Contra Costa County, Office of the Sheriff
Law Enforcement Training Center
Crisis Response Team First Responder (32 Hour Course)
Expanded Course Outline

Minimum Topics – Crisis Intervention Training

I. Behavioral Health

a. a. Issues related to stigma
b. b. Cultural relevance
c. c. Cause and nature of mental illness, intellectual disabilities, and substance use disorders
d. d. Indicators of mental illness, intellectual disabilities, and substance use disorders
e. e. Resources available to serve persons with mental illness, intellectual disabilities, and substance use disorders
f. f. Perspective of individuals or families who have experience with persons who have mental illness, intellectual disabilities, and substance use disorders
g. g. Psychotropic medications

II. Communication and De-Escalation

a. a. Safety of officers, the public, and the person in crisis
b. b. Appropriate language usage when interacting with potentially emotionally distressed persons
c. c. Appropriate responses for a variety of situations involving persons with mental illness, intellectual disabilities, and substance use disorders
d. d. Conflict resolution and de-escalation techniques for potentially dangerous situations

III. Legal Aspects

a. a. Laws that protect the rights and safety of individuals with mental illness, developmental disabilities, and substance use disorders
b. b. Critical thinking, problem solving, resources, and applicable case law for successful resolutions (referral, request for 72 hour hold, arrest) for individuals and their families in crisis.

IV. Officer Enrichment

a. a. Effective coping strategies to promote and sustain officer self-care

Learning Objectives

Upon completion of this course, students will be able to;

- Articulate multiple ways that stigma and culture create barriers to effective mental health treatment
- Identify signs and symptoms of mental illness, intellectual disability, and substance use disorder in an individual displaying same
- Demonstrate appropriate and safe responses for a variety of situations involving persons with mental illness, intellectual disabilities, and substance us disorders through the use of officer safety, de-escalation, and conflict resolution skills
- Determine empathetic, thoughtful, fact based, and lawful dispositions and referrals for individuals with mental illness, intellectual disabilities, and substance use disorders when presented with both crisis and non- crisis situations involving same
- Create a wellness plan for themselves

Assessment

This course will utilize multimedia case studies, vignettes, role plays, and simulated scenarios which require students to respond to situations involving an individual or individuals with mental illness, intellectual disabilities and/or substance use disorders. Each scenario will require the utilization of communication skills, de-escalation techniques, critical thinking and problem solving skills, cultural awareness, and empathy to resolve. At the conclusion of each scenario, the students will participate in breakout sessions, to include debriefing, feedback, and the review of key elements and concepts resulting in safe and successful interventions.

CRISIS INTERVENTION TEAM (CIT) TRAINING COURSE (32 HOUR)
EXPANDED COURSE OUTLINE

DAY 1

I. INTRODUCTION/ORIENTATION

A. Registration and orientation
B. Course Objectives
C. Overview
D. Safety
E. Testing

II. WHY ARE YOU HERE?

A. A. Historical context for the development of Crisis Intervention Training (CIT)

1. Mental Illness: A Crisis in California Public Policy
   a. Statewide statistics
   b. Progressive Reduction of State Facilities
   c. State and Local Treatment Policies

2. Mental Illness: A Crisis for the Justice System
   a. Bed for Bed: Jails as Largest Psychiatric Facilities in the State
   b. Contra Costa County Jail
   c. Limited Local Resources

3. Mental Illness: A Crisis for Local Law Enforcement Officers
   a. You are First Responders
   b. Officer Safety
   c. Community Safety
   d. Safety of the Individual

B. Crisis Intervention Training

1. 1. Addressing the issues impacting the criminal justice system and law enforcement officers as first responders.
2. 2. Strengthening Options & Strategies for the Officer in the Field

III. STIGMA

A. Provide context for stigma and the role it plays in mental illness, intellectual disabilities, and substance use disorders;

1. 1. The meaning of stigma – a mark of disgrace or shame associated with a particular circumstance, quality, or person
2. 2. The consequences of stigmatization – social isolation, fear, violence, mistrust, prejudice and discrimination, barriers to communication
3. 3. People are not at fault for these disorders. Experienced on a continuum from low severity to high severity. Not always in crisis.

