ENHANCING CRISIS INTERVENTION IN CALIFORNIA

An examination of crisis intervention legislation

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Introduction

The intersection of public health and law enforcement is an area that has received increased attention in recent years, with the media typically focusing on negative interactions between mentally ill populations and police. This attention, paired with several high-profile police assaults of people with mental illness throughout California, led to state legislation aimed at creating a more comprehensive approach to dealing with crisis situations involving people with mental illness. The three pieces of legislation include: Senate Bills 11, 29, and 82. **Senate Bills 11 (Beall, Chapter 468, 2015) and Senate Bill 29 (Beall, Chapter 469, 2015)**, set minimum police training requirements to better understand the underlying issues that mentally ill individuals deal with, and give police officers more tools to deescalate crisis situations. **Senate Bill 82 (Steinberg, Chapter 34, 2013)** offers more funding for triage services and specifically aims to create mobile crisis programs; in essence, this legislation tries to dispatch non-police, often licensed clinicians, to manage mental health crisis situations.

The examination of police training and collaboration with mental health personnel/agencies is important because many in the field agree that a comprehensive approach to addressing clients with mental illness is the only solution that will lead to success. Sam Cochran, the founder of The Memphis Model, the leading evidence-based Crisis Intervention Training (CIT) model, notes that if policymakers give attention only to law enforcement, "[they] will fail as a training program, you cannot separate the two."[1] Ideally better collaboration improves officer safety, leads to better treatment of consumers, cultivates public trust in these agencies, and lowers costs overall.

This analysis is shaped by interviews of California police departments, behavioral health staff, police trainers, and individuals involved in the passage of the subject legislation. In addition, it draws on academic and professional literature to glean best practices in the fields of police training and crisis intervention. This report aims to:

1. Articulate how Senate Bills 11, 29, and 82 have been enacted across the state.

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[1] Lucas, Liza. "Changing How Police Respond to Mental Illness." *CNN*. Cable News Network, 28 Sept. 2016. Web.

2. Identify barriers to the successful adoption of new policies.
3. Explore opportunities to leverage legislation to best support Californians.

The report is broken up into two sections:

Training Legislation: This section describes how police training legislation has been implemented. In addition, this section gives insight into how Peace Officers Standards and Training (POST) sets standards and manages compliance, because this system is largely unfamiliar to people. Following training descriptions, the report analyzes the likelihood that the legislation impacted police behavior. The analysis of training stems from validated work on effective training. Effective training is defined as training that successfully changes a trainee's behavior in the long and short term.

Mobile Crisis Programs: This section examines the role of mobile crisis programs that are funded through SB 82 and provides insight into the challenges they face in achieving their desired goals.

All three pieces of legislation aim to support a more comprehensive approach to meeting the need of mentally ill clients; While they do support this goal, this report finds that as currently implemented training may not effectively change police behavior because of the cursory coverage of new information and lack of focus on providing ongoing feedback. This legislation should be treated as the beginning a paradigm shift in which police and behavioral health closely collaborate to best address the needs of individuals with mental illness.

Background

In the 1970s, the United States worked to deinstitutionalize mental health consumers, making efforts to move individuals from long-term care in state hospitals to community-based care. Though the movement was well-intentioned, not enough community-based care was provided to adequately meet consumer needs. This has created the situation we are in today in which police are often acting as "street corner psychiatrists." Police are often called into deal with acute mental health crises in the absence of other service providers who may be better equipped to address problems.

Police are often the only 24-hour first responders, requiring that they play many roles including counselors, mediators, emergency responders, crime prevention actors, and more. Moreover, police often have to deal with shortcomings within other social services including a chronic shortage of mental health services, substance abuse services, housing, jobs, etc. Too often police are inadequately prepared to deal with these situations, leading to undesirable outcomes including violence. Mental health calls often take more time than other calls for service and often involve repeat contacts with the same individuals who have unresolved mental health needs.[2]

The result of these unmet needs is an increase in utilization of jails, prisons, and emergency health facilities. In recent years 23% of individuals in jails and 28% of individuals in state prison in California have been diagnosed with mental illness, suggesting that law enforcement agencies have become de facto first responders to people experiencing mental health crisis.[3] This method of treating mental health consumers is both expensive and diminishes the dignity of mental health consumers. Further, it is likely to decrease the safety of officers who are called to manage crisis.

Many advocates and citizens alike are also demanding a change in the ways police interact with the public. The Black Lives Matter movement and increasing number of lawsuits alleging police misconduct suggest that people desire change. Police departments in California and across the United States have seen an uptick in the number of wrongful death lawsuits against police agencies and officers. Increasingly, these lawsuits allege that law enforcement agencies do not properly train officers to address people in crisis, citing specific deficits: lack of training about risks associated with Tasers, training officers how to remain calm in stressful situations, training on how to deescalate volatile situations, etc.[4] In addition, the suits often say that police

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[2] Reuland, Melissa, Matthew Schwarzfeld, and Laura Draper. *Law Enforcement Responses to People with Mental Illnesses: A GUIDE TO RESEARCH-INFORMED POLICY AND PRACTICE*. Rep. New York, NY: Council of State Governments Justice Center, 2009.

[3] Breur, Jorien, Kelly Kruger, and Mia Bird. *Building on California SB 11 and SB 29: Strengthening Community Partnerships*. *UC Criminal Justice & Health Consortium*. University of California, n.d. Web.

[4] Phillips, Noelle. "Family Claims Excessive Force Killed Mentally Ill Man in Lawsuit against Arapahoe County Sheriff's Deputies, Sheridan Police Officers." *The Denver Post*. N.p., 21 Nov. 2016. Web. 03 May 2017.

Russell, Jenna. "Family Sues State Police in Shooting of Unarmed Man with Mental Illness - The Boston Globe." Boston Globe, 14 Apr. 2015. Web. 03 May 2017.

too readily rely on lethal force. Wrongful death suits as a result of lack of police training have been filed in Long Beach, Sacramento, Los Angeles, and elsewhere.

> "Any training that increases empathy- I'm for it."
> -Andy Duche, Butte County

The lawsuits pave the way for police reform, and give officers more reason to care about mental health training. Ultimately it is tax-payer dollars subsidizing these lawsuits, which should lead jurisdictions to carefully consider what they can do to decrease their liability in these situations. Regardless of who wins in lawsuits, the city must pay lawyers and there is undoubtedly a toll taken on officers involved in the cases. A study done in 2000 found that on average, plaintiffs win in 1/3 of cases, costing localities $450,000.[5] Taking proper steps to train offers can help departments avoid civil liability.

Given this context, it is important that police feel adequately prepared to address mental health consumers. Meaningful efforts must acknowledge that reforms must address both the criminal justice system and public health system.

Police Preparation in California

Prior to the enactment of SB 11 and SB 29, there was wide variation in the ways departments dealt with training. While some departments, such as the Los Angeles Police Department, San Diego Police Department, and San Francisco Police Department, developed extensive crisis intervention programming in the 1990s, other departments did not offer anything beyond the training that officers received in basic academy.

McVeigh, Karen. "Police Face Lawsuits in Shootings of Three Emotionally Disturbed People. "*The Guardian*. Guardian News and Media, 23 Oct. 2013. Web. 03 May 2017.
[5] Ross, Darrell "Emerging trends in police failure to train liability," Policing: An International Journal of Police Strategies and Management, Vol 23: Issue 2 p. 169-193 (2000).

Training Legislation

SB 11 and SB 29 were developed in response to national findings that individuals with mental illness are much more likely to be victims of police violence as compared to the broader population. Though the response to the legislation was positive, most involved in the process acknowledged that training alone cannot solve police response to people with mental illness.

The problem of use of force against people with mental illness stems from many places, not solely from a lack of training. Contributing aspects include a lack of resources for people with mental illness, police cultures that encourage aggression rather than de-escalation, and police recruitment practices that select individuals just out of high-school. **Changing police culture is not something that can shift overnight, but instead requires sustained efforts and small steps. These training bills represent just that: small steps in the right direction.**

Training Legislation at A Glance	
Senate Bill 11	**When legislation was enacted**: 2015
	Who is impacted: Officers just entering the academy and officers who opt into 3 hour continuing education course
	What legislation does: Legislation increased the number of hours of mental health training in basic academy from 6 to 15, and updated training standards related to mental health topics. It also required Peace Officer Standards and Training (POST) to create a 3-hour continuing education course that officers. Details on course requirements is included below.
	How many officers are impacted: In the past five years, the mean number of new Peace Officers was 3,875, with annual figures range from 2,918 to 4,567.[6] This represents approximately 4.8% of peace officers across the state.
Senate Bill 29	**When legislation was enacted:** 2015
	Who is impacted: Field training officers (FTOs), senior officers responsible for training and evaluating probationary officers. New officers are partnered with an FTO for a minimum of ten weeks during their time as a full-time officer. Certain law enforcement agencies, such as the Office of the District Attorney, are exempt

[6] "Employment." *POST*. California Peace Officers Standards and Training, 2017. Web. 23 Apr. 2017.

	from this requirement.
	What legislation does: Legislation requires that FTOs receive a minimum of eight hours of training related to mental health. Details on course requirements is included below.
	How many officers are impacted: POST does not keep a record of the number of FTOs across the state, thus the exact number of officers is difficult to say. The percentage of FTOs in the police force ranges slightly by locality; forces in the Bay Area typically have just under 10%. Oakland FTOs represents 9.4% percent of the police force, in San Francisco FTOs represent 8.1% of the force, in San Jose FTOs make up 11% of the force, and in Dixon FTOs represent 14% of the force. If the percentage of FTOs were estimated to make up 10% of officers, a total of 8,000 existing officers in California would be impacted by SB 29.

In isolation training will not shift behaviors and attitudes of police officers, a larger paradigm shift is needed. Police officers must see that there are other agencies working to address mental health crisis, and others must acknowledge that to date we have asked far too much of officers. Recruitment practices should shift to select officers with more life experience that better enables them to handle difficult situations. Departments must reinforce learning that occurs in trainings as a way to change the overall culture within police departments. **Training legislation should be considered part of a longer process to shift culture and practice within policing.**

In looking a police training practices, there is wide variation in the way that training is undertaken. **Below overarching processes are described to give readers a sense as to how training is managed and funded, and what accountability mechanisms are in place.**

Police Training and Standards

There are approximately 660 police agencies across California's 58 counties, and in total they employ 80,000 peace officers. Each agency is independently responsible for ensuring its officers meet the statewide training requirements. POST, Peace Officer Standards and Training, is the agency that sets minimum standards for California law enforcement officers. POST is responsible for developing training guidelines, certifying courses, evaluating officer knowledge, and approving trainers. The agency also is

responsible for monitoring jurisdictional compliance with the changes put in place under SB 29 and 11.

