model (SIM)* (updated May 24, 2024), https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model; *see also* Joseph P. Morrissey & Gary S. Cuddeback, *Jail Diversion*, *in Clinical Handbook of Schizophrenia* 524, 526-28 (Kim T. Mueser & Dilip V. Jeste eds., 2008), *available at* https://psychiatry.ru/siteconst/userfiles/file/englit/Kim%20T.%20Mueser%20PhD%20(Editor),%20Dilip%20V.%20Jeste%20MD%20(Editor)%20-%20Clinical%20Handbook%20of%20Schizophrenia.pdf.

[36] *See* Substance Abuse & Mental Health Servs. Admin., *The Sequential Intercept Model (SIM)* (updated May 24, 2024), https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model; *see also* Nat'l Crim. Just. Ass'n, *The Sequential Intercept Model: Building Blocks for Strategic Planning and Stakeholder Engagement* (Nov. 2021), https://www.ncja.org/_files/ugd/cda224_c2d5900354b8480591c30f75a5d6c847.pdf?index=true.

foster more comprehensive interventions.[37] These interventions include strategies for screening and assessment to enhance identification of psychiatric conditions, development of closer coordination with community service providers, and development of policies, protocols, and memoranda of agreement to enhance the capacity to meet the needs of individuals with mental illness and direct them toward treatment when appropriate and safe.

Because entrance into the criminal justice system starts with a police encounter, the initial point of contact between police and an individual with mental illness is the best opportunity to identify serious mental illness and to ensure that an individual with such a condition can be diverted into treatment.[38] Studies show that communities that employ the Sequential Intercept Model can "decrease incarceration costs, reduce recidivism rates, improve public health outcomes, lower healthcare costs, and enhance inter-agency cooperation and process efficiency."[39]

Police calls from or concerning individuals with mental illness typically do not involve major crimes

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[37] *See*, *e.g.*, Nat'l All. on Mental Illness – Indiana, *Sequential Intercept Model* (noting that the National Alliance on Mental Illness – Indiana "began facilitating [Sequential Intercept Model] Mapping workshops in the fall of 2023"), https://www.namiindiana.org/programs/criminal-justice/sequential-intercept-model (last visited July 30, 2025).

[38] *See* Munetz & Griffin, *Use of the SIM*, 57 Psychiatric Servs. at 547-48.

[39] *See Improving Criminal Justice Outcomes Using Digital Tools and the Sequential Intercept Model*, CHESS Health (May 2, 2025), https://www.chess.health/blog/improving-criminal-justice-outcomes-using-digital-tools-and-the-sequential-intercept-model/.

or violence.[40] Such calls for assistance are often equivalent to a call for medical help, seeking emergency treatment for what is a psychiatric problem. When officers with inadequate training respond to calls from or concerning non-violent individuals with mental illness, an opportunity for "intercept" is lost. When such an encounter leads to incarceration, what began as a call for more intensive treatment ends with the individual being punished and subjected to a sub-optimal treatment setting. This outcome does not serve the individual or the criminal justice system.

II. SPECIALIZED RESPONSES TO INDIVIDUALS WITH MENTAL ILLNESS CAN IMPROVE RESPONSE OUTCOMES, PROMOTE SAFETY, AND FACILITATE EFFICIENT SPENDING

Cities throughout the country have increasingly introduced intensive training programs and alternative response models that leverage guidance and assistance from mental health professionals in responding to mental health crises. These programs – including Crisis Intervention Teams ("CITs"), Crisis Response and Intervention Training ("CRIT"), and Mobile Crisis Teams ("MCTs") – often lead to better and safer interactions between individuals with mental illness and those called on to render assistance, including police officers. Such programs also typically result in fewer arrests of individuals with mental illness, therefore providing long-term financial benefits to the criminal justice system.

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[40] *See* Jennifer D. Wood et al., *The "Gray Zone" of Police Work During Mental Health Encounters: Findings From an Observational Study in Chicago*, 20 Police Q. 81, 83 (2017), https://academyforjustice.asu.edu/wp-content/uploads/2022-11-batch-upload/The_Gray_Zone_of_Police_Work_During_Mental_Health_Encounters.pdf.

A. Specialized Responses to Mental Illness Crises Can Improve Outcomes

There is clear evidence that programs such as CITs, CRITs, and MCTs, with their emphasis on training and community partnerships, increase officers' familiarity and comfort with the mental health system and, ultimately, improve outcomes.

