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An Ounce of Prevention: Law Enforcement Training and Mental Health Crisis Intervention

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AN OUNCE OF PREVENTION: LAW ENFORCEMENT TRAINING AND MENTAL HEALTH CRISIS INTERVENTION

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The California Mental Health Services Authority (CalMHSA) *is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.*

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Acknowledgements

This paper was developed because law enforcement is often the first responder when a person is experiencing a mental health crisis. We wanted to look at ways to ensure the contact was beneficial to all involved. While developing the paper, we received feedback from law enforcement, county mental health, individuals with mental health disabilities, family members and advocates that a lack of appropriate mental health crisis services has created an overreliance on law enforcement when a mental health crises occurs. We do not focus on the availability or adequacy of mental health services but instead examine the training law enforcement receive in addressing mental health crisis calls.

Funding for this report was provided by a statewide prevention and early intervention (PEI) grant through the California Mental Health Services Authority (CalMHSA) and Prop. 63. Statewide PEI initiatives are funded by counties and administered by CalMHSA to prevent suicides, reduce stigma and discrimination, and improve student mental health.

Disability Rights California and its subcontractors' work on the stigma and discrimination initiative includes:

- examining laws and policies and developing related fact sheets
- providing training to the public about legal rights of Californians with disabilities
- recommending needed changes to discriminatory laws and policies
- distributing culturally relevant and age appropriate facts sheets and training materials
- providing information and assistance with private insurance mental health parity issues

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Chapter One: Executive Summary

Law Enforcement Training: An Ounce of Prevention

Law enforcement officers are overwhelmingly the first responders to incidents involving persons with mental health disabilities who are in crisis. They respond to 911 calls ranging from suicide attempts to complaints about people potentially endangering themselves or others. They also encounter individuals in mental health crisis while on routine patrol. Despite the frequent interaction between law enforcement and individuals experiencing a mental health crisis, there are minimal training mandates to address these situations. In California, academy recruits are required to receive only six hours of instructional time—covering *all* disabilities: mental health, developmental and physical—out of 664 hours of basic training.[i] After graduating the academy, officers are not required by law to receive any additional or periodic refresher training in this area.

Without sufficient training in mental health crisis intervention, officers may not be adequately prepared to determine when behavior is related to a mental health disability or how to employ effective crisis intervention and de-escalation techniques. Additionally, officers may not be familiar with available mental health resources. This lack of training increases the likelihood of injury to both officers and individuals with mental health disabilities. Recent studies have concluded that nearly half of all police shootings involved a victim with a mental health disability.[ii]

Encouragingly, many police jurisdictions have recognized the need for officers to have more in-depth training about interacting with individuals in mental health crisis. These agencies have adopted Crisis Intervention Team, or "CIT," training programs to educate officers about mental health disabilities, techniques for de-escalating crisis situations and information about mental health resources. Most importantly, CIT programs, developed in collaboration with county mental health and individuals with mental health disabilities and their families, can foster relationships and partnerships, leading to better outcomes for all involved.

To improve officer training and response to individuals in crisis and reduce stigma and bias, Disability Rights California recommends:

1. The California Legislature should ensure that law enforcement officers receive adequate training in mental health crisis intervention;
2. The Peace Officers Standards and Training Commission (POST) must take the lead in ensuring that officers receive specific training in responding to mental health crisis calls;
3. Law Enforcement and County Mental Health must be involved in developing and implementing Crisis Intervention Team (CIT) training;
4. Law Enforcement and County Mental Health should ensure that people with mental health disabilities and their families are involved in developing and implementing training.

Chapter Two: Law Enforcement Training in California

> *"Responsibility for dealing with the mentally ill often falls to the officers who patrol the streets, and they need better training and support to do so safely. (T)oo few officers across the country receive adequate training or clear protocols on how to defuse, rather than escalate, dangerous confrontations with the mentally ill…California needs a broad, statewide revamping of training and standards for such situations, including state legislation to force sluggish police departments to catch up."*
>
> *"Learning from the Kelly Thomas Case"*
> *Los Angeles Times Editorial, January 15, 2014.*

The expectations of law enforcement in California are both complex and numerous. In a typical day, a police officer responds to incidents ranging from domestic violence, drug trafficking, burglary, rape and homicide. These situations require an officer to take command of the situation and respond with authority so that the scene can be contained with minimal risk of injury to the officer, bystanders and suspects.

In addition to these responsibilities, law enforcement is charged with responding to incidents involving individuals with mental health disabilities in crisis, often necessitating a different set of skills and communication styles. The officer must determine whether an individual's behavior is influenced by a mental health disability, and de-escalate the situation. An officer moving too quickly or using the wrong approach may inadvertently escalate the situation. Although officers are generally expected to handle calls for service expeditiously, for calls involving a person in mental health crisis, it is considered best practice to take the time necessary to de-escalate the situation.

Recognizing the frontline role officers play in responding to situations involving a mental health crisis, California law authorizes them to involuntary detain an individual for psychiatric evaluation and treatment when the person, because of a mental health disability, is a danger to themselves or others, or is unable to avail themselves of food, clothing or shelter (i.e., gravely disabled). *Welfare and Institutions Code § 5150*. This requires an understanding about psychiatric conditions and skills to interview and interact with individuals in crisis, some of whom may be volatile. After determining an individual meets the criteria for

involuntary psychiatric treatment, officers remain involved, transporting the individual to a designated facility. Police officers must make probable cause determinations that an individual meets the criteria for involuntary psychiatric treatment.

Frequently, police officers respond to mental health related calls and incidents, many of which can be time consuming. At least one jurisdiction reported to Disability Rights California that mental health calls constitute up to one third of all calls for service that they receive. In 2008, the federal Bureau of Justice Affairs reported that "behaviors resulting in mental illness are a factor in 3 to 7 percent of all law enforcement calls for service."[iii] And more recent media accounts say that these calls are on the rise.[iv] More than 80 percent of agencies responding to Disability Rights California's survey reported that officers spend more time on these calls than other calls for service.[v]

Typical scenarios that trigger a police response:

- A father calls 911 because he is not sure who else to call or how to access immediate help after his adult son stops taking his medication and refuses to come out of his bedroom for several days.
- A woman perches on the ledge of a freeway overpass, crying and repeating that she feels like life is hopeless and she wants to jump.
- A store owner calls the police about a disheveled and dirty man pacing outside of his storefront, yelling profanities, talking to an unseen person, and refusing to leave the premises.
- A neighbor calls the police after he hears his next door neighbor, who lives alone, screaming and breaking things.
- On a hot summer day, officers encounter a homeless man who appears emaciated, shuffling behind a shopping cart laden with trash. He is wearing a down parka over layers of clothes, despite the 90 degree heat.

Basic Training at the Academy

A police officer's initial training occurs in two phases: the regular basic course, often referred to as "the academy," and then a period of hands-on field training. In California, officers must complete the regular basic course, lasting approximately six months, before they can begin field training. Local police and sheriff's departments develop their own academies, tailored to meet the unique needs of their communities.
Minimum training content for academy training is set and approved by the California Commission on Peace Officer Standards and Training (POST). POST

was established by the legislature in 1959 to set minimum selection and training standards for law enforcement, similar to a licensing board for doctors, psychologists and nurses or the state bar for lawyers. Almost all law enforcement agencies in California are POST participating agencies.

One of POST's foremost responsibilities is to specify the minimum training content for law enforcement agencies' academies. POST also develops and offers a number of post-academy continuing education courses to officers, mostly in the form of DVDs and online courses, and approves trainings developed by local police agencies. POST provides reimbursement to police agencies for the costs of developing trainings and, in some instances, for the costs of sending officers to these trainings. The amount of reimbursement is determined by POST based on the course content.

POST requires a minimum of 664 hours (16 weeks) of basic training at the academy, including at least 560 instructional hours. The regular basic course covers 43 topic areas, known as "learning domains." The greatest number of hours are devoted to the following domains:

- Investigative Report Writing (40 hours)
- Lifetime Fitness (40 hours)
- Vehicle Operations (40 hours)
- Arrest methods/Defensive Techniques (60 hours)
- Firearms/Chemical Agents (72 hours)[vi]

Learning Domain 37: Individuals with Disabilities is the segment of academy training focused on police officers' interactions with people with disabilities. These six hours of instruction (less than ten percent of academy training hours) cover a wide spectrum of disability-related topics, including understanding and identifying various types of disabilities (developmental, physical and psychiatric) and reviewing state and federal disability laws and individuals rights protections. Also included in the six hours is instruction on interacting with people with mental health disabilities and the involuntary commitment process. Aside from Learning Domain 37, there is no requirement in California law or by POST that officers receive any additional or periodic refresher training in interacting with individuals with a mental health disability.

"POST's basic academy training curriculum on mental health disability should be revised. The current amount of time to train on mental health issues is too limited. Further, the training is just a catch-all without any specific training regarding actually interacting with people with mental illnesses or other disabilities (e.g., autism). If they don't capture officers during academy training—the foundation—it makes it even more difficult later on."

Detective Charles Dempsey, Los Angeles Police Department
Mental Evaluation Unit

"The number one problem, and the area most likely to bring about a paradigm shift, would be to increase the training offered through the basic academy. The hours need to be increased. Learning Domain 37 is currently 6 hours out of hundreds of academy hours, and Learning Domain 37 covers all disabilities. There should be at least 20 hours training for mental illness alone."

Patrick Dwyer, former Chief of Police, City of Palo Alto
Santa Clara Valley Mental Health Liaison

"We need a paradigm shift for these issues, similar to domestic violence. We need to develop a standardized protocol for training in recognizing and responding to mental illness. There's no consistency right now. If police are educated about mental health and disabilities earlier on in training, they would be complying better with the CIT program downstream."

Kathleen McKenna, Santa Clara Valley Mental Health Liaison

Field Training

After recruits successfully complete the academy training, they must complete a minimum of ten weeks of field training. Field training pairs a trainee with a field training officer. This allows a new officer to learn the policies and practices of the department and observe skills and techniques modeled by a senior officer. During this period, a new officer will learn and demonstrate basic competence in the following areas:[vii]

- Agency Orientation
- Ethics
- Leadership
- Patrol Vehicle Operations
- Officer Safety
- Report Writing
- California Codes and Law
- Department Policies
- Patrol Procedures
- Control of Persons (including prisoners and individuals with a mental health disability who are being transported for involuntary treatment)
- Traffic (including DUI)
- Use of Force
- Search and Seizure
- Radio Communications
- Self-Initiated Activity
- Investigations/Evidence
- Community Relations/Professional Demeanor
- Tactical Communications/Conflict Resolution

None of this content specifically addresses an officer's hands-on training or practice in responding to situations involving an individual experiencing a mental health crisis. The content on "Control of Persons," which primarily focuses on how to detain an individual with a mental health disability under the involuntary commitment process, is folded into a discussion of other arrestee containment issues but does not specifically address crisis de-escalation or understanding the individual experiencing a mental health crisis.

