San Luis Obispo Sheriff's Office – Presenter # 2440
Crisis Intervention Course – Course # 20801
Expanded Course Outline

STATEMENT OF PURPOSE:

The purpose of this course is to provide law enforcement officers with the tools to respond safely and effectively to incidents involving persons in crisis who have a mental illness, co-occurring disorder, intellectual disability, or substance use disorders. This course examines current research and outlines practical protocols for law enforcement, medical, and mental health joint response teams to assist individuals in crisis. This course provides students with the minimum topics mandated by California Penal Code 13515.28(a)(1), SB11, SB29, and meets the Strategic Communications PSP requirements.

(1) MINIMUM TOPICS/EXERCISES:

a. Understanding stigma
b. Strategies that contribute to stigma reduction
c. Cultural relevance
d. Perspective of individuals or families who have experience with persons who have mental illness, intellectual disabilities, and substance use disorders
e. Cause and nature of mental illness and intellectual disabilities
f. Identify indicators of mental illness, intellectual disabilities, and substance use disorders
g. Distinguish between mental illness, intellectual disabilities, and substance use disorders
h. Appropriate language usage for interacting with distressed persons
i. Community and state resources and how these resources can be utilized by law enforcement to serve persons with mental illness and intellectual disabilities
j. Appropriate responses for a variety of situations involving persons with mental illness, intellectual disabilities, and substance use disorders
k. Conflict resolution and de-escalation techniques

COURSE OBJECTIVES:

1. Demonstrate knowledge of the role stigma has in society and across cultures relating to mental illness, intellectual disabilities, and substance use disorders.
2. Demonstrate knowledge of strategies that help reduce stigma associated with mental illness, intellectual disabilities, and substance use disorders, including the perspective of individuals or families.
3. Demonstrate knowledge of the cause and nature of mental illness and intellectual disabilities.
4. Demonstrate the ability to identify indicators of mental illness, intellectual disabilities, and substance use disorders and distinguish between them.
5. Demonstrate knowledge of community and state resources and how to utilize them to serve individuals and families with mental illness and intellectual disabilities.

6. Demonstrate knowledge of the laws protecting individuals with mental illness and how to apply them to incidents involving persons with mental illness and persons having a mental health crisis.
7. Demonstrate the ability to utilize de-escalation and conflict resolution to resolve a variety of situations involving individuals in crisis.

This course also meets POST requirements for the Strategic Communications PSP course and incorporates the following:

(2) MINIMUM TOPICS/EXERCISES:

a. Officer Safety
b. Escalation versus De-escalation
c. Communication Elements
d. Listening Skills
e. Questioning Techniques
f. Persuasion
g. People with Disabilities
h. Team Communication during a Critical Incident
i. *Class Exercises/Student Evaluation/Testing*

COURSE OBJECTIVES:

The student will:

1. *Demonstrate the basic components of communication skills and techniques.*
2. *Demonstrate the importance of listening and persuasion skills as they relate to effective strategic communication.*
3. *Demonstrate the skills needed to communicate effectively.*
4. *Demonstrate a minimum standard of strategic communication skills with every technique and exercise, to include:*
   - *A. Officer Safety*
   - *B. Listening/Persuasion*
   - *C. Judgment and Decision Making*
   - *D. De-escalation, Verbal Commands*
   - *E. Effectiveness under Stress Conditions*

Minimum standards of performance shall be tested by an instructor observing the student during their performance of each technique and exercise. If the student does not meet minimum standards, as established by the presenter, remediation will be provided until the standard is met.

San Luis Obispo Sheriff's Office – Presenter # 2440
Crisis Intervention Course – Course # 20801
Expanded Course Outline

MONDAY

I. Introduction
- A. Welcome provided to students along with background of the CIT program and training and expressed support of the program
- B. Introductions
  - 1. CIT Program Staff
- C. Housekeeping
  - 1. Location of restroom facilities, emergency exits, and first aid supplies
  - 2. Absences and Tardiness
- D. Description of Guest Speakers
  - 1. Reminder that some guest speakers are officers, some are mental health professionals, some are family members, and some are previous/current mental health consumers
  - 2. Instructions on the avenues to provide instructor and guest speaker feedback/comments to the CIT Program
- E. Course pre-survey

II. CIT Introduction
- A. *Understanding Stigma*
  - 1. The meaning of stigma
  - 2. Consequences of stigmatization
  - 3. Current prevalence of stigma in society
    - a. Evolution of medical treatment
  - 4. *Strategies that Contribute to Stigma Reduction*
    - a. Learn facts
    - b. Contact with people who have experiences with mental illness, intellectual disabilities, and substance use disorders
    - c. Speaking openly about personal experiences
    - d. Treat people with dignity

(1) a, b

- B. "Tools" that may work
  - 1. Encouraging officers to try verbal techniques before utilizing force
  - 2. *Officer Safety* - Explaining that the techniques learned should not take away from officer safety at any time

(2) a

- C. Why participate in CIT Training
  - 1. Information about criminal cases involving mentally ill people
  - 2. The cost of untreated mental illness to the community
  - 3. Reduced injuries to mentally ill people
  - 4. Reduced injuries to law enforcement

III. Training
- A. Case law regarding mentally ill people
  - 1. Explanation and discussion of Case: Joshua Barre v Tulsa
  - 2. Purpose of the Community Mental Health Act of 1963

3. California LPS law

B. Examples of LE cases where the agencies were sued and/or LEOs were prosecuted
   1. Santa Clara
   2. Fullerton

C. Techniques used
   1. Identify effective interaction techniques that result in the desired outcome (i.e., getting cooperation and control)
   2. Additional examples describing the importance of CIT training