"Peace officer" covers a broad spectrum of officers, from patrol officers that people are likely to encounter on the street to school district police officers. The chart below breaks down POST affiliated departments by category.[7]

POST Certified Departments by type

- Marshal 4%
- District Attorney 7%
- Others in POST 18%
- Community College Districts 6%
- University of California 1%
- Cal State Univeristy Departments 3%
- Sheriff's departments 7%
- Police Departments 54%
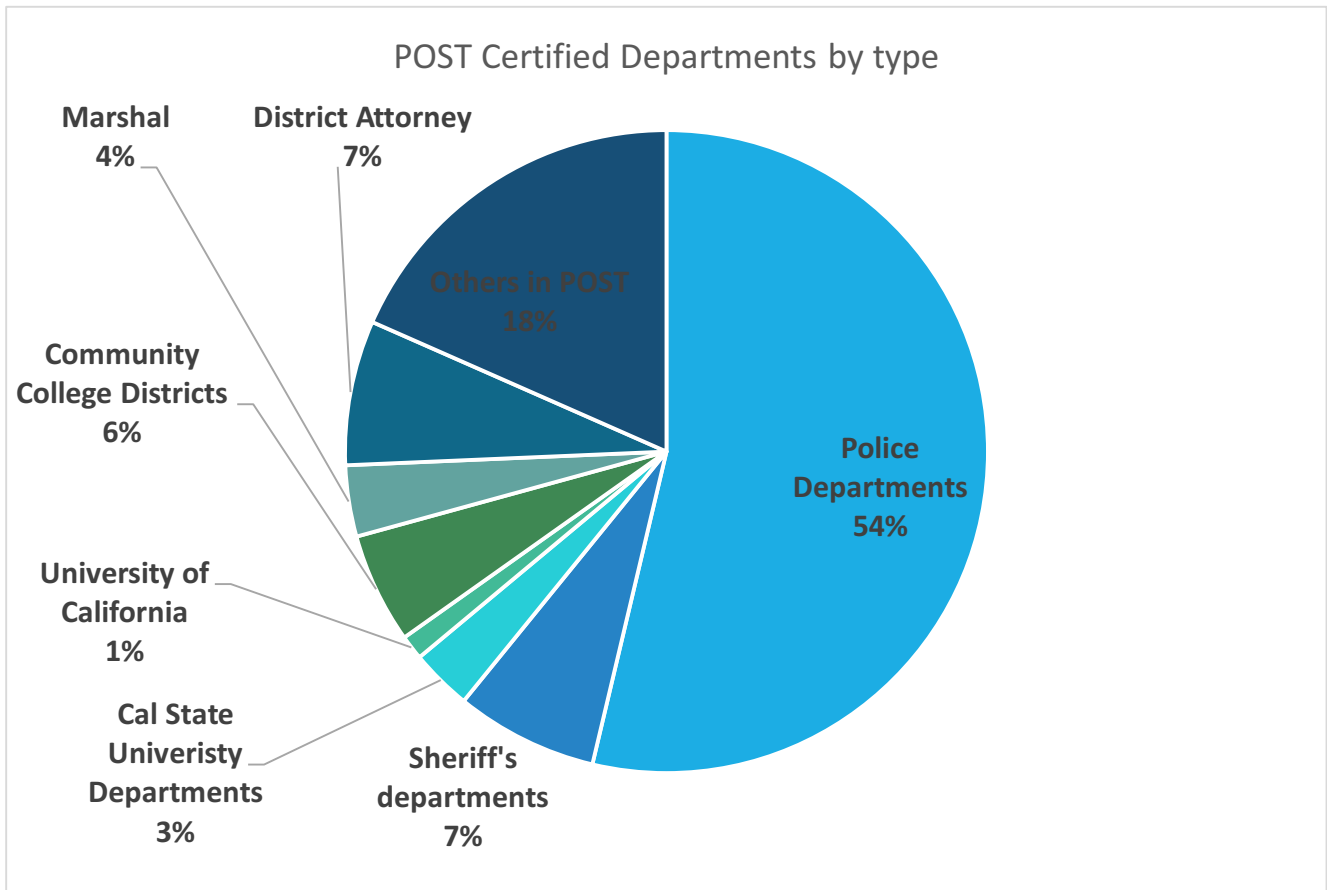
All Peace Officers must meet standards laid out in penal codes, though participation in POST programming is voluntary. Of the 660 police agencies, 608 participate through POST. The benefits of working with POST include: training materials, access to distilled research, leadership training, reimbursements for some training related costs, and management counseling services.[8]

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[7] Created using "Post Agency List By Name" document provided by California Police Officer Standards and Training.
[8] About POST." *About Us - Commission on POST*. California Peace Officers Standards and Training, n.d. Web. 23 Apr. 2017.

There are over 80,000 Peace Officers in California, however most officers are not required to receive additional training under this legislation. Mandated training legislation affects approximately 15 percent of officers.

POST cannot track the number of officers who have completed a specific training, in part because there are a number of different trainings that might meet a given training mandate. In order to hold agencies accountable, POST operates on an audit system. They perform an annual review of a sample of training files from every department to ensure that departments are up to date on mandated training. More information on POST's accountability system can be found in Appendix E.

Description of training agencies

Currently there are five categories of training organizations that agencies can contract to implement the required trainings. While all courses cover required elements, the manner in which this is accomplished may vary based on the trainer. Some trainers may take an active approach to training, while others might rely on lectures. Despite these variances, each officer must pass the same standards test, which ensures some amount of parity in the information covered. Approved training organizations include:

- Police agencies
- Community colleges
- Training Associations (e.g. Cal Sheriff's Association)
- Regional training centers
- Private presenters

Typically, large police departments implement their own trainings, while smaller departments send trainees elsewhere. When running an in-house training, a department might bring in an external trainer or find trainers from with the department or community. Departments who have the resources to run their own trainings have the advantage of tailoring trainings to the exact local needs.

There are many reasons a given agency might opt into their training outlet of choice: cost, location, availability of necessary training, quality of facilities etc. Some training locations might have special amenities, such as a driving course, that allow trainees better learning opportunities. Most often, trainees are sent elsewhere because small

departments simply do not have the capacity to run their own trainings. Nearly half of local police agencies nationally consist of 10 officers or fewer.[9] To date there is no research regarding the number of hours completed at each type of training organization nor the effectiveness of each type of training institution.

Funding Police Training

POST is currently funded through the Peace Officers Training Fund (POTF), a fund comprised of fines, penalties, and forfeitures imposed and collected by courts and counties. This means that POST is primarily funded by people who have violated laws, and no tax dollars are used to fund POST activities.[10] Politically this is favorable to legislators, however it also depends on the imposition of fines and fees, which at times can keep people engaged in the justice system.[11] Further, this source of revenue has declined over the years. POTF revenue in California fell from $42.6 million in fiscal year 2007-2008 to $55.8 million in fiscal year 2014-2015. This decline led POST to reduce training reimbursements, making it increasingly difficult for counties to stay up to date on training[12], and at a higher level, as an organization it POST is meant to perform the same duties on a shrinking budget.

The decline in revenue led to led POST to suspend reimbursements related to back-fill costs in January of 2013. Typically, this is the most expensive piece of police training. [13] With the implementation of SB 29 and SB 11, POST had limited funds that they were able to offer to agencies. They are able to offer reimbursements for travel (53.5 cents per mile), per diem expenses if a trainee has to travel to a training

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[9] Reaves, Brian. *"Local Police Departments, 2013: Personnel, Policies, and Practices."* Bureau of Justice Statistics. U.S. Department of Justice, May 2015. Web. 8 May 2017.

[10] About POST." *About Us - Commission on POST*. California Peace Officers Standards and Training, n.d. Web. 23 Apr. 2017.

[11] Martin, Karen (2016) *An Assessment of the Social Costs of Criminal Justice Debt,* Working Paper. November 2016.

[12] *Options to Maintain Training Reimbursement to California Law Enforcement*. Rep. West Sacramento: Peace Officer Standards and Training, 2015.

[13] Stresak, Robert. *Fiscal Year 2015-16 Training Reimbursement* (n.d.): n. pag. California Peace Officers Standards and Training, 30 June 2015. Web. 23 Apr. 2017.
<https://post.ca.gov/Data/Sites/1/post_docs/bulletin/2015-11.pdf>.

($128-$189 for subsistence, depending on where training takes place), and tuition costs.[14]

Agencies have up to 36 months to request reimbursements from POST, making it challenging for POST to offer a reliable estimate of reimbursements that have occurred as a result of legislation. Many agencies do not request reimbursements, as POTF money is reimbursed to city funds, rather than directly to the police agency.[15]

In isolation, this training mandate is not overly financially burdensome. The Senate Appropriations Committee estimated that training FTOs would cost local agencies over 10 million dollars in back-fill costs for SB 29.[16] Spread across over 600 departments, this is not a huge sum- approximately $17,000 per department. However, given the change in funding structure and additional strains on police departments, this may still be challenging for departments.

In Oakland, the cost of implementing SB 29 was approximately $70,000 in a budget of over $234 million.[17] This represents .005 percent of their total budget. A new police vehicle or a portion of a single peace officer's salary is a comparable cost to the department. Oakland's PD's finance department found this mandate yielded financial benefits for the department, as smaller police agencies in the region frequently sent trainees to Oakland classes offering a small revenue stream.

POST suggests that many agencies have to reduce spending in other areas to cover the expenses of additional training. A common strategy to fund training is using MHSA funds. Some agencies have found creative workarounds to cover the additional training costs, including the strategies listed in the table below.

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[14] "Training Reimbursement Program." *Reimbursement Program - Commission on POST*. California Peace Officers Standards and Training, n.d. Web. 23 Apr. 2017.

[15] Munk, Janna. "Email from Janna Munk." Message to the author. 13 Mar. 2017. E-mail.

[16] Senate Committee on Appropriations "SB 29 (Beall)- Peace Officer Training: Mental Health" April 15, 2015.

[17] Training cost calculation were made assuming using the following assumptions: 80 FTOs who must complete 8 hours of training. This group earns an average of per/hour earning of $70.06 (Bureau of Labor Statistics Data), and must earn time and a half for the duration of the 8 hour training. In addition, behavioral health contributes $550 per class, and seven seats are reserved for external agencies. These seats cost $25 per head. Training cannot be more than 30 students, thus this training requires at least four trainings. These numbers were confirmed by a financial manager at OPD.

Leveraging Resources to meet needs[18]	
AB 109 funds	Getting permission to use AB 109 realignment funds for mental health training and development of crisis intervention teams.
Training linkages	Linking training with a junior college so that agencies can receive subventions from the education system.
Regional trainings	Creating regional training classes to save money and bring in students from multiple agencies.
Anti-terrorism funds	Adding an anti-terrorism education segment to obtain federal funds to pay for training requirements.
Local trainers	Writing training duties into the job descriptions of senior officers in an effort to reduce training costs.