Continuing Education for Law Enforcement

Officers must complete 24 or more hours of Continuing Professional Training every two years. There is no requirement that officers receive periodic and/or

continuing professional training on identifying and recognizing mental health disabilities or de-escalating or intervening in crisis situations. By comparison, states such as Texas mandate that *all* peace officers complete 16 hours of de-escalation/crisis intervention training.

All officers assigned to patrol, traffic or investigation in California are required to complete a minimum of 12 hours of Perishable Skills Training every two years as part of the 24 hour continuing education requirement. Perishable Skills covers three areas: (1) arrests and control, (2) driver training/awareness, and (3) tactical firearms or force options simulator. None of this training specifically targets perishable skills related to interacting with people in a mental health crisis.

In response to a directive enacted by the legislature in 2000,[viii] POST developed and released an eight hour continuing education training course entitled, "Police Response to People with Mental Illness or Developmental Disability," along with a field resource booklet. This training is not mandated and has not been updated since it was created over a decade ago.

POST Reimbursement for Continuing Education:

Local law enforcement agencies often develop and provide training to personnel within their department. These can range from roll call briefings on a particular hot topic to advanced courses, such as Crisis Intervention Team training, or CIT, which will be discussed more in depth in Chapter Three.

POST reimburses law enforcement agencies for costs associated with continuing professional training courses. The amount of reimbursement is determined by the course's classification, which is determined by POST. Courses classified as Plan I trainings are reimbursed at the highest level: subsistence, commuter lunch, travel, tuition and back-fill salary. Trainings in recognizing mental health disability and de-escalation techniques, including CIT training, are classified as Plan IV, which is second lowest level of reimbursement. Plan IV only reimburses subsistence, commuter lunch and travel costs. Under Plan IV, tuition and back-fill salary (the most expensive costs associated with training) are not reimbursed.

> *"Smaller agencies would be more likely to send officers to mental health training if there was money to reimburse agencies for overtime incurred. Resources are low."*
> *Law enforcement agency's response to Disability Rights California's Survey*

Chapter Three: Promising Practices

Law Enforcement Crisis Intervention and De-Escalation Training Programs in California

> *"Ideally, everyone should get the CIT training. But it should happen after the academy, after an officer gains some experience and self confidence. Since it's difficult to train an entire agency, the target should be at least 20% of the force. CIT training helps foster empathy. And CIT training can minimize a police agency's liability."*
>
> *Dr. Joel Fay, former San Rafael Police Department Mental Health Liaison Officer.*

In recognition that mental health calls consume a great deal of their resources, many law enforcement agencies in California have developed officer training courses in recognizing and responding appropriately to individuals experiencing a mental health crisis. The trainings range from a one day overview of mental health issues to a 40 hour (five day) CIT training. At forty hours, CIT is one of the most comprehensive law enforcement mental health training programs in the country. It is the model most frequently endorsed by the experts and police personnel that Disability Rights California interviewed.

One study examining a CIT program in a large urban jurisdiction found that even when CIT officers responded to calls involving an extreme potential for violence, they used force infrequently and did not seriously injure any subjects. They also resolved most incidents without arrest.[ix] According to another, "Jurisdictions that have implemented CIT programs report reductions in officer and citizen injuries and fewer police shootings of persons with mental illness."[x] A recent study assessed officer behavior in more than 1000 emergency encounters. The study concluded that training police officers in CIT was effective in improving their knowledge, attitude and skills and in increasing the referral or transport to service and decreasing arrests.[xi]

Crisis Intervention Team (CIT), or Memphis Model Trainings

The CIT model of training was initially developed by the Memphis Tennessee Police Department in 1988, in response to the police shooting of a man with a mental health disability, resulting in his death. Following this tragic event, the community of Memphis came together to create a change in police response to individuals experiencing a mental health crisis. Representatives from the Memphis Police Department, the National Alliance on Mental Illness (NAMI), the University of Memphis, the University of Tennessee, behavioral health providers, and individuals with mental health disabilities jointly developed the CIT model of law enforcement training, subsequently known as "the Memphis Model."

CIT training comprises 40 hours of intensive training on recognizing mental health issues, and learning crisis intervention and de-escalation techniques with the goal of improving officer and community safety (including safety for the individual in crisis) and redirecting individuals with mental health disabilities from the criminal justice system to the health care system.

CIT is offered to a select cadre of officers; interested officers volunteer to participate in CIT training, and then undergo a selection process which includes a review of their personnel file, recommendations, and an interview. Not every officer working in a police force using the Memphis model necessarily receives this intensive training. But there are sufficient numbers of trained CIT officers to meet the demand load of the local consumer community on any shift.

CIT emphasizes partnership and collaboration between local community stakeholders; specifically: law enforcement, mental health providers, advocacy groups, and individuals with mental health disabilities and their family members. This collaboration is essential in the planning and implementation of CIT training and fosters ongoing relationships between these stakeholders. The five day training itself serves as an opportunity for officers and individuals in the community to come together and form professional relationships.

The 40 hour CIT training is a combination of didactic lectures that cover clinical issues related to a mental health disability, medication issues and civil commitment laws, site visits to psychiatric facilities, and panel presentations by individuals with mental health disabilities and their family members. The training teaches officers how to understand the signs and symptoms of mental health disabilities and co-occurring disorders; to recognize when these signs and symptoms represent a crisis situation, and to develop skills to safely de-escalate individuals.

Site visits enable officers to visit mental health treatment facilities receiving individuals in crisis from the community. Panel presentations by individuals with mental health disabilities and their family members allow officers to hear directly from individuals about their experiences and their recovery process which aid in reinforcing the 'normalcy' of mental health issues. A segment of the training involves practical skills training by behavioral health experts and experienced law enforcement officers, usually through scenario-based role playing, which focuses on crisis de-escalation techniques.

The Memphis Model suggests that all dispatchers be trained to sufficiently obtain information from callers to identify a mental health related crisis call. It also recommends that county mental health agencies adopt policies that allow for law enforcement to access a wide range of inpatient and outpatient referral sources, and to create policies that effectuate minimal turnaround time for CIT officers that is less than or equivalent to the turnaround time in jail.[xii]

Crisis Intervention Team Training in California

CIT has been adopted by police jurisdictions throughout the United States, including California, and in numerous other countries. Fifty-three percent of the nearly 200 agencies responding to Disability Rights California's survey reported offering a specialized CIT course, from agencies as small as a seven person force in a remote, rural area to the Los Angeles Police Department, which has over 10,000 officers. In our interviews with police chiefs, sheriff's deputies, county mental health personnel and individuals with mental health disabilities, CIT was roundly endorsed as a best practice for training officers in interacting with individuals in crisis.

Counties ranging from large, urban (San Francisco, Los Angeles, San Diego and Orange) to small, rural (Shasta, Butte, El Dorado, Humboldt and Placer) have implemented CIT training programs. While essentially following the Memphis Model, these jurisdictions have modified their CIT programs to suit the needs of their communities. Some have augmented it to address the ethnic and cultural issues of specific populations. For example, some counties have a large population of veterans from the Afghanistan and Iraq wars. They have included presentations in their CIT course about how to sensitively and appropriately respond to these returning veterans. Others have large populations of transition-aged youth and include presenters who are knowledgeable about teen and young adult mental health issues.

Some law enforcement agencies have reduced the length of their CIT training from five days to three or four days To reduce the length of the training, some agencies do not include the site visits to mental health treatment facilities, citing their officers familiarity with these institutions.

San Diego has implemented a slightly different model of training and response, known as the Psychiatric Emergency Response Team (PERT), a robust co-responder program in which licensed mental health clinicians are paired with law enforcement to respond to crisis situations. San Diego's PERT academy is a three day training which includes the CIT core elements.

Some agencies and counties, such as the Ventura County Sheriff's Department, have set a goal of training all their officers, not just a select cadre of experienced officers as in the Memphis model. The rationale for training all officers reflects the reality that, given the volume of mental health crisis calls, all officers need to have this training and experience. Ventura County's program encompasses all agencies within the county: Ventura County Sheriff's Department, Oxnard Police, Port Hueneme Police, Santa Paula Police, Simi Valley Police and Ventura Police. The CIT 40 hour course is added to the last week of academy training for all recruits, but only select officers are identified as CIT experts and sent out on mental health calls. Ventura County law enforcement agencies have a mutual aid agreement wherein CIT experts are shared between all police agencies in the county. For example, if a mental health related call comes in to Ventura County Sheriff's Department but no CIT expert is available, Oxnard Police can send a CIT expert if one is available.

In California, police agencies that have adopted CIT training have formed the California CIT Association. Its goal is to "establish evidence based practices and program support for CIT training throughout California." www.cacita.net. CIT International, a non-profit membership organization, will host its annual conference in Monterey California, October 13-15, 2014. www.citinternational.org

Santa Clara County and Interactive Video Simulator Training

As part of its 40 hour CIT training, Santa Clara County, with funding from the California Mental Health Services Act developed an Interactive Video Simulator Training (IVST) with various scenarios involving an individual in crisis. The officer—or player—is made to react to the scenarios, such as a veteran with post-traumatic stress disorder having a crisis in a park. A trainer, in control of the

computer—changes the action and responses of the individuals on the screen depending on the officer's words.

The goal is to teach an officer how to defuse a situation and avoid using force if possible. IVST is a four hour, self-contained block that consists of a two hour lecture, followed by two hours of interaction. It fulfills the POST perishable skills component. Santa Clara believes IVST is superior to role playing because it truly teaches officers new skills. With IVST, the officers are able to interact with the information. Officers always win and the scenario defused.

A trainer is available to guide the officer through the scenario. The officer is given response prompts. Santa Clara County offers IVST without charge to all interested police agencies.

Co-Responder Model:

Although not a training program, some police agencies have focused their resources on developing a co-responder model. With the co-responder model, a licensed clinician is paired with a police officer to respond to calls. Although the co-responder model is expensive, some agencies such as the Los Angeles Police Department (LAPD) have shifted away from a reliance on CIT because it is difficult to schedule a core cadre of CIT officers in a large police agency; officers in a big agency are frequently reassigned to different divisions and shifts. LAPD's co-responder model, called the "Mental Evaluation Unit," houses LA County Mental Health staff alongside police personnel in police headquarters. LAPD's MET program is one of six Specialized Policing Responses: Law Enforcement/Mental Health national learning sites under the Council of State Governments Justice Center, Bureau of Justice Assistance.

In San Diego, the Psychiatric Emergency Response Team (PERT) employs 23 full time clinicians to address mental health related calls.

