SEPTEMBER 2004 • CALIFORNIA COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

POST

TRAINING

# a report to the legislature:

## the status of peace officer training on mental illness and developmental disabilities

# A Report to the Legislature: The Status of Peace Officer Training on Mental Illness and Developmental Disabilities

California Commission on
Peace Officer Standards and Training

The mission of the California Commission on Peace Officer Standards and Training is to continually enhance the professionalism of California law enforcement in serving its communities.

# Foreword

In 2000, Penal Code 13515.25 was enacted, requiring POST to develop a law enforcement training course on mental and developmental disabilities, as well as a report to the Legislature on the status of peace officer training on mental illness and developmental disabilities. Section 13515.25 was amended in September 2003, extending the date of the report to the Legislature to October 1, 2004, and requiring an analysis of the Crisis Intervention Training (CIT) Program used by the San Francisco and San Jose Police Departments. Additionally, POST was asked to assess the training used in these programs and compare it with existing courses offered by the Commission, in order to evaluate the adequacy of mental illness and developmental disability training available to law enforcement officers.

The mission of the California Commission on Peace Officer Standards and Training is to continually enhance the professionalism of California law enforcement in serving its communities. The POST *Report to the Legislature: The Status of Peace Officer Training on Mental and Developmental Disabilities* is intended to assist the Legislature in determining the adequacy of continuing education for law enforcement on these topics. Research for this report was drawn from the expertise of law enforcement, community members, and mental health services staff statewide.

In conjunction with this report, POST has developed an eight-hour training course entitled *Police Response to People with Mental Illness or Developmental Disability,* along with a supporting field resource booklet. These resources are available to law enforcement agencies through POST. Comments and questions concerning this report may be directed to Tamara Evans, Senior Consultant at (916) 227-4887 or by email to Tamara.Evans@post.ca.gov.

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**Report To The Legislature: The Status Of Peace Officer Training On Mental Illness And Developmental Disabilities**

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California Commission on Peace Officer Standards and Training (POST)

Published 2004

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# EXECUTIVE SUMMARY

# SECTION 1

# EXECUTIVE SUMMARY

In 2000, Penal Code 13515.25 was enacted, requiring POST to develop a law enforcement training course on mental and developmental disabilities and to report back to the Legislature by October 1, 2003, on the process used to develop the course, the number of agencies participating in the course, and the number of officers attending this or other POST-certified courses. In response to this mandate, POST developed an eight-hour training course entitled *Police Response to People with Mental Illness or Developmental Disability*. Section 13515.25 was amended in September 2003 extending the date of the report to the Legislature to October 1, 2004, and requiring an analysis of the Crisis Intervention Training (CIT) Program used by the San Francisco and San Jose Police Departments, to assess the training used in these programs and compare it with existing courses offered by the Commission in order to evaluate the adequacy of mental illness and developmental disability training to local law enforcement officers.

This report was produced after extensive research, interviews, and review of course materials gathered from numerous sources, including San Francisco and San Jose course coordinators, various presenters of POST-certified courses, and POST records and course attendance files.

## DEVELOPMENT OF THE P.O.S.T. EIGHT-HOUR COURSE

Subject matter experts from all parts of California representing local, state, and community organizations were invited to participate in curriculum development, including persons recognized for their expertise in law enforcement or disability related issues, community leaders and advocates for developmental disability or mental illness, and representatives from state and local agencies responsible for coordinating or providing services for the mentally or developmentally disabled.

Twenty five subject matter experts convened in a series of meetings to develop the course outline, prioritize topics, develop interactive activities, identify information that could be provided through a student handout, and ensure that curriculum content met legislative mandates. Committee member discussion notes were developed into a student handout, which later became a booklet entitled *Police Response to People with Mental Illness or Developmental Disability; a Field Guide*. This Guide was reduced to a size small enough for officers to carry as a field resource.

Agency feedback was obtained through two pilot presentations presented in Burbank and Sacramento. After subsequent restructuring of the course, an instructor guideline was developed. The final training package was made available to California law enforcement agencies in February 2002. The training package consisted of instructor guidelines; lesson plan; an instructor's video; field guide with pocket cards; and a CD with student handouts, worksheets for activities, and PowerPoint presentation. The course was publicized through field bulletins, course announcements, regional training meetings, and announcements on the POST website.

## AGENCIES AND OFFICERS UTILIZING MENTAL HEALTH TRAINING

Review of POST-certified courses and student attendance records related to courses on mental illness and/or developmental disabilities revealed that, of more than 480 police and sheriff's departments participating in the POST certification program, 62 law enforcement agencies presented a course or sent officers to training on mental and/or developmental disabilities between July 1, 2000 and July 1, 2001. Between July 1, 2001 and July 1, 2003, 179 law enforcement agencies either conducted the training or sent officers to training.

1,755 law enforcement officers attended classes on topics related to mental and developmental disabilities during the period July 1, 2000 and July 1, 2001. 9,904 law enforcement officers attended related classes during the period July 1, 2001 and July 1, 2003. Classes certified by POST ranged from two hours to forty hours, depending on the degree of detail. 69% of POST certified courses were two to four hours in length. However, attendance in courses of four hours or less may appear inflated due to the fact that the Los Angeles Police Department (LAPD) trained 6,406 officers in a four-hour block of instruction in 2002.

Other training alternatives for law enforcement officers include Basic Academy Training, Field Training, Advanced Officer Training, and several non-traditional training methods provided by POST, including the POST eight-hour course on mental and developmental disabilities, several training videos, and an interactive CD module on communication that includes a section on persons with mental illness.

## SAN FRANCISCO POLICE CRISIS INTERVENTION TRAINING (P-CIT)

San Francisco reports the highest rate of commitments in the State of California, with a rate of 140 commitments per 10,000 population, compared to the statewide average of 47 per 10,000. In response, community advocates and mental health staff formed the P-CIT Committee, outlined a course curriculum, and presented it to the Police Department. The Police Department reviewed several training models, and concluded that the San Jose training had potential for use in San Francisco, with some modifications. As a result, San Francisco's curriculum was patterned after the San Jose CIT Academy, but tailored to meet the needs of the San Francisco community.

A team of coordinators from law enforcement and mental health are actively involved in each class, continually monitor students for adverse reactions to sensitive portions of the instruction, and intervene as appropriate. The 40-hour training includes executive "perks" to emphasize the importance of the program. Classes are conducted at a San Francisco hotel, and include breakfast and lunch, as well as a formal graduation ceremony attended by Chiefs and Commanders.

The P-CIT course includes site visits to a psychiatric ward, a residential treatment center, and outpatient services. The class consists of lecture-based training covering various mental illnesses, videos to supplement the lecture, and a virtual reality machine, which allows students to experience hallucinations. The P-CIT curriculum includes segments on disabilities, Welfare & Institutions Code 5150, cultural competence, ADA, suicide, role-play activities, and the graduation ceremony.

Between 2001 and 2004, San Francisco has conducted ten P-CIT academies, training approximately 254 officers (25% of the Department). Four classes are conducted each year with 30 students attending each class. The Department intends to train all patrol officers as long as funding exists**.**

San Francisco's training program has proven beneficial to the community, as well as the Police Department. Development of the P-CIT course has been instrumental in building working relationships between mental health and law enforcement. P-CIT training has helped to improve San Francisco's service to the mentally ill by connecting them to the appropriate services. Police officers have learned the mental health system and subsequently engage in systemic problem-solving to improve the agencies' services.

## SAN JOSE CRISIS INTERVENTION TRAINING (CIT)

The San Jose CIT Program began as a collaborative effort by the San Jose Police Department, the National Alliance for the Mentally Ill (NAMI) and the Santa Clara County Department of Mental Health. The curriculum was developed after Lt. Brenda Herbert attended a CIT course in Memphis, Tennessee, and adapted the CIT model for San Jose.

Two San Jose police officers coordinate the course along with NAMI and County Mental Health staff. Coordinators update course content, prepare class materials, and select instructors. The San Jose CIT program is reviewed and updated by a CIT Task Force.

The curriculum consists of lectures on bipolar disorder, major depression, schizophrenia, Alzheimer's disease, traumatic brain injury, children and adolescents, medications, and Department policy and procedures. All lectures include PowerPoint presentations and a virtual hallucination machine is made available by Janssen Pharmaceuticals.

Students participate in site visits to various mental health facilities, such as the Psychiatric Unit of the County Jail, Emergency Psychiatric Services and halfway houses. Training includes instruction on developmental disabilities, personality disorders, and legal issues such as weapons, less-lethal force, civil commitments, suicide intervention, and post-traumatic stress disorder. The final day is comprised of nonviolent intervention strategies, training on suicide by cop and two hours of student role-plays, as well as a panel of officers who have attended previous CIT academies. There is also a formal graduation ceremony attended by San Jose Police Command Staff.

San Jose was the first agency to establish a 40-hour Crisis Intervention Training program and has shared the training with numerous agencies nationwide. The Department conducts two classes per year with 30 students attending each class. To date, approximately 300 officers are CIT-trained. San Jose's goal is to train all officers to the CIT level.

Increased collaboration and positive working relationships have resulted from the San Jose CIT training. There is now a strong partnership between NAMI, law enforcement and mental health,

both in the County and the private sector. There has been a noteworthy change in the Department's perception of the mentally ill and mental health advocates report many successes in the handling of suicidal subjects and people exhibiting aggressive behavior.

## COMPARISON OF CIT WITH OTHER P.O.S.T.-CERTIFIED COURSES

Penal Code Section 13515.25 identified the minimum core of instruction required of an adequate course curriculum:

- The cause and nature of mental illness and developmental disabilities
- Indicators of mental illness and developmental disabilities
- Appropriate language usage
- Interaction and response techniques for potentially dangerous situations
- Alternatives to lethal force
- Resources.

Most courses instruct on the cause and nature of mental illness, however, a little more than half include information on developmental disabilities. A majority of courses teach appropriate use of language and communication skills for persons with disabilities; fewer courses instruct on conflict and de-escalation techniques. Only one-third of the courses contain instruction on alternatives to lethal force, possibly resulting from an emphasis on verbal skills and the belief that other advanced officer training courses on this topic already exist. Two-thirds of the courses include community resource information.

Experts on mental and development disabilities, who participated in the POST curriculum development, identified the following topics as important, although not required:

- Officer safety
- Medication issues
- Legal issues
- Risk assessment
- Suicide and suicide by cop
- Disposition options.

Approximately half of the courses include instruction on officer safety issues and information on psychiatric medication issues. Legal issues and disposition alternatives are a part of most curriculums. Two-thirds provide information on risk assessment/tactics, and two-thirds of the courses contain information on suicide or suicide by cop.