B. Compare and contrast the way different cultures treat mental illness, intellectual disabilities, and substance use disorders in the areas of;

1. 1. Stigmatization
2. 2. The social impact on families and individuals
3. 3. Barriers to seeking help and participating in treatment

IV. MENTAL ILLNESS

Note: Information utilized for this learning objective will be derived from the Diagnostic and Statistics Manual of Mental Disorders, 5th Edition (DSM-V).

A. Mental Illness

1. Cause and nature
   a. a. Epidemiology
   b. b. Prevalence
2. Indicators
   a. a. Positive Symptoms
   b. b. Negative Symptoms
   c. c. Risk factors for law enforcement field contacts
3. Treatment
   a. a. Options
   b. b. Medications
   c. c. Medication compliance

d. 4. Officer Communication and de-escalation tools

   e. a. Appropriate language
   f. b. Rapport building strategies

a. B. Overview of 5150 Case law

   a. a. History
   b. b. Application

Learning activity: Case studies & vignettes to review content and apply theoretical concepts.

V. SUBSTANCE USE DISORDERS

A. Substance Use Disorders
   a. 1. Cause and nature

   b. 2. Indicators

B. Officer Communication and de-escalation tools

   1. Appropriate language
   2. Rapport building strategies

VI. OVERVIEW OF MENTAL HEALTH RESOURCES & THE MENTAL HEATLH SYSTEM OF CARE

A. Community Resources
   - 1. Hospitals
   - 2. Clinics and treatment facilities
   - 3. Service organizations
   - 4. Support programs
   - 5. Living facilities

B. Community partnerships and problem solving
   a. 1. Build networks and collaborations
   b. 2. Identify resources and service capability
   c. 3. Involve agencies/organizations in problem solving efforts
   d. 4. Develop contacts with local advocates

C. Other Resources
   a. 1. Advocacy organizations
   b. 2. Hotlines
   c. 3. Informational Websites
   d. 4. Government agencies

D. Structure of Public Mental Health Delivery System
   1. Regional Services
   2. County Provided Services
   3. Contracted Services
   4. Provider Network
   5. Crisis Services

6. Inpatient Services

E. Eligibility for Services
1. Financial Eligibility
2. Clinical Eligibility

F. Accessing Services
1. State-Wide Access Number
2. Urgent/Emergency Care

DAY 2

a. I. HOMELESS RESOURCES

a. A. Overview of services available for the homeless in Contra Costa County

a. 1. Homeless shelters

b. a. Emergency shelters
c. b. Family Shelters
d. c. Runaway and homeless youth shelters
e. d. Children and Seniors
f. e. Veterans

a. 2. Transitional Assistance

b. a. Permanent housing

a. 3. Detox Centers

b. a. Services for men
c. b. Services for women

a. 4. Multi/Integrated Community Service Centers and care programs

b. a. Case management services
c. b. Subsistence services
a. 1. Food
b. 2. Housing
c. 3. Transportation
d. 4. Employment training
e. 5. Substance abuse treatment
f. 6. Health care

II. CONSUMER & FAMILY PANEL (Family members & individuals with dual diagnoses share their stories)

A. Family Perspective and History
1. Dispel myths that are often associated with mental illness
2. Provide awareness about mental illness and the impact on the family
3. Experiences with law enforcement (positive and negative)

B. Recommendations
    1. Improve communication between agencies
    2. Intervention strategies that work well
    3. Importance of resources and supports for the family

C. Wrap up
    1. Q&A
    2. Debrief

III. COMMUNITY RESOURCE PANEL

a. A. Community Based Organizations
    1. 1. Community resources and support systems for family members

IV. INTELLECTUAL DISABILITIES

a. A. Intellectual Disabilities
    a. 1. Cause and nature
    b. 2. Indicators

a. B. Officer Communication and de-escalation tools

    1. Appropriate language

    2. Rapport building strategies

V. BREAKOUT SESSIONS

The purpose of the Breakout Sessions is to create a "learning community" to encourage open dialogue while reviewing key concepts and content covered in the course and the reinforcement of student objectives and student learning outcomes. The Breakout Sessions will consist of case studies, vignettes, role plays and supplemental resource handouts in which students will:

- Define & identify signs and symptoms of mental illness
- Increase familiarization with mental illness categories, medications and their usages.
- Examine and explain mentally impaired behavior
- Identify effective interaction techniques that result in gaining compliance, cooperation and control
- Identify effective verbal strategies and de-escalation techniques to defuse situations
- Differentiate between a 5150 evaluation vs. arrest
- Identify and refer individuals with mental illness and their families to resources within the community.