Senate Bill 11

SB 11 requires that POST review standards related to "persons with a mental illness, intellectual disability, or substance abuse disorder in its basic training course" and "develop additional training to better prepare law enforcement officers to recognize, deescalate, and appropriately respond to persons with mental illness, intellectual disability, or substance use disorders."[19] These topics fall under Learning Domain 37, one of 42 learning topics in basic academy, which covers "People with Disabilities." The bill mandates that new officers complete a minimum of 15 hours of training that covers issues related to mental illness. The legislation also requires POST to create continuing education standards pertaining to mental illness, which should be no shorter than 3 hours, though it does not mandate specific attendance.

Prior to the passage of SB 11, new recruits were required to complete 664 hours of training, six of which were aimed at disability related topics. SB 11 increased the number of hour that new recruits are trained on issues pertaining to mental illness. Because the total number of training hours was not increased, departments could meet

[18] Munk, Janna. "Email from Janna Munk." Message to the author. 13 Mar. 2017. E-mail.
[19] Legislative Counsel's Digest on *Peace Officers Training: Mental Health,* S.B. 11 *Oct 3, 2015*

this requirement by shifting hours from another training topic to learning domain 37. However, departments may be reluctant to cut anything from their trainings. If they choose to keep all material, SB 11 increases their training time by 7 hours. On average, departments complete 850 hours of training in Basic Academy.[20]

Standards were written using a variety of subject matter experts from POST, The National Alliance on Mental Illness (NAMI), mental health professionals, and basic police academy administration.[21] These changes changed were finalized on August 1, 2016, in accordance with the legislation.

SB 11 Training Topics at a glance

- The **cause and nature** of mental illness, intellectual disability, and substance use disorders
- **Identifying indicators** of mental illness, intellectual disability, and substance use disorders
- **Distinguishing between** mental illness, intellectual disability, and substance use disorders
- **Responding appropriately** in a variety of situations involving persons with mental illness, intellectual disability, and substance use disorders
- **Conflict resolution and de-escalation** techniques for potentially dangerous situations
- **Appropriate language** usage when interacting with potentially emotionally distressed persons
- Community and state **resources** available to serve persons with mental illness or intellectual disability, and how these resources can be best utilized by law enforcement
- The perspective of individuals and families with lived experiences with persons with mental illness, intellectual disability, and substance use disorders.

This training is not meant to be comprehensive, it is intended to be an introduction for new officers. The Council of State Governments (CSG), a non-partisan research organization at the forefront of both police training and behavioral health, produced guidelines recommending that police agencies require between eight

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[20] Caporale, Phil. "Accountability Questions." Message to the author. 16 Apr. 2017. E-mail.
[21] "Mental Health Training in the Regular Basic Course." Mental Health Training in the Regular Basic Course - Commission on POST. California Peace Officers Standards and Training, n.d. Web. 27 Apr. 2017.

and fifteen hours of training for new officers in issues related to mental health.[22] This puts California at the upper end of their frame. There is concern, however, about the effectiveness of this training at the start of an officer's career, when s/he does not have any real experience to which they can attach learned concepts. Anecdotally, many senior departmental staff suggest officers are better able to absorb CIT information after time in the field. By in large, new police officers do not have a great deal of experience with people with mental illness, making it more challenging to take in this information.

Senate Bill 29

SB 29 affects field training officers (FTOs), a set of officers who work with new officers in the field when they first enter the force. SB 29 requires the FTOs receive a minimum of 8 hours of crisis intervention behavioral health training. If officers have completed a 40 hour CIT course, they are exempt from this requirement. Typically, new officers work with FTOs for a minimum of ten weeks following their academy training before becoming full officers.[23] On average California police departments have 12-16 week field training program, with some jurisdictions running their program for as long as a

SB 29 Training Topics at a Glance
- Understanding stigma
- Strategies that contribute to stigma reduction
- Cultural relevance
- The **perspective of individuals and families** with lived experiences with persons with mental illness, intellectual disability, and substance use disorders.
- **Cause and nature** of mental illness and intellectual disabilities
- **Identify indicators** of mental illness, intellectual disabilities, and substance use disorder
- **Distinguishing between** mental illness intellectual disability, and substance use disorder
- Community and state resources and how these resources can be utilized by law enforcement to serve persons with mental illness and intellectual disabilities
- Appropriate language usage when interacting with potentially emotionally distressed persons
- Conflict resolution and de-escalation techniques

[22] ~~Criminal Justice/Mental Health Consensus Project~~ Council for State Governments June 2002.
[23] *Field Training Program Guide: Transitioning to Being an Effective Patrol Officer, 2014.* California Commission on Peace Officer Standards and Training, 2003. Print

year.

Legislation Challenges

While response to new legislation was primarily positive, there are several challenges jurisdictions encountered when trying to implement changes. This included:

- Finding training requirements to be unmanageable in the allotted number of hours
- Struggling to find trainers who were equipped to take on trainings
- Lack of inclusion of other officers and dispatch
- Feeling frustrated by needing to "repeat" trainings which already occurred

Amount of Material Covered in SB 29 Courses

Though instructors felt that all of the material that the working group decided to include was worthwhile, the cursory coverage of topics might be a disservice to officers. The breadth of topics covered means that officers have little information on all topics, and they may be likely to forget aspects of training. Further, officers might assume that their knowledge is greater than it actually is. Ideally, future training legislation would give officers longer exposure to course content, and offer more opportunity to practice the skills learned in class.

The process for designing the course was largely unintuitive. First, legislation's drafters made the decision that police departments should receive additional training regarding mental health and set the minimum requirement of eight hours. Senator Beall's office pushed for more hours, however fiscal considerations led to the decision to make the

Best practices: Spotlight on San Francisco

Following trainings, San Francisco surveys trainees to get a sense of whether training has been well received. When city officials found that officers felt they had a deficit in a certain area, they created an additional training to fill the gap. In the case of surveys following crisis intervention training, San Francisco found that officers felt unprepared to address an individual with mental health needs brandishing a weapon. As a result of their finding the city implemented a Field Tactics De-escalation Threat training, in which officers are trained to assemble a large team to address a situation. In more dangerous situations involving a person with mental illness, there is safety in numbers, and officers are trained to work to slow down the entire situation.

course just eight hours. Only after deciding the number of hours did a team begin to construct a curriculum to fit within the set time parameters. **A more appropriate format for addressing mental health training would have been to determine deficits in police knowledge, then map training hours onto needs.**

When accounting for an eight-hour class, instructors noted that this becomes a much shorter class when you include breaks and lunch, perhaps allowing for a five to six-hour course. Training agencies may be able to overcome these challenges by increasing the timeframe of trainings. However, law enforcement agencies often face challenges because of additional costs.

Duplication of Services

Prior to the passage of this legislation, many officers had already completed some form of crisis intervention training. This meant that some departments had to fund an eight-hour course for officers who had met similar standards, essentially making these departments pay twice for training.

A variety of POST approved mental health trainings already existed. They ranged in length from eight to forty hours. FTOs might have already undergone mental health training, but often they were still required to attend new POST certified courses because the previous mental health training likely did not cover every new learning domain. POST found this to be true of every mental health training that was 32 hours or shorter.[24] If an officer had completed a 40-hour crisis intervention course, standards were waived regardless of content. This problem will not persist, as moving forward departments will send their officers to trainings that meet SB 29 requirements.

Officers included in training

New training legislation affects only approximately 15 percent of the total peace officer population. Some suggest that mandated training should encompass more officers. Though some officers might take the three-hour continuing education course, or a different POST approved CIT training, they are not required to do so.

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[24] "Interview with Janna Munk." Telephone interview. 24 Feb. 2017.

Going for 100 percent?

Some departments have made a goal of 100 percent of patrol officers CIT trained, however the Memphis Model specifies that 20% is their goal. In setting a lower training goal there is more "quality control," in which those who receive training have passed certain bars and are bought into the mission of Crisis Intervention. This ensures that those responding to calls truly have the appropriate training and attitude to adequately respond to individuals with mental illness. One alternative suggestion is that all officers receive a 40-hour training course, but other officers receive an advanced training. Dispatch should then indicate which officers have an advanced certification, and prioritize sending this group on mental health calls.

A specific deficit mentioned was the exclusion of dispatchers. Despite being the first point of contact with a mentally ill client, dispatchers are less likely to receive crisis intervention training. The law as it currently stands does not require dispatchers to get additional training in addressing mental health concerns. It is a dispatcher who determines which officer responds to the call, thus their ability to identify mental health issues and dispatch the correct person is critical.

Most dispatchers have a roster of officers who are trained in crisis intervention, and they can dispatch either a CIT officer or police/mental health team if they are available. If a dispatcher is unclear they will follow normal procedures, and a patrol officer can then contact dispatch to request a special team/officer response.

Though some departments send their dispatchers to CIT training courses, much of the material is not applicable. For example, learning to communicate non-verbally is not an option for dispatchers, whose entire job takes place over the phone. **Training dispatchers has two immediate benefits: first, it ensures that the first point of contact recognizes who to send to address mental health concerns. Second, dispatchers are the point of contact where data about mental health calls is most likely to be taken.** Ensuring that they are appropriately prepared will lead to better outcomes for individuals with mental illness and better tracking of progress or shortcomings of departments.

Lack of Training Capacity

A number of agencies expressed difficulty finding appropriate trainers; POST has identified a lack of outlets for training trainers as an obstacle for agencies who are interested in creating their own trainings.[25] POST suggested that a "Train the Trainers" course might support the capacity of local agencies.

With lack of trainers, agencies are more likely to send trainees elsewhere. Though this meets training requirements, in house trainings offer additional benefits. Trainings undertaken by one's home department are more likely to come from a trusted officer, which impacts a trainings ability to influence police culture. Departments that undertake their own trainings stress the importance of allowing well respected officers to lead parts of the training in order to build buy in. This sentiment is echoed by the Council for State Governments in *The Essential Elements of a Specialized Law Enforcement-Based Program*, and studies on professional development demonstrate the importance of leader buy in when implementing a training to change behavior.[26] Trainings also emphasize local resources that can aid mental health crises, which are often irrelevant to external participants. When trainings are undertaken outside of an officer's home region, they do not get the additional benefit of learning the best resources to rely on in their home community.

Opportunity: Mental Health Training Liaison

A common approach to building training capacity was to hire a fulltime training liaison. This individual is responsible for staffing all trainings, and they are able to do this through building relationships in both the police and mental health spheres. Training liaisons typically knew multiple individuals within the community who might be able to meet a training need. By nature of being under the umbrella of the police, these individuals often have a sense of which trainers will resonate with a police audience, and they are able to make efforts to ensure that training is taken seriously by participants.

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[25] Munk, Janna. "Interview with Jana Munk." Telephone interview. 24 Feb. 2016.

[26] Schwarzfeld, Matt, Melissa Reuland, and Martha Plotkin. *Improving Responses to People with Mental Illnesses The Essential Elements of a Specialized Law Enforcement–Based Program*. Rep. New York: Council of State Governments Justice Center, 2008. Print.