D. Law Enforcement Limitations
   1. Must respond to calls
   2. Options
   3. Adversarial system
   4. Police as case managers
   5. Facts regarding hospital availability

IV. Chaplain Program - Presentation

V. Mental Health System Overview (*Community and State Resources and How These Resources can be Utilized by Law Enforcement to Serve Persons with Mental Illness and Intellectual Disabilities)*

(1) i

A. Involuntary – SLO County PHF (Psychiatric Health Facility): inpatient psychiatric treatment in San Luis Obispo County
   1. History since closure of General Hospital
      a. Loss of medical attention on site
      b. Need for medical screening at all county emergency departments
      c. Involuntary admission criteria
      d. Collaboration with four local hospitals
      e. Services for those with and without private insurance
      f. Transportation to and from treatment out of county
   2. PHF bed space
      a. Oversight by DHCS
      b. 16 beds max
         i. Adults
         ii. Youth-Waivered
         iii. MHP-Mental Health Plan-indigent and MediCal recipients
   3. First responder relationships
      a. Police: collaboration with all law enforcement including SLO PD and Sheriff's Office Community Action Teams
      b. Fire
      c. Ambulance

B. Voluntary – Sierra Wellness Group, CSU (Crisis Stabilization Unit), & MHET (Mental Health Evaluation Team)

1. Service area Nipomo to San Miguel
2. 24-hour staffing of Mental Health Evaluation Team (MHET)

C. Collaboration with community partners
1. Available psychiatric crisis services in SLO County
2. Identify appropriate community resources during emergency episode
3. Need for additional local psych beds will be identified
4. Mental health treatment in jail
5. Pre/Post hospitalization resources in HOT-Homeless Outreach Team
6. FRS - Forensic Re-entry Services

VI. Veterans Services – Presentation

VII. Psychotic Disorders, Personality Disorders, and Mood Disorders

A. Psychotic Disorders – Definitions *(Nature of Mental Illness)*

(1) e, f, g

1. Loss of Contact with Reality
   a. Hallucinations
   b. Delusions
   c. False Beliefs
2. Causes of Psychotic Disorders *(Causes of Mental Illness)*
3. Statistics/Prevalence
4. Symptoms *(Indicators of Mental Illness)*
   a. Delusions
   b. Hallucinations
   c. Disorganized Speech
   d. Grossly Disorganized or Catatonic Behavior
5. Compare and contrast with other illnesses *(Distinguish Between Mental Illness, Intellectual Disabilities, and Substance Use Disorders)*
   a. Changes in ability to function
6. Treatments
7. Medications
8. Mental Health Support
9. *Appropriate Language Usage for Interacting with Distressed Persons and Questioning Techniques*

(1) h

(2) a, e

   a. Asking if they are having any unusual thoughts
   b. Are they hearing or seeing things they cannot explain
   c. Asking them if they are hearing voices telling them to hurt themselves or others
   d. What are the voices telling them to do
10. *Officer Safety*
    a. Not "jumping into" their delusion / hallucinations
    b. Recognizing the general feeling behind the delusional statements
    c. Honoring the feeling but not confirming the hallucinations

d. Maintaining eye contact
e. Speaking slowly in a moderate volume
f. Asking them to repeat/rephrase what they thought they heard

11. Resources
12. Dual Diagnosis Issues *(Distinguish Between Mental Illness, Intellectual Disabilities, and Substance Use Disorders)*
    a. Mental illness coupled with substance abuse

B. Personality Disorders – Overview **(1) e, f, g**
1. What is a Personality
   a. Consistency
2. What is a Personality Disorder
   a. Information Described for each Disorder *(Nature of Mental Illness)*
   b.
3. Description of Symptoms/Behaviors *(Indicators of Mental Illness)*
4. Proposed Causes *(Causes of Mental Illness)*
   a. Treatment options / limitations
      i. Medications for symptoms, not disorders
5. Methods of Interaction to Disorders Presented *(Distinguish Between Mental Illness, Intellectual Disabilities, and Substance Use Disorders)*
   a. Borderline Personality Disorder
   b. Antisocial Personality Disorder
      i. Individuals commonly seen in the criminal justice system
      ii. Lack of remorse
   c. Schizoid Personality Disorder
   d. Schizotypal Personality Disorder
   e. Histrionic Personality Disorder
      i. Attention seeking behaviors
      ii. Withdrawing from family/friends
   f. Narcissistic Personality Disorder
   g. Avoidant Personality Disorder
   h. Dependent Personality Disorder
      i. Impaired consent
      ii. Connection with domestic violence
6. Obsessive-Compulsive Personality Disorder

C. Mood Disorders **(1) e, f, g**
1. Mood Disorders and Substance Abuse *(Distinguish Between Mental Illness, Intellectual Disabilities, and Substance Use Disorders)*
2. Depression Described (Includes *(Causes, Nature, Indicators of Mental Illness)*
   a. Specific areas affected
      i. Eating

ii. Sleeping
iii. Affect displayed

3. Bipolar Disorder Described *(Causes, Nature, Indicators of Mental Illness)*
   a. Specific areas affected
   b. Impulse behaviors
   c. Spending money
   d. Eating
   e. Sleeping
   f. Sex
4. Treatment
   a. Medications
      i. Taking away the "high"
   b. In a depressed state
   c. In a manic state