In addition, elective topics were sometimes found in the course curricula. One-third of the courses contain instruction on family issues and multi-disciplinary teams. Department policy is usually taught when a course is presented to one jurisdiction.

Training hours vary, ranging from a minimum of 2 hours to a maximum of 40 hours. Courses of short duration can provide updates, are cost-effective, and can be easily incorporated into other blocks of training. Interactive activity opportunities are limited and instruction tends to be

lecture based or supplemented by video. Courses of longer duration have greater flexibility to include more learning activities and less lecture-oriented instruction.

Interactive activities in CIT courses include mental health site visits, role-play, and panel discussion(s). The POST eight-hour course activities engage students in the learning process through discussions, sharing of information and expertise, and problem solving. In a shorter time frame, the POST course does not include visits to mental health sites or family/client panel presentations.

Examination of other POST-certified courses revealed that instructors enhance material with videos in over half of the curriculums. Role-play exercises are used in one-third of the courses. Case studies, problem solving scenarios, and facilitated discussions were used in approximately one-quarter of the courses. Simulation exercises, panels and site-visits were infrequently incorporated in the courses.

## CONCLUSION

Crisis Intervention Training affords necessary training to first responders, while requiring a high level of inter-agency cooperation and collaboration to maintain program quality and success. Numerous law enforcement agencies, in conjunction with local mental health resources, have developed training courses on dealing with persons with mental illnesses and developmental disabilities. The alternatives are as varied as budgets, politics, and creativity will allow. Some departments have instituted teams that pair mental health workers with law enforcement officers to interact with mentally ill or developmentally disabled persons. Others have implemented CIT programs with the goal of training all officers to the specialist level. Other agencies have elected to improve or refresh officer skills through advanced officer training courses, using either the POST eight-hour course or training developed in-house and certified by POST.

In making the determination as to the adequacy of continuing education for law enforcement relating to interaction with developmentally disabled and mentally ill persons, it is helpful to consider the delivery method for appropriate education of law enforcement personnel, to explore opportunities to increase the training provided without negatively impacting agency budgets, to evaluate the need for additional resources, and to examine methods for maximizing resources through collaboration. As noted in this report, these factors have had considerable influence on the development of Crisis Intervention Training programs for law enforcement.

# INTRODUCTION

# SECTION 2

## 2. INTRODUCTION

Law enforcement contacts with persons who are mentally ill and developmentally disabled are some of the most challenging, potentially dangerous, and sensitive situations officers encounter. Inadequate resources and lack of services suggest that law enforcement will play an increasingly important role in dealing with severely mentally ill persons who are in crisis. The number of people in need of care and treatment overwhelm California's local mental health system, and law enforcement has become the safety net for the mentally ill. It is important that law enforcement personnel have the appropriate training to deal effectively with this population.

Law enforcement officers are first responders and the only persons with legal authority to physically detain someone who is unwilling and uncooperative. Law enforcement initiates the majority of commitments under 5150 of California's Welfare & Institutions Code. While most incidents are successfully concluded, when something goes wrong, it becomes a community-wide crisis.

### A. PROJECT SCOPE

Section 13515.25 of the Penal Code was enacted in 2000 requiring POST to develop a law enforcement training course on mental and developmental disabilities and to report back to the Legislature by October 1, 2003, on the process used to develop the course, the number of agencies participating in the course, and the number of officers attending this or other POST-certified courses. In response to this mandate, POST developed an eight-hour training course entitled *Police Response to People with Mental Illness or Developmental Disability*. Section 13515.25 was amended in September 2003 extending the date of the report to the Legislature to October 1, 2004, and requiring an analysis of the Crisis Intervention Training (CIT) Program used by the San Francisco and San Jose Police Departments, to assess the training used in these programs and compare it with existing courses offered by the Commission in order to evaluate the adequacy of mental illness and developmental disability training to local law enforcement officers.

The Commission contracted with a law enforcement management fellow to collect data on the agencies and officers participating in POST-certified courses, to conduct a study of the San Francisco and San Jose training programs, and to write the Legislative report.

Information contained in this report is the result of interviews, course outlines and statistics gathered from key course coordinators from the San Francisco and San Jose Police and County Mental Health Departments; as well as curriculum development files and course attendance records maintained by the Commission on POST.

# DEVELOPMENT OF
# THE P.O.S.T. EIGHT-HOUR COURSE

## SECTION 3

## 3. DEVELOPMENT OF THE P.O.S.T. EIGHT-HOUR COURSE

Statewide, there have been a number of incidents involving mentally ill persons that have resulted in injury or death. As a result, in calendar year 2000, the State Legislature enacted Penal Code Section 135l5.25 (AB1718), requiring the Commission on POST to develop a continuing education training course on law enforcement interaction with developmentally disabled and mentally ill persons. The course would enable officers to better interact and respond to the needs of the community, and to effectively handle delicate and potentially dangerous situations.

### A. BACKGROUND

POST contracted for a management fellow to conduct research and facilitate course curriculum design. Subject matter experts from all parts of California representing local, state, and community organizations were invited to participate in curriculum development, including persons recognized for their expertise in law enforcement or disability related issues, community leaders and advocates for developmental disability or mental illness, and representatives from state and local agencies responsible for coordinating or providing services for the mentally or developmentally disabled.

A literature search was conducted to gather relevant disability information, educational materials, identify national trends, and obtain well-respected course curriculums. One-on-one interviews were conducted with people specializing in topics such as force issues and service systems. Appendix A, entitled *Curriculum Development Committee, and Other Contributors*, lists subject matter experts who participated in curriculum development and other persons with specialized expertise who contributed to the development of the POST course.

### B. CURRICULUM DEVELOPMENT

In April 2001, the first Curriculum Development Committee meeting was held in San Diego, attended by twenty-five subject matter experts from law enforcement, mental health, and developmental disabilities service organizations. This group identified the following broad categories that should be included in the course of instruction:

Collaboration between law enforcement and mental health
Legal issues
Myths versus reality regarding disabilities
Strategies for intervention
Community resources and liaisons
Other disorders such as Alzheimer’s or traumatic brain injury
Mental health clinical issues
First responder training
Disposition options
Victimization issues
Current issues and controversies
Alternatives to lethal force

These topics became the framework for subsequent curriculum meetings; and, as needed, additional subject matter experts were identified and contacted to participate in curriculum development.

The Curriculum Committee met again in May and July 2001 to refine the expanded outline, prioritize topics, develop interactive activities, identify information that could be provided through a student handout, and ensure that curriculum content met legislative mandates. A draft lesson plan of nine modules was developed:

1) Introduction and definitions
2) Attitudes, myths and philosophy
3) What's in it for me
4) Causes and nature of mental illness and developmental disabilities
5) Identification and response
6) Legal issues
7) De-escalation techniques
8) Force options/officer safety
9) Resources

The Curriculum Committee recognized that the course would be taught statewide, but identified the need to provide officers with local resource information. It was decided that instructors would provide students with handouts of local resources, regional resources, and related websites, as well as a template to assist officers in developing their local resource list.

Following curriculum development and pilot testing, it was determined that the course would be eight hours in length. Presenting agencies could, at their discretion, increase the number of training hours and add to the content, but could not reduce the course length below the established eight-hour minimum standard.

The Curriculum Committee finalized the teaching plan and instructional materials during meetings in August and October. A combination of lecture and interactive learning activities were developed, with the assistance of an instructional designer from South Bay Regional Training Center in San Diego, to engage students in the learning process and draw from the expertise and knowledge of students in the class. Learning activities included small and large group discussions and report outs, simulations, role-play, and video vignettes with instructor-facilitated discussions.

The Curriculum Committee identified video selections that would reinforce learning objectives and enhance the curriculum. Authorizations were obtained from vendors and an instructor's video was produced. Video sources included:
California Commission on Peace Officer Standards and Training
National Alliance for the Mentally Ill (NAMI) - California
NAMI Director Dan Weisburg
Janssen Pharmaceutical Inc.,
New York State Office of Mental Health

Committee member discussion notes became a rich resource document and were developed into a student handout. The handout later became a booklet entitled *Police Response to People with Mental Illness or Developmental Disability; a Field Guide*. This Guide was reduced to a size small enough for officers to carry as a field resource, and provides officers with a reference of communication techniques and skill building queues to help reinforce the learning process beyond the classroom. Additionally, two pocket cards were created: one containing common psychiatric medications and the conditions for which they are prescribed, and the other consisting of communication tips.

The Curriculum Committee prioritized use of a collaborative, team-teaching approach to model and encourage partnerships between mental health and law enforcement personnel. Agencies presenting the POST training course were encouraged to utilize one law enforcement instructor and one mental health instructor as co-teachers. Committee members believed this teaching approach to be successful, because it emphasized the need for law enforcement and mental health skills to be jointly applied.

## C. PILOT PRESENTATIONS

Two pilot presentations of the course were planned to evaluate the effectiveness of training and delivery methods. The first pilot was conducted in Burbank in November 2001, using two seasoned instructors - one from law enforcement and one with a mental health background. The lesson plan consisted of eight lessons (reduced from the original nine) as follows:

Introduction (why this course is relevant to law enforcement)
Recognizing Disabilities
Cause and Nature of Mental Illness
Cause and Nature of Developmental Disabilities
Verbal Intervention Strategies
Student Role Play of Case Scenarios
Responding to Violent Subjects/Alternatives to Lethal Force
Disposition: Community and State Resources

Students in the pilot classes rated the overall class an average 5.43 on a six-point scale. A course content debriefing indicated that the topics needed to be reorganized and scaled back to meet the time constraints of an eight-hour training format. As a result, the course was restructured into the following six lessons:

Introduction
Developmental Disabilities
Mental Illness
Verbal Intervention Strategies
Student Role-Play of Case Scenarios

Responding to Violent Subjects/Alternatives to Lethal Force
Disposition: Community and State Resources

In November 2001, the second pilot training was presented in Sacramento and again co-taught by one instructor from law enforcement and one from mental health. Students rated the course an average 4.77 on a 6-point scale. The Sacramento pilot revealed a need to develop an instructor's guide and PowerPoint presentation to assist instructors. A concern surfaced regarding student willingness to volunteer and participate in the role-play that was integrated into the curriculum, as well as the need to condense content to fit the eight-hour day. Instructor guidelines were developed to assist trainers with facilitation of the course.

## D. CURRICULUM APPROVAL AND DISTRIBUTION

At its November 2001 meeting, the POST Commission approved the minimum training standards for the course, and pursuant to the Administrative Procedures Act, invited public input on the matter. The minimum standards were approved and became effective on May 28, 2002.

Instructor Guidelines were subsequently developed and the written lesson plan was formatted with a user-friendly style, and included instructor notes and suggestions.