- Debrief to discuss, assess and provide feedback regarding actions taken, potential risk factors and areas of improvement.

DAY 3

I. I. CASE LAW

A. An examination of relevant Case Law as it pertains to encounters with individuals with mental illness, the preservation of rights, and protecting the public.

1. 1. The Tarasoff Decision 17 Cal. 3d 425,551 P. 2d 334, 131 Cal Rptr. 14 (Cal. 1976 Notifications)
    a. a. Tarasoff Warning: Person who communicates to a licensed psychotherapist (1010 (a)-(e) CA Evidence Code) to a serous threat of physical violence against a reasonably identifiable victim.
    WIC 8100 (b).

2. The Kelly Thomas Decision
    a. a. The need to ensure law enforcement officers are trained in how to responsibly interact with persons suffering from severe mental illness, including the need to de-escalate conflicts. And ease the stigma of mental illness which often prevents individuals from seeking treatment.

3. The Sheehan Decision
    a. Disability rights
    b. Immunity

4. Souza v. Antioch
    a. Liability against law enforcement who take control of a hostage situation and allegedly mishandle it, causing injuries or death.

5. Sheila Doe et. al v. City of Modesto
    a. How, and under what circumstances, law enforcement can create a special relationship with a member of the public.

B. Lanterman-Petris-Short (LPS) Act California Welfare and Institutions Code 5000 et seq. involuntary civil commitments.

a. 1. The Lanterman-Petris-Short (LPS) Act provides guidelines for handling involuntary civil commitment of individuals to mental health institutions in the State of California.

C. California Penal Code 5150, (5150(e), 5150F) (1), and 5150.2 Involuntary psychiatric hold.

1. 1. Determine if an individual meets the criteria for a psychiatric hold and evaluation as described in the California Penal Code 5150 and 5585 of the California Welfare and Institutions Code.

2. Factors to be considered:
   a. Mental, physical, and emotional state
   b. History
   c. Other pertinent information to include witness statements and state of physical surroundings when applicable.

3. Writing Effective 5150's
   a. Definition of a 5150 hold.
   b. What is a 5150 hold?
   c. What is the criteria for a 5150 hold?
   d. Changes in California Law
      i. Juvenile 5150

4. Identifying probable cause
   1. a. Emergency Aid vs. Exigency
   2. b. Community Caretaking

5. Building a 5150 case
   a. Tools available to utilize
   b. Investigation
   c. Utilization of witness statements
   d. Cameras / recordings

D. California Welfare and Institutions Code 5585 – Children's Civil Commitment and Mental Health Act of 1988

1. 1. The over arching goal of the Children's Civil Commitment and Mental Health Act of 1988 is To provide individualized treatment, supervision, and placement services for gravely disabled minors.

E. Laura's Law

1. Laura's Law is California's version of Assisted Outpatient Treatment (AOT). It allows courts, after extensive due process, to order a small

subset of people with serious mental illness who have been noncompliant with treatment and meet very narrowly defined criteria to accept treatment as a condition of living in the community. It also allows courts to order the recalcitrant mental health system to provide treatment.

F. Health Insurance Portability and Accountability Act (HIPPA)
1. Privacy rights and protections with respect to health information, how the information is used and disclosed by health plans and health providers.
2. When it is appropriate under the Privacy Rule for a health care provider to share the protected health information of a patient who is being treated for a mental health condition.

G. California Welfare and Institutions Code Section 8102 Confiscation of deadly Weapons
1. 1. The confiscation of a deadly weapon by a law enforcement agency or officer when a person has been detained or apprehended for examination of his or her mental condition.