Training for policy change

In looking to improve relations between police and people with mental illness, SB 11 and SB 29 both aim to better train police. However, training as an outlet for policy change is often unsuccessful in the implementation stage. This section discusses what is known about successful training endeavors in order to make recommendations to police departments hoping to change the behavior of beat cops.

Training as an outlet for changing behavior is a fairly common policy strategy. The theory behind this type of intervention is that trainees lack a set of knowledge and once the knowledge deficit is corrected trainee behavior will change. This theory falsely suggests that simply extracting the information from the training will produce the desired change. Instead, implementation of change needs to be treated as a process, in which a concept is internalized and skill is taught, practiced, and critiqued before it is fully mastered. In fact, a Bureau of Law Enforcement Training manual notes that "Law enforcement programs know, training must do more than *inform* its participants—it must also *transform* them."[27]

> "We need to get to policing 2.0"
> -Paul Figuroa, OPD Deputy Chief

Research regarding the effectiveness of police training shows that we know virtually nothing about the long- or short-term effects associated with any form of police training.[28] For example a meta-analysis of 65 studies on the effectiveness of community policing found virtually no effect on crime, though the US Department of Justice has poured over $14 billion into this type of programming over the past two and a half decades. It is important to note, that community policing did yield some positive effects on community trust.[29] With no validated work on the effect of training content, timing, instructor qualifications, pedagogy, and other elements of training, it remains an open question whether many of these trainings are worthwhile. Further, it is challenging to

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[27] Schwarzfeld, Matt, Melissa Reuland, and Martha Plotkin. *Improving Responses to People with Mental Illnesses The Essential Elements of a Specialized Law Enforcement–Based Program*. Rep. New York: Council of State Governments Justice Center, 2008. Print.

[28] Skogan, W.G., Van Craen, M. & Hennessy, C. *Training Police for Procedural Justice* Journal of Experimental Criminology (2015) 11: 319-334.

[29] Zhang, Sarah. "Police Training Is Seriously Lacking in Actual Science." *Wired*. Conde Nast, 17 Aug. 2015.

study police training, as research methods often do not translate into street practice. The response time required on the streets is much more rapid than that in a classroom.[30]

Analogous work in teacher training

 Law enforcement is not the only discipline facing this challenge. Research in the education sphere suggests that professional development training for teachers is also frequently ineffective. A series of evaluations conducted in the 1970s found as few as 10 percent of teachers who participated in professional development implemented their learnings in the classroom, including in instances where teachers opted into training.[31] Studies in teaching show that mastery of a new sill requires on average 20 separate instances of practice (known as "at bats" in education literature), though the number may be higher for more complex skills such as deescalating a situation in which a person is undergoing a mental health crisis.[32] Researchers found that effective teacher training consisted of four main components:

FOUR STEPS OF EFFECTIVE TEACHER TRAINING	
Step	Description
Theory	**Exploring** the theory and rationale behind new skills or strategies
Demonstration	**Modeling** skill under simulated conditions
Practicing	Allowing trainees to **practice** the skill and receive feedback
Coaching	Formulating **peer-coaching** groups in which peers work together to plan and execute the implementation of new skill or strategy and offer each other feedback as they work on the new skill in classrooms

[30] Lum, Cynthia, Cody W. Telep, Christopher S. Koper, and Julie Grieco. "Receptivity to Research in Policing." *Justice Research and Policy* 12.1 (2012): 62-95. Web.

[31] Showers, Beverly, and Bruce Joyce. "The Evolution of Peer Coaching." *Improving Professional Practice* 53.6 (1996): 12-16. Web.

[32] Gulamhussein, Allison. Teaching the Teachers: Effective Professional Development in an Era of High Stakes Accountability. Rep. Alexandria, VA: Center for Public Education, 2013.

If a training had only the theory and demonstration steps, **teachers did not implement strategies in the long term** (0% success rate). In instances when teachers had the ability to practice a given skill or strategy, **approximately five percent of teachers implemented the strategy.** Finally, when teachers formed peer coaching groups in addition to the other three steps, **approximately 95% of participants implemented strategies.** Peer coaching involves on site coaching in which a teacher receives on-going feedback regarding their implementation of a given skill or strategy, and works with peers on a plan to execute the new skill.

In addition to the four steps of effective training, two other elements essential to effective training include: **cohesiveness of instruction and dedicated leadership**. Even a particularly inspiring and powerful trainer cannot overcome the effect of an uncooperative / poor organizational climate. Equally, good climates and high motivation cannot make a bad training effective.[33] In addition, research on schools finds that professional development should be relevant to the participants. **Trainings should be directly focused on the curriculum and programs teachers are currently teaching – not those that are planned to be taught sometime in the future.**[34] Finally, effective professional development is ongoing.[35] Though much of this is common sense, it is important when considering how to build training that "sticks" in the police world.

Implication for Police Training

Police officers operate in more unpredictable environments than teachers. None-the-less, based on research in ongoing teacher development, there are several implications for police training to enhance the uptake and implementation of training.

1) **Ensure that training is active and grounded in behaviors that police officers will need**

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[33] Joyce, Bruce and Showers, Beverley *Designing Training and Peer Coaching: Our needs for learning*, VA, USA, Association for Supervision and Curriculum Development 2002.

[34] Sparks, G. M. (1983). "Synthesis of research on staff development for effective teaching." Educational Leadership, 41 (3), 65–72.

[35] *Improving Responses to People with Mental Illness: Strategies for Effective Law Enforcement,* Justice Center, Council on State Governments 2008. P. 9

Learning is most relevant when learners are able to connect learning to something that is directly applicable in their everyday lives and actively involved in mastering the skills during and after trainings. Grounding police trainings in the day to day of patrol duties will make training most likely to stick.

Because SB 29 and SB 11 are required to cover so much ground, officers receive little opportunity to practice the skills covered in training. Making learning more active might mean offering role playing scenarios or learning to write 5150 holds in a step-by-step way. This helps increase officer buy-in because they feel that they are gaining skills that are directly relevant to their daily jobs.

2) **Create more specific and measureable goals**

Currently, SB 29 and SB 11 have goals that are vague. For example, the goals of on-going SB 11 training are to:[36]

1. Help officers enhance their understanding, judgement, competence, physical safety, and the safety of others when responding to situations involving mental illness.
2. Increase the officer's awareness of appropriate community resources.

From these goals, it is unclear what behavior changes trainings hope to achieve. Making more concrete goals (i.e. "Officers will know how to appropriately write grave disability holds, such that hospital admittance of mentally ill individuals increases by X%.") will support better training.

3) **Ensure that training and messaging are coming from trainers who are well respected by police**

In implementing training in education, we know that 1) environment matters; 2) the person leading training matters; 3) Leadership buy in is key to adoption of new

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[36] Munk, Janna, comp. *Police Response to People with Mental Illness, Intellectual Disabilities, and Substance Use Disorders: Crisis Intervention Behavioral Health Training SB 11*. West Sacramento: California Commission on Peace Officer Standards and Training, 2016. Print.

behaviors.[37]   Reasons for this include feeling safe in one's learning environment, understanding the collective impact of behavioral shifts, and creating a shared vision of change.

For the police sphere, adoption of new behaviors is more likely if the leadership visibly supports the training and if training is undertaken in a familiar environment. Further, finding opportunities to allow respected police officers to take the lead on training is likely to enhance officers' abilities to make needed shifts.   Interviews with police trainees echo this finding.   When departments have to outsource training, the messenger is less likely to be familiar to the trainee, so the potency of the message decreases.   In addition, when training is done locally, there is a greater ability to build relationships between police, mental health, and other local agencies.   One of the most important aspects of crisis intervention is an understanding of the nature of crisis at the local level and an understanding of additional resources police agencies can draw on (i.e. homeless services, mental health providers, etc.).   When agencies outsource trainings, this important aspect of training gets lost.

4) Create opportunities for officers to receive ongoing feedback on crisis interventions, ideally through peer coaching

All training research recognizes the need for training to be ongoing and for officers to get feedback on how they are putting a given training into practice.   **While it is challenging to create the space to reflect on the success or shortcoming of a specific crisis intervention, this is the most important element of successful teacher training.**

Creating concentrated CIT teams within departments can help facilitate reflection and improvement.   This is achieved through the leadership of a small group of officers who have a higher level of CIT training, and are designated as the appropriate group to take crisis calls.   Typically, a CIT team is chosen through an application process, ensuring that the most dedicate officers are part of the team.   This group can then receive additional training, and collectively set the local agenda regarding implementing CIT strategies.   This strategy is time intensive, as it requires that officers not only spend time on the street but also spend time planning and reflecting.

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[37] Showers, Beverly, and Bruce Joyce. "The Evolution of Peer Coaching." *Improving Professional Practice* 53.6 (1996): 12-16. Web.

Measurement challenges and comparing across jurisdictions

Ideally, the success of this legislation could be quantified using a clear and consistent data set, however at the state level there are many challenges related tracking mental health calls. Counties often have differing definitions of use of force, different available technologies, differing mental health options, etc. which creates inconsistencies in comparing across jurisdictions. There are even challenges in counting the number of metal health calls that jurisdictions respond to.

Challenges associated with tracking mental health calls	
Challenge	Description
Labeling calls	Agencies may **lack a method for labeling a call** that they believe involves a person with a mental disorder.
Lack of appropriate technology	Many law enforcement agencies **lack software or hardware** systems that have the capacity to collect and manage data.
Dispatcher coding calls	If an agency records mental health calls, often this is done by the dispatcher. They **may not code a call as a mental health call if they are not sure**, and forms are unlikely to be updated after the fact.
Updating calls when more information is available	In some instances, police can complete additional paperwork after a call to update information about the individual. Officers may not complete additional forms due to **time constraints or other concern**s.
No record required	In instances in which an individual has committed a low-level offense, officers **may not be required to record the final results** of the call if they did not take a formal action.[38]

Changes in Data Collection

California is currently trying to address concerns about police misconduct through additional data collection. On January 1, 2017, California launched URSUS, a database

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[38] "Law Enforcement Mental Health Data Collection Project." *CSG Justice Center*. Council of State Justice, n.d. Web. 03 May 2017.

that tracks use of force incidents.[39] This platform requires that departments report their use of force statistics to the Department of Justice once a year. Though the DOJ created a demo dashboard to allow the public to understand how the data-tracking software works, as of 5/1, the online dashboard was not working.[40] According to news articles, URSUS collects "racial demographics, whether an arrest was made, the number of civilians and peace officers involved in the incident, whether the civilians were perceived to be armed, and what kind of weapon (if any) a suspect was confirmed to have."[41] Further, the database tracks incidence of violence against officers.

News articles did not comment on the tracking of mental health status, though one online blogger who was able to test the dashboard commented that the database requires departments to indicate whether someone might have shown "signs of erratic behavior." The dashboard includes options such as signs of drug or alcohol induced impairment, physical disability, mental illness, or developmental disability.[42] This tool can help improve counts, but challenges with the accuracy of the number of mental health calls will remain. Identifying someone's mental health status is challenging, and further there can be incentives to misconstrue data that is subjective, such as mental health status.