VIII. Medications
- A. Antianxiety Medications
  1. Abuse potential
- B. Antidepressant Medications
  1. Side effects
  2. Weight gain
  3. Psychomotor activity
  4. Overdosing
     a. Length of time until reaches therapeutic dose
     b. Following directions on how to take them
- C. Mood Stabilizers
  1. Pros and Cons
  2. Eliminating the highs and lows
  3. Disliking the lack of a high
- D. Antipsychotic Medications
  1. Side effects
  2. Effectiveness
  3. Discontinuation rate
  4. Newer drugs
- E. Sleep Medications
  1. Night-walking
  2. Stimulants
  3. Abuse potential
- F. Medications that treat substance abuse
  1. Abuse potential
  2. Newer drugs
- G. Medication Interactions

IX. Policy and Protocol 5150
- A. 5150 criteria
  1. Danger to Self – Defined
     a. Imminent risk of serious injury or death to individual
  2. Danger to Others - Defined
     a. Imminent risk of serious injury or death to bystanders
  3. Gravely Disabled – Defined
     a. Inability to provide food, shelter, or clothing due to a mental illness
  4. Our standards of living
  5. Are they homeless or are they mentally ill
- B. How to complete a proper 5150
  1. Admonishment
  2. Writing the narrative
  3. Attaching additional pages
  4. Checking the boxes for future notification of release
- C. Misconception of 72 Hour Hold
  1. It is up to 72 hours, not always a full 72 hours
  2. The evaluation period and treatment are up to 72 hours
  3. After 72 hours, they have the right to stay voluntarily
- D. 5250 Certification for Intensive Treatment
  1. 14 day stay
  2. Within four days after the 72 hour hold, the facility will conduct a certification review hearing
- E. 5585.5 Civil Commitment of Minors
  1. Minors cannot be housed with adults
- F. Scenarios
  1. Student groups are each provided with a different scenario for a situation where one of the following actions is appropriate:
     a. Voluntary
     b. Involuntary
     c. Criminal Arrest
     d. Resources Provided
  2. Each scenario challenges the groups to discuss the following topics to determine an appropriate action:
     a. Identify indicators of mental illness, intellectual disabilities, and substance use disorders
     b. Distinguish between mental illness, intellectual disabilities, and substance use disorders
     c. Community and state resources and how these resources can be utilized by law enforcement to serve persons with mental illness and intellectual disabilities

(1) f, g, i, j

d. Appropriate responses for a variety of situations involving persons with mental illness, intellectual disabilities, and substance use disorders

3. Groups present their scenario, discussion, and solution to the class

X. Officer Wellness Project

A. Introduction to Officer Wellness Friday Project

1. Project may be in the form of a document, discussion topic, verbal presentation, or other creative form, and should last about 5 minutes
2. One person from each group will present their project with the entire class on Friday
3. Time to work on the project will be allotted throughout the week
4. Instructors will be available for assistance

TUESDAY

XI. Substance Use Disorder (Lived Experience) – Presentation. *Presenter provides their perspective as an individual who has experience with a substance use disorder.*

(1) d

XII. Developmental Disabilities *(People with Disabilities)*

A. For each disability, instructor *provides cause and nature, indicators* (appearance/behaviors), prevalence, *how to distinguish from other illness/disorders*, and *appropriate language usage for interacting with distressed persons*/*questioning techniques*.

(1) e, f, g, h

(2) e, g

1. Autism
2. Intellectual Delay (formerly called Mental Retardation)
3. Cerebral Palsy
4. Epilepsy
5. Use of force caution for autism (and other developmental disabilities) prone position may impact airway breathing
6. Issues possibly seen with intellectual delay and autism
   a. Limits in memory recall
   b. Slowing the pace with questioning
   c. Asking them to repeat/rephrase what they heard
   d. Acquiescence
   e. Agreeing with leading questions
   f. Pleasing others
7. How someone with mild intellectual delay or autism could easily be mistaken
   a. Criminal matters
   b. Engaging with children
   c. Being an accomplice
   d. Victimization
   e. Vulnerability

f. Pleasing others
g. Anxiety
h. Unusual body movements, eye contact
i. Unusual reaction to questioning

8. Cerebral Palsy
   a. Being mistaken for being under the influence of alcohol/drugs
   b. Intellectual delay
   c. Slowing the pace
   d. Alternatives to oral communication

9. Epilepsy Post Ictal State – an after a seizure state, aberrant behaviors possible

B. "People first" language in communication stressed - families prefer "child with autism" or "adult with autism" but independent adult autism community members often identify as an "autistic adult"

C. *Community and state resources and how these resources can be utilized by law enforcement to serve persons with intellectual disabilities*

1. Contrasts developmentally disabled and mental health systems of care
   a. Resources
   b. Safety Alert
   c. Mobile de-escalation services
   d. Inability to write 5150 holds

(1) i

2. SLO Regional Center
   a. Office locations – San Luis Obispo (805) 543-2833, also, in north and south San Luis Obispo County and Santa Barbara County
   b. Services offered
   c. Powers and limitations

3. Central Coast Autism Spectrum Center Available for non-urgent information, training, and advice (805) 763-1100 or contact@sloautism.org

XIII. Children & Adolescents *(Children with Disabilities)*

(1) e

(2) g

A. *Causes of Intellectual Disabilities*
   1. Environment
   2. Genetics
   3. Neurodevelopment

B. Definitions of Disorders *(Nature of Disability)*
   1. What is a "Disorder"
   2. Disorders (*Indicators of intellectual disabilities/mental illness, distinguishing between mental illness and disabilities,* prevalence, potential impact on functioning, overlap with trauma)
      a. ADD/ADHD
      b. Autism

(1) f, g, i

c. Conduct Disorder
d. Eating Disorders
e. Tourette's Disorder
f. Elimination Disorder
g. Mood Disorders
h. Anxiety Disorders