Crisis Intervention Teams and Crisis Response and Intervention Teams. CITs are special mental health training programs for police.[41] They are generally viewed as one of the most developed and most prevalent means for police to work with mental health professionals to identify individuals with serious mental illness and to ensure that they are diverted into treatment where appropriate. These units are one way for law enforcement officers to serve as an intercept point.

CIT programs involve an intensive 40 hours of police training that includes both classroom and experiential role-playing components, for both officers and dispatchers.[42] The training component – which is provided by mental health professionals and advocates for individuals with mental illness – focuses on de-escalation techniques and awareness of mental

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[41] The CIT model developed out of a pioneering partnership between Dr. Randolph Dupont, a psychiatrist at the University of Tennessee, Memphis, and Major Sam Cochran of the Memphis Police Department. The program was developed in response to a fatal police shooting of a man with a history of mental illness and substance abuse. *See* Janet R. Oliva & Michael T. Compton, *A Statewide Crisis Intervention Team (CIT) Initiative: Evolution of the Georgia CIT Program*, 36 J. Am. Acad. Psychiatry & L. 38, 39 (Mar. 2008) ("Oliva & Compton, *A Statewide CIT Initiative*"), http://www.jaapl.org/content/36/1/38.full.pdf.

[42] *See* Rogers, *Effectiveness*, 47 J. Am. Acad. Psychiatry & L. at 415-16.

health issues.[43] That training also serves to increase officer knowledge of local mental health services and thereby increase the chances that individuals with serious mental illness will be referred to and receive appropriate mental health care and, as a result, avoid harm.[44] In particular, CIT officers receive specialized training designed to allow them to assess threats caused by mental illness differently – and in greater accord with scientific evidence – than do officers without such training, who may respond based on stereotypes about mental illness.[45] Once trained, CIT-eligible police officers form specialized teams of first responders that can be dispatched to calls believed to involve individuals with mental illness. CIT programs also involve the development of relationships with community mental health centers, which provide emergency assessments and treatment, if necessary.[46]

Like CIT, CRIT training involves 40 hours of training on topics relating to mental health crisis

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[43] *See* Michael T. Compton et al., *Crisis Intervention Team Mental Health Training for Law Enforcement Officers: Protocol for a Multi-Site, Randomized, Controlled Trial*, 7 Psychiatric Rsch. & Clin. Prac. 63, 64 (Feb. 2025), https://psychiatryonline.org/doi/epdf/10.1176/appi.prcp.20240141.

[44] *See* Oliva & Compton, *A Statewide CIT Initiative*, 36 J. Am. Acad. Psychiatry & L. at 39.

[45] *See* Canada, *Intervening at the Entry Point*, 48 Cmty. Mental Health J. at 747; *see also* Rogers, *Effectiveness*, 47 J. Am. Acad. Psychiatry & L. at 416.

[46] *See* CIT Int'l, *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises* 2-3 (Aug. 2019) ("CIT, *A Best Practice Guide*"), *available at* https://www.opioidlibrary.org/files/wp-content/uploads/2019/10/cit-guide-desktop-printing-2019_08_16-1.pdf; CRS, *Issues in Law Enforcement Reform* at 4-5.

response.[47] CRIT builds upon the foundational CIT training by adding comprehensive modules on intellectual and developmental disabilities, behavioral health, officer wellness, and cross-system coordination – areas not traditionally covered in CIT.[48] Originating from a DOJ-funded Academic Training Initiative, CRIT was piloted in multiple agencies in 2022 and 2023 and has since been adopted more broadly.[49] CRIT is now the primary curriculum endorsed by CIT International.[50]

Increasingly, jurisdictions are implementing joint training sessions where CRIT and CIT stakeholders – such as law enforcement, public safety answering point operators, and behavioral health providers – train together to promote coordinated crisis response protocols.

Although a one-size-fits-all model is not workable given differences among jurisdictions, CIT and CRIT programs have provided an effective model for many cities. Research shows that CIT-trained officers

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[47] *See Crisis Response and Intervention Training (CRIT) Toolkit*, Acad. Training to Inform Police Responses, https://www.informedpoliceresponses.com/crit-toolkit (last visited Aug. 1, 2025).

[48] *See* U.S. Dep't of Just., *Crisis Response and Intervention Training (CRIT)* (Dec. 27, 2022), https://bja.ojp.gov/events/crisis-response-and-intervention-training-crit.