To encourage agencies to present the course, the curriculum was pre-qualified for two hours of POST perishable skills credit under the category of tactical communication. To obtain the credit, presenters could simply submit the pre-prepared *Perishable Skills Program Content Checklist* for certification.

The final training package was made available to California law enforcement agencies in February 2002. The training package consisted of instructor guidelines; lesson plan; an instructor's video; field guide with pocket cards; and a CD with student handouts, worksheets for activities, and PowerPoint presentation. The course was publicized through field bulletins, course announcements, regional training meetings, and announcements on the POST website.

## E. COURSE REVISIONS

There has been one course revision, due to negative feedback from the field related to the some of the interactive exercises, especially the role-play. As a result, the introductory exercise was shortened, and the role-play was replaced with a video demonstrating the correct and incorrect response to people in crisis, followed by a facilitated discussion about law enforcement's effect on potential outcomes.

Appendix B contains a copy of the expanded outline for this curriculum.

# AGENCIES AND OFFICERS PARTICIPATING IN MENTAL HEALTH TRAINING

# SECTION 4

## 4. AGENCIES AND OFFICERS UTILIZING MENTAL HEALTH TRAINING

California Penal Code 13515.25 requires the Commission on POST to report to the Legislature on the number of law enforcement agencies utilizing training, and the number of officers attending the course developed under AB1718 or other courses certified by the Commission relating to mentally ill and developmentally disabled persons between the periods July 1, 2000 to July 1, 2001 and July 1, 2001 to July 1, 2003.

In addition to the POST eight-hour course, there are a number of other courses that POST has certified for use by local agencies. This section reports on the number of agencies that have participated in law enforcement training by presenting courses or by sending officers to training, and the number of officers attending POST certified courses on mental and developmental disabilities. The section concludes with a discussion about the types of training that are available through POST and law enforcement agencies.

## A. DATA COLLECTION METHODOLOGY

POST maintains a database of certified courses and student attendance. A search of courses on mental illness and/or developmental disabilities was conducted through word recognition. Courses not recognized through data query may result in an undetermined margin of error in data collection reporting. Some law enforcement agencies may elect not to have POST certify a training course. Records on classes not certified by POST are not included in this report. Additionally, POST does not maintain records for law enforcement training provided during daily roll-call or briefings.

Some training, while not directly related to mental illness or developmental disabilities, has information and learning objectives that relate to working with individuals with disabilities. For example, cultural awareness, tactical communication, and crisis negotiation training contain information applicable to a course on mental and developmental disabilities. Attendance records on these topics are not included in this report. However, courses reflecting topics usually found in Crisis Intervention Training (CIT) or the POST eight-hour course were included in data collection efforts. These include topics such as Alzheimer's disease, traumatic brain injury and suicide by cop.

## B. SUMMARY OF LAW ENFORCEMENT TRAINING

Of more than 480 police and sheriff's departments participating in the POST certification program, 62 law enforcement agencies presented a course or sent officers to training on mental and/or developmental disabilities between July 1, 2000 and July 1, 2001. Between July 1, 2001 and July 1, 2003, 179 law enforcement agencies either conducted the training or sent officers to training. Table 1 shows the numbers and percentage of agencies participating in mental and developmental disabilities training, by year. A list of agencies is located in Appendix C and D.

**Table 1**

**Agencies Participating in POST Certified Courses**
**On Mental and Developmental Disabilities**

| Period | Number of Agencies | Percent of Agencies |
|---|---|---|
| 7/1/00 – 7/1/01 | 62 | 12.8% |
| 7/1/01 – 7/1/03 | 179 | 36.9% |
| Three Year Total | 241 | 49.7% |

Of the 78,828 police officers in California, POST estimates there are 63,064 full time peace officers having direct public contact (field functions) on a daily basis. Of these first responders directly involved in field functions, 1,755 attended classes on topics related to mental and developmental disabilities during the period July 1, 2000 and July 1, 2001. 9,904 officers attended classes during the period July 1, 2001 and July 1, 2003. Table 2 depicts these numbers.

**Table 2**

**Officers Attending Courses**
**On Mental and Developmental Disabilities**

| Period | Total | Percentage |
|---|---|---|
| 7/1/00 – 7/1/01 | 1,755 | 2.8% |
| 7/1/01 – 7/1/03 | 9,904 | 15.4% |
| Total | 11,659 | 18.2% |

Instructional curricula vary in length. Classes certified by POST range from two hours to forty hours, depending on the degree of detail. Table 3 lists the number of officers attending training on mental and developmental disabilities by course length.

**Table 3**

**Numbers of Officers Attending Courses**
**By Course Length**

| Period | 2-4 Hrs. | 5-8 Hrs | 16-24 Hrs | 32-40 Hrs | Total |
|---|---|---|---|---|---|
| 7/1/00-7/1/01 | 727 | 608 | 93 | 327 | 1,755 |
| 7/1/01-7/1/03 | 7,322 | 1,787 | 114 | 681 | 9,904 |
| Totals | 8,049 | 2,395 | 207 | 1,008 | 11,659 |

Table 3 indicates that 69% of POST certified courses are two to four hours in length. However, attendance in courses of four hours or less may be inflated due to the fact that the Los Angeles

Police Department (LAPD) trained 6,406 officers in a four-hour block of instruction in 2002. Table 4 reflects the numbers of officers attending courses, excluding LAPD. This also includes instruction on intervention in suicide by cop situations.

**Table 4**

**Officers Attending Courses**
**By Course Length**
**Excluding Los Angeles Police Department**

| Period | 2-4 Hrs. | 5-8 Hrs | 16-24 Hrs | 32-40 Hrs | Total |
|---|---|---|---|---|---|
| 7/1/00-7/1/01 | 727 | 608 | 93 | 327 | 1,755 |
| 7/1/01-7/1/03 | 916 | 1,787 | 114 | 681 | 3,498 |
| Totals | 1,643 | 2,395 | 207 | 1,008 | 5,253 |

It is important to note that one reporting period is twice as long as the other. There was a significant increase in the number of students attending courses five to eight hours in length, and a reduction in the number of students attending courses four or less hours in length. Attendance at CIT courses from 32-40 hours has remained consistent over the past three years.

## C. OTHER CONSIDERATIONS

POST ensures that courses pertaining to mental illness and developmental disabilities are reviewed and updated throughout an officer's career. The following is a list of mandatory and elective training, and factors that can influence course offerings.

(1) Basic Police Academy Training

POST requires that all cadets in the Basic Academy receive a minimum of six hours of classroom instruction to help them recognize individuals with mental illness and other disabilities. This is the minimum standard, and some Academies have elected to increase the number of training hours covering this subject. POST is currently in the process of updating the course content of this learning domain and expects to make the revised curriculum available to Basic Academies in 2004.

(2) Field Training

Upon graduation from the Basic Academy, a new peace officer will undergo an intensive field-training program of ten weeks or more (the statewide average is 16 weeks long). The Field Training Officer (FTO) provides one-on-one instruction on program materials, demonstrates proper patrol procedures, and evaluates the trainee daily to ensure performance proficiency. FTO guidelines were recently revised in 2003, and the section on mental and developmental disabilities has been significantly expanded.

(3) Advanced Officer Training

As peace officers continue their career, they receive additional training through advanced officer training courses. Some advanced officer training is mandated (e.g., racial profiling and domestic violence) and some courses are regulated (e.g., perishable skills). Other courses are optional and subject to the discretion of the individual agency. Attendance in advanced officer courses on mental and developmental disabilities is voluntary.

(4) Non-Traditional Training

POST developed the eight-hour course on mental and developmental disabilities in 2002, created and distributed several training videos, and recently produced an interactive CD module on communication that includes a section on persons with mental illness. Table 5 lists training courses on mental and developmental disabilities that are available to law enforcement agencies.

**Table 5**

**POST Law Enforcement Training Materials**

| Date | Medium | Title | Supplemental Materials |
|---|---|---|---|
| 1990 | Video | Managing Contacts with the Developmentally Disabled or Mentally Ill | Workbook of information for assistance and resources |
| 1995 | Video | Awareness of Disabilities | |
| 1999 | Video | Recognizing Mental Illness: A Pro-active Approach-part video | Workbook of intervention techniques and resources |
| 2002 | Video | Crime Victims With Disabilities | |
| 2004 | CD | Communication: Keeping Your Edge (includes interactive scenarios) | |

(6) Practical Considerations

The tragedy of 9/11 and subsequent lean financial years has greatly impacted law enforcement training overall, and especially training regarding people with mental or developmental disabilities. Police training has necessarily been directed towards other topics, such as homeland security and weapons of mass destruction. Additionally, the increase in retirements of more experienced officers over the past four years has resulted in a need to train new officers on an on-going basis.

# SAN FRANCISCO POLICE CRISIS INTERVENTION TRAINING (P-CIT)

## SECTION 5

## 5. SAN FRANCISCO POLICE CRISIS INTERVENTION TRAINING (P-CIT)

Information on the San Francisco P-CIT model of training was obtained through statistical reports, outlines, and student evaluations provided by San Francisco, as well as interviews of law enforcement and mental health professionals responsible for coordinating and presenting the curriculum.

### A. BACKGROUND

San Francisco reports the highest rate of commitments under Welfare & Institutions Code 5150 in the State of California, with a rate of 140 commitments per 10,000 population, compared to the statewide average of 47 per 10,000. Annually, between 7,000 and 9,000 persons (20 per day) are committed. 24% of patients placed in psychiatric emergency services are homeless.

CIT in the City and County of San Francisco was the result of a grass roots movement to change police practices regarding treatment of the homeless and mentally ill. In 1996, homeless, mental health, and non-profit program advocates formed a coalition to improve police interaction with the homeless and people with psychiatric illness. In April 1997, the group presented a proposal for a Psychiatric Response Team to the San Francisco Police Commission**.** The concept was adopted in principle; however, development was not forthcoming and the proposal was submitted to the Board of Supervisors in 1998 for action and funding.

During the following five years, law enforcement and community advocates discussed the need for police training, and appropriate methods for training delivery. Community advocates and mental health staff formed the P-CIT Committee, outlined a course curriculum, and presented it to the Police Department. The Department's administration agreed that training would better prepare officers to handle situations involving persons with mental illness.

The Police Department reviewed several training models, including those used by Memphis, Tennessee and San Jose, California. In 2000, an officer from the Psychiatric Liaison Unit attended the San Jose Police Department's CIT course, and concluded that the San Jose training was excellent and had potential for use in San Francisco, with some modifications. As a result, San Francisco's curriculum was patterned after the San Jose CIT Academy, but tailored to meet the needs of the San Francisco community. The Board of Supervisors found the curriculum favorable and funded two pilot presentations for $180,000. In January 2001, Chief Fred Lau gave formal authorization to proceed with the training and two pilot P-CIT presentations.