C. Available Treatment and Resources *(Community and State Resources and How These Resources can be Utilized by Law Enforcement to Serve Persons with Mental Illness and Intellectual Disabilities)*
1. Parenting classes/support groups
2. Mental Health Services for child & family (Therapy, Intensive Care Coordination, Intensive home-based services, Medication support)
3. Shelters

D. Causes of Lack of Treatment
1. Culture
2. Denial
3. Shame/Embarrassment
4. Misdiagnosis
5. Finances

E. Mental Health Interventions/Effective Intervention Strategies
1. Use of medications as a Last Resort/concerns
2. Diet I. Case Study examples given (parent/child dynamics)
3. LEAP – listen, empathize, agree, and partnership

F. Children's System of Care - Resources
1. Child Welfare Services
2. Probation
3. Behavioral Health
4. Other agencies: Tri-Counties, CAPSLO, Contractors for Behavioral Health

XIV. Substance Use Disorders

(1) f, g

A. Overview: Signs and symptoms *(Indicators of substance abuse disorders and distinguishing between mental illness, intellectual disabilities, and substance use disorders)*
B. The effects of Psychotropic Medications vs. Drugs of Abuse
C. SHOMADID
1. Stimulants
2. Hallucinogens
3. Opiates
4. Marijuana
5. Alcohol
6. Depressants
7. Inhalants
8. Dissociative Anesthetics

D. Medications

1. How they can be mistaken for "street drugs"
2. Abuse/Overdose

E. Mental health consumers that abuse drugs
1. Use of CIT Techniques with dual diagnosis
2. Meth Induced Psychosis
3. Cocaine Induced Psychosis
4. Alcohol Psychosis

XV. Traumatic Brain Injury *(People with Disabilities)*

(1) e, f, g

(2) g

A. Definition
B. Terminology
1. "Survivors" not "Consumers" Video
2. *Causes of TBI Intellectual Disabilities*
a. Statistics/ Prevalence
b. Car accidents, falls, sports injuries, etc.

C. Brain Anatomy
1. Different lobes
2. Their functions

D. Typical Problems/Associated Changes *(Nature and Indicators of Intellectual Disabilities)*
1. Memory
a. Long term vs. short term
b. Confabulation
c. Important: Not intentionally lying
d. Practical example
2. Movement/ Muscular Control
a. Inability to be in particular positions such as being handcuffed
b. Officer safety issues with unexpected movements
3. Other effects on quality of life
a. Family Stress *(Perspectives of Family)*
b. Caretaker Stress

(1) d, h

(2) c, e

4. Effective Communication Strategies *(Appropriate Language for Interacting with Distressed Persons, Communication Elements and Questioning Techniques)*
a. Keep things calm and slow down
b. Help reduce anxiety levels; anxiety impairs memory recall and speech
c. Remind them you are there to help
d. Slowing down the pace
e. Small chunks of information
f. One question at a time
g. No compound sentences
h. No sarcasm
i. Words being congruent with non-verbal cues

j. Asking survivor to repeat / rephrase what they said
k. Asking survivor to repeat / rephrase what they heard
l. Not confusing symptoms with 647(f) or 11550 behaviors
m. Not under the influence
n. Sensitivity to subject

5. Identifying a TBI
   a. Tracheotomy scar
   b. TBI Card from the Brain Injury Center
   c. Medical ID Bracelet
   d. Personal story and illustration of behaviors
   e. Veteran

XVI. Alzheimer's and Dementia Disease *(People with Disabilities)*

A. Dementia 101
   1. Definition- progressive loss of cognitive and physical function *(Cause of Intellectual Disability)*
   2. Prevalence: 1-2% of people @ 60 with doubling every 5 years to 50% at >85y/o. 5 mil currently, up to 13mil by 2050
   3. Types: Alzheimer's 60-70%, Vascular 20%, Lewy-Body/Parkinson's, Frontotemporal/Pick's Disease, Alcoholism/Toxin, Infection, Tumor-related, Norm pressure Hydrocephalus
   4. Symptoms: Memory loss, cognitive loss, withdrawal, depression, delusions, hallucinations, physical decline *(Indicators of Intellectual Disability)*
   5. Dementia vs Delirium: Delirium is a symptom/acute state not a disease/cause, constellation of symptoms, caused by meds, infection, metabolic, CHF, COPD

(1) e, f, g
(2) g

B. Alzheimer's Disease
   1. 4th leading cause of death among the elderly
   2. No cure – cause unknown, current meds only hope to slow progression
   3. Research being done- genetics, meds, other (omega3, turmeric, vitamin D)
   4. Early vs late onset

C. Alzheimer's Disease versus Mental Illness *(Distinguishing Between Mental Illness and Intellectual Disability)*
   1. Dementia is usually in elderly, slow progression of cognitive decline with psychotic features later. Schizophrenia is usually more rapid onset with early psychosis, detachment from reality, usually starts young with chronic relapsing, not usually cognitive/memory deficits. Lewy-body: early visual hallucinations- usually not troubling, varies within hours, 50% have dyskinesia. Pick's: lose inhibitions/social graces but not hallucinating.
   2. Physical Changes in Brain- plaques, atrophy

(1) f, g

3. Changes in Personality- paranoia, delusions, withdrawal
4. Changes in Memory- not usually problem with MI

D. Alzheimer's Progression
1. Early: mild memory, recent events, word recall problems, depth/spatial perception problems, starting social withdrawal
2. Middle: worse memory- not just recent, increased assist needed, mixed circadian rhythms, starting wander risk, losing social graces, starting delusions
3. Late: Assist with ADLs, physical changes accelerate (incontinence, aspiration risk, gait problems), poor verbalization, increased delusions/agitation

