



# AGENDA REPORT

**TO:** JOHN A. FLORES  
INTERIM CITY ADMINISTRATOR

**FROM:** Sean Whent

**SUBJECT:** OPD's Methods of Dealing with  
Mentally Challenged Individuals in  
Oakland

**DATE:** April 6, 2015

City Administrator  
Approval

Date

4/15/15

**COUNCIL DISTRICT:** City-Wide

## RECOMMENDATION

Staff recommends that the Public Safety Committee:

Accept this informational report on the Strategies being Developed and Used by the Oakland Police Department (OPD) in for Dealing with Mentally Challenged Individuals in Oakland.

## OUTCOME

This report will facilitate discussion among OPD, the Public Safety Committee, and the public at large regarding ongoing efforts to find humane solutions to the problems of helping individuals with mental illness and protecting the general public.

## EXECUTIVE SUMMARY

The Oakland Police Department engages in a number of efforts and programs to assist individuals suffering from mental illness. The Oakland Police Department collaborates with all stakeholders to promote mental health and public safety. Members of OPD consider the needs of the individual as well as the needs of the caregivers and family in an effort to connect them to services better suited to address their needs and reduce their reliance on the 911 system. When the reporting party recognizes the need for assistance before the behaviors become a crisis, they can access more appropriate and effective services which can meet the individual's unique needs. Efforts undertaken by OPD - in conjunction with additional crisis services provided by the County - can reduce the volume of calls requiring law enforcement response and provide better outcomes for patients, families, and service providers.

Item: \_\_\_\_\_  
Public Safety Committee  
April 28, 2015

## **BACKGROUND/LEGISLATIVE HISTORY**

The role of police officers during mental health calls for service is to attempt to evaluate an individual and assess any potential threat to that person and to others. With the de-institutionalization of people with mental illness over the last few decades, first responders such as police officers are increasingly placed in roles where they must act as both social service workers and public safety officers. More than 124,000 of the approximately 610,000 homeless people across the United States suffer from some form of mental illness, such as schizophrenia, bipolar disorder, or severe depression according to the U.S. Department of Housing and Urban Development (HUD). Additionally, many non-homeless people in the United States as well as in Oakland suffer from some form of mental illness. Regardless of housing situation, when OPD receives a call about person acting in a disturbing or violent manner that threatens the public safety of others, OPD must respond.

Significant ambiguity exists at times for officers responding to calls for service involving people suffering from mental health challenges. The U.S. Supreme Court is now deciding on a case (City and County of San Francisco v. Sheehan) in which police officers responded to a call for service involving an individual with known past violent behavior; the officers shot the individual in a private residence after believing the individual had a knife. Police departments and officers need to decide if immediate action is needed in much similar type of situations. In many cases where OPD is called to respond, a crime may or may not have occurred – there may be actual harm done to others, or rather only a public disruption or nuisance behavior. Through new models of training that provide insight into the nature of mental illness, OPD officers are becoming better prepared to respond in a manner that helps mentally ill individuals while minimizing officer response time.

### *Operation Dignity*

The City of Oakland contracts with the non-profit, Operation Dignity (OD), an IRS 501(c)(3) organization, to conduct outreach to homeless individuals on the street five days per week. Operation Dignity was started in 1993 to help homeless veterans find shelter and improve their lives. Program staff will reach out to any homeless person on Oakland streets and often the homeless individuals are suffering from apparent signs of mental illness. Support services are voluntary and homeless individuals are free to refuse service.

### *Crisis Management*

Mentally ill individuals often lack access to care and medication, suffer incredibly from their illnesses, and become a danger to themselves and sometimes others as well. When officers receive reports of an individual acting erratically in a public space, or as a threat to others in a residence, business or commercial area, OPD personnel are expected to remove the individual from the streets to protect people. As officers engage with mentally ill individuals, they must protect themselves and the community while simultaneously protecting mental ill individuals who may be acting violently. Oakland Police officers must attempt to understand symptoms, motives and states of mind – often without the training needed to fully understand the nuances of different behaviors, when called to respond to the challenges of erratic or threatening behavior.