Even agencies devoting their resources to a co-responder model still offer mental health crisis intervention training to their officers.

"In Monterey County, California, three separate crisis situations involving individuals with mental illness occurred the weekend after the first graduation of the critical incident training academy, all were resolved without the use of force. Since then, the county has noted numerous calls resulting in successful, nonviolent results…having an extensive training and interactive working arrangements will give the first-arriving officer more tools for achieving a peaceful resolution to a mental health crisis situations and can help law enforcement and mental health officials bring about a positive change in law enforcement response to individuals with mental illness."

Michael Klein, Chief, Sand City Police Department, Monterey County

"Even if mental health wants training for law enforcement, law enforcement needs to be involved from the beginning, otherwise it won't get off the ground. It's critical to have a respectful partnership, which will extend to how the agencies interact with the community. I can't underscore enough the importance of knowing the culture of each community; how law enforcement and how mental health interact with the community."

Khani Gustafson, California Institute for Mental Health (CIMH)

Funding CIT with Mental Health Services Act Funds, Prop 63

Counties have accessed Proposition 63, Mental Health Services Act (MHSA) funding to pay for the cost of developing and hosting CIT trainings.[xiii] Counties with agencies developing a co-responder model such as the LAPD or San Diego have also used MHSA funding to pay for clinical staff. With MHSA funding, the cost of putting on training is generally borne by the county mental health department. Law enforcement usually pays for the cost of sending personnel, and any backfill or salary issues incurred by having staff attend the training.

C.I.T. Academy #31 - Class Schedule

Location: Criminal Justice Training Center, 106 Durley Ave., Camarillo 93010 - Classroom 2

MONDAY 1/14	TUESDAY 1/15	WEDNESDAY 1/16	THURSDAY 1/17	FRIDAY 1/18	
O/D ???	O/D ???	O/D ???	O/D ???	O/D ???	
Sheriff's Introduction Sheriff Geoff Dean	**Traumatic Brain Injury** CIT Prog. Asst. Scott Walker Guest Speakers: Bill & Mike Yarnall, Lee Staniland, and Sean Aulds	**Suicide-By-Cop** VCSO Sergeant Mario Aguilar	**Weapon Prohibition** Audry Nafziger, JD District Attorney's Office	**Role-Plays** **FIVE ROLEPLAYS** CIT Prog. Asst. Scott Walker	**8:00** 8:30
NAMI's Introduction NAMI Exec. Direct. Ratan Bhavnani					
Pre-Test / CIT Overview CIT Prog. Asst. Scott Walker	Brain Injury Center = Yolanda		**Mobile Crisis Teams** VCBH Crisis Team = Dr. Boscarelli Casa Pacifica CIRT = Erick Elhard Safety Alert = ?	evaluator and actor names	**9:00** 9:30
Tactics CIT Program's Countywide Coordinators Captain Rothschiller & Sergeant Aguilar	**Developmental Disabilities** Dr. Steven Graff Tri-Counties Regional Center with guest speakers Bill & Lee Burke	**Critical Incident Stress** Panel **Post Traumatic Stress** Yvette Anderson, MS Children Family Services	**Adult Protective Services** Grace Dunlevy, LMFT **Elder Abuse Court** Kathleen O'Brien, JD District Attorney's Office	are purposefully omitted	**10:00** 10:30
Officers' Panel VCSO Sr. Dep Gregory Tougas, OPD Officer Gordon Currie, & VPD Officer James Espinoza					**11:00**
				Review	11:30
LUNCH - On Your Own 1-Hour	**LUNCH - On Your Own** 1-Hour	**LUNCH - On Your Own** 1-Hour	**LUNCH - On Your Own** 1-Hour	**LUNCH - On Your Own** 1-Hour	**12:00**
Psychotic Disorders Andrew Bassuk, Ph.D, LCSW Hillmont Psychiatric Center	**Alzheimer's Disease** Norma Featherston Alzheimer's Association	**Children & Adolescents** Yvette Anderson, MS Children Family Services	**The 5150 Process** Tina Coates, JD Sr. Patients' Rights Advocate / Attorney	**Intro to Hospitals** Hillmont Psychiatric Center Vista Del Mar Hospital	**1:00** 1:30
	NAMI Family Panel Duane Bentzen, Sonna Gray, & Tom Hartin followed by an Exercise	**Suicide Intervention** Dr. Randy Wood, Ph.D. Vista Del Mar Hospital	**CONREP** VCBH Dr. John Schipper	**Cultural Information** NAMI Family Panel led by NAMI Exec. Direct. Ratan Bhavnani	**2:00** 2:30
Personality Disorders Susan Luckey, LPT VCBH Santa Paula Clinic	**Psych. Medications**	**Crisis Intervention** **(Mental Health Perspective)** Dr. Gil McFarlane VCBH Ventura Clinic & Dr. Kim Kaufman VCBH Forensics	**MAART** Probation Officer Julianne Germain **Resouces for Veterans** James Rodriguez, Co. Veterans Svcs Isaac Avendano, Vet Center	**Conclusion** Resources Post-Test Evaluations Graduation	**3:00** 3:30 **4:00**
Mood Disorders Susan Luckey, LPT VCBH Santa Paula Clinic			**Homeless Services** Ken Belden		4:30

Chapter Four: Collaboration and Education: People with Mental Health Disabilities and Family Member Voices

> *"Crisis Intervention Team training has changed our officers' views on what people in crisis are going through. A person in crisis is having a crisis, but that does not mean he is necessarily a danger to himself or others. The officers understand this because of the training."*
>
> *Chief Robert Gager, Port Hueneme Police Department*

Unfortunately, stigma and bias against individuals with mental health disabilities is pervasive in our society. Sensationalist media accounts after a tragic mass shooting event such as Virginia Tech or Sandy Hook perpetuate the unfounded stereotype that individuals with mental health disabilities are more dangerous than the other individuals. In fact, researchers have found that most violent acts are not committed by people with mental health disabilities, and the link between mental illness and violence is greatly exaggerated by the media and entertainment industry.[xiv]

Effective law enforcement training in mental health often reduces officer stigma and bias that may impact their interactions with individuals in crisis.[xv] One effective method for addressing this element is the panel session at CIT trainings that is led by mental health clients and family members. Through these panel presentations, clients and family members speak to officers about their experiences with mental health disabilities and past interactions with law enforcement, both negative and positive. The panelists represent the diversity of people with mental health disabilities—from individuals with advanced degrees to individuals who were formerly homeless and destitute. All of the individuals have experienced severe mental health crises requiring police intervention, and speak frankly and openly about these experiences. For many officers, hearing these experiences transforms their perception about individuals with mental health disabilities.

According to Wendy McNeill, an individual living with bipolar disorder, having a client panel at trainings is critical. The client looks "normal." But then she will tell her story about past incidents involving behavioral emergencies, some of which

have required police intervention. According to Ms. McNeill, having clients open up and tell their stories enables others to open up, and it encourages empathy.

Although she has a full, productive life with an engaging job, Kathy Lutes has experienced debilitating depression and has been suicidal. She is living proof that people can recover from depression. As she aptly describes, "Stigma is the result of ignorance. The more you educate [officers], the less stigma you'll have." After receiving training, many of the officers who have heard her speak share their own mental health experiences with her.

Ms. Lutes acknowledges the reluctance of individuals to disclose that they have a mental health disability because of social stigma and bias. "If you ask about whether people have diabetes or have undergone heart surgery, or have family with these conditions, people will easily raise their hands. But a brain problem? Nobody will raise their hand. But the brain is just another organ of the body."

Mike Braski, an individual with a mental health disability with a master's degree in physics from the University of California at San Diego, regularly participates as a panelist in his community's mental health training academy. Mr. Braski agrees that law enforcement training in CIT can reduce officer stigma against people with disabilities and recommends training all law enforcement officers. Mike shares two different experiences when he was involuntarily detained. The first time, sixteen years ago, "I was roughed up a bit. My wrists were bleeding, they sprayed Mace at me, strapped me down." The next thing he knew, they injected him with a hypodermic needle and he woke up in a hospital room. According to Mike, "things have improved dramatically since they instituted the Psychiatric Emergency Response Team (PERT). The way they talk to you, the way they treat you is better. I feel much better when PERT is there. I've had it both ways."

A recent study concluded that, "CIT programs may effectively correct myths, enhance understanding and support, and reduce reports consistent with holding stigmatizing attitudes in the context of officers' responding to call involving individuals with schizophrenia."[xvi]

The Memphis Model emphasizes this component, dedicating eight hours of their CIT training to officer and consumer interactions. According to Major Sam Cochran, one of the founders of the Memphis Model, "One of the most important and rewarding parts of the CIT training is the eight hours of officer and consumer interaction. Officers and consumers meet each other openly and build new relationships of understanding. This has been a very positive component and serves to offset some of the stigmas often associated with people who have

mental illness. No matter which way you look at the problems in the criminal justice system in regard to people who have mental illness, the bottom line is about stigma."[xvii]

According to Anita Fisher, mother of an adult son with a mental health disability who trains officers in San Diego's PERT training program, "At our panels, the police officers are very attentive. I see them shake the panelists' hands. They seem moved by the bravery of the clients sharing their stories. I've never walked away from a panel thinking they didn't get it. It's very powerful for the officer to see the face of someone who is in a place of civility and recovery. For officers, they may be seeing recovery for the first time."