E. Behaviors Associated with Memory Impairments *(Indicators of Intellectual Disability)*
1. Wandering- usually found stuck in bushes near home
2. Driving- poor depth perception, physician sign-off
3. Agitation/Aggression- poor caretaker training, delusions, hallucinations, domestic violence- common for either sex
4. Confusion- poor cognition
5. Ability to care for self
6. Depression- very common in early/middle phases ("grey zone")
7. Access to weapons
8. General Health & Safety Issues
   a. Temperature of home
   b. Electric and Natural Gas Operating Appliances
   c. Adequate food supply
   d. Victimization/Financial-emotional-physical abuse common
   e. Allowing strangers to enter home
   f. Medication confusion/compliance

F. *Appropriate Language Usage for Interacting with Distressed Persons, Communication Elements, Listening Skills, and Questioning Techniques.*

(1) h

(2) c, d, e

1. Don't challenge/correct, enter their world
2. Build Rapport: smile, calm, reduced noise/distractions
3. Slow down, don't offer choices
4. Not approaching from behind
5. 3 "R"s: Repeat, Reassure, Redirect
6. Remember to assess for physical problems
7. Have security objects: blanket, doll, textured/frilled
8. Music, video distraction

G. Services Available *(Community and State Resources and How These Resources can be Utilized by Law Enforcement to Serve Persons with Intellectual Disabilities)*
1. Support Groups- Alzheimer's Association, Sydney Creek, Senior Centers, Online
2. Alzheimer's Association: Alz Navigator- action plan, support, safety teaching

3. Locator services
   a. Safe Return: Alzheimer's Association and Medic Alert
   b. 24hr response LEAP program- free enrollment
   c. iTraq: cellular tracker
   d. Pocketfinder: GPS tracker
   e. Project Lifesaver International: wander guard
   f. radio tracker, drones, set perimeters
4. Medical ID bracelets, Runner's bracelets, clothing tags
5. Educational Programs
   a. IACP (International Association of Chiefs of Police)
   b. Alzheimer's Training Initiative, 1 day/2 day course
   c. NCCDP (National Council of Certified Dementia Practitioners)
   d. 6-hr course, CFR-DT(Certified First Responders – Dementia Trained)
   e. DOJ - links to training courses, articles
   f. Alzheimer's Aware - guide to creating a program including a local registry
   g. Alzheimer's Association - specific training for law enforcement
   h. Family Caregiver Alliance
6. APS/Ombudsman/TEMA-Wilshire Mental Health
7. Physicians, Home health, Hospice agencies

(1) i

H. Adult Protective Services

XVII. National Alliance on Mental Health (NAMI)

A. Multiple members of NAMI share their *perspectives as individuals, or as a family member of someone, who has experience with persons who have mental illness or intellectual disabilities*.

(1) d

XVIII. SLO County Community Action Teams (CAT)

A. Various CATs from Law Enforcement agencies within San Luis Obispo County provide an overview of their mission, responsibilities, and duties

1. CAT Response *(Resources and how these resources can be utilized by law enforcement to server persons with mental illness and intellectual disabilities)*
   a. Community Contacts
   b. Case Management
   c. Resources
2. Enforcement Action
   a. Legal considerations
   b. Jail considerations
   c. Public considerations

(1) i

XIX. *Cultural Relevance*

A. Identification of various local cultures
   1. Racial and Ethnic Cultures
   2. Police Culture
   3. Personal Culture
   4. LGBTQ Culture
   5. Older Adult Culture

(1) a, c

B. Compare and contrast the way different cultures treat mental illness, intellectual disabilities, and substance use disorders in the areas of:
   1. Stigmatization *(Understanding Stigma)*
   2. The social impact on families and individuals

C. Cultural barriers to accessing mental health services offered through SLO County Behavioral Health etc.
   1. How to engage clients/consumers
   2. How to support clients/consumers
   3. How to encourage clients/consumers to participate in culturally sensitive mental health services

XX. Stepping Up Initiative – Presentation

XXI. Officer Wellness Project – continuation from Day 1

WEDNESDAY

XXII. Strategic Communications and Use of Force

A. Overview
   1. Instructor Introductions
   2. Student Introductions

B. Goals and Objective
   1. Communication as a strategy
   2. Increased knowledge of use of force laws
   3. Enhanced Critical Thinking
   4. De-Escalation, Verbal Commands
   5. Effectiveness under stress conditions
   6. Enhanced *Officer Safety and Professionalism*

C. *Communication Elements, Appropriate Language Usage for Interacting with Distressed Persons*
   1. Phases of Communication
      a. Approach – Impact of physicality
      b. Greeting – Initiating the conversation
      c. Engagement – Strategies to promote communication
      d. Adaptation – Being flexible
      e. Repair – Re-establishing rapport
      f. Incident closure - How we end a contact today could influence a future contact

(1) h

(2) a, c, d, e

2. Message Delivery
   a. Content
   b. Tone/Voice
   c. Non-Verbal
3. *Active Listening Skills* (ALS) and *Questioning Techniques*
   a. Minimal Encouragers
   b. Open ended questions
      i. Open ended vs closed questions
   c. Mirroring
   d. Label Emotions
   e. Paraphrasing
   f. Using "I" messages
   g. Effective pauses
      i. Summarizing
4. Rapport Building
   a. Empathy vs. Sympathy
      i. Empathy – The ability to understand and share the feelings of another
      ii. Sympathy – Feelings of sorrow and pity for someone else's misfortune
   b. Behavioral change stairway model
5. *Team Communication During a Critical Incident*
   a. Coordinated effort
      i. Once Voice
         (a) Single point of contact with Dispatch
         (b) Single point of contact with Subject
      ii. Force Options
      iii. Continuous assessment
   b. Resources *(Community and state resources and how these resources can be utilized by law enforcement to serve persons with mental illness and intellectual disabilities.)*
      i. Mental Health resources
      ii. Law Enforcement resources
   c. Debrief

