



SAVING THE LIVES OF OUR MOST ACUTE CLIENTS: THE IMPORTANCE OF INCLUDING CIT IN YOUR ACT TEAM MEETINGS

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OBJECTIVES:

- Identify three case law reviews involving the serious injury or death of mental health clients.
- Identify three ways in which CIT or Mental Health trained officers can assist with safety and the de-escalation of acute clients.
- Attendees will learn how to effectively collaborate with ACT teams to enhance support for individuals in acute mental health crises, ensuring a more coordinated and comprehensive response.
- Explore successful case studies that demonstrate the benefits of CIT and ACT collaboration, outline best practices for integrating team efforts, and discuss strategies for overcoming barriers to effective partnership.

IDAHO POLICE SHOOTING





CASE LAW RELATING TO POLICE ENCOUNTERS WITH INDIVIDUALS WITH A MENTAL ILLNESS

- This portion of the presentation is adapted from Sgt. Rodolfo Gallegos', El Paso Police Department, Case Law Presentation and permission was granted for the use in this presentation.

THE MEMPHIS MODEL:

- Crisis Intervention Teams (CIT) were developed after the tragic shooting of a mentally ill man who was self-harming himself and approached the officers with a knife. This incident occurred in 1987, and the first CIT unit was developed.
- The Memphis Police Department partnered with the National Alliance on Mental Illness and local universities to establish a CIT Team. The first team was established in 1988.



ARMSTRONG V. PINEHURST 4TH CIRCUIT COURT (OCTOBER 2016)

- Synopsis of case;
 - Armstrong suffering from Bipolar Disorder and schizophrenia was convinced by sister to go to hospital. Dr. was doing paperwork for detention when Armstrong walked out. 4 Pinehurst police and two hospital security responded and met with Armstrong. They tried to convince him to return but took no action waiting for commitment paperwork. Once paperwork was done, the officers advanced and surrounded Armstrong who grabbed a light pole. He sat holding tightly onto the pole. Officer deployed taser drive stun 5 times but failed to cause release of pole.

ARMSTRONG V. PINEHURST

- Officers were then able to pry Armstrong off of pole and after a struggle placed handcuffs. Armstrong went unconscious and died.
- Family sued for wrongful death and violation of civil rights
- The court utilized the 3 questions from Hill v. Miracle in examining the totality of the circumstances.
- The court found the force used unreasonable.

ARMSTRONG V. PINEHURST

- Factors for all officers and agencies to consider:
- Not an arrest-mental health commitment-“When the subject of a seizure has not committed any crime, this [seriousness of offense] factor weighs heavily in the subject’s favor.”
- Among the facts and circumstances an officer has to consider in deciding when and how to use force is the fact, when known, that the subject is mentally ill, particularly if the subject is unarmed.

ARMSTRONG V. PINEHURST

- Exhibiting conspicuous signs that he is mentally unstable must de-escalate the situation and adjust the application of force downward
- An officer who is trying to prevent a subject from fleeing cannot use much force if the subject is refusing to move.
- Non-compliance with lawful orders justifies some use of force, but the level of justified force varies based on the risks posed by the resistance."

ARMSTRONG V. PINEHURST

- Proportionality analysis-How much force was used in relation to what the subject was doing.
- “Deploying a TASER is a serious use of force.”
- Tasers are proportional force only when deployed in response to a situation in which a reasonable officer would perceive some immediate danger that could be mitigated by using the Taser
- The court noted that in cases where an officer uses more than one TASER deployment, each deployment will be viewed separately and its validity will be determined by what is occurring at the moment of each deployment

ARMSTRONG V. PINEHURST

- Use of TASER is unreasonable in response to resistance that does not raise a risk of immediate danger.
- police officer may only use serious injurious force, like a taser, when an objectively reasonable officer would conclude that the circumstances present a risk of immediate danger that could be mitigated by the use of force
- Court notes that while subject clung to pole and refused to move, officers were not faced with any exigency or “immediate danger so severe that the officer” had to cause harm to the individual he or she was trying to protect from harm.