[49] *See Crisis Response and Intervention Training (CRIT) Toolkit*, Acad. Training to Inform Police Responses, https://www.informedpoliceresponses.com/crit-toolkit (last visited Aug. 1, 2025).

[50] *See* Louisa Emhof, *The Crisis Response and Intervention Training Initiative: Lessons Learned from the Field*, IACP@Work, 91 Police Chief 72-73 (Dec. 2024), *available at* https://www.policechiefmagazine.org/2024/12/page/2/.

understand mental illnesses better and are less likely to stigmatize individuals with mental illness.[51] CIT-trained officers assess threats caused by individuals with mental illness differently than do officers without the benefit of CIT training by exhibiting a greater understanding of how mental illnesses can cause individuals to act in ways that might otherwise appear threatening. As a result, CIT-trained officers are more likely to consider alternatives to arrest and jailing[52] and to avoid the use of force.[53] CIT-trained officers are also better able to identify mental illnesses and are more knowledgeable about local treatment options for individuals with mental illness.[54]

Research shows that CIT training is effective at least in part because it persuades officers that taking the time to de-escalate situations with talking and other non-threatening behaviors is the key to success when responding to individuals with mental illness.[55] This additional time helps officers put individuals

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[51] *See* Gilbert A. Nick et al., *Crisis Intervention Team (CIT) training and impact on mental illness and substance use-related stigma among law enforcement*, 5 Drug & Alcohol Dependence Reports, No. 100099, at 2 (Dec. 2022) ("Nick, *CIT training*"), https://www.sciencedirect.com/science/article/pii/S2772724622000749?via%3Dihub.

[52] *See* CIT, *A Best Practice Guide* at 200.

[53] *See* Nick, *CIT training* at 2; *Entangled: How People With Serious Mental Illness Get Caught in Misdemeanor Systems* at 207-08.

[54] *See* Nick, *CIT training* at 2.

[55] *See* Canada, *Intervening at the Entry Point*, 48 Cmty. Mental Health J. at 752.

with mental illness at ease and manage unpredictable situations, and thereby reduce the risk of injury.[56]

Because of its flexibility and the fact that it gives police departments the tools they need to be more effective first responders without requiring immediate aid from mental health professionals, "CIT is considered by many to be the most rapidly expanding and promising partnership between law enforcement and mental health professionals."[57] In 2008, there were only about 400 CIT programs across the country.[58] That number expanded to more than 3,000 by 2021.[59] But there is still a long way to go – CIT programs have been adopted in only about 15% of police agencies in the country.[60]

Mobile Crisis Teams. MCTs deploy community-based mental health professionals to respond to mental health crises.[61] Unlike CITs, MCTs typically do not involve the police initially, although police can

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[56] *See* Sonya Hanafi et al., *Incorporating Crisis Intervention Team (CIT) Knowledge and Skills into the Daily Work of Police Officers: A Focus Group Study*, 44 Cmty. Mental Health J. 427 (Dec. 2008), *available at* https://link.springer.com/article/10.1007/s10597-008-9145-8.

[57] Michael T. Compton et al., *A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs*, 36 J. Am. Acad. Psychiatry & L. 47, 47-48 (Mar. 2008) ("Compton, *A Comprehensive Review*"), http://www.jaapl.org/content/36/1/47.full.pdf.

[58] *See* Rogers, *Effectiveness*, 47 J. Am. Acad. Psychiatry & L. at 416-17.

[59] *See id.*; Watson, *Impact*, 15 Policing at 1951.

[60] *See* Rogers, *Effectiveness*, 47 J. Am. Acad. Psychiatry & L. at 416; Watson, *Impact*, 15 Policing at 1951.

[61] *See* CRS, *Issues in Law Enforcement Reform* at 6.

be called upon when appropriate.[62] Instead, MCT programs involve training teams of mental health professionals – including nurses, social workers, peer support specialists, and psychiatrists – to become co-responders alongside traditional first responders.[63] MCTs can be called to action by first responders, dispatchers, or mental health agencies, and then can facilitate rapid treatment, hospital admission, and referrals to other mental health providers.[64]

Research suggests several positive outcomes, including (1) an increase in the likelihood an individual is connected to mental health services following a crisis incident; and (2) the reduction of unnecessary visits to emergency departments, thereby reducing pressure on the health care system and promoting cost effectiveness.[65]

MCTs have been implemented throughout the country, including in Albuquerque, New Mexico; Denver, Colorado; Austin, Texas; New York, New York; Portland, Oregon; and San Franscisco, California.[66] Although these programs vary in how they structure

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[62] *See id.*

[63] *See* Council of State Gov'ts Just. Ctr., *How to Successfully Implement a Mobile Crisis Team* 1 (Apr. 2021), https://csgjusticecenter.org/wp-content/uploads/2021/04/Field-Notes_Mobile-Crisis-Team_508FINAL34.pdf.