### B. OPERATIONAL ISSUES

City decision-makers believed a decentralized model was the best approach for training. Police officers write an estimated 8,000 commitment applications per year and approximately 25% of calls for service involve someone who is mentally ill. Due to the significant numbers of police emergency calls with a mental health code (approximately 459 per month) the Department committed to having every patrol officer trained and self-sufficient to handle situations, as first responders.

The Board of Supervisors continues to provide the Police Department with funding for the P-CIT training courses at approximately $32,000 per class. Expenses include an off-site training location, meals (breakfast and lunch), an audio-visual technician, handouts, and stipends for actors and two instructors. Approximately $5,000 is spent for an independent course analysis and a summary report of student evaluations and comments.

## C. TRAINING CURRICULUM

San Francisco's approach is holistic – from the location of the training site to the formal graduation ceremony. The training is conducted at a San Francisco hotel, and includes breakfast and lunch to encourage instructor and peer discussions. Chiefs and Commanders recognize the importance of the program and attend the graduation ceremony. Each student receives a P-CIT certificate, as well as a certificate from Congresswoman Nancy Pelosi.

A team of coordinators from law enforcement and mental health are actively involved in each class, continually monitor students for adverse reactions to sensitive portions of the instruction, and intervene as appropriate. Student comments provide training coordinators with direction for revisions to future classes and topics. An independent evaluator collects student feedback and provides a written report of student evaluations and recommendations for future training.

The P-CIT Committee selects instructors who are expert in the field, have good teaching skills, and are police friendly. Instructors must not have a personal agenda and must be willing to be challenged by student questions. Instructors are also permitted to be creative with the instructional outline.

The P-CIT course includes site visits to mental health facilities. Coordinators visit each location to ensure that the site adheres to course goals. They explain what teaching points need to be brought out during the visit and evaluate the effectiveness of the site. Coordinators change sites if it does not meet the course training objectives.

The San Francisco model teaches P-CIT as a "tool" for officers. The "tool" is a valuable communication skill, considered as useful as other Department-issued police equipment. While P-CIT emphasizes and promotes officer safety tactics (e.g., proxemics, etc.), use of force or defensive tactics are not integrated into the P-CIT Academy, since these topics are taught in other separate advanced officer-training courses. The curriculum was developed with San Francisco's demographics in mind, and is taught by San Francisco officers who have knowledge and expertise, good instructional skills, and can blend practical application with the material.

P-CIT classes are held in four ten-hour days to match the patrol officers' schedules. Only law enforcement officers attend the course, unlike San Jose's, which includes dispatchers. The first day consists of lecture-based didactic training covering various mental illnesses. Instructors incorporate videos to supplement the lecture, and a virtual reality machine allows students to experience hallucinations first-hand.

On the second day of training, students are transported to three sites: a psychiatric ward, a residential treatment center, and outpatient services. The site visits are considered instrumental in humanizing the mentally ill as individuals. Students meet with patients who, on a voluntary basis, agree to group discussions with police officers. Afterward, coordinators debrief officers regarding what they saw and heard, to reinforce the lecture material. Mental Health reports that these site visits are essential to the philosophical change in the individual officer.

The third day of training consists of lectures on disabilities, Welfare & Institutions Code 5150, cultural competence, ADA, and suicide. The cultural awareness topic, one of the more difficult sections of training to build, helps officers differentiate between culture and behaviors indicative of mental health issues.

The final day consists of active listening and interventions, followed by role-play with actors from the local mental health theater. The role-play activities facilitate student learning and officers can add communication techniques to their own repertoire of skills.

Student handouts include a student binder, maps of facility locations, a list of mental health telephone numbers, a pocket medicine card, and various brochures. San Francisco does not give officers CIT pins to distinguish them from untrained officers. To date, no update classes have been held, although the Police Department reports an update class is being considered.

While San Francisco PD does not collect statistics on P-CIT incidents, the program has a strong evaluation component to assess student needs and satisfaction, and officers are encouraged to provide honest feedback. In 2004, Community Behavioral Health Services conducted a follow-up survey of officers attending the 2001 P-CIT academies. 93% of the respondents (t=30) reported they use information learned in the class, and 60% report the training has affected their approach or how they work with the mentally ill.

## D. BENEFITS

Mental health and law enforcement staff interviewed for this report state that the P-CIT program has benefited the Police Department, the community and mental health service providers. The P-CIT program brings community policymakers, experts and advocates together to conduct strategic planning. The training receives support from advocates and the community at large.

### (1) Partnerships and Collaboration

San Francisco reports that developing the P-CIT program has been instrumental in building working relationships between mental health and law enforcement. Whereas initially the two organizations were at polar opposites, they have found numerous ways to work through problems to the benefit of the community. One person reported, “The wall is gone.” There is better networking and understanding of the functions of the individual organizations.

The collaboration has promoted opportunities to solve problems affecting services for San Francisco's mentally ill. Law enforcement has become a champion for additional mental health services such as drop-in centers and a 24-hour mobile crisis team. The Office of Behavioral Health Services is also studying what proportion of law enforcement calls would be unnecessary if mental health services were available.

(2) Improved Services

P-CIT training has helped to improve San Francisco's service to the mentally ill by connecting them to the appropriate services. Police officers are more willing to volunteer to handle calls involving mentally ill persons. Additionally, the Psychiatric Liaison Unit reports an improvement in the detail and clarity of commitment applications. Overall, the number of mentally ill persons entering the criminal justice system has decreased.

(3) Systemic Problem Solving

Student discussions with individual instructors have resulted in systemic problem solving. Police officers have learned the mental health system and subsequently advise individuals in the agencies about difficulties they are experiencing and ways to improve the agencies' services.

An eight-hour "reverse" training course was developed for mental health workers to counteract negative feelings some providers felt about law enforcement. Topics such as emergency vehicle operations course (EVOC), shoot/don't shoot training, officer safety scenarios, and victimology have helped mental health workers understand the role of peace officers, and has improved the working relationship between law enforcement and mental health in San Francisco.

The San Francisco Police and the Department of Public Health are partnering to develop a training video for service providers on how to better work with law enforcement when calling them for a critical incident.

(4) Recognition of Resources

No new resources have been developed or identified since the inception of P-CIT. Existing resources were previously not used because of friction between agencies or unfamiliarity with the system. Interaction with service providers as a result of site visits has benefited both service providers and officers. Officers are more aware of the service systems that affect the way they do business (e.g., one service provider added services for domestic violence victims.) Service providers recognize the proximity of the police station and have a better understanding of police responsibilities.

## E. CONCLUSION

At the outset, San Francisco's goal was to train 2% of the patrol force within two years. Between 2001 and 2004, San Francisco has conducted ten P-CIT academies, training approximately 254 officers (25% of the Department). Four classes are conducted each year with 30 students attending each class. Police Chief Fong hopes to conduct more classes to expedite training, but is not willing to sacrifice training excellence to achieve numbers. The Department intends to train all patrol officers as long as funding exists**.**

Chief Fong recognizes the importance of communication and contact between law enforcement and mental health. Police and mental health service providers have identified a shared need for expanded services. Chief Fong expressed the concern of many law enforcement agencies: there is a misconception in the community that after an officer has completed CIT training, they can effectively handle all situations involving mentally ill persons. The community must recognize that CIT is a tool and may not be the appropriate solution for every incident.

One of the key ingredients in developing and sustaining this type of program is the establishment of a committed steering committee to review officer evaluations and identify educational gaps and student needs. The curriculum must be updated to reflect current needs and available resources. The steering committee is not only valuable to the success of the program, but a vital link to continued collaborations and partnerships.

# SAN JOSE POLICE
# CRISIS INTERVENTION
# TRAINING (CIT)

## SECTION 6

## 6. SAN JOSE CRISIS INTERVENTION TRAINING (CIT)

San Jose pioneered the formation of Crisis Intervention Training (CIT) in California. The CIT program evolved over five years and has undergone changes in leadership and stakeholders. Information on San Jose's CIT program was obtained from a review of course outlines and interviews of current and former law enforcement and mental health coordinators.

### A. BACKGROUND

San Jose has a high volume of calls involving mentally ill persons, typical of a large urban city. The San Jose CIT Program began as a collaborative effort on the part of the San Jose Police Department, the National Alliance for the Mentally Ill (NAMI) and the Santa Clara County Department of Mental Health. NAMI President, Sharon Roth, and Lieutenant Brenda Herbert proposed law enforcement training to improve the way officers dealt with the mentally ill.

For various reasons, there was a considerable time lapse between the initial proposal and implementation. Meanwhile, the National Association of Mentally Ill (NAMI) sponsored Lt. Herbert's attendance at a CIT course in Memphis, Tennessee. Prior to going to Memphis, Lt. Herbert had intended to pursue a model similar to the San Diego Police Emergency Response Team (PERT) and Los Angeles SMART teams. These models pair a law enforcement officer with a mental health worker to respond to calls involving persons with mental illness. After attending the Memphis course, and noting the enthusiasm of the CIT program, Lt. Herbert believed the CIT model was appropriate for San Jose.

In 1998, Chief Lansdowne accepted the CIT proposal as a component of community policing. Lt. Herbert, along with mental health leaders and NAMI, developed the curriculum, and the first class was conducted in March of 1999.

### B. OPERATIONAL ISSUES

In San Jose, CIT duties are a collateral assignment with no additional incentive pay. Dispatchers will attempt to send a CIT-trained officer on calls involving persons with mental illness. In general, the CIT officer performs the intervention and the patrol officer completes the paperwork.

The budget for the San Jose CIT Academy is around $2,000 per class, paid by the San Jose Police Department, for student binders and miscellaneous materials. The National Alliance for the Mentally Ill (NAMI) arranges for breakfast and lunch through donations from pharmaceutical companies. Instructors volunteer their time to teach the course.

Initially, to participate in CIT, officers went through an application and screening process including an interview panel, background, and a psychological evaluation. Currently, any officer can apply for CIT, upon successful completion of ten months' employment. Student-training slots are distributed between the various shifts to provide CIT-trained officers to all three shifts. The Department conducts two classes per year with 30 students attending each class. To date, approximately 300 officers are CIT-trained. San Jose's goal is to train all officers to the CIT level.

San Jose dispatchers attend the CIT course to help them better identify the type of call and appropriately dispatch the call. San Jose allocates three to five student slots per class to dispatchers and approximately another two training slots to outside agencies.