While data collection can provide useful information, it is important to consider the use of data before demanding that local police departments take on the administrative burden of collecting information.   Departments already collect a great deal of information and have data procedures in place.

In addition to the data departments are required to collect through URSUS, data that can be tracked to assess the strength of mental health interventions includes the following [43]

- Utilization of crisis intervention teams or mobile crisis units
- Individuals referred to community-based services

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[39]"California to Track All Police Use of Force with Online Tool." *Fox News*. FOX News Network, 22 Sept. 2016. Web. 03 May 2017.

[40] For those who wish to try the demo, news sites list the following website: www.ursusdemo.doj.ca.gov/

[41] Emslie, Alex. "State to Improve Police Use-of-Force Data Next Year Under New Law." KQED News, 30 Dec. 2015. Web. 08 May 2017.

[42] Smith, S. E. "In California, a Government App Will (Finally!) Track When Police Shoot Civilians." Bitch Media, 5 Oct. 2016. Web. 08 May 2017.

[43] "Criminal Justice/Mental Health Consensus Project" *Council for State Governments* June 2002.

- People hospitalized as a result of police intervention
- Number of referrals that result in follow-up care

Tracking this information will allow jurisdictions to get a picture of outcomes related to efforts that they have put in place. For example, if none of their referrals are yielding follow-up care, then a jurisdiction should reconsider its referral strategy. Or, if mobile crisis programs are running only four days a week, but receiving many calls for service on the other dates, this can be an indication that a county should consider expanding its programming. Ultimately these are measures of outputs, rather than outcomes, but these data points are "low-hanging fruit" for departments

Mobile Crisis Programs Context

In addition to training police, a common approach to intervening in mental health crisis situations is to allow clinicians to intervene in place of - or in addition to - police officers. In these situations, specially trained clinicians can stabilize individuals undergoing a mental health crisis and link them to appropriate services that help them better manage mental health symptoms. The goals of mobile crisis services are to "provide rapid response, assess the individual, and resolve crisis situations that involve children and adults who are presumed or known to have a behavioral health disorder."[44] Ideally, mobile crisis programs decrease county dependence on jails and emergency medical services, and instead to engage consumers in treatments that prevent future dependence on these systems. **SB 82 provided additional funding for programs of this variety. Ideally it is meant to fill gaps in services offered, and relieve some of the burden police officers face.**

Senate Bill 82

SB 82 amends Proposition 63 to fund select counties to enhance their triage personnel to provide intensive case management and linkage to services for individuals with mental health disorders. This bill provides an opportunity to reduce costs associated with expensive inpatient and emergency room care, through increasing access to effective outpatient and crisis stabilization services. These additional funds can be used

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[44] *"Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies." (n.d.): n. pag. Substance Abuse and Mental Health Services Association, 2014. Web.*

for mobile crisis programs, crisis stabilization units, and residential treatment facilities. This paper will focus only on the component of SB 82 that issue grants to counties to run mobile crisis programs. The funds for grants are made up of a one-time allocation from the general fund, Medi-Cal funds, and Mental Health Services Act Funds.[45] The California Health Facilities Financing Authority issues RFPs and distributes the SB 82 funding to select counties. These counties can use funds for the purchase of vehicles and technology, or personnel costs.

Not all mobile crisis programs are meant to meet the same needs. Some are dispatched directly to a crisis scene, while others are aimed at second-responder duties, including linking people to services, and supporting people in getting to medical appointments. Senate Bill 82 aimed to increase the prevalence of mobile crisis programs, though many counties already had some form of these programs. As of April 29, 2016, CHFFA had given 17 counties supplemental funding to support their mobile crisis programs, though some of these counties had received funding in multiple rounds.

Partnerships with mobile crisis units provide police with an additional resource to alleviate crisis situations. To date, police have been required to fill in many gaps, thus this supports alleviating their burden. Allowing non-police to respond to calls can ease client's anxiety when a person without a uniform is sent to address their needs.

The majority of the mobile crisis units funded by SB 82 do not operate 24 hours a day seven days a week. A graph below depicts the operating hours of mobile crisis programs funded through SB 82.

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[45] "Investment in Mental Health Wellness Grant Program Peer Respite Care Grant Program Frequently Asked Questions (FAQ)." *California Treasurer's Office*. N.p., 2 Feb. 2016. Web. 8 May 2017.

Operating Hours of the 17 Mobile Crisis Programs funded by SB 82
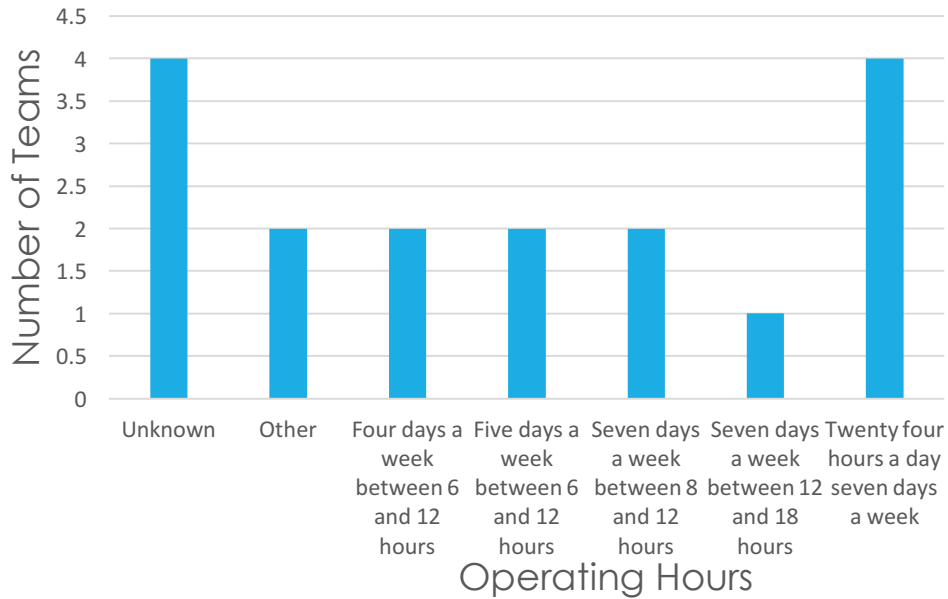
Though police would prefer to have more coverage, many counties do not deem it to be cost effective, and built their schedules to address hours with the most mental health calls. As services become more familiar to communities, needs may change and it may be possible for counties to extend hours. Counties have much autonomy in determining the most critical needs in their community. Some of the structures of programs are included below.

Structure of Mobile Crisis Programs funded through SB 82	
Program type	**Description**
Co-responder models	Some counties run co-responder programs, in which a clinician and police officer jointly respond to calls. This happens in two ways: either the police officer and clinician complete their shifts in the same car or both are called to the scene at once.
Mobile Crisis Support Teams (MCST) authorized to respond without police	In some cases, clinicians will respond without police officers, and simply call police officers if a safety concern arises. While Yolo county primarily operates as a co-responder model, they allow the MCST to respond to calls in situations in which clients are familiar to police and mental health.
Secondary responder model	Counties are beginning to employ secondary responder models, in which clinicians follow up with people with mental illness following a hospitalization or 5150. In many cases, those utilizing mental health services are likely to use police or mental health services again. Thus, the role of mobile crisis support is to try and connect people with mental illness to appropriate supports in order to decrease their likelihood of experiencing crisis in the future.
Focus on specialized populations	Some mobile crisis supports are meant to support very specific populations such as Transition Aged Foster Youth or specific ethnic groups (e.g. Asian Pacific Islander, Latino, etc.). These groups programs are not likely to be dispatched by police, and instead are likely to respond to requests by specialized social service agencies.
Video conferencing for reaching rural populations	Some counties, such as Kern County, have created video conferencing programs in order to best meet needs when police, mental health providers, and clients are far apart. In these cases, police cars are equipped with iPads to allow clinicians to talk "face-to-face" with those in crisis.

A more comprehensive review of the Mobile Crisis programs funded through SB 82 is included in Appendix C.

SB 82 Challenges

Following up with clients after initial crisis

The biggest challenge MCST programs experience was following up with clients after an initial crisis. MCST programs are designed to reduce future use of hospitals and jails by linking clients to better care. Clearly a mental health crisis is not the appropriate time to try and connect a client to services, so MCSTs often need to follow up after the incident. The challenge in this regard is that clients with mental illness often have less stable living situations than the general population, potentially lacking stable housing and access to a phone. This creates barriers to offering services.

Though a mobile crisis program might bring a client to the hospital to be admitted on an involuntary hold, the MCST staff cannot follow up with the hospital because of patient confidentiality. Health Insurance Portability and Accountability Act (HIPPA) requires privacy of protected health information. This speaks to the larger problem, challenges in creating cohesive care plans for individuals involved in both the behavioral health and criminal justice spheres.

Addressing this challenge

Ideally, in the future, it will be possible to link databases in a manner that maintains HIPPA standards and allows systems of care to access a cohesive set of information. Other localities have addressed this in several ways. Johnson County has used machine learning methods to link de-identified records across the county mental health center, county ambulance service, and the Justice Information Management System. This allows the county to take a proactive approach to case management through the creation of timelines estimating when individuals are most apt to need support. Johnson County's de-identification linking of records is aimed at only the highest users of the criminal justice system,[46] however ideally technological advancements will continue to support record linkages that allow for more complete care.

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[46] "DATA-DRIVEN JUSTICE INITIATIVE." *DATA-DRIVEN JUSTICE INITIATIVE*. National Association of Counties, Dec. 2016. Web. 8 May 2017.

A secondary manner some locations in the United States are using to addressing this problem is a waiver process. In this process, a client can opt to share their information. Humboldt County, California and Johnson County, Kansas are locations piloting this process. Johnson County's waiver allows a patient to upload a small set of their information to a database that is shared by Corrections, Court Services, Developmental Supports, Human Services & Aging, Public Health, and Mental Health. The information input is limited (Name, Address, Data of Birth, Gender, Last Four Digits of SSN, and Service Coordinators Name and Contact), but allows for collaboration across systems.[47] The client can rescind consent at any time, but in the event that they do not, their information stays in the data base for five years.

Research on MCST

There is limited research regarding MCSTs, and overall studies demonstrate mixed results. Studies examining the effectiveness of mobile crisis programming suggest that mobile crisis programs result in lower rates of hospitalization 30 days after the initial crisis.[48] In addition mobile crisis programs are more effective than traditional hospital based programs at linking people to services after a crisis.[49]

A 1997 study examining the cost effectiveness of MCSTs in DeKalb County, Georgia found that MCSTs were able to handle calls without psychiatric hospitalization 55% of the time, where traditional police partnerships handled calls without hospitalization only 28% of the time. This difference was found to be statistically significant. In this instance, MCSTs reduced the cost per case by 23%. There was not a statistically significant difference in arrest rate when comparing MCSTs with traditional police responses, thus was not included in their cost analysis.[50] Their study concluded that overall MCSTs provided increased client satisfaction while also saving the county money.