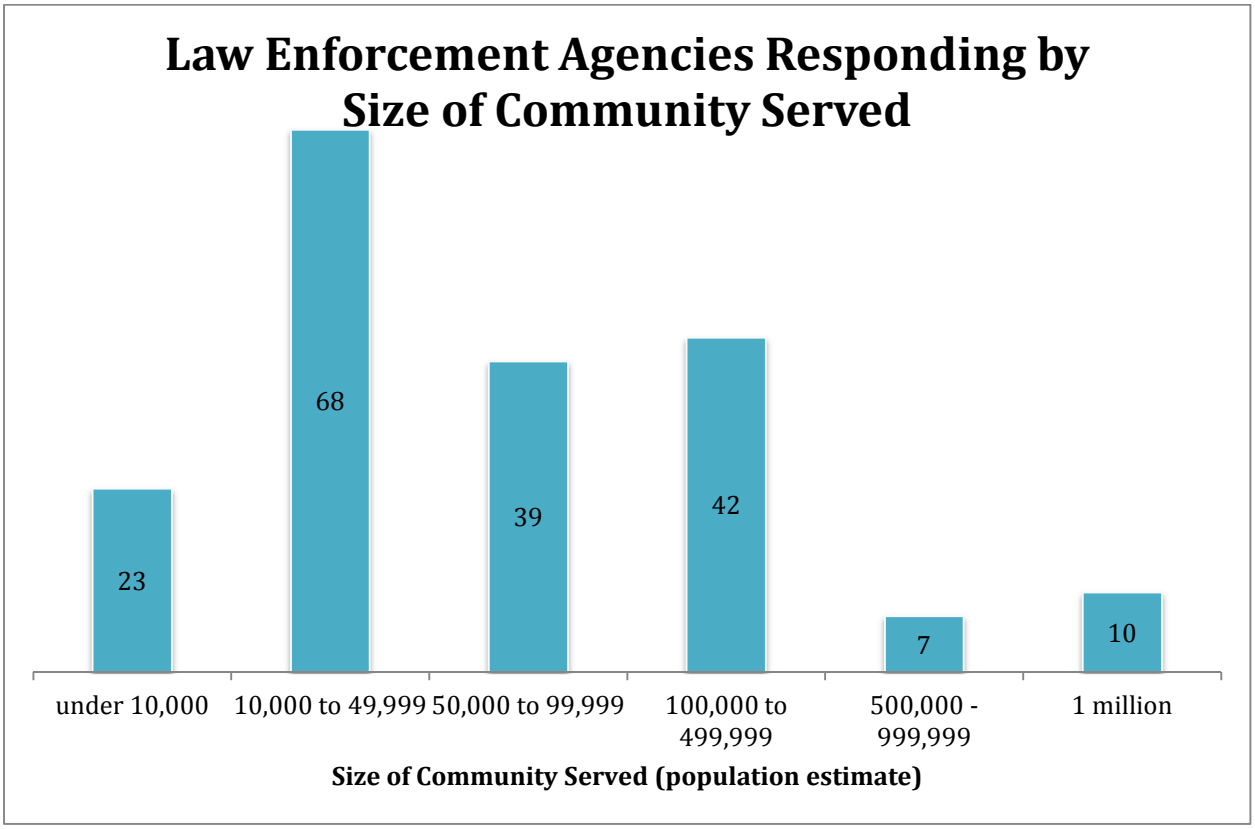
It is likely that this component of officer training also impacts the negative perceptions that people with mental health disabilities have about law enforcement officers. One researcher conducted a pilot study to gauge the perceptions of people with mental health disabilities and CIT programs. One hundred and nine individuals were interviewed. None of them were familiar with the concept of CIT. But after learning about CIT, almost half said they would be extremely interested in requesting a CIT officer in the future for assistance. Feedback from the survey/study: "It would be great if all officers were CIT trained." "The police are sometimes the only people to call, so getting the right help the first time would be best."[xviii]

"I believe CIT training reduces stigma, because it educates the officers. Their mindset changes from "this person is just a problem," to, "this person has an illness, and the call should be treated as any other medical emergency." With our training, we really try and teach officers that getting an individual to get help voluntarily is the best option. A 5150 is the worst outcome, especially for a young person, because of all the disadvantages of 5150s. Although mobile crisis teams are a great option, there aren't enough of them. That's why we need CIT officers."

Captain Curt Rothschiller, Ventura County Sheriff's Department.

Chapter Five: Snapshot: Survey Results of California Law Enforcement Agencies

To gain a perspective of existing training practices, Disability Rights California surveyed every POST affiliated law enforcement agency in the State of California regarding their current training in de-escalation and crisis intervention. There are over 400 law enforcement agencies and over 80,000 sworn, full time peace officers. A hard copy of the survey was sent to the head of every law enforcement agency along with a link to an on-line survey tool. Follow-up letters and calls were made to agencies that were not responsive. One hundred ninety-two agencies—almost half of all law enforcement agencies—took the time to respond to the survey. Many of the agencies that responded affirmed that they were concerned about mental health crisis calls and the concomitant demands on their resources and wanted better training and collaboration with county mental health.

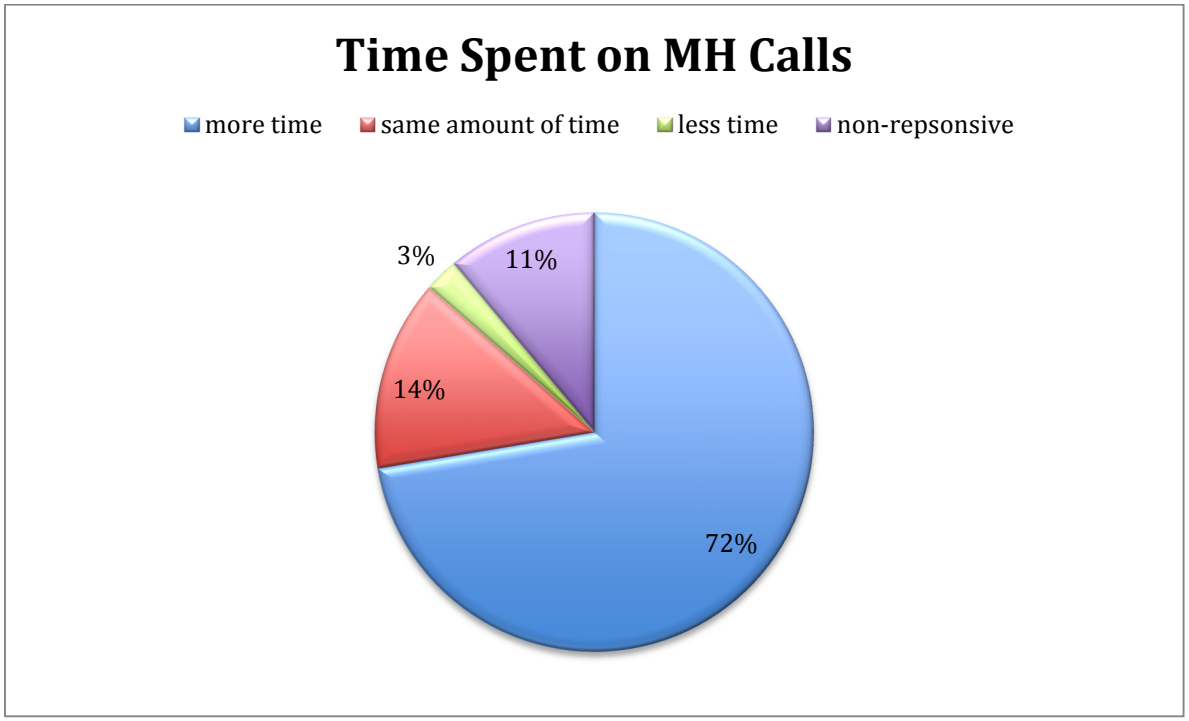


The survey was divided into four parts:

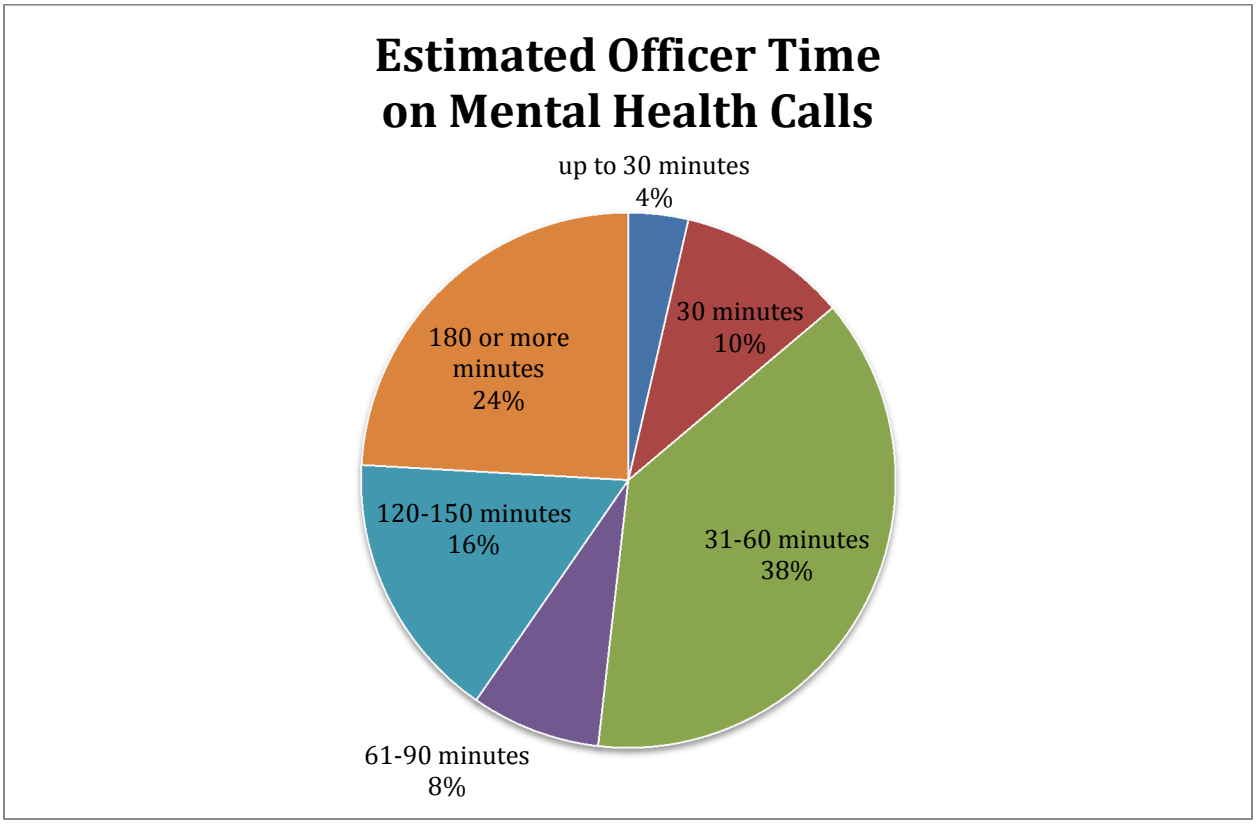
1. Information about officer training in responding to people with disabilities, also known as CIT;
2. Information about how law enforcement partners with mental health service providers in responding to crisis calls;
3. The perspective of the law enforcement agency about how to improve responsiveness in their community to individuals in crisis; and
4. Demographic information about the agency and community it serves.

Calls Involving Mental Health Issues

The survey attempted to establish how many calls an agency received that involve a person with a psychiatric disability or mental health assistance. Many jurisdictions do not capture this information. Some law enforcement agencies report that calls involving individuals in crisis can take a significant amount of officer time. The majority of responding agencies (75%) reported that officers spend more time on mental health calls than other calls for service.