[64] *See id.*

[65] *See* IACP / UC Ctr. for Police Rsch. & Pol'y, *Assessing the Impact of Mobile Crisis Teams: A Review of Research – Academic Training to Inform Police Responses Best Practice Guide* ii-iii (Mar. 2021) ("IACP / UC, *A Review of Research*"), https://www.informedpoliceresponses.com/_files/ugd/313296_8d01cdc7187a489893197f2d07300ee6.pdf; *see also Entangled: How People With Serious Mental Illness Get Caught in Misdemeanor Systems*.

[66] *See* CRS, *Issues in Law Enforcement Reform* at 25-31.

funding for the mental health professionals who act as responders, they all facilitate referral away from arrest and jail and toward treatment by placing mental health professionals at the scene as soon as possible.

Other Responses. CITs, CRITs, and MCTs are just a few examples of alternative response models. In July 2022, Congress launched the 988 Suicide & Crisis Lifeline, a nation-wide phone line that provides free emotional support to people in suicidal crisis or emotional distress.[67] This service is part of a more comprehensive crisis care system that includes guidance regarding appropriate first responders (e.g., mobile crisis teams) and where to take those in need of help (e.g., crisis stabilization services).[68] Since its launch, 988 has received millions of calls, texts, and chats;[69] however, gaps remain in local response infrastructure and access to the full continuum of services.[70]

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[67] *See* 988 Lifeline, *About 988*, https://988lifeline.org/about/ (last visited Aug. 2, 2025).

[68] *See* Substance Abuse & Mental Health Servs. Admin., *Snapshot of Behavioral Health Crisis Services and Related Technical Assistance Needs Across the U.S. (Updated Version)* at 4 (May 23, 2024), https://www.secularofficials.org/wp-content/uploads/2024/11/behavioral-health-crisis-services-snapshot.pdf.

[69] *See* Substance Abuse & Mental Health Servs. Admin., *988 Lifeline Performance Metrics* (last updated July 17, 2025), https://www.samhsa.gov/mental-health/988/performance-metrics.

[70] *See generally* Rebekah Falkner et al., *Crisis Care Core Components*, Nat'l Acad. for State Health Pol'y (Dec. 11, 2023), https://nashp.org/crisis-care-core-components/; Kiersten Johnson et al., RTI Int'l, *Readiness of Our Crisis System for 988: Final Report* (Dec. 3, 2024), https://aspe.hhs.gov/sites/default/files/documents/26c92ab7675d55b462349a3d7b0a8172/crisis-system-readiness-final-report.pdf.

Other evolving models include co-responder teams, community-driven response units, diversion or liaison models, and "mental health first aid" training for police.[71] The last of these takes a hybrid approach by providing basic mental health training to a broader segment of police officers. Such training focuses on increasing understanding of mental illnesses, decreasing mental health stigma, and promoting early access to help by people with mental illness.[72] These programs complement and enhance the effectiveness of more programmatic mental health first-response strategies, like the CIT, CRIT, and MCT programs discussed above.

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The programs described above have not provided a panacea to the deep problems caused by insufficient

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[71] *See generally Entangled: How People With Serious Mental Illness Get Caught in Misdemeanor Systems*; Thomas S. Dee & James Pyne, *A community response approach to mental health and substance abuse crises reduced crime*, 8 Science Advances, No. eabm2106 (June 8, 2022), https://www.science.org/doi/epdf/10.1126/sciadv.abm2106; O. J. Fisher et al., *Barriers and enablers to implementing police mental health co-responder programs: A qualitative study using the consolidated framework for implementation research*, 5 Implementation Rsch. & Prac., No. 26334895231220259 (May 2024), https://journals.sagepub.com/doi/epub/10.1177/26334895231220259; Police Exec. Rsch. Forum, *Rethinking the Police Response to Mental Health-Related Calls: Promising Models* (Oct. 2023), https://www.policeforum.org/assets/MBHResponse.pdf.