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[47] *Johnson County My Resource Connection Consent to Release Confidential Information*

[48] Guo, S., Biegel, D., Johnsen, J., & Dyches, H. (2001). Assessing the impact of community-based mobile crisis services on preventing hospitalization. Psychiatric Services, 52, 223–228.

[49] "*Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.*" (n.d.): n. pag. Substance Abuse and Mental Health Services Association, 2014. Web

[50] Scott, R. L. (2000). Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction. Psychiatric Services, 51(9), 1153-1156.

Alternatively, the Washington State Institute for Public-Policy (WSIPP) completed a cost benefit analysis of MCSTs and found that MCSTs do not save money in jurisdictions where they are used. WSIPP used costs from several studies aggregating findings to reach their conclusions about costs. Their cost consideration included reduction in crime as a result of the program, the benefit to participant and others, and indirect benefits. They found that per participant, MCST programming results in an overall increase in costs of 77 dollars. It is worth noting that their analysis found that over time the net negativity of costs has decreased. A summary of WSIPP's findings is included below.[51]

Benefit-Cost Summary Statistics Per Participant			
Benefits to:			
Taxpayers	$1,020	Benefit to cost ratio	$0.93
Participants	$10	Benefits minus costs	($77)
Others	$157	Chance the program will produce	
Indirect	($83)	benefits greater than the costs	42 %
Total benefits	$1,104		
Net program cost	($1,181)		
Benefits minus cost	($77)		

Additional considerations

Though co-responder teams and MCSTs often have much better use of force statistics than traditional police response, it is important to note that these represent calls in which many small things have gone right. In cases where a co-responder or mental health team is on scene, the dispatcher has identified a mental health call, noted the appropriate response (CIT officer, mobile crisis, etc.), and the correct people were available and able to respond in a timely manner. Given these factors, we should expect these teams to have better outcomes.

In addition to findings listed above, MCSTs create more opportunities for collaboration and understanding between police and mental health staff. In both worlds, staff note that increased contact leads to learning on behalf of both police and mental health staff.

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[51] *"Mobile Crisis Response Adult Mental Health: Serious Mental Illness."* Washington State Institute for Public Policy, Dec. 2016. Web. Table copied directly from WSIPP.

Community Partnerships/Collaboration between Police and Mental Health

All departments interviewed reported the importance of partnerships with other community groups in facilitating strong crisis response plans. It is precisely these partnerships that helped to create effective trainings and a comprehensive, sustainable approach to supporting people with mental illness. The increase in the prevalence of mobile crisis programs is important as it helps improve collaboration between police and health agencies.

CIT programming relies on community groups to divert individuals from the criminal justice system. Literature on CIT programming (the Memphis Model) suggests that partnerships between law enforcement and community mental health stake holders are essential to ensuring that mentally ill citizens are appropriately diverted and receive treatment. Police should not be expected to carry all the responsibility for improving outcomes for individuals with mental illness; instead the job should be shared among a number of agencies all supporting the same goals.

Though it is widely recognized that building alliances and collaborations is an important part of improving mental health systems, it is hard to codify exactly what leads to successful collaboration. Some common problems include mistrust between agencies, lack of formalized partnerships, and a lack of clarity regarding how to treat frequent users of systems of care.

Though there is no magic formula to create positive collaboration between mental health agencies and law enforcement several principals are listed below. These were created using suggestions from the Council for State Governments and interviews from a number of behavioral health directors in California.

Principles for positive collaboration between police and behavioral health	
Create clear outlets for collaboration	Though each group recognizes the benefit of working collaboratively, it is not always clear what form this should take. Creating clear points of collaboration supports relationship building, and working towards outcomes. San Francisco has created working groups that include officers from every police department in the city, as well as behavioral health experts. The work group create channels of communication back to departments, and also are tasked with specific projects. For example, there is a committee on curriculum and a committee to give awards to officers have made exceptional progress on mental health calls.
Determining points of shifting responsibility on site	In emergency situations, most often both police and mobile crisis programs respond. Ensuring that there are clear protocols in place for transferring responsibility supports strong relationships.
Embedding mental health officers into police departments	Embedding certain mental health officers (such as mobile crisis clinicians) into police departments can support better collaboration and use of mental health services.
Collaborate to address high users of systems of care	Analyzing police data can help identify the highest users who have repeated contact with officers. Collaborating to address the highest users can help support decreasing costs of both agencies through offering preventative care.
Resolve differences in private	Though police and behavioral health are working together to meet needs, disagreements are bound to come up. To the greatest extent possible, resolve differences in private. This preserves relationship, and supports public trust in institutions.
Create "boundary spanning" positions	Creating a position that puts individuals in charge of maintaining vision and collaboration efforts between police and behavioral health can support ongoing work toward goals.

Addressing needs collaboratively will best support police, individuals with mental health needs, and the general public. Failure to connect these systems can endanger lives, waste money, and threaten public safety. Finally, better collaboration can begin to shift some burdens away from police.

Recommendations

This legislation is still relatively new, and it remains to be seen what the long-term impact will be. Given the current demand for police reform, as well as the increase in lawsuits alleging that police are improperly trained, the bills are timely and begin to make some of the shifts that the public demands. Nonetheless, there are several changes that have the potential to increase training the likelihood that police implement training strategies. These recommendations are organized by the entity that would most likely be responsible for implementing processes required to achieve a given change.

State recommendations

- Create more funding streams for crisis training liaison or other "boundary spanning" positions

Some jurisdictions have created a dedicated police mental health training liaison position. This person is responsible for managing all police crisis training duties. These individuals are able to coordinate trainings for departments, and find trainers who are influencers within the department. This is likely to lead to training that has an ability to permeate department culture. In addition, this individual can find ways to incorporate coaching into training processes, which studies demonstrate enhances the likelihood that skills and strategies learned in training are applied in the field.

In addition, this position allows for increased collaboration between departments which can support a more comprehensive approach to addressing mentally ill clients. Offering funding for these positions makes jurisdictions more likely to buy into create these positions, and in turn makes training more likely to "stick." Often, successful collaboration requires a "boundary spanner," or someone who can manage collaborations between both worlds.[52] Training liaisons can act as this bridge.

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[52] "Criminal Justice/Mental Health Consensus Project" *Council for State Governments* June 2002.

- Enhance dispatcher training regarding mental illness

Though the legislation requires many frontline officers to receive training in strategies to responding to individuals with mental illness, it does not require dispatchers to receive analogous training. **This means the entry point to the police system is not prepared to best support mentally ill individuals, and might misidentify calls and send officers who are not as prepared to the scene of a crisis.** Training dispatchers will support the use of mobile crisis programming and other community resources, and is likely to ensure that the most prepared officers end up on scene managing crisis calls.

Crisis intervention training for dispatchers should be specific to their role, offer dispatchers an opportunity to practice the skills they learn, and should involve ongoing feedback. Training dispatchers supports better outcomes in managing crisis calls.

- Focus future legislation on depth of training, rather than breadth of training.

SB 11 and SB 29 both focus on giving a cursory introduction to all issues related to mental health. **Focusing on a smaller group of officers more intensively is likely to support better outcomes.** This is a fairly common practice, for example the Psychiatric Emergency Response Team of San Diego and CIT team in Los Angeles taking this approach, and the "Memphis Model" and research in the education sphere supports this idea. Education research suggests that often training that is longer in duration has a greater impact on implementation.[53]

Creating CIT team offers a clear group of people to act as a first responders in crisis situations, and a group that can collaborate as "peer coaches." Peer coaching allows behavior shifts to endure. Admittedly, this model is more feasible in larger departments that have many officers on patrol at a time. Smaller departments likely require officers to be generalists.

Recommendations for police departments

Though POST sets training mandates, police departments have much autonomy in their implementation strategy. These recommendations are aimed at police

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[53] Gulamhussein, Allison. *Teaching the Teachers: Effective Professional Development in an Era of High Stakes Accountability*.

departments who are interested in providing high-quality training that enhances officer safety by making officers more likely to implement mental health training strategies.

- Follow training guidelines as outlined in the training section of report

In the "training for policy change" section of the report, several strategies for increasing uptake of training were discussed. A short summery of each recommendation is below. For a more comprehensive look at these recommendations see pages 27-29.

- Ensuring that training is active and grounded in behaviors that police officers need

  Ensuring that officers have ample opportunity to practice the skills they learn in training makes it more likely that they will apply the skills in the field in the long term. Further, training should aim at changing specific behaviors that police are likely to use in the field (i.e. de-escalating crisis situations, writing grave disability holds, addressing a person in mental crisis brandishing a weapon, etc.).

- Ensuring that trainers and messaging are coming from trainers who are well respected by police

  Literature regarding police suggests that they have a specific culture that is often misunderstood by outsiders. Ensuring that training is coming from within police culture makes it more likely that police will respond to trainings. This recommendation is supported by the creation of training liaisons.

- Creating opportunities for officers to receive ongoing feedback on their crisis interventions

  Finding ways to offer officers feedback is key to successful integration of new skills. Studies demonstrate that individuals need to encounter material 20 times before it becomes a part of regular practice.[54] Offering officers opportunities to reflect on their will enhance officer use of skills taught in crisis intervention trainings.

Areas to investigate further
- Data sharing opportunities to create a cohesive system of care

[54] Ibid.

This report touches on data sharing as an opportunity to better integrate different systems of care. However, the analysis did not full consider the potential consequences of this strategy; thus it is recommended that more analysis be done in considering data sharing opportunities between different county departments.

Hospital waivers and shared databases could enhance the effectiveness of Mobile Crisis Support Teams and police; Hospital waivers might allow behavioral health officials to follow up with clients and connect them with appropriate resources. In looking at options, client privacy must be kept at the forefront of considerations.

Conclusion

Communities in California are recognizing that the way we are meeting needs of people with mental illness is not working. This is true for people with mental illness, police officers, and tax payers alike. The current systems put both police officers and people with mental illness in danger. Betters systems coordination could enhance safety and save tax payer money. These changes will take dedicated effort and time, and will likely unfold over a long period of time.

SB 11, SB 29, and SB 82 all begin to address police/mental health reforms at a pivotal moment in time. Ideally, these three pieces of legislation serve as a springboard to cultivate new and innovative reforms, which ultimately shift the burden of the mental health crisis facing our communities away from police. Police officers are asked to perform many roles, some of which they are inadequately prepared for, putting police in a very difficult and at times dangerous position. Though training police to better address mental health crisis and the use of mobile crisis programs is a move in the right direction, more is needed.