SHEEHAN V. SAN FRANCISCO 9TH CIRCUIT COURT (FEBRUARY 2014)

- Sheehan, a 50-year-old female suffering from mental illness lived in a group home. Her case worker called police stating that she was very aggressive. Comments on the call stated that she would knife anyone that would go inside her room. 2 officers arrive and go into her room trying to place her in protective custody. Sheehan displays a knife and threatens the police. The police back out of the room and call for more units. As the other units are arriving the officers decide to go back into the room. Sheehan again displays the knife and tells the officers to get out. She is told to drop the knife

SHEEHAN V. SAN FRANCISCO

- Sheehan is pepper sprayed, which has no effect and comes toward the officers with knife. Both officers fire their weapons injuring Sheehan.
- Sheehan sues.
- The court found: “Sheehan has presented a triable issue as to whether the officers committed an independent Fourth Amendment violation by their forcible second entry into her room, as discussed above. In addition, Sheehan has presented evidence from which a reasonable jury could find that the officers acted recklessly in failing to take Sheehan's mental illness into account and in forcing a deadly confrontation rather than freezing or attempting to de-escalate the situation. We therefore hold that there are triable issues of fact as to whether the shooting was unreasonable on a provocation theory. “

SHEEHAN V. SAN FRANCISCO

- Court found no fault with initial entry but found that second entry was questionable and removed qualified immunity from the officers.
- Officers must consider the state of mind of the person.
- Officers must attempt to de-escalate the situation
- Officers must not place themselves in harms way
- Analyze the tactics used, it is unreasonable to make the person you are trying to help, into a criminal or a victim.

HAYES V COUNTY OF SAN DIEGO 9TH CIRCUIT (MARCH 2011)

- Synopsis of Case:
 - Deputies responded to Hayes home reference a domestic disturbance. On arrival they met with Hayes girlfriend who stated that she had been involved in an argument over Hayes trying to commit suicide by inhaling exhaust fumes. She stated that Hayes had tried to commit suicide in the past. Deputies went inside of the residence to look for Hayes. Once inside they observed Hayes in kitchen area. They commanded him to show them his hands. He lifted his hands holding a knife. Both officers drew their weapons and fired.

HAYES V COUNTY OF SAN DIEGO

9TH CIRCUIT (MARCH 2011)

- Officers failed to ask if Hayes was intoxicated, or what method he had used in his prior attempt. He had attempted to stab himself in prior incidents.
- Law enforcement officials should be aware of this additional level of scrutiny, particularly regarding a call involving an emotionally disturbed or suicidal person. In those cases, officers will now be expected, as time and circumstances permit, to conduct a thorough investigation about the subject before approaching him or her.

HAYES V COUNTY OF SAN DIEGO

9TH CIRCUIT (MARCH 2011)

- Among other things, officers should obtain as much information as practicable from family members, neighbors, and witnesses, and review as many relevant records about the subject, including previous suicidal tendencies, whether weapons were involved, their current access to weapons and whether the subject used alcohol or drugs prior to the response. Officers should follow their agency's guidelines regarding if and when to provide a subject with a warning before using deadly force, including whether such warnings are even possible.



HASTINGS V BARNES; DAVIS 10TH CIRCUIT (OCT 2007)

- Synopsis of case: Hastings called Family and Children services expressing thought of suicide and seeking counseling. Officers were dispatched. Upon making contact with Hastings, Hastings told officers he needed to get his shoes, attempted to close the front door and ran into bedroom. Officers followed him to his bedroom and open the bedroom door. Hastings was found holding a sword as if to swing a bat. He then holds it as if he is going to kill himself but then returns to the same stance. Officers at the doorway were yelling at him to drop the sword. Hastings then gets on the phone and is heard by Officer Davis something to

HASTINGS V BARNES; DAVIS

10TH CIRCUIT (OCT 2007)

- the effect of “help me” or “they are coming to get me”. While Hastings was on the phone or after he put the receiver down, Officer Barnes sprays Hastings with pepper spray in an attempt to get Hastings to drop the sword. Rather than dropping the Sword, Hastings turned the sword toward the officers and approached them. Davis and Barnes shot and killed Hastings. The entire incident lasted less than 4 minutes.

HASTINGS V BARNES;DAVIS

10TH CIRCUIT (OCT 2007)

- Court ruling: Allen and Sevier provided Barnes and Davis the requisite fair warning that their conduct in this case was unlawful. They clearly establish that an officer acts unreasonably when he aggressively confronts an armed and suicidal emotionally disturbed individual without gaining additional information or by approaching him in a threatening manner (*i.e.*, running and screaming at him).