Two San Jose police officers coordinate the course along with NAMI and County Mental Health staff. Coordinators update course content, prepare class materials, and select instructors. The San Jose CIT program is reviewed and updated by a CIT Task Force. Curriculum meetings have become less frequent following personnel changes in both the law enforcement and mental health agencies. Curriculum changes are primarily a result of student evaluations and on-site coordinator observations.

San Jose reports that statistical data gathered from the officers' *Summary Reports* is not always reliable and the Department has been unable to reconcile the discrepancies between computer aided dispatch (CAD) data and officer *Summary Reports*. Coordinators intend to eliminate the summary and use the Field Interview (FI) card as a vehicle for tracking data.

San Jose has previously conducted update classes and would like to conduct another update; however, the logistics for presenting update training must be addressed first, now that there are large numbers (300) of officers to train.

## C. TRAINING CURRICULUM

The San Jose Crisis Intervention Academy provides patrol officers and dispatchers with 40 hours of dedicated training on various mental health issues. Two police coordinators and one NAMI advocate are present to facilitate each class, conducted at the police department. Coordinators look for symptoms and support officers adversely affected by sensitive material, such as post-traumatic stress disorder.

The first day consists of lectures on bipolar disorder, major depression, schizophrenia, Alzheimer's disease, traumatic brain injury, children and adolescents, medications, and Department policy and procedures. All lectures include PowerPoint presentations and a virtual hallucination machine is made available by Janssen Pharmaceuticals.

On the second day of training, students participate in site visits to various mental health facilities, such as the Psychiatric Unit of the County Jail, Emergency Psychiatric Services and halfway houses. Officers meet with consumers and families who describe personal experiences with mental illness and interactions with law enforcement. This is significant in helping officers to make a philosophical shift, gaining understanding and sensitivity toward disability issues.

The third day of training consists of instruction on developmental disabilities, personality disorders, and legal issues such as weapons, less-lethal force, civil commitments, suicide intervention, and post-traumatic stress disorder.

The final day is comprised of nonviolent intervention, training on suicide by cop and two hours of student role-plays with actors from Suicide Intervention. Dispatchers are given different scenarios

dealing with crisis intervention techniques via the telephone. The last day also includes a panel of officers who have attended previous academies, who discuss how they have used the CIT training on the job and share personal experiences. Coordinators describe this 30-minute section as powerful. At the completion of the course, San Jose Police Command Staff attend the graduation ceremony and students are presented with a CIT pin and a certificate

Current coordinators report that, initially, some CIT officers abandoned officer safety principles because of methods taught by clinicians in the course. After several curriculum changes, as well as a change in coordinators, instruction has been modified to introduce a more tactical aspect. CIT coordinators reinforce officer safety throughout the class.

Suicide by cop, less-lethal force, and legal issues are recent additions to the curriculum. Other topics, such as dual diagnosis, cultural awareness and public relations have been deleted. Dual diagnosis was integrated into discussions of the various illnesses. Cultural awareness was deleted as a result of negative student feedback on instructors, and the time allotted to other uses.

Police CIT coordinators report that physicians tend to teach at a high level, focusing on theory and medical facts. However, as physicians gain knowledge about police responsibilities and actions, they are better able to present information to the target audience. Potential changes include a section on transitioning from CIT to hostage negotiations, since a sufficient number of situations elevate to a crisis negotiations level.

## D. BENEFITS

Before the CIT program was developed, law enforcement and mental health had an adversarial relationship. There is now a strong partnership between NAMI, law enforcement and mental health, both in the County and the private sector (e.g., Kaiser Permanente). The Police Department has formed partnerships with other organizations and has experienced better working relationships. The course has facilitated a significant exchange of information between police and physicians, instructors, and community members.

Law enforcement coordinators report there has been a noteworthy change in the Department's perception of the mentally ill. Supervisors give field officers time to work through and resolve incidents. If an unsuccessful outcome should occur, the Department works to identify ways to improve training and the police response. Advocates report many successes in the handling of suicidal subjects, as well as people exhibiting aggressive behavior.

## E. CONCLUSION

San Jose was the first agency to establish a 40-hour Crisis Intervention Training program and has shared the training with numerous agencies nationwide. San Jose estimates an additional 3,000 persons will be without services, as the situation for people with mental illness reaches crisis proportions due to budget cuts. Law enforcement will be required to assist mental health with this crisis. San Jose recognizes that coordinators must continually nurture and develop resources to maintain their success, and provide necessary training to first responders.

# COMPARISON OF CIT WITH OTHER POST-CERTIFIED COURSES

# SECTION 7

# 7. COMPARISON OF CIT WITH OTHER P.O.S.T.-CERTIFIED COURSES

This section provides a comparison of POST courses currently offered with the Crisis Intervention Training Programs (CIT) used by the San Francisco and San Jose Police, to enable the Legislature to evaluate the adequacy of mental illness and developmental disability training available to local law enforcement officers. The section is divided into four subsections as follows:

A. Comparison of Curriculum Content
B. Course Presentation
C. Strengths and Weaknesses of CIT
D. Strengths and Weaknesses of POST Certified Courses

## A. COMPARISON OF CURRICULUM CONTENT

This section compares the San Jose and San Francisco CIT curricula with other POST certified courses. There are several POST certified crisis intervention (CIT) courses in addition to those found in San Jose and San Francisco. The courses are patterned after the San Jose CIT model, and discussion about these curriculums is incorporated in the discussions of CIT. Likewise, presenters using the POST eight-hour curriculum are included in that discussion.

A significant discussion surrounds the issue of content in a complete course of instruction, and which method of instruction is conducive to adult learning. The information below is presented as a methodology for measuring course benchmarks.

1) <u>Curriculum Content</u>

Penal Code Section 13515.25 identified the minimum core of instruction required of an adequate course curriculum. Legislative experts believed a comprehensive curriculum should include, at a minimum, instruction on the following:

- The cause and nature of mental illness and developmental disabilities
- Indicators of mental illness and developmental disabilities
- Appropriate language usage
- Interaction and response techniques for potentially dangerous situations
- Alternatives to lethal force
- Resources.

In addition, experts on mental and development disabilities, who participated in the POST curriculum development, identified the following topics as important for a well-rounded curriculum:

- Officer safety
- Medication issues
- Legal issues
- Risk assessment
- Suicide and suicide by cop

- Disposition options.

Topics other than those identified above (e.g., cultural awareness and abuse/victim issues) may be considered desirable, but not required as part of the course content.

Appendix E contains a matrix that compares the San Francisco and San Jose CIT Academies, the POST eight-hour course, and other POST certified courses. The comparison includes courses, listed by control number, offered between July 1, 2001 and July 1, 2003 with an attendance record of 50 or more officers.

Course outlines are submitted for POST certification, and some outlines are more detailed and specific. If the targeted criterion was not identified in the outline, the course was not credited for the content.

Required Topics

- Most courses instruct on the cause and nature of mental illness, however, a little more than half include information on developmental disabilities.

- Most courses teach appropriate use of language and communication skills for persons with disabilities; fewer courses instruct on conflict and de-escalation techniques.

- Only one-third of the courses contain instruction on alternatives to lethal force. This may result from an emphasis on verbal skills and the belief that other advanced officer training courses on this topic already exist.

- Two-thirds of the courses include community resource information.

Important Topics

- Approximately half of the courses include instruction on officer safety issues. This may result from assumptions by the course developer, or use of a medical model of instruction.

- Approximately half contain information on psychiatric medication issues.

- Legal issues and disposition alternatives are a part of most curriculums.

- Two-thirds of the curricula provide information on risk assessment/tactics.

- Two-thirds of the courses contain information on suicide/suicide by cop.

Elective Topics

- Department policy is usually taught when a course is presented to one jurisdiction. Generally, agency policy is not included when multiple jurisdictions attend the course.

- One-third of the courses contain instruction on family issues and multi-disciplinary teams.

- Most courses do not include many elective topics. However, San Francisco PD (control #18) contains twelve elective topics, San Jose (control #19) contains seven elective topics, and the POST eight-hour course (control #17) contains six elective topics.

2) Training Hours

Training hours vary, ranging from a minimum of 2 hours to a maximum of 40 hours (refer to Table 3 on page 8). Courses of short duration can provide updates, are cost-effective and can be easily incorporated into other blocks of training. Interactive activity opportunities are limited and instruction tends to be lecture based or supplemented by video.

Courses of longer duration have more flexibility. There are more learning activities and instruction is less lecture-oriented. The potential for redundancy increases as the classes lengthen and the number of instructors increases. However, repetition can be used to emphasize important learning points.

3) Interactive Exercises

The Legislature required an interactive learning process in the course designed by the Commission on POST. Without specifying the type of interaction, this mandate emphasized that courses not be taught in the standard lecture format. This is consistent with current practices in adult learning such as case studies, role-plays, simulations and self-evaluation using instructor facilitation to re-enforce student learning.

Interactive activities in CIT courses include mental health site visits, role-play, and panel discussion(s). Evaluations indicated that these activities are invaluable to officer education. CIT coordinators report that students experience a change in perspective after participating in these events, especially the mental health site visits.

The POST eight-hour course was designed to enhance course lecture with adult learning concepts and student participation. Activities engage students in the learning process through discussions, sharing of information and expertise, and problem solving. In a shorter time frame, the course does not include visits to mental health sites or family/client panel presentations.

Appendix E compares the instructional methods used in POST certified courses. Course outlines were used to determine what techniques were used in presenting the course. Possibly, instructors may utilize a variety of techniques that are not listed in the outline. An observation regarding course presentation follows.

- Instructors enhance material with videos in over half of the curriculums.

- Role-play exercises are used in one-third of the courses.

- Case studies, problem solving scenarios, and facilitated discussions were used in approximately one-quarter of the courses.

- Simulation exercises, panels and site-visits were infrequently incorporated in the courses.

## B. COURSE PRESENTATION

Crisis Intervention Training (CIT), by design, has a different look and feel than other law enforcement training. Officers are provided with executive perks and recognition emphasizing the Department's commitment to mental health training and expectations of community service. While "comfort" benefits such as breakfast, lunch and snacks promote a positive experience, officers express appreciation and recognize the importance of CIT training. This is underscored by the presence of command staff and other dignitaries who attend graduation. Other POST-certified course outlines do not address benefits provided to attendees.

Whether the course is four, eight or 40 hours in length, the instructor's expertise and delivery style is imperative to student learning and acceptance. CIT program instructors are usually medical professionals selected for their expertise and training skills. Other POST certified courses are taught by one or two instructors who have professional expertise and teach the entire block of training, or by an outside instructor contracted to provide the training.

Both San Francisco and San Jose have full-time staff designated to coordinate CIT and perform psychiatric-related functions. The CIT programs require careful monitoring to ensure course integrity. CIT coordinators participate in the classroom, monitor instructor presentations and student responses, and continuously tailor and upgrade courses. Courses of shorter duration do not require extensive coordination, and instructional material tends to be unchanged unless the target audience changes.