[72] *See* Mental Health First Aid, *Mental Health First Aid for Public Safety*, https://www.mentalhealthfirstaid.org/population-focused-modules/adults/public-safety/ (last visited July 30, 2025); *see also* Mental Health First Aid, *Mental Health First Aid for Public Safety One-Pager*, https://www.mentalhealthfirstaid.org/wp-content/uploads/2025/05/MHFA-One-Pager_Public_Safety_5.9.25.pdf.

mental health services and the responsibilities borne by police officers in responding to mental health crises. All such programs, to be most effective, require continuing training, funding, oversight, and review for best practices – including prioritizing de-escalation, minimizing the use of force, and emphasizing the sanctity of life in encounters with individuals experiencing mental health crisis. And no one program will solve the problem of mental illness in the criminal justice system or work for all police departments. Given the diversity of community sizes, infrastructures, and resources, law enforcement and mental health agencies should have flexibility to implement programs and services that work in their areas. Nevertheless, the literature reflects that these programs have demonstrated positive effects on public health, the use of force, arrest rates for individuals with mental illness, officer safety, police department budgets, and officer attitudes toward individuals with mental illness. As funding for such programs has grown, so too has the number of models for criminal justice-mental health collaborations.

B. Partnerships with Mental Health Professionals Promote Officer Safety and Foster Spending on More Appropriate Health-Related Responses

Systematic partnerships between law enforcement and mental health professionals, such as CIT, have also been shown to bring substantial benefits to police officers and departments. For example, evidence suggests that CIT programs promote rather than compromise officer safety.[73] Research further shows that officers who have received CIT or similar training

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[73] *See* CIT, *A Best Practice Guide* at 124-26.

report improved satisfaction and perceive a reduction in the use of force.[74]

Many programs achieve the benefits described above without imposing additional costs on the criminal justice system. Indeed, CIT training leads to lower arrest rates,[75] which, in turn, can lead to cost savings within the criminal justice system. For example, in Detroit, treating an inmate with mental illness in jail costs $31,000 a year, while community-based mental health treatment costs only about $10,000 a year.[76] Similarly, one study showed that MCTs can decrease inpatient hospitalization and reduce associated costs by approximately 79%.[77]

These gains from police training and specialized response programs depend on good management and secure funding to retain their effectiveness. Even after they are implemented and operational, CIT and

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[74] *See* Rogers, *Effectiveness*, 47 J. Am. Acad. Psychiatry & L. at 417; *see also* IACP / UC, *A Review of Research* at ii-iii (describing positive outcomes resulting from MCTs).

[75] *See* Rogers, *Effectiveness*, 47 J. Am. Acad. Psychiatry & L. at 417-18.

[76] *See* Nat'l All. on Mental Illness, *Crisis Intervention Team (CIT) Programs*, https://www.nami.org/advocacy/crisis-intervention/crisis-intervention-team-cit-programs/ (last visited July 30, 2025); *see also* Peggy L. El-Mallakh et al., *Costs and Savings Associated with Implementation of a Police Crisis Intervention Team*, 107 S. Med. J. 391 (June 2014) (finding that Louisville, Kentucky saved more than $1 million annually by implementing CIT), *available at* https://sma.org/southern-medical-journal/article/costs-and-savings-associated-with-implementation-of-a-police-crisis-intervention-team/.

[77] *See* Substance Abuse & Mental Health Servs. Admin., *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies* 15 (2014), https://library.samhsa.gov/sites/default/files/sma14-4848.pdf.

related programs face myriad challenges: insufficient dispatcher training, limited availability of emergency psychiatric receiving services, and the difficulty of maintaining CIT readiness in rural areas.[78] Best practices suggest that departments should attempt to standardize training curricula, create a schedule for periodic review of curricula and program materials, and provide continuing education opportunities for officers who previously completed CIT training.[79]

In sum, the models of criminal justice-mental health collaboration described above provide tangible benefits to individuals with mental illness, police officers, police departments, and communities at large.

CONCLUSION

Amici, taking no position on the question presented, respectfully request that the Court take into consideration the foregoing points in deciding the question presented.

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[78] *See* Michael T. Compton et al., *System- and Policy-Level Challenges to Full Implementation of the Crisis Intervention Team (CIT) Model*, 10 J. Police Crisis Negotiations 72 (June 2010), *available at* https://www.tandfonline.com/doi/full/10.1080/15332581003757347.

[79] *See* Compton, *A Comprehensive Review*, 36 J. Am. Acad. Psychiatry & L. at 52.

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August 6, 2025