Appendix A: Key Informants

*- indicates that individual was interviewed more than once

Peace Officers Standards and Training
Phil Caporale*- Senior Consultant- Basic Training Bureau, POST
Dave Althausen– Legislative Consultant
Janna Munk*-Senior Consultant- Training Program Services

San Diego County
Marla Kincaid-Psychiatric Emergency Response Team, San Diego Police Department

Los Angeles County
Charles Dempsey- Mental Evaluation Unit, Los Angeles Police Department

Alameda County
Suzee Meno- Senior Public Safety Officer, Alameda Police Department
Alicea Ledbetter Reddy- Police Officer, Alameda Police Department
Doria Neff-Police Officer, Mental Health Liaison, Oakland Police Department
Paul Figueroa- Captain, Oakland Police Department
D. Nell Taylor- Fiscal Manager, Oakland Police Department

Butte County
Andy Duke- Butte County Captain

Contra Costa County
Kristi Abbot- Mental Health Specialist, Contra Costa County

Kern County
Delphina Roja- Mobile Evaluation Team, Kern County Behavioral Health
Emily Lyle- Mobile Evaluation Team Lead, Kern County Behavioral Health
Bill Walker- Behavioral Health Director, Kern County

Napa County
Bill Carter- Behavioral Health Director, Napa County

Monterey County
Amie Miller- Behavioral Health Director, Monterey County

Imperial County
Maria Ruiz- Mobile Crisis Program, Imperial County

Ventura County
Eric Elhard- Clinic Administrator, Ventura County Behavioral Health
Robin Boscarelli- Ventura County Behavioral Health
Scott Walker- Program Assistant, Ventura County Crisis Intervention Team

San Francisco County
Mario Molinas- San Francisco County Crisis Intervention Training Coordinator, San Francisco Police Department

Yolo County
Salaam Shabazz- Program Director of Community Intervention Program

Other
Carolyn Aboubechra- Treasury Program Manager, California Health Facilities and Financing
Khani Gustavson- Senior Associate, California Institute for Behavioral Health Solutions
Michael Summers*- Police Training Consultant
Janet Fernandez- Police Trainer
Sunshine Borelli- Staff, Officer of Senator Jim Beall

Appendix B: Descriptive statistics on officer involved shootings in California

The Washington Post is compiling a database of every fatal shooting in the United States by a police officer in the line of duty since January 1, 2015. There have been 2,275 fatal officer involved encounters in the United States since that date. Their data set is public, and created "by culling local news reports, law enforcement websites and social media and by monitoring independent databases such as Killed by Police and Fatal Encounters."[55] The Post is continuing to investigate these deaths by filing open records requests. For the purpose of this report, the Post data set is used to offer a descriptive picture of those who have been impacted by officer involved shootings in California. The data includes observations up to April 29, 2017.

Of the 2,275 individuals killed, 381 were in the state of California, and further of this group 91 are documented as having some form of mental illness (approx. 24%). This reflects the national numbers; of the 2,275 people killed, 555 are documented as having mental illness (25%). Graphs of the racial breakdown and gender breakdown of individuals killed in California are included below. The youngest person killed in California was 14, while the oldest was 86.

Gender of victims in Officer Involved in California January 1, 2015-April 28, 2017 (n=381)
- female 5%
- male 95%

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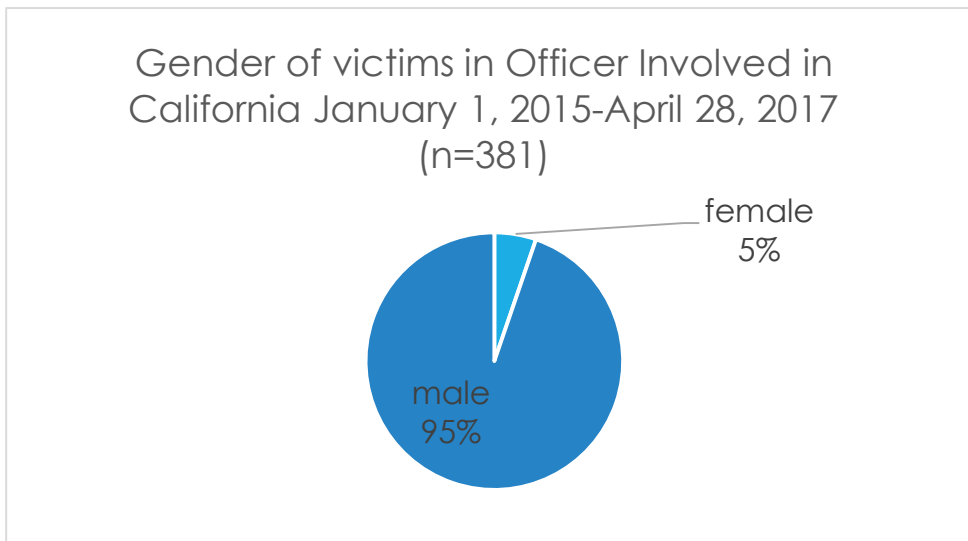
[55] Tate, Julie, Jennifer Jenkins, Steven Rich, John Muyskens, Kennedy Elliott, Ted Mellnik, and Aaron Williams. "How The Washington Post Is Examining Police Shootings in the United States." *The Washington Post*. WP Company, 07 July 2016. Web. 08 May 2017.

Officer involved Shootings in California by Race

- Asian 4%
- Black 18%
- Hispanic 44%
- Native American 1%
- White 2%
- Other 31%
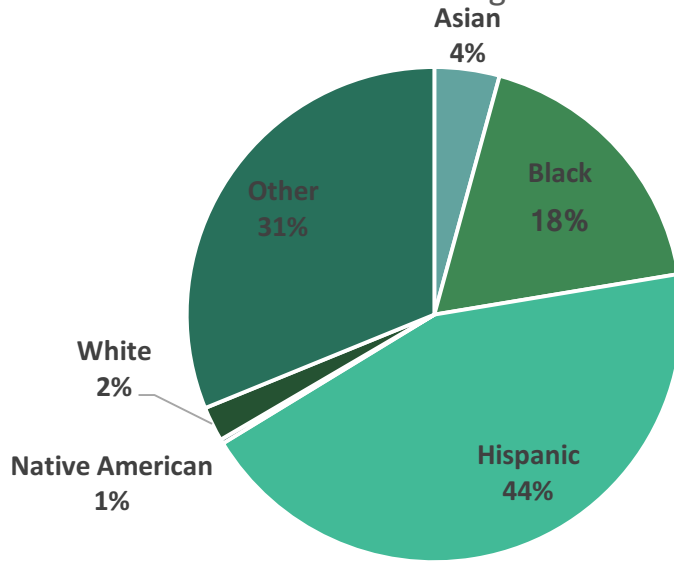
Weapons held by victims of Officer Involved Shootings (n=381)

- Unarmed 9%
- Gun 37%
- Knife 25%
- Vehicle 7%
- Toy Weapon 4%
- Other/Unknown 18%
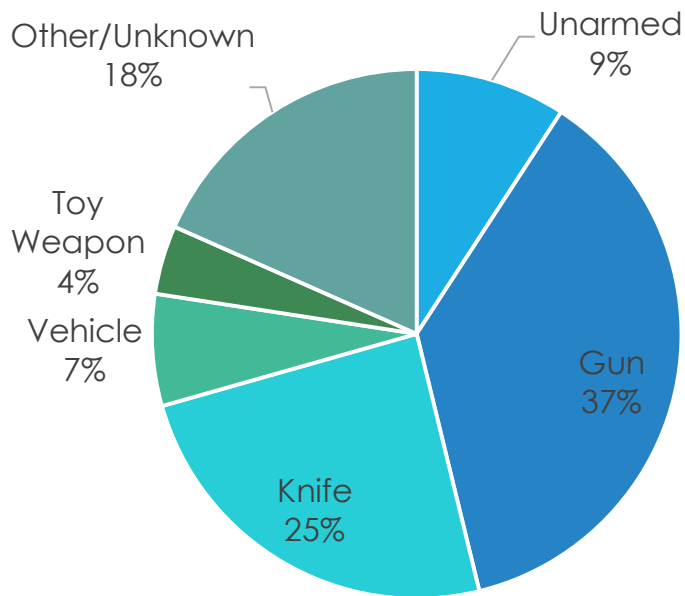
Appendix C: Mobile Crisis Program Characteristics

SB 82 Mobile Crisis Funding			
County	Funding	Hours of operation	Program Description
Contra Costa	551,511.24	n/a	Contra-Costa County programs focus on follow-up calls and connecting people to services after an incident. They do not intervene at the scene of a crisis. Mobile Health Evaluation Team only takes referrals from law enforcement. They are able to further support by bringing individuals to doctor's appointment etc.
Imperial County	209,628.50	n/a	Imperial County's mobile crisis program is focused on youth and children in crisis. In the future, they hope to expand to all populations. Their mobile crisis support teams if clients are placed in 5150, then they do hospitalization and resource coordination.
Kern County	30,200.00	Operate from 7 am to 12:30 am- seven days a week all holidays	Kern County's Mobile Crisis Support Teams (MCSTs) received funds to expand their mobile crisis program to include "Virtual MET." The Virtual MET solution addresses barriers of long distances and travel time inherent to the expansiveness of Kern County, which spreads across over 8,000 square miles. The Virtual MET solution enables mental-health professionals to virtually assist law enforcement officers at the scene of crisis to potentially de-escalate the consumers in crisis, determine whether an involuntary 5150 hold is appropriate, and/or link the consumer to follow-up treatment or services. In addition, Kern has standard Mobile Evaluation Program that performs first responder duties. Their vehicles cannot be dispatched without police.
Lake County	256,263.09	Unknown	The County of Lake (the "County") will establish two Mobile Crisis Teams to be located in the City of Clearlake and the City of Lucerne that will increase access to consumers experiencing a mental health crisis. Their vehicles support both pre and

			post crisis needs.
Los Angeles County Additional information	1,122,941.18 135,000.00	24 hours a day seven days a week.	Los Angeles county used grant funds to expand the County's current continuum of care and enhance their Law Enforcement Teams ("LETs") and the Psychiatric Mobile Response Teams ("PMRTs"). The program's objectives are to expand access and capacity throughout the region, which decreases the need for inpatient psychiatric hospitalizations by providing immediate field based services. In addition, they operate both co-responder and case-management model models of service and crisis teams can be dispatched directly to the scene.
Marin County Additional Information	352,160.05	Seven days a week from 1:00-9:00 p.m.	Marin Mobile Crisis Support Teams will be the first point of contact for the underserved population which consists of youth Latino population, and the Asian Pacific Islander population. MCRT will provide rapid crisis intervention in the field to address and de-escalate, as well as stabilize, an immediate crisis in the least restrictive environment possible.
Mendocino County	40,713.18	Unknown	Mendocino received funds for two telehealth equipped Mobile Crisis Support Teams to serve remote outlying northern and coastal areas.
Monterey County Additional Information	193,615.80	Wednesday through Saturday from 12:30 p.m. to 10:00 p.m. plus 31 addition to alternating Tuesdays from 1:30p.m. to 10:00p.m.	Services of Monterey Mobile crisis include safety assessment and crisis intervention, brief counseling, facilitation of transfer for hospitalization, family collaboration, and linkage/referral to community resources including but not limited to other outpatient mental health, medical, or alcohol and drug treatment services. Staff can be dispatched directly to calls, and they perform both primary and secondary response duties.
Riverside County Additional	775,415.22	CREST teams will operate 10 hours a day, 7 days a week.	Mobile Crisis Support Team Program responds to requests from local law enforcement to assess and intervene with persons in emotional crisis. A team will