Learning activity: Vignettes and case Studies will be used to review and reinforce material and provide for practical hands on application to evaluate and assess learning outcomes. The activities will incorporate debriefing to stimulate class discussion.

II. COMMUNICATIONS/OFFICER SAFETY/DE-ESCALATION TECHNIQUES/CONFLICT RESOLUTION

A. Tactical Response – Officer Safety/Public Safety/Safety of Person in Crisis
- 1. Assess individual's mental, physical, and emotional state
- 2. Stabilize and secure the scene
- 3. Minimize factors that create exigency or unnecessary excitation
- 4. Gather intelligence and information (sources)
- 5. Establish a plan (teamwork)
- 6. Gather resources
- 7. Be prepared for potential violence

B. De-escalation and Conflict Resolution
1. 1. Building rapport and communication
    1. a. Approach and introduction
    2. b. Physical elements (including body language)
    3. c. Language
    4. d. Active listening
    5. e. Managing dialogue
    6. f. Empathy/Respect

1. 2. Questioning techniques
    1. a. Learning and fact finding (open/probing questions)
    2. b. Managing/coaching (leading/rhetorical questions)
    3. c. Relationship building (ask for opinion/feedback)
    4. d. De-fusing (questions to determine something you can give them a choice or control over)
    5. e. Complex vs. simple questions

1. 3. Persuasive skills to elicit cooperation
    1. a. Persuasion is not manipulation
    2. b. Person must be responsive to persuasion
    3. c. Reciprocity is compelling
    4. d. Be persistent
    5. e. Compliment/Encourage (truthfully)
    6. f. Clarify your expectations
    7. g. Describe a positive future
    8. h. Tell the truth
    9. i. Build rapport
    10. j. Stay calm and confident

1. 4. De-escalation and re-escalation; utilizing time and patience

III. SUICIDE BY COP (SbC)

A. Suicide method involving deliberate act to provoke police shooting
    1. Victim-precipitated Homicide
    2. Police-assisted Suicide
    3. Suicide by Proxy

B. Importance to police work
    1. Potential for OIS nationally - 1200
    2. Significance of impact to involved officers
    3. Tendency for police tactics to escalate violent confrontations
    4. Media attention – public opinion

C. Purpose of this Class
    1. Question prevailing tactics and effectiveness against mentally ill
    2. Indicators of potential SBC event
    3. Increase awareness of emotional trauma to involved officers
    4. Promote understanding of the phenomenon and ways to deal with trauma suffered

D. Understanding SbC
    1. Not a new concept
    2. Research has been limited but ongoing since 1980's
    3. Officers aware of problem for decades

4. How many OIS are SbC

E. LASO study of OIS between 1987-1997
1. 25% were SbC
2. Possessed lethal weapon or behavior suggested lethality
3. Provoked response through overt acts

F. Demographics of SbC individual
1. Age
2. Ethnicity
3. Gender
4. Employment
5. Prior psychiatric history
6. Prior substance use and/or abuse

G. How US compares to the rest of the world

H. Precipitating Events
1. Fleeing felon
   a. Desperate – low likelihood of escape
2. Opportunist
   a. Entertained suicidal ideation with no plan
   b. Law enforcement involvement incidental
   c. "Willy Sutton"
      1. Way to avoid self-blame
      2. Religious guilt
3. Cop-hater
   a. Acting out against authority
   b. Desire to go out in "a blaze of glory"

I. Onset of Incident
1. Outrageous event
2. "Abnormally abnormal behavior"
3. Ambivalence

J. Case Study
1. Case Study #1 - Permagent
   a. Verbal quiz on indicators
2. Case Study #2 - Reyes
   a. Verbal quiz on indicators