(1) i

(2) h

D. Use of Force Elements *(Appropriate Responses for a Variety of Situations Involving Persons with Mental Illness, Intellectual Disabilities, and Substance Use Disorder)*

1. California Legislature – AB 392
   a. The importance of "necessity"
      i. "…it is the intent of the Legislature that peace officers use deadly force only when **necessary** in defense of human life."
      ii. In determining whether deadly force is **necessary**, officers shall evaluate each situation in light of the particular circumstances of each case and shall use other

(1) j

available resources and techniques if reasonably safe and feasible to an objectively reasonable officer."

b. Totality of circumstances

i. AB 392 emphasizes the "totality of circumstances" and how it can affect the reasonableness of force that is used.

ii. PC 196 - Homicide is justifiable when omitted by peace officers and those acting by their command in their aid and assistance, under either of the following circumstances:

(a) In obedience to any judgment of a competent court

(b) When the homicide results from a peace officer's use of force that is in compliance with Section 835a

2. What has changed?

a. Removed "When necessarily committed in overcoming actualresistance to the execution of some legal process or in the discharge of any other legal duty"

b. Removed "When necessarily committed in retaking felons who have been rescued or have escaped, or when necessarily committed in arresting persons charged with felony and who are fleeing from justice or resisting such arrest"

c. California Penal Code 835a

i. Objectively reasonable standard - and how it has been defined in 835a

ii. Suicidal persons

iii. Fleeing felons

iv. Pre-Force tactics and conduct of officer/suspect

v. Discuss the difference in imminent and immediate threat

(a) Penal Code defines "Imminent" threat

(b) When a reasonable officer would perceive a present ability, opportunity, and apparent intent to immediately cause death orserious bodily injury

d. Graham vs Connor 490 US 386

i. Severity of crime

ii. Does the suspect pose an immediately threat to safety of officers or others

iii. Is the suspect actively resisting arrest or attempting to evade arrest by flight

iv. Priority of Life

(a) Determining who is at risk/ who is causing the risk

(b) Priority of life examples

E. *De-escalation vs Escalation*, *Conflict Resolution and De-escalation Techniques* and Verbal Commands

1. De-escalation
   a. What is it
      i. *Escalation vs De-escalation*
   b. How is it used
   c. Key components and considerations
2. Verbal Communications versus Verbal Commands
   a. How does verbal communication fit in as a force option
   b. How is it used as a tool for de-escalation
   c. How might either verbal communication or commands affect the outcome of a situation
3. Control the Environment *(Officer Safety, Communication Elements)*
   a. Tactical pause
   b. Slow down
   c. Gather information
   d. Develop a plan
   e. Time + Distance = Options
4. Making Sound Decisions *(Officer Safety)*
   a. What is important right now
   b. Set priorities
   c. Think through choices
   d. Make sound decisions

(1) k

(2) a, b, c

F. Tactics and *Officer Safety*

1. Tactical Defined
   a. Definition, synonyms, and antonyms
   b. Primary Goals of CIT
2. *Officer Safety*
   a. Control the Environment
      i. Tactical Pause
      ii. Slow down
      iii. Gather Information
      iv. Develop a plan
      v. Time + Distance = Options
   b. Make Sound Decisions
      i. What's important right now?
      ii. Set priorities
      iii. Think through your choices
      iv. Make sound decisions
3. Tactical CIT C.A.L.L.S
   a. CIT/ Contact Officer
   b. Arrest/ Resource Officer
   c. Lethal Cover Officer
   d. Less-Lethal Cover Officer
   e. Supervisor

(2) a, i

G. Four Principles of Crisis and Hostage Negotiation *(Four Tenets of Procedural Justice)*
1. Understand
2. Timing (Active Listening Skills)
3. Delivery
   a. Tone (neutrality, maintain emotional control)
   b. How you say it
   c. Respectful treatment
      i. Dignity
      ii. Fairness
      iii. Trustworthiness

H. *Class Exercise*
1. Students participate in a scenario during which they must use their communication skills to de-escalate a situation with a mentally ill subject.
2. Instructors provide feedback to the students about performance and debrief the scenario with the class.

XXIII. Peer to Peer/EAP – Presentation

XXIV. District Attorney's Office – Presentation

XXV. Dispatch – Presentation

XXVI. Emotional Intelligence in Public Safety
A. Strategic message to a specific audience to generate voluntary compliance through the art of *persuasion (Communication Elements)*
1. What to say
2. How to say it
3. Combinations

(1) k

(2) c, f

B. R.U.M *(Conflict Resolution and De-escalation Techniques)*
1. Recognize
2. Understand
3. Manage

C. The 4 EQ competencies
1. Self-Awareness
2. Self-Management
3. Social Awareness
4. Relationship Management

D. Brain Function during the decision-making process
1. Limbic system
2. Rational vs. Reactional

E. Emotional Intelligence is the ability to recognize emotions in self and others, understand why that emotion is present and manage emotions and behaviors to effectively deal with any given situation

XXVII. VirTra Role-Play *Class Exercises – (Refer to Learning Activity and Safety Policy)*

A. Scenarios

1. Each student must test in at least one scenario as a Primary Officer by resolving the situation using verbal/de-escalation skills
   a. *Evaluators will observe student's performance to ensure they demonstrate a minimum standard of strategic communication skills*
   b. Remediation of strategic communication skills training will be provided, if needed