## C. STRENGTHS AND WEAKNESSES OF THE CIT MODEL

The strengths and weakness of a 40-hour CIT model are discussed here, and the conclusion describes the current status of CIT in California.

### (1) Strengths

San Jose and San Francisco report significant positive results with the CIT model. The training teaches communication skills and resource recognition. Law enforcement officers gain a better understanding of mental and developmental disabilities. Student evaluations indicate that courses are meeting specified goals and objectives; and community support

affirms a positive police public image. Officers are trained to a specialist level and acquire desirable incident resolution skills.

Both mental health and law enforcement report an improvement in agency collaboration and use of resources. As a result of CIT, partnerships between law enforcement and mental health have reduced criminal justice and hospitalization costs. Agencies report that CIT has strengthened service levels to the community, and positively impacted the police image.

(2) Weaknesses

Needs, resources, and logistics vary from jurisdiction to jurisdiction. California counties with small populations and scarce resources are less able to develop the level of training offered by the larger metropolitan areas. In California, 125 law enforcement agencies have 25 or fewer sworn personnel; 208 agencies have less than 50 peace officers. Resources may be limited or non-existent. In these cases, other formats may be more conducive to training.

Larger numbers of students reduce the effectiveness of CIT training and classes are usually limited to 30 officers. San Jose conducts two classes and San Francisco presents four classes per year. Increasing the number of classes can decrease the quality of the course. At this rate, it would take 2.5 to 5 years or more to train a medium-sized department of 300 officers (excluding attrition). Officers work field functions, while waiting to attend CIT, without the benefit of advanced officer training on mental and developmental disabilities.

Costs range from a low of $2,000 in San Jose to a high of $32,000 per class in San Francisco. Both San Jose and San Francisco have two to three dedicated personnel whose primary duties include coordination of CIT. San Jose and San Francisco absorb the costs for these positions within the law enforcement budget. Other agencies have found other options for financing the course, including:

- Incorporating training with a local college and regional training center
- Partnerships with private enterprise and advocacy groups
- Perpetual grants from the Board of Supervisors (San Francisco)
- Grant from Substance Abuse and Mental Health Services Administration (SAMHSA, Ventura County)
- Cost sharing between agencies (for multiple jurisdictions).

Developing the community collaboration necessary to conduct the training tends to be lengthy. Agencies designing CIT have found a one to two year delay in implementation to overcome barriers and obstacles.

(3) The Current Status of CIT in California

Currently, there are ten CIT training sites. San Francisco and San Jose are considered models for other agencies seeking information or training in CIT. Both in-state and out-of-state agencies have attended these courses as a first step in implementing CIT in their own jurisdiction. Table 6 identifies agencies that have established a CIT course in their jurisdiction.

**Table 6**
**Agencies with CIT Courses**

| Presenter | Year Established |
|---|---|
| Fresno County | 2000 |
| Los Angeles PD* | 2001 |
| Monterey County | 2000 |
| Redding PD | 2001 |
| San Bernardino PD | 2002 |
| San Bernardino County | 2004 |
| San Francisco PD | 2001 |
| San Jose PD | 1999 |
| San Joaquin County | 2003 |
| Ventura County | 2001 |

**Course curriculum was not certified with POST at the time of this report.*

## D. STRENGTHS AND WEAKNESSES OF OTHER P.O.S.T.-CERTIFIED COURSES

The strengths and weaknesses of courses using a standard instructional approach are as follows.

(1) Strengths

Most POST certified curricula for non-CIT courses are between two and eight hours in length. The shorter format better enables agencies to provide officers with advanced officer training. Agencies as large as the Los Angeles Police Department have demonstrated the ability to train all of their officers on mental health issues within a one-year period.

Information in short courses tends to be condensed and poignant, geared towards practical application for law enforcement. Presenters tend not to include extraneous content. Agencies select training that targets a particular need and can be incorporated into a larger block of training (for example, a section on suicide by cop may be included with high risk traffic stops and domestic violence to complete a 24-hour annual training cycle).

(2) Weaknesses

Classes of short duration have less time for class discussions, so class activities may be restricted. Instructors tend to rely on video and lecture in shorter courses, whereas longer

courses tend to use a wide variety of student exercises, such as field trips, to enhance learning. Short courses are less process-oriented, thus not allowing time for integration of mental health concepts into police tactics.

The credibility and capability of instructors is more crucial in short-duration classes than classes of longer duration with multiple instructors. Course presenters may choose between using agency instructors who have subject matter expertise, bringing in outside instructors (such as mental health service providers), or contracting for service from private vendors. For quality purposes, POST requires an instructor resume to verify that instructors possess requisite skills prior to course certification.

# CONCLUSION

# SECTION 8

## 8. CONCLUSION

AB1102 recognized the need to develop mental health training that is customized to the individual communities: *"There are as many differences, if not more, as there are similarities in each community regarding issues involving local police, mental health providers and mentally ill persons."* Numerous law enforcement agencies, in conjunction with local mental health resources, have assessed the needs of their community and plotted a course for addressing them. The alternatives are as varied as budgets, politics, and creativity will allow. Some agencies have instituted teams that pair mental health workers with law enforcement officers to interact with mentally ill or developmentally disabled persons. For example:

- Los Angeles Police Department: MET
- Los Angeles Sheriff's Department: SMART
- San Diego Police Department: PERT
- Long Beach: MET
- Sacramento: Project HOPE.

Between July 2000 and July 2003, approximately 18.2% of all California peace officers attended training on interacting with developmentally disabled and mentally ill persons. Approximately 49.7% of all California law enforcement agencies participated in POST-certified classes relating to mental health or developmental disabilities during that time period.

Law enforcement agencies must weigh the amount of time devoted to a single subject according to needs assessments and community expectations. In areas with large populations of mentally ill clients, training on mental illness issues might be a priority. Where numbers are flat or static, other pressing police issues such as homeland security or racial profiling may take precedence. As needs, resources, and logistics vary from jurisdiction to jurisdiction, the range of training options will necessarily reflect those differences.

Some agencies have implemented CIT programs with the goal of training all officers to the specialist level. Other agencies have elected to improve or refresh officer skills through advanced officer training courses, using either the POST eight-hour course or training developed in-house and certified by POST.

Due to budget cuts, the need for services relating to mental illness or disabilities is predicted to reach critical proportions, and law enforcement will be required to assist mental health with this crisis. Crisis Intervention Training affords necessary training to first responders, while requiring a high level of cooperation and collaboration to maintain program quality and success.

The Legislature has indicated it will make a determination as to the adequacy of continuing education for law enforcement relating to interaction with developmentally disabled and mentally ill persons. In making this determination, it is helpful to consider the delivery method for appropriate education of law enforcement personnel, to explore opportunities to increase the training provided without negatively impacting agency budgets, to evaluate the need for additional resources, and to examine methods for maximizing resources through collaboration. As noted in

this report, these factors have had considerable influence on the development of Crisis Intervention Training programs for law enforcement.

# APPENDICES

# CURRICULUM DEVELOPMENT COMMITTEE AND OTHER CONTRIBUTORS

# APPENDIX A

# APPENDIX A

## CURRICULUM DEVELOPMENT COMMITTEE

| | |
|---|---|
| Olivia Balcoa, MSW, | Alta California Regional Center |
| Julie Bauer-Blanton, LCSW | San Andreas Regional Center |
| Howard Black | Board of Directors, National Alliance for the Mentally Ill (NAMI) |
| Linda Boyd, M.N, P | Program Head, Los Angeles County Department of Mental Health |
| Kathleen Callanan | Deputy Director, Council on Developmental Disabilities |
| Edison Cook | Lieutenant, Los Angeles County Sheriff's Department |
| LaQuetta Copeland | Education Specialist, Elk Grove Unified School District |
| Paul Duryea | Investigator, Protection and Advocacy, Inc. |
| Brien Farrell | Attorney at Law, Office of the City Attorney, Santa Rosa |
| Joel Fay, Psy.D. | San Rafael Police Department |
| Forrest Fulton, Ph.D | San Francisco Police Department |
| Virginia Grant | Executive Director, Area Developmental Disabilities Board |
| Brenda Herbert | Lieutenant, San Jose Police Department |
| Pat Hunton | Commander, Monterey County Sheriff's Department |
| Norm Hurst | Deputy Chief, San Bernardino County Sheriff's Department |
| Emily Keram | Forensic Psychiatrist, University of California, San Francisco |
| Craig Kielborn | Detective, Sacramento County Sheriff's Department |
| Jeff McCollam | Master Police Officer Costa Mesa Police Department |
| Roger Michel | Detective, Los Angeles Police Department |
| Kris Mohandie, Ph.D. | Behavioral Science Services, Los Angeles Police Department |

## APPENDIX A (Continued)

| | |
|---|---|
| Barry Perrou, Psy.D. | Los Angeles County Sheriffs Department |
| Jo Robinson, M.F.C.C. | San Francisco County Jail Health Services |
| Jim Stream | Executive Director, Association of Retarded Citizens, Riverside |
| Roy Sumisaki | Board Member, Area Developmental Disabilities Board |
| Michael Summers | Officer, Project HOPE, Sacramento Police Department |
| Kyle Titus, Ph.D., L.C.S.W. | Behavioral Health, Monterey County |
| Tony West | Deputy Attorney General, Office of the Attorney General |
| Dianne Wolf, R.N.M.S. | Critical Focus |

**OTHER CONTRIBUTORS**

| | |
|---|---|
| Nancy Ayers | Deputy District Attorney, Ventura County |
| Janet Bingham | Easter Seals, Sacramento |
| Terry Bremer | Executive Director, Area Boards |
| Richard Clark | Office of the Attorney General |
| Michael Collins | State Independent Living Centers |
| Suzanne Foucault | Executive Director, San Diego Regional Training Center |
| Connie Lapin | Advocate, Autism |
| Debra Morrow | Adult Protection Services, Sacramento |
| William Murray | Lieutenant, Los Angeles Police Department |
| Marty Omoto | Legislative Director, United Cerebral Palsy |

## APPENDIX A (Continued)

| | |
|---|---|
| Mario Rodriguez | Consultant, Commission on POST |
| Brian Smith | Lieutenant, Training Bureau, Los Angeles County Sheriff |
| Terry Stimpson | Advocate, Brain Injury Association of California |
| Joseph Tillman, Ph.D. | Project Coordinator, Forensic Project, South Central Los Angeles Regional Center |