Nearly 4 out of 10 agencies reported estimated that officers spend two hours or more on mental health calls.[1]

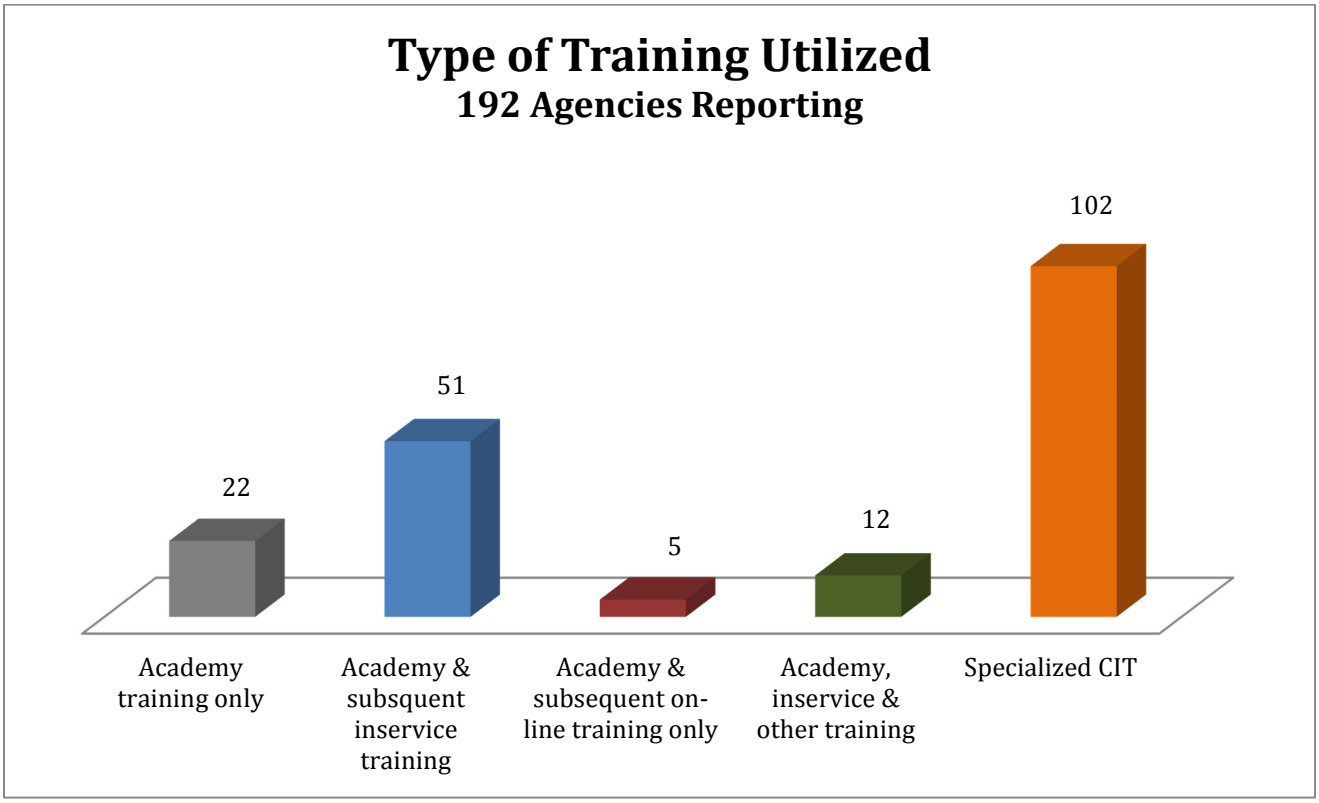


Law Enforcement Agency Training: Who, What, When

Law enforcement agencies utilize a variety of methods and courses to train personnel in responding to people with disabilities in crisis, most using a variety of training programs in combination, including modular professional development courses (ranging in duration from 4 to 16 hours), on-line courses, POST DVD trainings, roll call briefings, presentations by mental health providers and in association with other city training courses, and specialized 40 hour CIT courses. Twenty-two of the jurisdictions (11.5 % of agencies participating in the survey) reported relying solely on training provided at the academy only. Over 100 respondents (53% of the responding agencies) reported offering a specialized CIT course.

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[1] Most jurisdictions do not capture this information so the time provided were estimates of the reporting party.

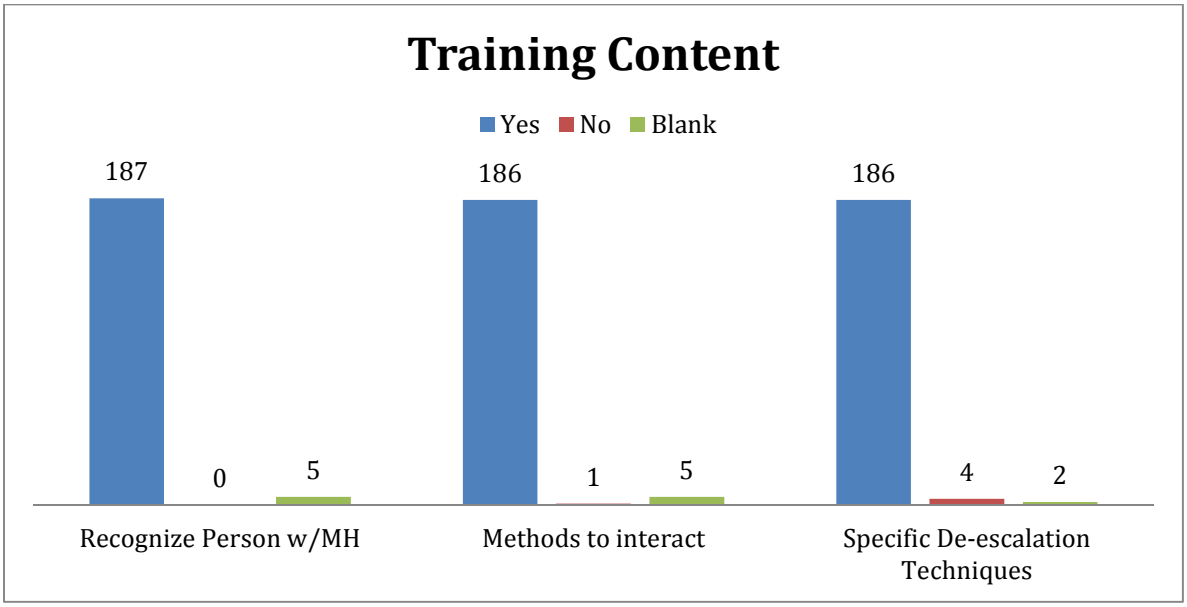


More law enforcement agencies in a large communities reported using a CIT model of training. As might be expected, few law enforcement agencies in smaller communities used CIT training.

Jurisdiction Population	Non-CIT	CIT
Population of a million people or more	4 non-CIT	6 CIT
Population of 500,001 to 999,999	2 non-CIT	5 CIT
Population of 100, 001 to 500,000	18 non-CIT	24 CIT
Population of 50,001 to 100,000	18 non-CIT	21 CIT
Population of 10,001 to 50,000	37 non-CIT	31 CIT
Population of 10,000 or fewer	13 non-CIT	10 CIT

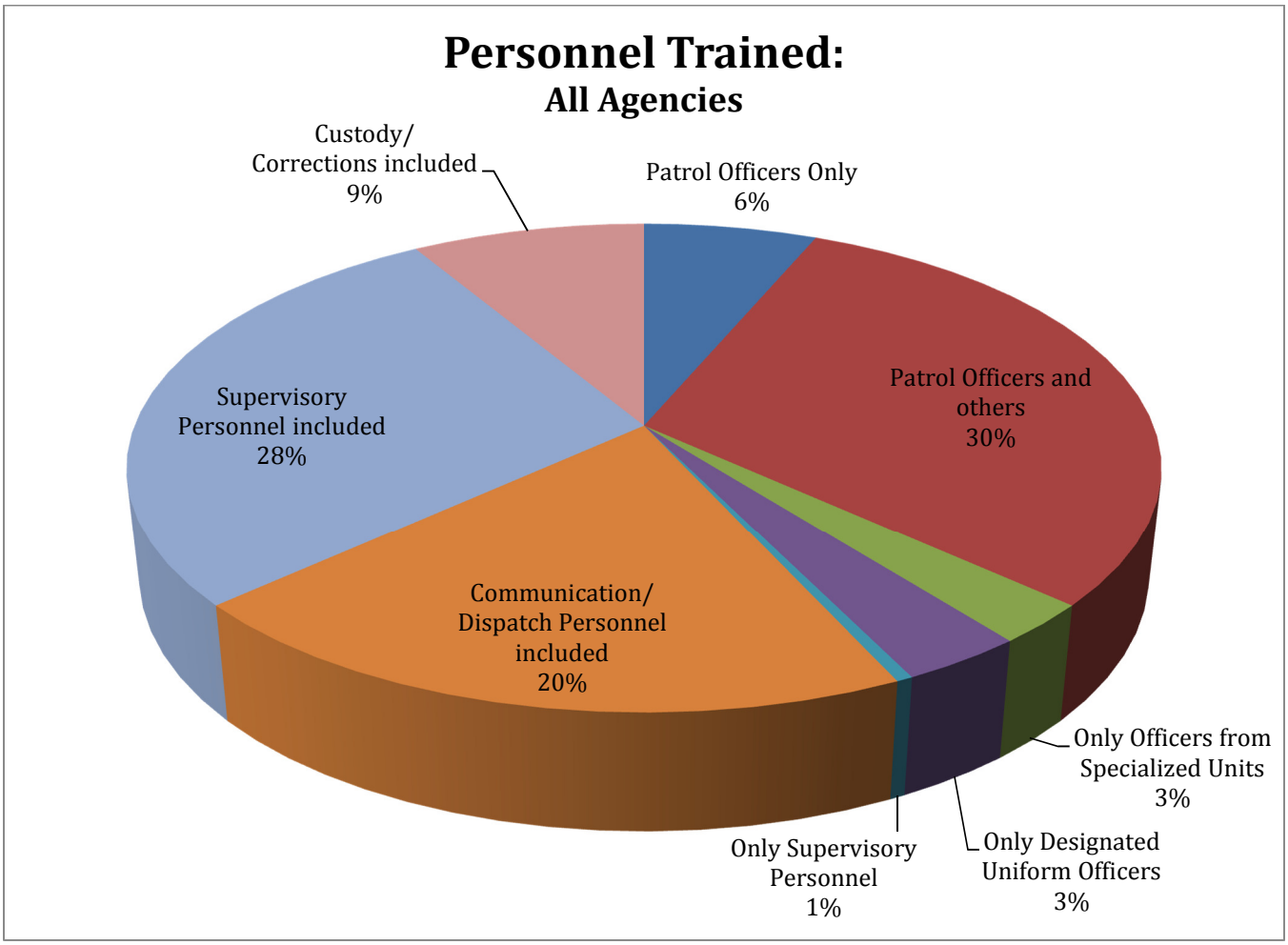
Training Content

Regardless of the format of the training, nearly all of the jurisdictions reported that their training program(s) include recognizing a person with a psychiatric disability and methods for how to interact with that individual, including specific de-escalation techniques. All but one of the jurisdictions which reported that officers received no training in how to recognize or interact with people with mental health disabilities in crisis, including specific de-escalation techniques, did not use a CIT model of training.