(1) h, k

(2) a, b, d, e, i

2. A secondary cover officer is also designated
3. All students observe the scenarios
4. At no-time are students & actors allowed to bring weapons into the role-plays
5. Students & actors are not allowed to physically touch each other
6. Scenarios center around an individual from one of the following:
   a. Danger to Self
   b. Danger to Others
   c. Gravely Disabled
   d. No-Win Suicidal
7. Experienced law enforcement officers and mental health professionals (collectively, the instructors) evaluate the students and provide feedback regarding the students:
   a. Rapport building skills
   b. Active *listening* skills
   c. *De-escalation* skills and *conflict resolution*
   d. *Questioning Techniques*
   e. *Use of appropriate language for interaction with distressed persons*
   f. Problem solving skills
   g. Awareness of environmental concerns
   h. Identification of *officer safety* concerns
   i. Identification of dangers to the consumer
   j. Identification of dangers to the public
   k. *Team Communication during the Critical Incident*
   l. Utilization of *resources to server persons with mental illness and intellectual disabilities*
   m. Negotiation *(Persuasion)* efforts, if applicable
   n. Ability to *identify indicators of and distinguish between mental illness, intellectual disability, or substance use disorder*
   o. *Appropriate law enforcement response to the various situations involving a person with mental illness, intellectual disability, or substance use disorder*
   p. Ability to articulate a proper 5150 evaluation, if applicable
   q. Ability to lay out a clear action and follow-up plan

(1) f, g, i, j

(2) c, f, g, h

r. Their verbal, para-verbal, and non-verbal demonstration and whether they all matched *(Communication Elements)*

8. At the end of the scenarios the entire class shares their experiences and their perceptions of / feelings about the encounters

XXVIII. Officer Wellness Concepts

A. Officer Wellness – 8 Dimensions
1. Intellectual
2. Emotional
3. Physical
4. Social
5. Occupational
6. Financial
7. Environmental
8. Spiritual

B. Separation of Who You Are & What You Do
1. Two different things
   a. Who: Spiritual, Intellectual, Emotional, Physical
   b. What: Social, Occupational, Financial, Environmental
2. Eternal vs. Temporal

C. Challenges of Law Enforcement
1. Law Enforcement Personnel Deal With:
   a. Things that 99% of society doesn't
   b. Marital problems
   c. High percentage of divorce rate
   d. Drug and alcohol abuse
   e. Anger and violence
   f. Financial problems
   g. Rotating shift work
   h. Job related changes
   i. Community expectations
   j. Changes in legalities
   k. Budget cuts
   l. Depression
   m. Health problems
   n. Withdrawal, isolation when off duty
   o. Fear of job hazards
   p. Increase stress
   q. Irritability, sarcasm, mean behavior and language

D. Hypervigilance
1. Definition
2. Normal Range of Risk
3. Every Action has an Equal and Opposite Reaction
   a. Repercussions and consequences
4. Symptoms of hypervigilance

5. Resiliency
   a. Definition
   b. Commit to yourself, to your family
6. Personal Experience with Hyper-Vigilance

E. Strategies for Officer Wellness
1. Attitude is a choice
2. Your aptitude doesn't determine your attitude; attitude is proportionate to how high you soar
3. Practice is important
4. Examples of strategies to work on
5. Tools for Officer Wellness
   a. *Emotional Survival for Law Enforcement* – Dr. K. Gilmartin

THURSDAY

XXIX. Mental Illness (Lived Experience) – Presentation. *Presenter provides their perspective as an individual who has experience with a mental illness.*

(1) d

XXX. Crisis Intervention De-escalation *(Appropriate Responses for a Variety of Situations Involving Persons with Mental Illness and Intellectual Disabilities)*

A. 30 Second Assessment
   1. Can they see you, hear you, and comply
B. Predicting violence *(Officer Safety)*
C. Factors that cause non-compliance
   1. Delusion
   2. Paranoia
   3. Hallucinations

(1) h, j

(2) a

D. Tactical considerations before arrival
E. Tactical considerations upon arrival
F. Tactical considerations upon contact
G. Lt. Col Crossman's "combat breathing"
H. *Officer Safety*
   1. Demeanor
   2. Environment
   3. Awareness of you as a peace officer
   4. Danger signs (Non-compliance)
I. General Verbal Strategies *(Appropriate Language Usage for Interacting with Distressed Persons)*
J. Specific Verbal Strategies *(Appropriate Language Usage for Interacting with Distressed Persons)*

(2) c

XXXI. Suicide Intervention *(Appropriate Responses for a Variety of Situations Involving Persons with Mental Illness and Intellectual Disabilities)*

A. Risk factors for suicide
B. Suicidality in jails

C. Discussion on suicidal behavior
D. General ideas about confronting a suicidal person
E. Creating ambivalence
F. General and specific strategies
G. Suicide negotiation guide *(Persuasion)*

(1) j
(2) f

XXXII. Suicide by Cop *(Appropriate Responses for a Variety of Situations Involving Persons with Mental Illness and Intellectual Disabilities)*

A. Difference between a suicidal subject and suicide by cop
   1. *Officer Safety*
B. SBC Definition
C. Boyd v City and County of San Francisco
D. Types of Suicide by Cop
   1. Pre-planned event
   2. Spontaneous event
E. SBC Studies overview
F. Categories of SBC
   1. Fleeing felon
   2. Religious
   3. Efficiency expert
   4. Cop hater
G. Strategies for dealing with an SBC