# POST COURSE CURRICULUM – EXPANDED OUTLINE

# APPENDIX B

# EXPANDED COURSE OUTLINE

**Lesson 1 - Introduction**

1.1 Introduction
- A. Course objectives
  1. Improve understanding, judgment, competence and safety
  2. Improve communication skills
  3. Identify and appropriately respond to high-risk encounters
  4. Increase awareness of resources
- B. Why this training is important
  1. Officers will encounter someone with these disabilities
  2. Enhance safety
  3. Improve management of high-risk encounters
  4. Improve ability to access resources
- C. Student introductions ***(Activity 1)***

1.2 Community and professional standards
- A. Dignity and respect
  1. People with disabilities come from all walks of life
  2. People with these disabilities need our help
  3. "People first" language
- B. The Americans With Disabilities Act (ADA)
  1. Definition
  2. Impact on police
- C. Crime victims with disabilities
  1. Incident rates are higher and prosecution lower
  2. Steps for improving service levels

**Lesson 2 — Developmental Disabilities**

2.1. Definition and indicators of developmental disabilities
- A. California definition of developmental disability
  1. Onset before age 18
  2. Continues indefinitely
  3. Constitutes a substantial disability
- B. Recognizing developmental disabilities
  1. Symptoms can be mistaken for criminal activity
  2. Problems related to inappropriate dispositions
  3. Appropriate disposition assures legal rights
- C. Indicators of developmental disabilities (***Activity 2***)

2.2 Mental retardation

A. Indicators of mental retardation
   1. Difficulty following instructions
   2. Communicate below age level
   3. Short attention span, easily distracted
   4. Act impulsively
   5. Poor sense of time
   6. Compliant

B. Cause of mental retardation
   1. Genetic
   2. Pregnancy or birth
   3. Childhood disease or accidents
   4. Malnutrition, poor health care, environmental hazards

C. Nature of mental retardation
   1. Affects 3% of population
   2. IQ below 70 with impairments ranging from mild to severe
   3. A person with mild mental retardation is most likely to be encountered by law enforcement but least likely to be recognized

D. Distinguishing mental retardation from mental illness
   1. Mental retardation services are provided by Regional Centers
   2. Mental retardation begins in childhood and is permanent
   3. Mental retardation is related to intelligence

E. Police response to mental retardation
   1. Talk slowly and clearly
   2. Give one direction at a time and allow time for a response
   3. Ask open ended questions
   4. Repeat or rephrase questions
   5. Use concrete terms and avoid jargon
   6. Recognize their need for routine
   7. Use visual cues
   8. Call in resources

2.3 Epilepsy

A. Indicators of epilepsy/seizure disorder
   1. Involuntary movements
   2. Chewing, smacking, picking
   3. Confusion
   4. Lack of responsiveness
   5. Screaming, running, disrobing
   6. Aimless, clumsy, disoriented movements
   7. Blank staring

B. Cause of epilepsy/seizure disorder
   1. Head trauma, stroke, brain tumors
   2. Viral illnesses
   3. Toxins
C. Nature of epilepsy and seizure disorder
   1. 2.5 million people have epilepsy or seizure disorder
   2. Surge of energy in the brain
   3. Most seizures are controllable with medication
D. Police response to seizures
   1. Keep the individual safe
   2. Differentiate seizure from criminal behavior
   3. Medical issues

2.4 Cerebral Palsy
A. Indicators of cerebral palsy
   1. Loss of motor control
   2. Tremors when complete fine-motor tasks
   3. Drooling or grimacing
   4. May have poor vision, speech, or hearing
B. Cause of cerebral palsy
   1. Birth
   2. Head trauma
   3. Brain infection
   4. Toxins
C. Nature of cerebral palsy
   1. Neurological condition reducing motor functions
   2. Symptoms vary
   3. Symptoms may increase with stress
D. Police response to persons with cerebral palsy
   1. Don't assume mental retardation or intoxication
   2. Take time when communicating
   3. Allow the person to talk for himself
   4. Special accommodations may be required
   5. Speech to Speech relay service

2.5 Autism
A. Indicators of autism
   1. Sensitive to touch, sensations or stimuli
   2. Need for structure and routine
   3. Difficulty in relating to people
   4. Tendency to echo words
   5. Tend to use a monotone or flat voice
   6. Repetitive behaviors
   7. Attracted to shiny objects

8. Avoid eye contact
9. Tantrums, self-stimulation and self-mutilation
10. Propensity to run
11. Lack abstract thinking
12. Process slowly

B. Cause of autism
1. Brain disorder; no known cause
2. Numbers of cases in California are increasing

C. Nature of autism
1. Symptoms appear before the age of three
2. Affects social, physical and communication interaction
3. Symptoms range from mild to severe
4. Don't recognize the consequences of their actions

D. Police response to persons with autism
1. May become anxious by police presence
2. Sensory impairment causes abnormal reactions
3. Persons with moderate to severe autism are usually with a caretaker
4. Autism Emergency Notification System

2.6 Other cognitive disabilities *(time permitting)*

A. Alzheimer's/dementia
1. Dementia
2. Tend to wander and can't find their-way home
3. Operation Safe Return

B. Traumatic brain injury (TBI)
1. 90,000 injuries annually
2. Frequently encountered by law enforcement
3. Behavioral characteristics
4. Limited resources

## Lesson 3 — Mental Illness

3.1 Cause of mental illness

A. General information about mental illness
1. Mental illness is a medical illness caused by an imbalance in the brains chemistry
2. Mental illness can strike anyone
3. Persons who display symptoms of mental illness

B. Definition of mental illness
1. DSM-IVR manual defines criteria
2. Definition of major mental illness

C. Psychiatric medications
   1. Effectiveness of psychotropic medications
   2. Medications provide a clue to the illness and behaviors
   3. Transport medications to the hospital or jail
   4. Reasons people don't take medications

3.2 Schizophrenia
   A. Definition of schizophrenia
   B. Symptoms of schizophrenia
      1. Delusions
      2. Paranoia
      ***3.*** Hallucinations ***(Activity 3)***
      4. Responding to delusions and hallucinations
   C. Medications for schizophrenia and possible side effects

3.3 Bipolar disorder
   A. Definition of bipolar disorder
   B. Symptoms of mania
      1. Elation and euphoria
      2. Agitation
      3. Apathy
      4. Reduced need for sleep
      5. Poor judgment
      6. Distractibility
      7. Inappropriate emotions
      8. Mood swings
   C. Medications for bipolar disorder and possible side effects

3.4 Major depression
   A. Definition of major depression
   B. Symptoms of depression
      1. Sadness, hopeless, helplessness
      2. In children the mood may be irritable
      3. Sense of worthlessness and guilt
      4. Changes in sleep patterns, appetite, concentration, memory
      5. May become delusional
      6. Postpartum depression
      7. General warning signs of suicide

C. Police intervention with someone who is suicidal
   1. Determine plan, method and means
   2. Be calming and reassuring
   3. Use active listening
   4. Build trust
   5. Express empathy
   6. Focus on their feelings
   7. Build realistic hope
   8. Guide the person to help

D. Safety considerations for responding to suicide calls
   1. Suicide attempts create a false sense of urgency to take action
   2. Violence can be redirected
   3. Opportunity for suicide by cop
   4. Suicidal people often have multiple means to complete the act

E. Medication for depression and possible side effects

3.5 Personality disorder

A. Definition of personality disorder

B. Symptoms of personality disorder
   1. Inconsiderate of others
   2. Do not learn from their mistakes
   3. Behaviors are believed to be due to childhood experiences
   4. At risk for self-harm
   5. Frequently encountered by police

3.6 Dual diagnosis

A. Definition of dual diagnosis
   1. Mental illness and developmental disability
   2. Mental or developmental disability and substance abuse

B. Self-medication
   1. Drug abuse and dangerousness
   2. Reasons for self-medicating

## Lesson 4 - Verbal Intervention Strategies

4.1 Risk management (video review)

A. Indicators of mental illness
   1. Verbal
   2. Behavioral
   3. Environmental

B Tactical assessment ***(Activity 4)***
1. Collect information to assess and stabilize the scene
2. Sources of information
3. Assessing the individual
4. Assessing possible tactics

4.2 Tactical communication
A. Principles of tactical communication
1. Personal safety
2. Low-risk versus high-risk interventions
B. Strategies for verbal intervention ***(Activity 5)***
1. Tone — demeanor/approach
2. Atmosphere — the scene and personal space
3. Communication — contact and rapport
4. Time — using time to your advantage

## Lesson 5 - Alternatives to Lethal Force

5.1 Responding to high-risk incidents
A. Principles
1. Maintain safety
2. Be prepared for potential violence
3. Use continuous verbal communication
4. Preparation, pre-planning, communication, and teamwork
B. The psychology of force
1. Fight or flight
2. Potential for escalation
C. Guidelines for using less lethal technology
1. Additional options
2. May not achieve the intended result
3. Agency use of force policy
4. Potential for injury or death
5. Graham v. Connor
D. Less lethal options and precautions ***(Activity 6)***
1. Physical controls
2. Chemical agents
3. Canine
4. Electronic devices
5. Distance impact weapons

5.2 Tactical considerations for high-risk situations
- A. Incident command and leadership
  1. Control the event and response
  2. Continuous assessment
  3. Resources
- B. Examining the reason for law enforcement intervention
  1. Crime
  2. Danger to public safety
  3. Police responsibility
  4. Mental Health involvement
  5. Other resources
- C. Tactical decision-making ***(Activity 7)***
  1. Is there a back-up plan?
  2. Why take this action?
  3. Why is this action necessary?
  4. Why is this action necessary now?