Personnel Who Receive Training

There was considerable variability and no appreciable pattern among law enforcement agencies regarding who receives training. Twenty-nine jurisdictions reporting that only patrol officers received training. Two jurisdictions reported training supervisory personnel only. The majority of jurisdictions reported training patrol officers and other law enforcement personnel, including dispatch/communications personnel and officers working in custody and corrections.



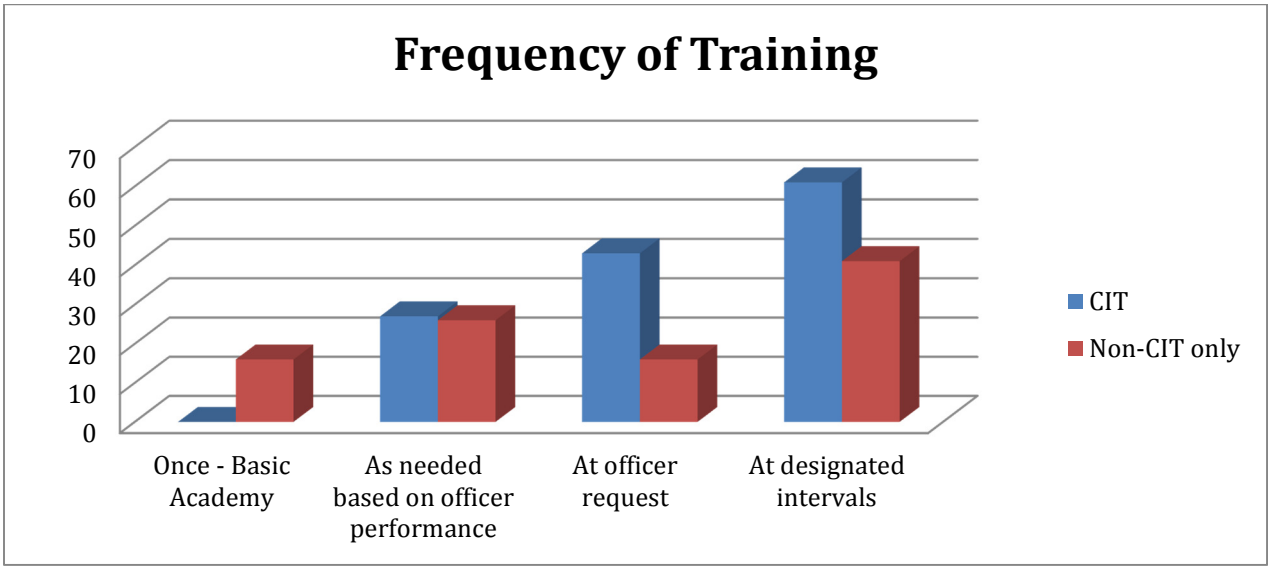
Disability Rights California compared jurisdictions that use CIT training from other jurisdictions to determine if there were any patterns in the categories personnel trained. There was no significant difference in the category of personnel who receive training when comparing jurisdictions that utilize CIT training with those that do not use a CIT model, with the exception that many CIT jurisdictions reported training only officers from specialized units.

Personnel Receiving Training	% CIT	% Non-CIT
Patrol Officers Only	12% CIT	18.7% non-CIT
Patrol Officers and others	70% CIT	72.5% non-CIT
Dispatch Personnel	50% CIT	42.9% non-CIT
Supervisory Personnel	69% CIT	62.6% non-CIT
Specialize Units	5% CIT	5.5% non-CIT
Custody	21% CIT	18.7% non-CIT
Designated Uniform Officers	13% CIT	1.1% non-CIT

Frequency of Training

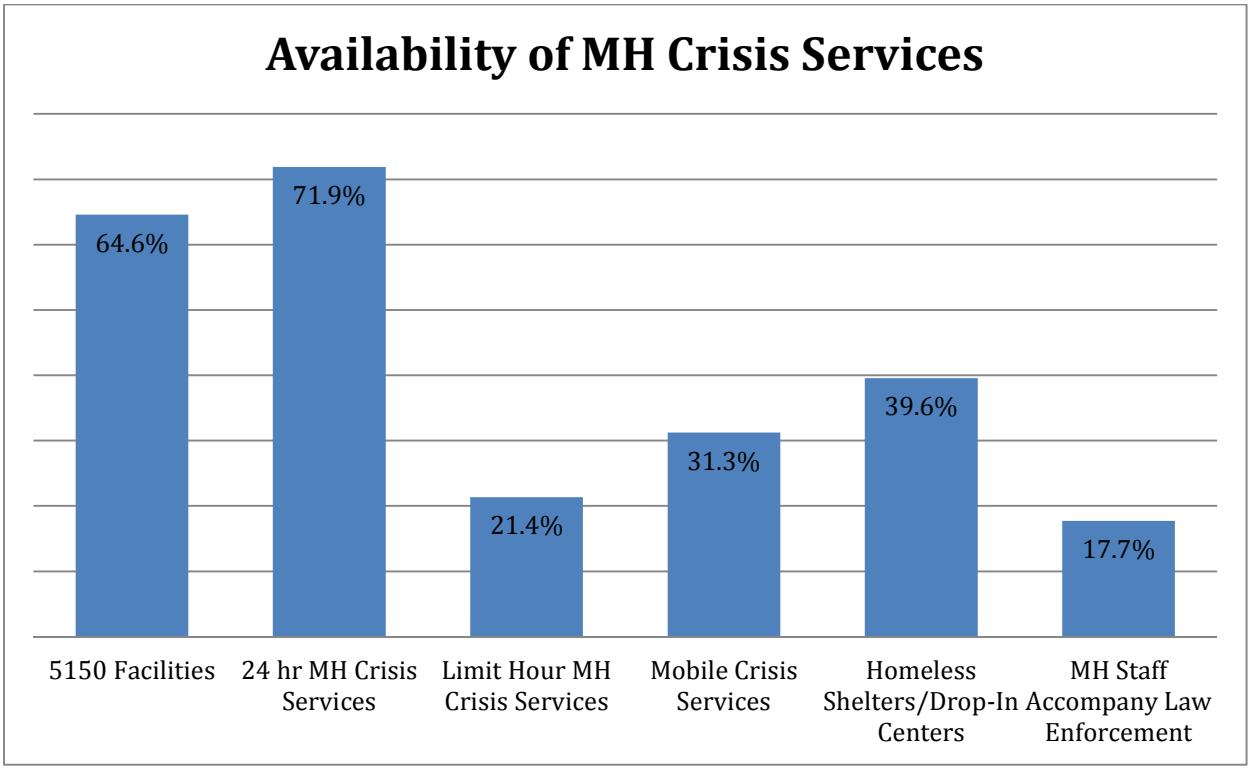
Following basic POST academy training, jurisdictions were queried how often training was provided. One hundred three jurisdictions reported offering training at “designated intervals,” ranging from every six weeks to once every two to three years.

Again, there were no patterns in the frequency training was provided when comparing jurisdictions that utilize CIT training with those that do not use a CIT model.



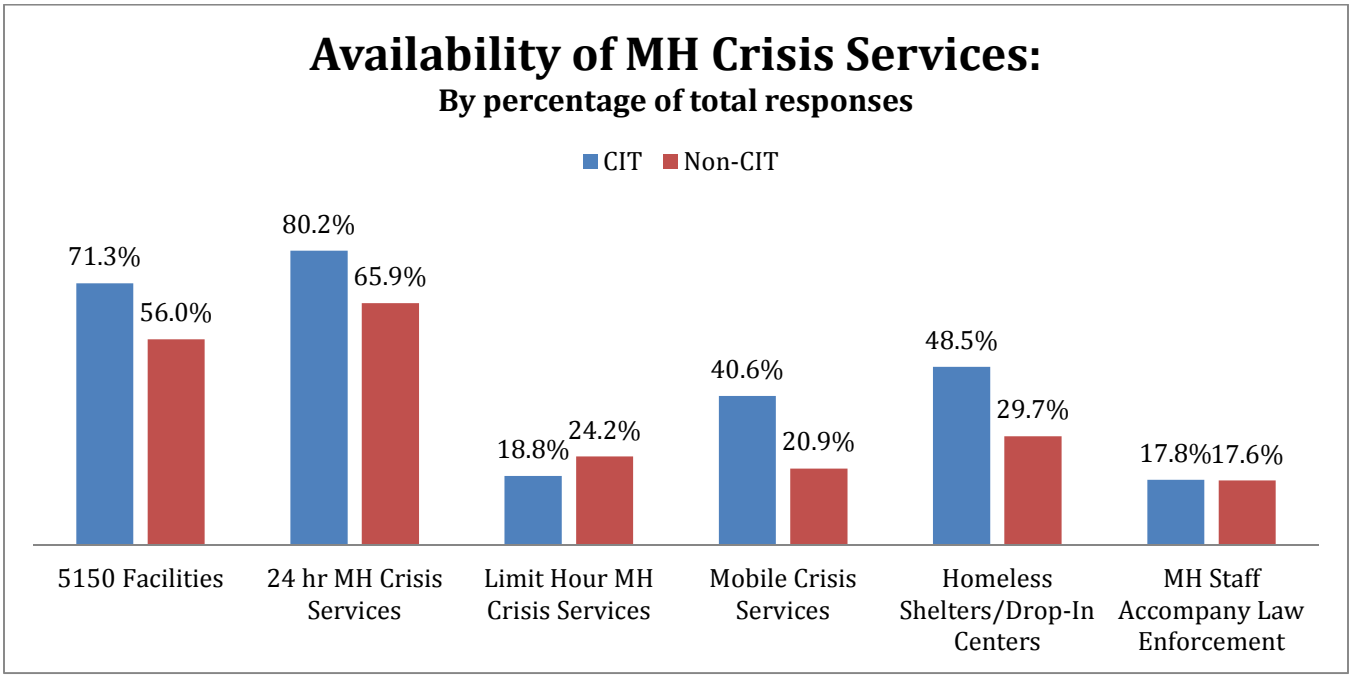
Availability of Mental Health Services

Law enforcement agencies were asked about the availability of mental health crisis services in their communities. Most jurisdictions reported an array of crisis mental health services, including 24 hour mental health crisis services, 5150 involuntary detention facilities, and homeless shelters and drop-in centers. Approximately 1/3 of jurisdictions reported having mobile crisis services and nearly 18% reported mental health staff accompanying law enforcement on mental health crisis calls.