HASTINGS V BARNES;DAVIS

10TH CIRCUIT (OCT 2007)

- Rather than attempt to talk to Todd and calm him, they cornered him in his bedroom, issued loud and forceful commands at him and pepper-sprayed him, thereby further upsetting Todd and precipitating the need to use deadly force.

CEBALLOS V HUSK 10TH CIRCUIT (JUNE 2017)

- Synopsis of case:
 - Friends and family called police and stated that Ceballos was out of control. He was swinging a bat threatening to harm them. He was intoxicated and suffered from mental illness. Officer Husk, Ward and Snook responded and met with family members who were already out of the house and not in danger. They observed Ceballos approximately 100 yards away. He was waving a bat and yelling and throwing his arms in the air. No one else was in apparent danger. Officer Snook ran to patrol car to get his beanbag launcher. Officer Husk and Ward approached without waiting for Snook and Ceballos walked into his garage. Officer Ward had CIT training, however officer Husk took charge because it was his district. The officers approached yelling and commanding him to drop the bat.

CEBALLOS V HUSK 10TH CIRCUIT (JUNE 2017)

- Ceballos walked out of the garage and toward the officers with bat in hand using foul language. Officer Ward fired his Taser and Officer Husk fired his pistol. Ceballos was 15 to 20 feet away. Ceballos was killed within 90 seconds of officer's arrival.
- Family sued citing excessive force


CEBALLOS V HUSK

10TH CIRCUIT (JUNE 2017)

- The court in *Ceballos* observed that the circumstances in *Allen* were closely analogous to the *Ceballos* situation. The court explained that “Officer Husk shot and killed an emotionally distraught Ceballos within a minute of arriving on scene. Under the Estate’s version of the facts, which Husk accepts as true for purposes of this appeal [3], Husk approached Ceballos quickly, screaming at Ceballos to drop the bat and refusing to give ground as Ceballos approached.”
- The court ruled that its prior decision in *Allen* gave Officer Husk clear notice that reckless officer conduct prior to but immediately connected to the use of deadly force can result in a finding of excessive force.

CEBALLOS V HUSK 10TH CIRCUIT (JUNE 2017)

- At a minimum, all officers should be trained to attempt to de-escalate potentially dangerous interactions with emotionally disturbed persons if safe to do so. This would include learning to recognize the obvious signs of mental illness; maintaining a safe distance from the suspect with appropriate cover; communicating in a calm and non-aggressive manner; avoiding close quarter confrontation and harsh commands; seeking time to enable supervisory personnel, perimeter assistance and other more extensively trained crisis intervention officers and mental health professionals to arrive and assist.

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ADAMS V. CITY OF FREMONT 1ST DISTRICT (DEC 1998)

- Synopsis of case:
- Police were called by Patrick's daughter who said he fired a weapon. They discovered Patrick crouched in the bushes in his backyard, pointing a gun to his chest. Police had entered the backyard with their weapons drawn and ordered the suspect to put his gun down. The suspect ignored this order and told the officers to leave him alone and the officers took cover.

ADAMS V. CITY OF FREMONT

1ST DISTRICT (DEC 1998)

- Several officers aimed their weapons at the suspect while two officers approached with a barking police dog.
- One officer, a trained negotiator, began talking to Patrick, who became angry and told her to leave. The suspect then fired his weapon and the officers, believing the suspect fired at the officers, fired at Patrick. In fact, he shot himself and a medical examination determined that the fatal shot came from Patrick and not from the police.

ADAMS V. CITY OF FREMONT

1ST DISTRICT (DEC 1998)

- Patrick's wife and daughter sued alleging negligence, wrongful death, and certain intentional torts. The jury awarded damages to the plaintiffs. "Answers to special interrogatories indicated that the jury based its finding of police negligence on the events leading up to the shooting, not on the actual shooting itself."

ADAMS V. CITY OF FREMONT

1ST DISTRICT (DEC 1998)

- On the issue of negligence, the court concluded that the police officers owed the plaintiffs no duty of care with respect to their preshooting efforts to resolve the situation. In reaching that conclusion, the court applied the test set forth in Rowland v. Christian, (1968) 69 Cal.2d 108, in which we discussed exceptions 'to the general principle that a person is liable for injuries caused by his failure to exercise reasonable care in the circumstances.'"
- Having concluded that the defendants had *no duty to prevent Patrick's suicide*, Adams then reversed the judgment in the plaintiffs' favor." (Emphasis added.)