K. Why Individuals Choose SbC
1. Shared suicidal characteristics
   a. Mental disorders
   b. Substance abuse
   c. Suicidal ideation

d. Prior suicide planning & attempts
e. Choice of lethality
f. Socially isolated
g. Hopelessness
h. Work problems
i. Stressful life event
j. Aggression/anger
k. Serious physical illness
l. Significant suicide rate in those who lose job, child, spouse
m. Suicide requires overt decision and commitment
n. Psychological and physical limitations may prevent taking own life
o. Ambivalence overcome by having another kill them
p. Police trained to use firearms effectively
q. Training focuses on taking decisive action to neutralize threats
r. Individual may have Altered Reality
s. Police become part of delusional thought
t. May be intoxicated

2. Case Study #3 – McGovern
   a. Verbal quiz on indicators

L. SbC Potential Indicators
1. History of drug abuse
2. Legal issues
3. Financial pressures
4. Inability to provide basic needs
5. Relationship conflicts
6. Untreated mental illness
7. Precipitating behaviors (Dr. Barry Perrou)
   a. Barricades self
   b. Recently killed another
   c. Discloses life threatening illness
   d. No demands for escape or freedom
   e. Experienced 1 or more recent stressful events in life
   f. Gave away all possessions
   g. Record of assaultive behavior
   h. Will only surrender to 'Person in charge"
   i. Has planned his own death
   j. Expresses dramatic end to his life
   k. Dictates will to negotiator
   l. Demands to be killed
   m. Sets a deadline to be killed

M. Profile of SbC Candidate
   a. Similar to LASO findings
   b. Lower socio-economic
   c. Copes through aggressive behavior
   d. Self-destructive
   e. Depressed
   f. Egocentric
   g. Impulsive
   h. Desires to control officers
   i. History of DV
   j. Prior drug/ETOH arrests
   k. No formal mental illness diagnosis
   l. Prior suicide attempts (46%)
   m. Loaded firearm (78%)

N. Obstacles Responding to SbC Events
   a. Police training and culture stress control and affirmative action
   b. Little time to talk at length
   c. Force compliance
   d. Backing down is a sign of weakness
   e. Focus on officer safety / tactical survival
   f. Shoot to stop the threat
   g. Line officers have little more than 4-6 hours of training in awareness and response to mental illness
   h. Less than lethal not readily available

O. Responding to SbC Events
   a. Assess and get resources coming early
   b. Use mental illness trained experts when possible
   c. Respond in low key, non-dramatic manner
   d. Contain / isolate individual from opportunity to create attention
   e. Consider tactical retreat if appropriate
   f. Look for unexpected / inappropriate behaviors by the subject
   g. Try to establish verbal rapport and negotiate
   h. Play on ambivalence and personalize the impact to you and others
   i. Avoid focusing on weapons
   j. Repeated demands to drop guns, knives, etc
   k. SLOW IT DOWN

P. The Emotional Toll
   a. Officers take job to help, not hurt
   b. Officers believe deadly force is FINAL option

c. Officers in OIS are subject to severe emotional traumas
d. Media scrutiny
e. Community uproar
f. Personal doubts
g. Criminal and administrative investigations
h. Civil litigation
i. Potential for career loss
j. Potential for financial hardship
k. Alienation of friends/family
l. PTSD is common
m. Anger/guilt
n. Many officers cannot recover from the emotional trauma
o. Leave the career
p. Decompensate personally and professionally
q. Take own life

Q. The Bottom Line
a. If the behavior does not make sense, consider SbC potential
b. Watch for indicator and slow things down
c. If you can talk – TALK and TALK more
d. NEVER SACRIFICE YOUR SAFETY

IV. PTSD

A. What is PTSD?
a. Fear vs. Anxiety

B. How does PTSD work?
a. Responding to a threat
b. How does the brain and the nervous system respond and react?
d. What is Allostatis?
e. After the threat is resolved, the nervous system tries to resume a state of normalcy.