(1) j
(2) a

XXXIII. Mighty Oaks – Presentation

XXXIV. Case Law & CIT *(Appropriate Responses for a Variety of Situations Involving Persons with Mental Illness and Intellectual Disabilities)*

A. Cases: US v Terrance Pendergrass
   1. Deliberate Indifference
      a. Definition
      b. Examples
B. Cases:
   1. Deorle v Butte County
   2. Herrera v Las Vegas PD
C. Nonfeasance
   1. Nonfeasance is defined as the police owe no duty to crime victims in those cases where they have not acted to protect them
D. Misfeasance
   1. When police actively involve themselves in situations where a third party threatens another, they have a responsibility to act with reasonable care
   2. Souza vs Antioch
E. Creating special relationships

(1) j

1. A special relationship is created where the officer makes a representation (express or implied) that is relied upon and causes a foreseeable harm
2. A special relationship is created where the officer engages in an affirmative act that increases the foreseeable risk of harm to the individual

F. Case: SHEILA DOE, a Minor, etc., et al., Plaintiffs and Appellants, v. CITY OF MODESTO et al.,
G. Case: Adams v Fremont
H. Case: Lansdown v Chadwick, No. 00-3596, 258 F.3d 754 (8th Cir. 2001)
I. Case: Federman v County of Kern, No. 01-16691, 2003 U.S. App. Lexis 7180 (9th Cir.) [2003 LR Jun]
J. Case: Hayes v County of San Diego
K. Case: Bonivert v City of Clarkston
L. Case: Glenn v Washington County
M. Case: Armstrong v Pinehurst
N. Boise v Martin
   1. The appellate court's ruling bars local governments from preventing someone from sleeping on public land if not enough shelter space

XXXV. CIT and Jail Operations *(Resources and How These Resources can be Utilized by Law Enforcement to Serve Persons with Mental Illness and Intellectual Disabilities, Appropriate Responses for a Variety of Situations Involving Persons with Mental Illness and Intellectual Disabilities)*

(1) i, j

A. Behavioral Health Unit
   1. Prior Stahl Hall
   2. Jail counseling/ Tele-Psych/ 23 & 1 Programming
   3. Separate location for MH counseling
B. Kansas Max
   1. Formerly a female maximum-security housing unit
   2. Mental health/ behavioral health housing started May 2019
   3. Behavioral Incentive Program
      a. Point system and how it works
   4. WellPath Programming Provided
      a. "Managing Co-Occurring Disorders"
      b. "Drug and Alcohol"
      c. Counseling program
   5. Jail Programs Unit – "Hygiene and Self-Care"
   6. Correctional Deputy Initiated Programming daily – yoga, meditation, and Wednesday Woods K-9 education and visits
   7. Staffed 24/7 with 1 SCD and 8 CDs
      a. Softened uniforms, encouraging, respectful, and safe environment
   8. Revocation, Rehabilitation, and Education
C. Jail Based Competence Program
   1. Started July 2019

2. Felony Return of Competence program (male and female)
3. State contracted
   a. Inmates receive programming and medications equivalent to Department of State Hospitals
   b. 90-day window

XXXVI. Officer Wellness Project – continuation from Day 1

FRIDAY

XXXVII. Role-Play *Class Exercises* – *(Refer to Learning Activity and Safety Policy)*

A. Scenarios

1. Each student must test in at least one scenario as a Primary Officer by resolving the situation using verbal/de-escalation skills
   a. *Evaluators will observe student's performance to ensure they demonstrate a minimum standard of strategic communication skills*
   b. Remediation of strategic communication skills training will be provided, if needed
2. A secondary cover officer is also designated
3. All students observe the scenarios
4. At no-time are students & actors allowed to bring weapons into the role-plays
5. Students & actors are not allowed to physically touch each other
6. Scenarios center around an individual from one of the following:
   a. Danger to Self
   b. Danger to Others
   c. Gravely Disabled
   d. No-Win Suicidal
7. Experienced law enforcement officers and mental health professionals (collectively, the instructors) evaluate the students and provide feedback regarding the students:
   a. Rapport building skills
   b. Active *listening* skills
   c. *De-escalation* skills and *conflict resolution*
   d. *Questioning Techniques*
   e. *Use of appropriate language for interaction with distressed persons*
   f. Problem solving skills
   g. Awareness of environmental concerns
   h. Identification of *officer safety* concerns
   i. Identification of dangers to the consumer
   j. Identification of dangers to the public
   k. *Team Communication during the Critical Incident*

(1) k

(2) b, d, e, i

(1) f - j

(2) a, c, f, g, h, i

l. Utilization of *resources to server persons with mental illness and intellectual disabilities*
m. Negotiation *(Persuasion)* efforts, if applicable
n. Ability to *identify indicators of and distinguish between mental illness, intellectual disability, or substance use disorder*
o. *Appropriate law enforcement response to the various situations involving a person with mental illness, intellectual disability, or substance use disorder*
p. Ability to articulate a proper 5150 evaluation, if applicable
q. Ability to lay out a clear action and follow-up plan
r. Their verbal, para-verbal, and non-verbal demonstration and whether they all matched *(Communication Elements)*

8. At the end of the scenarios the entire class shares their experiences and their perceptions of / feelings about the encounters

XXXVIII. Officer Wellness Project Presentations
- A. Students give individual presentations to table group
  1. Each person presents
  2. Group discussion about presentations
- B. Several students from each group present their project to the entire class
  1. Full presentations given to class
  2. Class discussion about presentations

XXXIX. Course Wrap-up
- A. Post-survey
- B. Questions and answers about post-survey results
- C. Course Evaluations
- D. CIT Certificates will be emailed the following week