## Lesson 6 - Community and State Resources; Review and Wrap-up

6.1 Mental and developmental disability services
- A. Overview of the mental health system of care
  1. De-institutionalization movement
  2. LPS Act
  3. Lack of community resources results in police acting as safety net
- B. Inpatient and outpatient services
  1. Hospitals
  2. Clinics
  3. Day treatment
  4. Continuing treatment
  5. Other programs
- C. Developmental disability resources
  1. Regional Centers
  2. Department of Education
  3. Service organizations
  4. Support programs

# AGENCIES PARTICIPATING IN POST CERTIFIED COURSES – JULY 2000 – JULY 2001

# APPENDIX C

# Agencies Participating in POST Certified Courses
# July 1, 2000 - July 1, 2001

| Agency |
|---|
| Anaheim |
| Berkeley PD |
| Brea PD |
| California State Parks & Recreation |
| California Highway Patrol |
| California State Univ. Mtry Bay |
| California State Fair PD |
| Campbell PD |
| Carlsbad PD |
| Chula Vista PD |
| Clovis PD |
| Costa Mesa PD |
| Daly City PD |
| Del Rey Oaks PD |
| El Dorado County Sheriff |
| Fresno PD |
| Garden Grove PD |
| Gonzales PD |
| Los Angeles PD |
| Madera County Sheriff |
| Marin County Sheriff |
| Marina DPS |
| Mendocino County Sheriff |
| Monterey County Sheriff |
| Monterey PD |
| Monterey Penn Airport District PD |
| Novato PD |
| Orange County Sheriff |
| Other in-state |
| Pacific Grove PD |
| Palo Alto PD |
| Pasadena PD |
| Redding PD |
| Roseville PD |
| Sacramento PD |
| Salinas PD |
| San Bernardino PD |
| San Carlos PD |
| San Diego County Sheriff |
| San Francisco PD |
| San Jose PD |
| San Mateo County Sheriff |
| San Rafael PD |
| Sand City PD |
| Santa Ana PD |
| Santa Clara County Sheriff |
| Santa Clara PD |
| Santa Cruz County Sheriff |

| Agency |
|---|
| Santa Cruz Harbor PD |
| Santa Cruz PD |
| Scotts Valley PD |
| Seaside PD |
| Shasta County Sheriff |
| Simi Valley PD |
| Soledad PD |
| Sonoma County Sheriff |
| Union City PD |
| Univ Calif. Santa Cruz PD |
| Vacaville PD |
| Ventura PD |
| Watsonville PD |
| Westminster |

# AGENCIES PARTICIPATING IN POST CERTIFIED COURSES – JULY 2001– JULY 2003

# APPENDIX D

# Agencies Participating in POST Certified Courses
# JULY 1, 2001 - JULY 1, 2003

| Agency |
|---|
| Alameda County Sheriff |
| Albany Police Dept |
| Anderson PD |
| Anaheim PD |
| Arroyo Grande PD |
| Atherton PD |
| Azusa PD |
| Bakersfield PD |
| Bell Gardens PD |
| Belmont PD |
| Benecia PD |
| Beverly Hills PD |
| Berkeley PD |
| Brea PD |
| Burbank PD |
| California Highway Patrol |
| California State Parks |
| California State Univ. Bakersfield |
| California State Univ. Fresno |
| California State Univ Riverside |
| California State Univ Sacramento |
| California State Univ. Stanislaus |
| California State Univ Mtry Bay |
| Calif State Univ. San Marcos |
| Capitola PD |
| Carlsbad PD |
| Carmel PD |
| Cathedral City PD |
| Chico PD |
| Chino PD |
| Chula Vista PD |
| Clovis PD |
| Colusa County Sheriff |
| Concord PD |
| Contra Costa County Sheriff |
| Corning PD |
| Corona PD |
| Costa Mesa PD |
| Daly City |
| Davis PD |
| Del Rey Oaks PD |
| Department of Justice (DOJ) |
| El Dorado County Sheriff |
| El Segundo PD |
| Escondido PD |
| Eureka PD |
| Fairfield PD |
| Fontana PD |
| Fortuna PD |
| Fountain Valley PD |
| Fresno PD |

| Agency |
|---|
| Fullerton PD |
| Garden Grove PD |
| Gardena PD |
| Glendale PD |
| Glendora PD |
| Gonzales PD |
| Greenfield PD |
| Hawthorne PD |
| Hayward PD |
| Hemet PD |
| Hillsborough PD |
| Huntington Beach PD |
| Huntington Park PD |
| Indio PD |
| Irvine PD |
| La Habra PD |
| Laguna Beach PD |
| Lake County Sheriff |
| Lakeport PD |
| Lompoc PD |
| Long Beach PD |
| Los Angeles Airport PD |
| Los Angeles Port PD |
| Los Angeles Sheriff |
| Los Angeles PD |
| Los Gatos PD |
| Manhattan Beach PD |
| Marin County Sheriff |
| Marin College PD |
| Marina DPS |
| Maywood PD |
| Mendocino County Sheriff |
| Mill Valley PD |
| Millbrae PD |
| Monterey County Sheriff |
| Monterey PD |
| Monterey Park PD |
| Monterey Penn Airport Dist PD |
| Murrietta PD |
| Napa PD |
| Napa Valley College PD |
| Nevada County Sheriff |
| Novato PD |
| Oakland PD |
| Oceanside PD |
| Orange County Sheriff |
| Ontario PD |
| Other |
| Other in state |
| Oxnard PD |
| Shasta County Sheriff |

# Agencies Participating in POST Certified Courses
# JULY 1, 2001 - JULY 1, 2003

| Agency |
|---|
| Pacific Grove PD |
| Palm Springs PD |
| Palo Alto PD |
| Parlier PD |
| Pasadena PD |
| Petaluma PD |
| Placencia PD |
| Pomona PD |
| Port Hueneme PD |
| Red Bluff PD |
| Redondo Beach PD |
| Redding PD |
| Redlands PD |
| Redwood City |
| Rialto PD |
| Richmond PD |
| Rio Dell PD |
| Riverside County Sheriff |
| Riverside PD |
| Rohnert Park PD |
| Sacramento PD |
| Salinas PD |
| San Bernardino PD |
| San Bruno PD |
| San Carlos PD |
| San Diego County Sheriff |
| San Fernando PD |
| San Francisco County Sheriff |
| San Francisco PD |
| San Jose PD |
| San Joaquin County Sheriff |
| San Manuel PD |
| San Mateo PD |
| San Rafael PD |
| Sand City PD |
| Santa Ana PD |
| Santa Clara PD |
| Santa Cruz County Sheriff |
| Santa Cruz PD |
| Santa Monica PD |
| Santa Monica College PD |
| Santa Paula PD |
| Santa Rosa PD |
| Santa Rosa Jr. College PD |
| Sausalito PD |
| Scotts Valley PD |
| Seaside PD |
| Sebastopol PD |

| Agency |
|---|
| Signal Hill PD |
| Simi Valley PD |
| Siskiyou County Sheriff |
| Solano County Sheriff |
| Solano PD |
| Sonoma County Sheriff |
| South San Francisco PD |
| St. Helena PD |
| Tehama County Sheriff |
| Tiburon PD |
| Torrance PD |
| Trinity County Sheriff |
| Tustin PD |
| Univ. Calif. Los Angeles PD |
| Univ. Calif. Santa Cruz PD |
| Univ. Calif. San Diego |
| Upland PD |
| Vacaville PD |
| Vallejo PD |
| Ventura County Sheriff |
| Ventura PD |
| Vernon PD |
| Visalia PD |
| Watsonville PD |
| West Covina PD |
| Whittier PD |
| Willits PD |
| Woodlake PD |
| Yuba County Sheriff |

# COMPARISON OF POST CERTIFIED COURSES

# APPENDIX E

Comparison of POST Certified Courses

| COURSE CONTENT | COURSE CONTROL NUMBER | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| **Required Topics** | | | | | | | | | | | | | | | | | | | | | |
| Cause and Nature of Mental Illness | X | X | X | X | X | X | X | X | X | X | X | X | | X | | X | X | X | X | | X |
| Indicators of Mental Illness | X | X | X | X | X | X | X | X | | X | X | X | | X | | X | X | X | X | | X |
| Cause and Nature of Develop Dis. | | | X | | X | X | X | X | | | X | | X | | X | X | X | X | X | | |
| Indicators of Develop Dis. | | | X | | X | X | X | X | | | X | | X | | X | X | X | X | X | | |
| Language and Communication | X | X | X | X | X | X | X | X | X | X | X | X | | X | X | X | X | X | X | | X |
| Conflict Resolution & De-escalation | | | X | X | X | X | X | | X | | X | X | | X | | X | X | X | X | X | X |
| Alternative to Lethal Force | | | | X | X | X | | | | | | | | | | | X | | X | X | X |
| Community Resources | X | X | X | X | | X | | X | | X | | X | X | X | | X | X | X | X | | |
| **Important Topics** | | | | | | | | | | | | | | | | | | | | | |
| Officer Safety | | X | | X | X | X | | | | | | X | | | | X | X | X | X | X | |
| Medication Issues | X | | | | X | | | | | X | | X | | X | X | X | X | X | X | | |
| Legal Issues | X | X | X | X | X | X | X | X | | | | X | X | | X | X | X | X | X | X | X |
| Disposition Options | X | X | X | X | X | X | X | X | | | | X | | | | X | X | X | X | | |
| Risk Assessment & Tactics | X | X | | X | X | X | | | | | X | X | | X | | X | X | X | X | X | X |
| Suicide/Suicide by Cop | | X | X | X | X | X | | | | | X | X | | X | | X | X | X | X | X | X |
| **Elective Topics** | | | | | | | | | | | | | | | | | | | | | |
| Dual Diagnosis and Self-Medication | | | | | | | | | | | | | | | | X | X | X | X | | |
| Children | X | | | | | | | | | | | | | | | | | X | X | | |
| Families | | | X | | | | | | | X | | X | | X | | | X | X | X | | |
| Department Policy | X | | | X | | X | | | | X | | | | | | | | X | X | | |
| Negotiation/Hostage Negotiation | | | | X | | | | | | X | | | | | | | | | | | X |
| Stigma | | | | | | | | | | | | X | | | X | X | | X | X | | |
| Abuse/Victim Issues | | | | | | | | | | | | | X | | X | | X | | | | |
| Physical Disabilities | | | | | X | X | | | | | | | | | X | | | X | | | |
| History of Institutions | | | | | X | | | | | | X | | X | X | | | X | X | X | | |
| Elderly | | | | | | | | | | | | | | | | | | X | | | |
| Adult Protective Services | | | | | | | | | | | | | X | | | | | | | | |
| Homelessness | | | | | | | | | | | | X | | | | | | | | | |
| Multi Disciplinary Teams | | | | | | X | | | | X | | X | X | | X | X | X | X | | | |
| Cultural Awareness | | | | | | | | | | | | | | | | | | X | | | |
| Cognitive Disabilities | | | | | | | | | | | | | | | | | X | X | X | | |
| Active Listening | | | | | | | | | | | | | | | | | | X | | | X |
| Report Writing | | | | | | X | | X | | | | | | | | | | X | | | |
| **Instructional Methodology** | | | | | | | | | | | | | | | | | | | | | |
| CIT Officer Panel | | | | | | | | | | | | | | | | | | | X | | |
| Discussion/Problem Solving | | | | | | X | | | | | | | X | | | X | X | | X | X | |
| Consumer Panel | | | | | | | | | | | | | X | | | | | X | X | | |
| Lecture | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Role Play | X | | | | X | X | | | X | | | | | | | | | X | X | | X |
| Simulation/Demonstration | X | | | | | | | | | | | | | | | | X | X | X | | |
| Site Visits | | | | | | | | | | | | | | | | | | X | X | | |
| Video | | X | | X | X | X | | | X | | | X | | | | X | X | X | X | X | X |