ADAMS V. CITY OF FREMONT

1ST DISTRICT (DEC 1998)

- Court ruled that Police do not have a duty to take action to prevent someone from self harm. But once they do, that action will be highly scrutinized and may be liable for tactical decisions.

CIT OVERVIEW: EL PASO POLICE DEPARTMENT:

- Goals of CIT:
 - Divert From Jail
 - Divert from Emergency Rooms
 - Reduction in Use of Force: The collaboration between the El Paso Police Department and Emergence Health Network for 14 co-deployment teams resulted in no request for SWAT the first 9-months of its existence.



CASE OVERVIEW OF A 30-YEAR- OLD MALE WITH SCHIZOPHRENIA

- May 22, 2020:
 - Execution of an EDO warrant written by family members.
 - Valley Patrol Units arrive to Execute
 - Requested assistance from CIT due to mental illness.
 - CIT Officer and Specialist communicating with individual via an iPad (selectively mute)
 - Patrol decides to take over and a use of force incident occurred.

OVERVIEW OF ACT TEAM AT EHN

- **Assertive Community Treatment (ACT)**
- Includes a **Forensic Assertive Community Treatment (FACT)**
- Integrated team: *We function as one unified multidisciplinary team*
- Services for individuals with Severe Mental Illness and complex needs
- Clients often experience multiple hospitalizations, homelessness, incarceration



OVERVIEW OF ACT TEAM AT EHN

- **ACT:** 10 Caseworkers / 100-client census
- **FACT:** 4 Caseworkers / 48-client census
- Integrated team includes:
 - 1 LCSW
 - 1 LPC
 - 1 LCDC
 - 1 Psychiatric Nurse Practitioner
 - 1 Psychiatrist
 - 1 Registered Nurse

OVERVIEW OF ACT-FACT INTEGRATION

Shared on-call rotation

4 fully integrated team meetings per week

Combined approach to training, crisis planning and clinical decision making

Shared goals:

- Promote long-term stability in the community
- Reduce crisis episodes and hospitalization
- Provide wraparound support: clinical, psychiatric, substance use, vocational and housing
- Create strong safety nets for those with the **highest acuity and vulnerability**

HOW ACT & FACT DIFFER

ACT

- Focuses on individuals with SMI and high psychosocial needs
- Emphasizes community-based recovery, housing stability and reducing hospitalizations
- Engages with clients voluntarily or through civil commitments

FACT

- Focuses on individuals with SMI and a history of justice system involvement
- Emphasizes preventing recidivism, supporting reintegration, and reducing jail/hospital cycling
- Often works with clients under court involvement, probation or conditional release

ACT POPULATION'S UNIQUE CHALLENGES



WHY CIT COLLABORATION MATTERS

- CIT provides **trauma-informed, de-escalation focused support**
- Reduces risk of re-traumatization or criminalization of mental illness
- Allows ACT/FACT to maintain therapeutic relationships during crises
- Enhances safety for all parties involved (clients, staff, law enforcement, and the community)



CASE EXAMPLE: COLLABORATIVE RESPONSE SAVES LIVES

Client Profile

- History of killing animals
- Persistent homicidal ideation
- Labeled “dangerous” in systems
- Police presence triggered intense trauma response

ACT+CIT Response

- CIT staff and director joined ACT caseworkers for home visits
- Focused on **building rapport, assessing real-time risk, and avoiding escalation**

Outcome: Client increased compliance with services, prevented violence

ONGOING CIT COLLABORATION PRACTICES

ACT/FACT - CIT
staffing for high-
risk clients

Regular
updates
among
teams:

- Mental health status
- Known triggers
- Crisis plans

ACT On-Call Support

- Available for CIT after-hours
- Helps with context and client history during live crisis response