C. Steps of PTSD
a. Memories
b. Triggers

D. Diagnostic Criteria for PTSD

E. Predictors of PTSD
a. Stress on the Body
b. Release of two types of chemicals
1. Catecholamines
2. Glucocorticoid
c. Stress Response

1. What three key questions should be asked?

F. Treatment
   a. Identifying effective treatment modalities

IV. LAW ENFORCEMENT STRESS

A. What makes an incident critical?
   a. Perceived threat/trauma
   b. Your body's reaction
   c. The meaning you attribute to an event
   d. What else is happening in your life

B. Types of critical incidents
   a. Listing of typical stressful events

C. Your body's response to stress
   a. Autonomic Nervous System

D. Coping mechanisms
   a. Maladaptive
   b. Hyper-Activity
   c. Counter Phobic Behavior
   d. Impulsive and Reckless Behavior w/o Thought

E. Appropriate Coping mechanisms
   a. Exercise
   b. Counseling
   c. Peer Support
   d. Medication
   e. Family/Spiritual contact

DAY 4

I. SUICIDE

A. The human tragedy of suicide transcends socioeconomic status, age, gender, and ethnicity. Suicide has an everlasting impact on the survivor.
   1. a. Risk Factors
   2. b. Warning signs

B. Who dies from suicide?
   1. a. Geographic region
   2. b. Race/Ethnicity
   3. c. Gender

4. d. Age
5. e. Method

C. Perception of suicide in Contra Costa County
1. a. Faith-based communities
2. b. LGBTQ community
3. c. Youth/Youth Providers
4. d. Older adults
5. e. Native American communities

D. Suicide in special populations
1. a. LGBTQ
2. b. Mental Illness
3. c. Criminal justice involvement
4. d. Older adults
5. e. Veterans

E. E. Suicide prevention
i. a. Countywide system of suicide prevention focused on assessment, enhanced screening, and triage
ii. b. Community coordination and interagency collaboration
iii. c. Implementation of education and training programs
iv. d. Comprehensive program planning and evaluation

I. HOSTAGE NEGOTIATION

A. Development and Definitions
a. Development in police work
b. Crisis negotiations vs. hostage negotiations
c. Categories of hostage taking events

B. Organization of Hostage Negotiations Team
a. Team Roles
b. Responsibilities

C. Crisis Intervention
a. Principles
b. Definition

i. D. Emotionally Disturbed People and Negotiations
i. a. Types of emotionally disturbed/mentally ill
ii. b. Defining the problem vs. diagnosing the person
1. 1. Understanding abnormal behavior
2. c. Domestic Violence and Negotiations
3. d. Alcohol/ Substance Dependence and Abuse

III. MHET/AOT

1. A. What is MHET?
   a. MHET (Mental Health Evaluation Team) is a co-responding model in which a police officer and a mental health clinician partner together to provide joint welfare-checks and follow up for mental health calls for service.

   b. History of MHET

   1. c. Does MHET work?

   1. d. MHET points of contact
      1. MHET Central
      2. MHET West
      3. MHET East

   1. e. MHET workflow

   1. f. Sample case studies
      1. 1. Case Study #1
      2. 2. Case Study #2
      3. 3. Case Study #3

1. B. Assisted Outpatient Treatment
   2. 1. Laura's Law

1. C. Eligibility
   1. 1. Qualified requesting party
   2. 2. Requesting an AOT
   3. 3. Process for AOT determination

1. D. How AOT works
   2. 1. Court
   3. 2. Overview of the AOT process

IV. SCENARIOS/ASSESSMENT

The scenarios will consist of case studies, role playing, and short vignettes that depict events involving individuals who suffer from mental illness, intellectual disabilities, and substance use disorder

1. These scenarios are designed to mirror situations that are directly applicable to the

field. Participants will utilize their knowledge and skill to respond and actively engage with subjects to assess and identify signs and symptoms of mental illness and the category that it would fall under.

2. Participants will use this information to tactically and effectively engage the identified subject through tactical communication strategies and de-escalation techniques, critical thinking and problem solving skills in the decision making process to accomplish the desired outcome of compliance and control.

3. After each scenario participants will review and debrief the nature of the scenario, discuss their decision making process, the deployment of intervention strategies and community resources.

4. Participants will receive immediate feedback from scenario evaluators (instructors of the course as well as panelists of the CIT Officer Panel) with regards to their decision-making process and actions taken to accomplish the desired outcome.

V. REVIEW/DISCUSSION/TRAINING EVALUATION

A. Review
B. Questions
C. Evaluations
D. Graduation