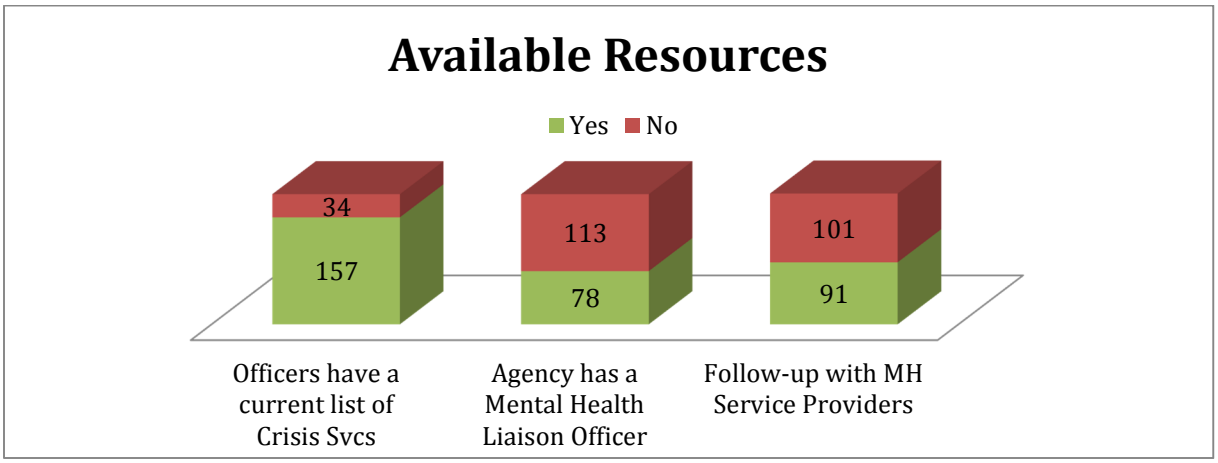
The array of available mental health crisis services was consistent when comparing jurisdictions with CIT training with those that did not.

Availability of Mental Health Crisis Services: By percentage of total responses



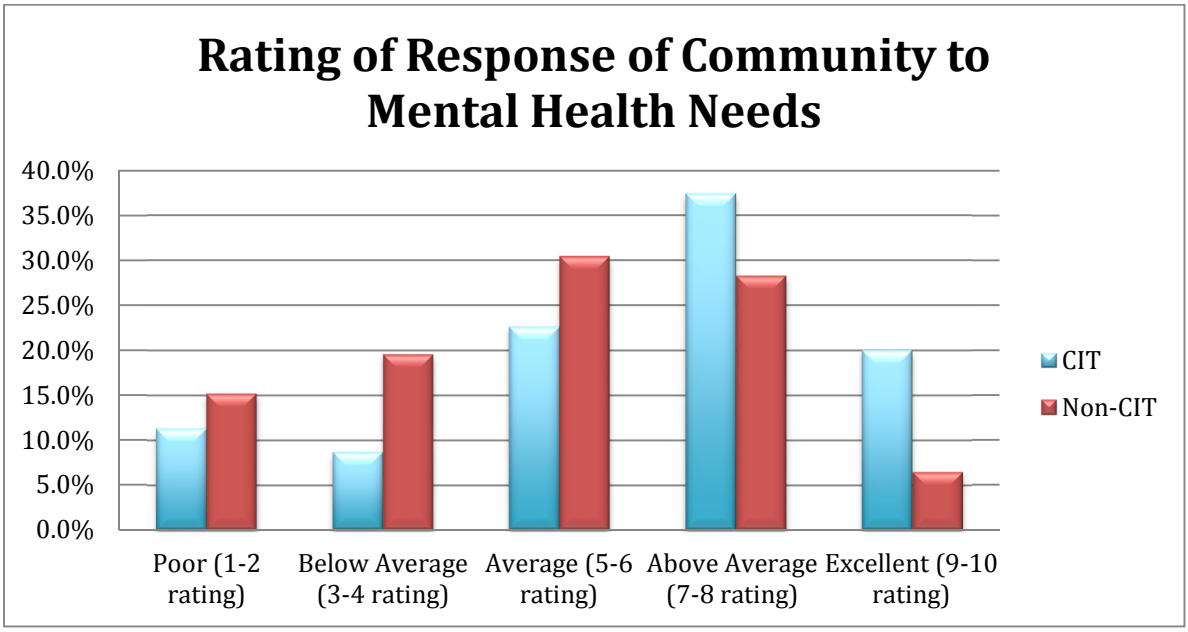
Availability of Mental Health Resources to Officers

Most of the law enforcement agencies that responded to the survey reported that officers had a current list of mental health crisis services available in their community. Jurisdictions with CIT training report a higher percentage of mental health liaison officers that work with mental health providers than jurisdictions that do not use a CIT model of training. Approximately half of the jurisdictions follow-up with mental health providers to help identify persons in crisis who have frequent interaction with officers.

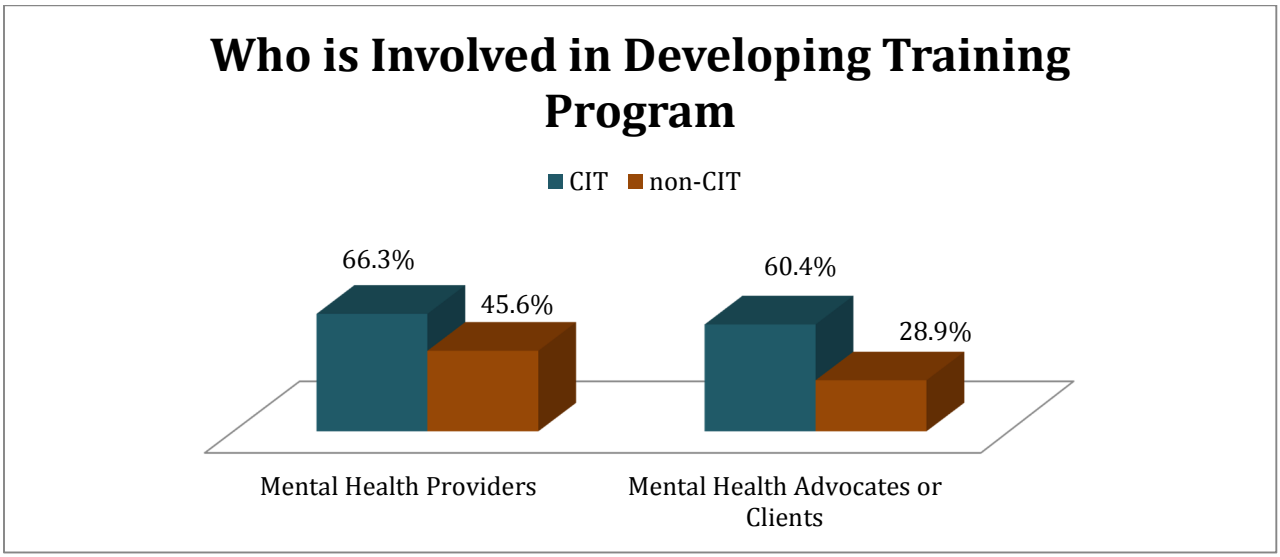


Perspective on Community Response to Persons in Crisis

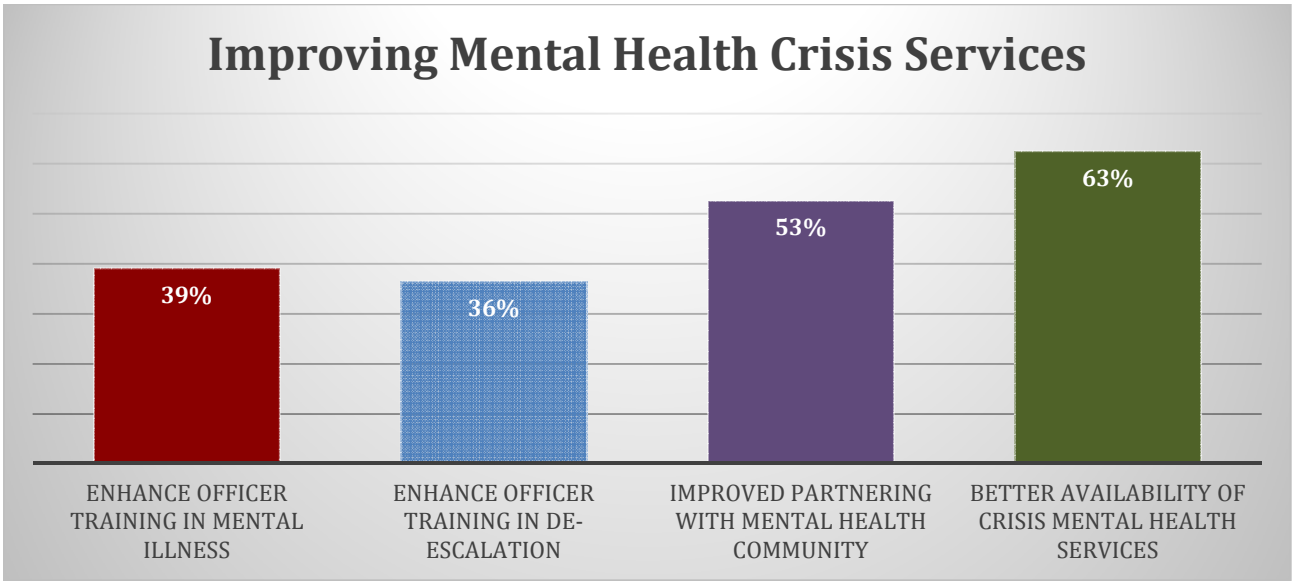
Generally, jurisdictions that provided officers with CIT training reported that their communities responded more favorably to individuals with mental health concerns than jurisdictions that did not offer CIT training.



Similarly, agencies that utilized CIT training reported partnering better with mental health providers and mental health advocates and consumers in developing their training programs than agencies that did not provide CIT training.



Jurisdictions were invited to comment about how they thought mental health crisis services could be improved in their communities. A slight majority of the responding agencies recommended better availability of crisis mental health services and improved partnering with the mental health community as two ways to improve services. Other recommended improvements included adequate, sustainable protected funding for mental health services and training in police academies specifically addressing issues related to persons with mental health disability.



Chapter Six: Findings and Recommendations

Findings:

1. **Law Enforcement Is the First Responder to Mental Health Crisis Calls; These Calls Take Longer to Resolve than Other Calls for Service**

Law enforcement are often the first responders to mental health crisis calls; they respond to 911 calls ranging from suicide attempts to individuals potentially endangering themselves or others. Studies confirm that the volume of calls to law enforcement involving crisis mental health concerns have been increasing in the past decade.

Mental health crisis calls also take more officer time to resolve. More than eighty percent of the agencies that Disability Rights California surveyed report that officers spend more time on these calls. Nearly 4 out of 10 agencies estimated that officers spend two hours or more on mental health calls. This means that on a typical day, officers can spend 1/3 of their time in interactions which would necessitate skills in crisis intervention and de-escalation.