Information			consist of two members, a Behavioral Health Specialist or Clinical Therapist and a Mental Health Peer Specialist.
Sacramento County Additional Information	100,000 266,287.01	Hours of Operation Tuesday – Friday 9:00 a.m.- 7:00 p.m	The Mobile Crisis Support Team serves individuals of all ages and diversity in the identified grant areas by providing timely crisis assessment and intervention to individuals who are experiencing a mental health crisis. Teams are dispatched through law enforcement and primarily act to deescalate immediate crisis.
San Bernardino County Additional Information	275,359.00	24 hours, 7 days a week	The Community Crisis Response Team (CCRT) is a community-based mobile crisis response program for those experiencing a psychiatric emergency. CCRT utilizes specially trained mobile crisis response teams to provide crisis interventions, assessments, case management, relapse prevention, and medication referrals.
San Joaquin County Additional Information	671,920.00 24,653.56	Unknown	Mobile multi-disciplinary crisis team for community adult mental health outreach, early intervention and joint field response with law enforcement for crisis 5150 detention evaluations. The Teams focus on three different targeted populations: children in group and foster care homes, consumers with a history of criminal justice system involvement, and individuals who have difficulty accessing planned health services.
San Luis Obispo Additional Information	67,377.00	24 hours, seven days a week	Mobile Crisis Services performs a community "triage function" acting as a point of entry for people into various service systems. Crisis workers perform thorough assessments and make referrals helping people secure needed resources. This ensures that people utilize the right service specific to their problem rather than accessing more expensive or inappropriate services. This is a first responder model, and teams can be dispatched directly to a scene without police.
Santa Barbara County	713,525.96	Unknown	Program provides rapid response in mental health emergencies. The program is meant to dramatically decrease response times, expedite transfer to appropriate care, and relieve overburdened medical and law

			enforcement personnel. Teams consist of a Peer Recovery Assistant, a Mental Health Specialist, and a Psychiatric Nurse.
Santa Cruz County	122,324.00	The MCST Program currently operates 8:00am – 5:00pm, Monday through Friday.	Santa Cruz's Mobile Crisis Support Team ("MCST") that serves both adults and children. The team is dispatched through an access line. Access staff assess situation and send law enforcement where appropriate. MCST staff do not go to homes, or deal with anyone combative clients, or clients who have non-mental health medical needs. Santa Cruz also has a mental health liaison who also can co-respond to calls with police.
Ventura County	282,277.93	24 hours a day, 7 days a week	Ventura county's Mobile Crisis Support Teams serves the entire county and provides coverage 24 hours/7 days. The team provides crisis and post-crisis follow up services, and can be dispatched by law enforcement. Part of their team is housed within police departments to better integrate programming.
Yolo County	177,500.00	Depends on town; Weekdays 8am-8pm is the most comprehensive	Yolo County operates five mobile crisis vehicles which perform crisis-response and post-crisis follow up. Officers are able to call the team directly to get them on scene, and teams can be sent out by dispatch. In instances in which a caller is familiar to dispatch/police/mobile crisis, the team can be dispatched directly to the scene without police. In other instances, they need a police escort.

Appendix D: CIT Research

Though there are many different training programs to support police in learning to deal with populations experiencing mental health crisis, Crisis Intervention Team Model is often considered the gold standard. This is a police-based first responder model developed in Memphis Tennessee, often called "The Memphis Model." This program requires training for law enforcement, aims to reduce the stigma of mental illness, and requires cooperation between police, mental health agencies, the criminal justice system, and local advocacy organizations. The two primary goals of CIT training include[56]:

- Improving officer and consumer safety
- Redirecting individuals with mental illness form the judicial system to the health care system

Research demonstrates that CIT is an effective tool in diverting people with mental illness from jail. Further, research shows CIT improves the occupational health of police officers by improving their ability to de-escalate mental health crisis without use of force.[57]

A meta-analysis of all CIT research found other benefits to CIT programs including the following:

Increased officer confidence related to their ability to manage mental health crisis
Survey results of Memphis officers demonstrated that Memphis CIT Officers were more likely to report feeling prepared in situations involving people with mental illness (100%), compared to non-CIT counter parts (65.4%). Further, CIT officers reported lower confidence in the preparedness of other officers in dealing with persons with mental illness (30.5%), compared with non-CIT Memphis officers (54.3%).[58] Ideally, this confidence translates to positive outcomes on the street.

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[56] Cochran, Sam, Sally Pillsbury, and Randolph Dupont. "Crisis Intervention Team Core Elements." *University of Memphis*. CIT International, Sept. 2007. Web. 8 May 2017.

[57] Steadman, Henry J., Martha Williams Deane, Randy Borum, and Joseph P. Morrissey. "Comparing Outcomes of Major Models of Police Responses to Mental Health Emergencies." *Psychiatric Services* 51.5 (2000): 645-49.

[58] Watson, Amy C., Victor C. Ottati, Melissa Morabito, Jeffrey Draine, Amy N. Kerr, and Beth Angell. "Outcomes of Police Contacts with Persons with Mental Illness: The Impact of CIT." *Administration and Policy in Mental Health and Mental Health Services Research*37.4 (2009): 302-17.

Confidence in external county services

Surveys of Memphis CIT officers found the mental health system to be more helpful than non-CIT officers (69.4% compared to 40.3% non-CIT). These findings suggest that CIT officers might be more likely to rely on other systems of care.

Decreased stigma

A study of CIT programs in Akron, Ohio found that officers "had a significantly lower preference for physical distance (a form of stigma measured with the Social Distance Scale) from an individual with schizophrenia."[59] This suggests greater comfort with individuals in crisis.

Deeper understanding of the mentally ill population, and better ability to identify mental health needs.

Other findings in Georgia included improved attitudes about perceived aggressiveness among individuals with schizophrenia post-training and changes in self-efficacy. A study of Louisville CIT found that CIT officers accurately identify individuals who need psychiatric care, and also are more likely to refer individuals with mental illness to treatment, leading to reduced psychiatric morbidity.[60]

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[59] Ibid.
[60] Ibid.

Appendix E: Accountability Mechanisms

There are over 660 police agencies required to make changes as a result of SB 11 and SB 29. Further many departments use external training organizations to meet requirements. While POST can look up individual training records, they do not have a data system that allows for the aggregation of training completing. Given this, it is not possible to offer the number of officers that have been trained under this legislation to date.

In order to maintain standards, POST certifies all courses and academies are examined via a Basic Course Certification Review every three years (BCCR). BCCR requires that training organizations provide details on their trainers in order to ensure that trainers have appropriate credentials, and they review course outlines to ensure that trainings touch on all required elements of a given topic. Trainees must all pass POST approved tests, and if too many individuals are failing a specific element of a test POST reviews the trainer.

In addition, POST audits departments yearly to ensure that they are up to date on training FTOs. This is part of POST's Quality Assurance Program (QAP). The Training Delivery and Compliance Bureau within POST audits local departments compliance every year. During an audit, records are examined thoroughly to ensure officers are compliant with laws and POST regulations. The Training Delivery and Compliance Bureau also randomly select a sample of officer files and to ensure officers are up to date on mandated training.

In the event of a complaint about a training, the course presenter is required to investigate and forward their findings to POST. POST then conducts an independent review to determine if there were any violations of POST regulations. In the event of non-compliance, agency heads are notified of any training violations and follow-up is conducted to ensure compliance and training currency for staff. Agencies are given a reasonable period of time to comply; sanctions vary depending upon the severity of the violation up to decertification of the course(s).[61]

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[61] Caporale, Phil. "Accountability Questions." Message to the author. 16 Apr. 2017. E-mail.

Appendix F: Spotlight on Ventura County

Ventura County provides a very comprehensive approach to police training and integrating policing and behavioral health.

Mobile Crisis Support

The county provides 24 hour staffing of a mobile crisis team, with a minimum of seven clinicians on call at a time. These teams have six vans available to take calls, thus at their maximum staffing capacity they could have as many as six separate crisis teams on patrol. Their dispatchers are prepared to send the mobile crisis team without police if they deem the call safe enough, something some counties are reluctant to do. There are two offices for the mobile crisis teams, allowing more rapid response to calls depending on where a call for service is taking place. One of the mobile crisis offices is housed within the police department, allowing team integrate more fully. In addition, the county received SB 82 funds to build in "second responder" programming, known as Rapid Intense Support Engagement (RISE), in which clinicians follow up with individuals with mental illness who have had recent engagement with the criminal justice system. This program aims to support these individuals and link them to services they may need in an effort to reduce their dependence on other emergency services. Their crisis teams joined police on 12% of calls in 2016.

CIT Courses

72% of patrol officers are CIT certified, having gone through a 40 hour course, and the county aims to have 100% participation in the future. The county began prioritizing CIT training in 2001, hiring two civilian personnel to manage their CIT training program, acting as a liaison between the police department and mental health. Courses are taught jointly by law enforcement and community mental health leaders, including mental health consumers, psychologists, and local advocates. By heavily including police in their courses the county has found that police are more receptive to the material. The CIT liaison vets all course trainers, and makes an effort to observe trainers in other contexts ahead of time.

Each segment of the course closes with actionable steps that police can take to better support populations with mental illness. Some segments the department has found to be particularly relevant include a officers coming in to discuss their relatives who suffer from mental illness, and a discussions that includes a police officer discussing personal experiences with PTSD. These pieces of the 40-hour course humanize the experiences and help break down walls.

iCop

Ventura County Police co-developed an app with Ventura County Information Technology called iCop. The app operates similarly to a CIT card or FI Card, and allows police to collect information while in the field. This information can then be accessed in other crisis situations involving the same individuals, giving police more information and allowing them to better serve the needs of this population. The team was careful to put appropriate privacy controls in place, ensuring that diagnosis and other private information cannot be accessed by unauthorized individuals. Ventura County has made the software publicly available.

Funding Programs

In jumpstarting their programming, Ventura county received large grants from SAMSAH to fund personnel and programming. Their programs require 250,000 to fund two training liaisons who have full-time positions ensuring that law enforcement officials are adequately prepared to deal with mentally ill populations. The 11 different police agencies in the county, which include 10 agencies and one group made up of unincorporated townships, have created an MOU which dictates how they will fund the program if grants are not renewed. This includes sharing funding based on population of jurisdictions.

Keys to success

Several keys to Ventura's success include
- Positive relationships between behavioral health and police
- Adequate seed funding to begin programing
- Staff dedicated to managing trainings that are relevant to police
- Integration of mobile crisis in police department

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