BENEFITS OF ACT-CIT PARTNERSHIP

Reduces unnecessary hospitalizations & arrests

Promotes trauma-informed intervention

Builds trust between clients and systems

Supports continuity of care

Strengthens community safety and stabilization

Shared access to care plans or critical client notes

AREAS FOR CONTINUED GROWTH



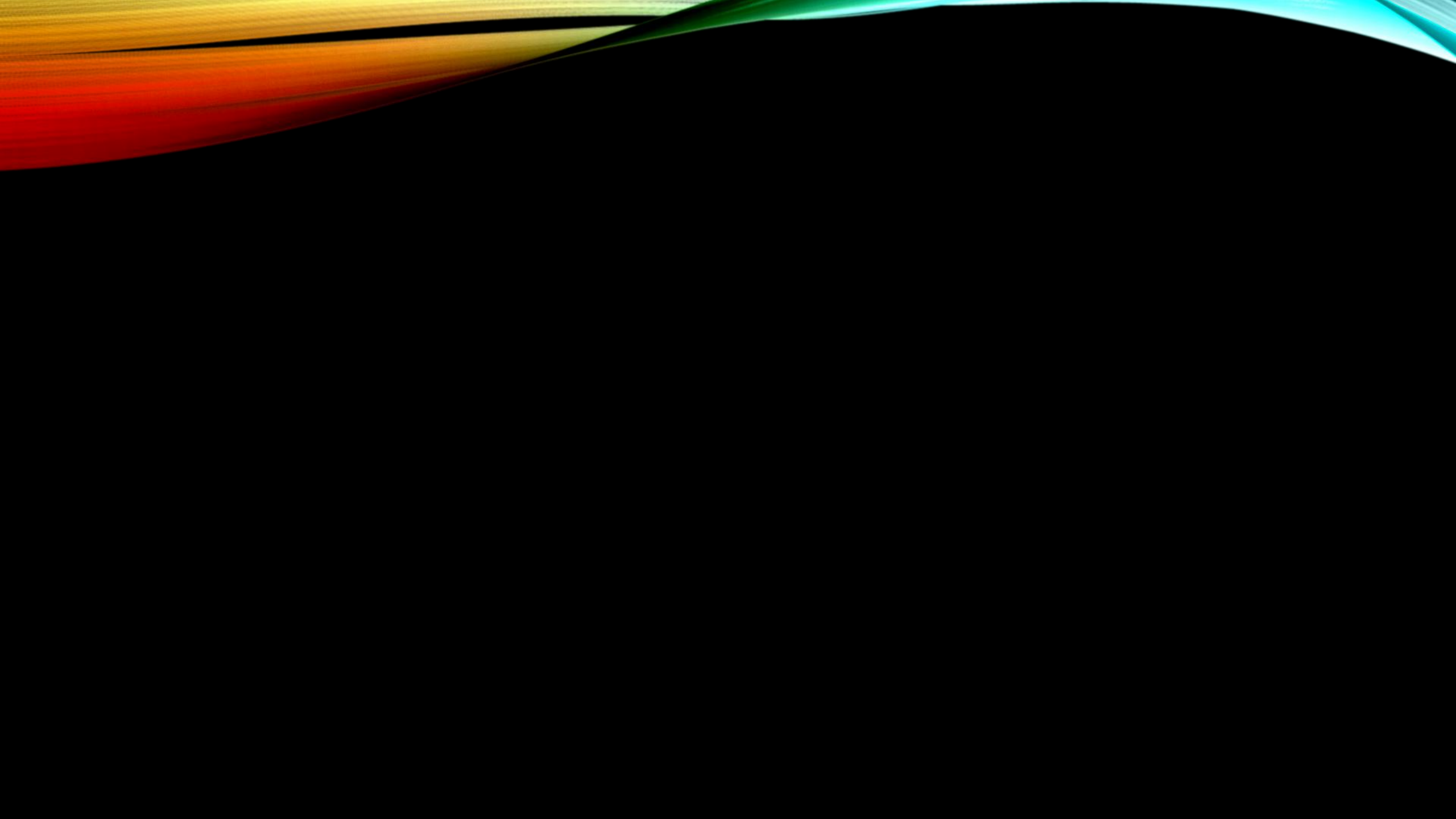
Formal protocols for joint crisis response



Continued CIT training on mental health diagnosis and trauma



Expansion of joint home visit models



FINAL THOUGHTS

Clients with Severe Mental Illness deserve more than standard responses

ACT-CIT collaboration is **not a luxury – it's a necessity!**

Together, we create **safety, stability and dignity** in crisis response





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