Beyond crisis calls, officers routinely respond to calls where they are required to determine whether a person meets the criteria for involuntary detention for psychiatric assessment and treatment (otherwise known as 5150). Even standard crime scene calls require officers to use skills to de-escalate potentially volatile situations when interacting with members of the public.

2. **Existing Requirements for Officer Training in Mental Health Crisis Intervention Are Insufficient**

Current law enforcement training standards for mental health crisis intervention are inadequate at every level of training: basic training, field training and advanced officer (i.e. continuing education) training. There are no mandates that require officers to learn to identify mental health issues or acquire and practice crisis intervention or de-escalation techniques thereafter.

Less than 10% of required academy training (only 6 out of 664 training hours) is focused on interacting with individuals with disabilities. This training is not narrowly focused on matters pertaining to individuals with mental health disabilities but covers all types of disabilities (physical, sensory, cognitive,

developmental and mental) and includes an overview of federal and state disability laws. This is a daunting amount of material that does not include a mandate for instruction or practice in de-escalation techniques and crisis intervention.

There are no requirements that officers allocate any of their required advanced officer continuing education coursework on interacting with individuals in a mental health crisis. Similarly, none of the mandatory perishable skills training targets interacting with people in crisis. Given the high volume of mental health calls that officers encounter, the current level of required training is woefully inadequate.

3. Many Law Enforcement Agencies in California Provide Some Additional Training in Mental Health Crisis Intervention and De-Escalation

Recognizing the inadequacy of academy training requirements, many law enforcement agencies throughout the state have augmented their training programs to provide officers with additional training after the academy in responding to people with mental health disabilities in crisis. Yet 22 of the jurisdictions participating in Disability Rights California's survey reported relying solely on training provided at the academy. The other nearly 170 responding agencies report expanding their agency training in some fashion to meet this essential component. Augmented training varies widely but generally includes information on recognizing the symptoms of a psychiatric disability and methods for how to interact with an individual in crisis, including specific de-escalation techniques.

The majority of jurisdictions who responded to the survey have adopted some variation of CIT training. Typically a 40 hour training course, CIT training is recognized nationally and within California as the gold standard of law enforcement training in mental health crisis intervention. California jurisdictions instituting CIT training include law enforcement agencies in large, urban communities as well as small, rural regions. Topics covered in a typical CIT training program are not otherwise mandated in California or required at any level of officer training.

Police chiefs and senior officers consistently report that their personnel are better equipped at handling mental health crisis calls after participating in CIT training. Furthermore, jurisdictions in which officers receive CIT training report fewer

injuries, fewer incidents requiring use of force, and better outcomes for their officers and community members.

4. Successful Law Enforcement Training Programs Share Core Elements

Agencies with the best outcomes for reducing injuries, minimizing the use of force, and decreasing stigma and bias share the following core elements as part of their law enforcement training:

a. **Understand signs and symptoms of mental health disability and co-occurring disorders.** Training programs teach officers about the various mental health diagnoses and co-occurring disorders, with an emphasis on their medical origins.
b. **Recognize when signs and symptoms represent a crisis situation.** Training programs distinguish between behavior that might be unconventional or not related to a disability from situations where the police should intervene and assist the individual to a treatment setting.
c. **Develop skills to safely and effectively de-escalate individuals and avoid inadvertently escalating the crisis or situation.** Training programs actively use role playing or other forms of interactive methodology to teach officers the skills of how to de-escalate individuals in crisis.
d. **Connect individuals with mental health needs to community crisis and mental health resources, and collaborate with providers, individuals with mental health disabilities and their family members.** Training programs involve the collaboration of mental health providers, individuals with mental health disabilities and their family members to help officers become knowledgeable about and have access to community crisis and mental health resources.

Not surprisingly, these are also the core elements in the CIT training model.

5. Effective Law Enforcement Training Reduces Stigma and Bias

Unfortunately, many officers and members of the public may have stigma and bias toward individuals with mental health disabilities. These issues can be diminished through effective officer training.

Involving individuals with mental health disabilities and their family members in developing and providing mental health crisis intervention training is one of the most effective training methods for reducing stigma and bias. This opens the

door for communication and stimulates positive interactions between officers and individuals with disabilities and their families during non-crisis periods.

Often these segments of officer training include individuals with mental health disabilities sharing their experiences with mental illness, describing prior negative interactions with law enforcement, and concluding with the individuals and their families giving concrete suggestions about how interactions could be improved. Not only is the exchange of information instructive, it also provides officers with the experience of interacting with individuals with mental health disabilities who are not in crisis but in their lives in recovery. Law enforcement officers, individuals with mental health disabilities, and family members consistently describe the immeasurable benefits of this training on reducing officer stigma and bias.

Research has shown a reduction in officer bias towards individuals with mental health disabilities after receiving CIT training. According to one study, "CIT programs may effectively correct myths, enhance understanding and support, and reduce reports consistent with holding stigmatizing attitudes in the context of officers' responding to calls involving individuals with schizophrenia. This may lead to improved rapport-building skills, de-escalation abilities, and communication between officers and family members; improved patient and officer safety; better outcomes for patients in terms of referrals to mental health services; and fewer incarcerations for minor infractions related to externalizing behaviors of serious mental illnesses."[xix]

6. POST Is In a Unique Position to Address the Training Needs of Law Enforcement in Responding to Mental Health Crisis Calls

The California Peace Officer Standards and Training Commission (POST) sets the minimum standards for law enforcement training. POST has set very low training standards that address officer training in responding to mental health calls. POST's existing training standards do not sufficiently recognize the high volume of crisis calls officers receive and the specialized skills required to respond to these calls.

POST's requirements pertaining to individuals with disabilities is outdated and unresponsive to officer current training needs. They do not address the unique skills officers need when responding to mental health crisis calls.

POST has not updated the eight-hour mental health crisis intervention post-academy training module since it was created in response to the legislature's directive enacted in 2000. POST has not recognized the unmet training need that local law enforcement agencies have themselves responded to by developing their own array of widely diverse home-grown training programs. POST has not taken the initiative to create or endorse consistent training standards or policies for addressing mental health crisis calls.

Furthermore, POST funds mental health crisis intervention training at one of the lowest allowable levels. POST provides funding for continuing education courses at varying levels—and has the ability to include reimbursement for the costs of officer salaries to attend a course—arguably the costliest element of training. The minimum level of POST reimbursement for mental health crisis intervention training often creates a financial hardship for individual officers and their agencies seeking this essential training.

Recommendations:

1. **The California Legislature Should Ensure that Law Enforcement Officers Receive Adequate Training in Mental Health Crisis Intervention**

Current training requirements for officers in mental health crisis intervention are insufficient. POST has not addressed this training deficit, despite numerous law enforcement agencies across the state clamoring for additional training and developing their own training programs to meet officers' training needs.

The legislature must ensure that officers receive adequate training, from the academy level to advanced officer training, by requiring POST to augment the minimum basic academy and advanced officer training requirements. The legislature must also require that POST offer advanced officer training in handling mental health crisis calls and develop minimum continuing education requirements in addressing mental health crisis intervention.

2. **POST Must Take the Lead in Ensuring that Officers Receive Specific Training in Responding to Mental Health Crisis Calls**

POST sets the minimum standards for law enforcement officer training yet it has not established any training requirements pertaining to interacting with individuals in mental crisis—despite the reality that these calls make up the bulk of an

officer's work. POST must take the lead in ensuring that officers are trained in how to identify and handle mental health crisis calls. This includes requiring a dedicated course at the academy specifically addressing recognizing mental health disabilities and basic de-escalation and crisis intervention techniques. This course must be in addition to the current content in Learning Domain 37, which addresses the basics of federal and state disability law and provides an overview of all disabilities. POST must also develop an advanced officer course that includes the core elements listed above and recognized by law enforcement agencies across the state and nationally as essential to minimally competent officer training in crisis intervention.

POST's current low level of reimbursement for advanced officer training in mental health crisis intervention is a disincentive for local law enforcement agencies to offer training in this area. POST is urged to maximize their fiscal reimbursement to agencies offering the continuing education in mental health crisis intervention and use its course reimbursement system to incentivize jurisdictions to develop and offer advanced training courses in crisis intervention trainings. POST should change the plan level for trainings such as CIT training from Level 4, (only reimbursing for travel, subsistence and meals), to Level 2 (reimburses for "backfill," the salary to replace an officer who is attending a training in addition for travel, subsistence and meals).

3. Law Enforcement and County Mental Health Must be Involved in Developing and Implementing Crisis Intervention Team Training

Law enforcement agencies, county mental health departments, and individuals with mental health disabilities and their family members must collaborate in developing and implementing training on mental health crisis intervention. County mental health agencies have expertise in recognizing the signs and symptoms of mental health disabilities and how these signs and symptoms present in a crisis situation. They are familiar with techniques which will escalate and de-escalate most crisis situations—things they know from their years of experience that can be shared with officers. Law enforcement can provide examples of past mental health crisis calls which county mental health can use to develop role-play scenarios about how to escalate/de-escalate the situation. Involvement of consumers and family members infuses the consumer perspective and addresses issues of stigma and bias that can be a barrier.

Working together to develop a training course and then meeting periodically to co-present the training inherently fosters relationships among individuals in the

community. Officers become familiar with community mental health service providers, involved family members, and consumer leaders with mental health disabilities who are knowledgeable about the issues facing their respective communities. Community members gain a better understanding of the demands and challenges facing law enforcement officers on a daily basis. Furthermore, such collaboration yields numerous ancillary benefits, including identifying strategies for reducing recurring problems, developing cooperative relationships between the silos of "consumer," "mental health provider" and "law enforcement agency" and the sharing of resources and expertise.

Working collaboratively will provide a community the opportunity to understand and address gaps in its local mental health service system. By meeting together, law enforcement, county mental health, and consumers can share information and strategies regarding problems in delivering appropriate, timely and culturally competent mental health services to individuals.

4. **Law Enforcement and County Mental Health Should Ensure that People with Mental Health Disabilities and Their Families Are Involved in Developing and Implementing Training**

Law enforcement and county mental health must involve people with mental health disabilities and their families at all stages of training: from planning and course development to implementation. When individuals with mental health disabilities share directly with law enforcement officers their lived experiences, misperceptions can be addressed and stigma and bias dissipate. Research confirms that having law enforcement officers personally meet and learn from individuals with mental health disabilities in a state of recovery can reduce stigma and bias.

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We want to hear from you! After reading this report please take this short survey and give us your feedback.

English version: http://fs12.formsite.com/disabilityrightsca/form54/index.html

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html.

The California Mental Health Services Authority (CalMHSA) *is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.*