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The evident behaviors of many of these Oakland residents are often complicated by additional factors such as substance abuse, homelessness, and lack of access to support and crisis programs.

Once officers engage with mentally ill individuals, they must then determine what facility, if any, can best meet the needs of the mentally ill individual. There are few facilities within Alameda County that offer services and programs to treat the seriously mentally ill with a history of violence. The City of Oakland and Alameda County have been discussing the lack of crisis services, but limited funding restricts what local agencies can currently accomplish.

### **ANALYSIS**

In August 2010, OPD officers requested additional training to enhance their ability to communicate with individuals with mental health challenges. In response, OPD developed a program called "Crisis Intervention Lessons," as part of OPD's Training Section efforts. The eight hour POST<sup>1</sup>-certified intervention program was given to 435 OPD sworn personnel between October 2010 and July 2011.

#### *Crisis Intervention Training*

The Memphis Crisis Intervention Team has developed a nationally recognized training model (*Attachment A*) for preparing officers to better respond to people experiencing mental health crises. This collaboration and training model is built on strong partnerships among law enforcement, mental health provider agencies, and individuals and families affected by mental illness. Paramount goals of the model include:

- Improve Officer and Public Safety
- Immediacy of Response
- In-Depth Training
- Team Approach
- Redirect consequences from Judicial System-based to Health Care-based
- Single Source of Entry
- No Clinical Barriers
- Minimal Officer Turnaround Time

The Crisis Intervention (CI) model provides law enforcement-based crisis intervention training for assisting those individuals with mental illness. The program improves the safety of patrol officers, individuals with mental illness (known in crisis intervention circles as "consumers" when they become engaged with support providers), family members, and citizens within the community. Officers are trained to better understand mental health, features of mental illness, best practices in approaching people experiencing mental trauma, and learning about available regional resources. The model provides the foundation necessary to promote community and

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<sup>1</sup> POST stands for California's Police Officer Standards and Testing (POST) program for ensuring minimal standards for all law enforcement training.

statewide solutions to assist individuals with a mental illness. By providing a forum for effective problem solving regarding the interaction between the criminal justice and mental health care systems, the CIT model reduces both the stigma of mental health problems as well as the need for further involvement with the criminal justice system. In this regard, crisis intervention provides and creates the context for sustainable change for individuals with mental health challenges. Data from the Memphis Crisis Intervention Team program points to increased officer and public safety, quicker response time and quicker officer turnaround time.

In Oakland the "Crisis Intervention Training" (CIT) lasts 38 hours and is POST-certified. The Oakland Police Department has offered 23 trainings since 2010 when the program began - 504 law enforcement personnel in Alameda County and 49 law enforcement personnel from outside of Alameda County have been trained. Currently 89 OPD sworn officers have been trained with CIT and 11 more officers are scheduled for training by the end of the fiscal year on June 30, 2015.

After OPD began seeing the positive effects that training had on the officers' understanding and handling of calls, OPD expanded the scope of CIT. Responding to individuals with mental health challenges is not the sole responsibility of the officer being dispatched to the call. Dispatchers, caregivers and consumers themselves all play a role. The Oakland Police Department made the decision to train everyone in the public safety communication division. In October 2013, OPD began offering its first CIT training for public safety dispatchers. This course is a POST-certified two-day (16-hour) program developed in conjunction with Alameda County Behavioral Health Care Services (BHCS), which is part of the Alameda County Public Health Agency. OPD has offered eight trainings since 2012. Thirty-four OPD dispatchers; 119 Alameda County dispatchers; and 25 dispatchers from outside of Alameda County have been trained.

#### *Collaboration*

Oakland Police Officer Doria Neff, a leader in bringing the Crisis Intervention Lessons and CIT model to OPD now acts as the OPD Mental Health Liaison and Alameda County CIT Coordinator (**Attachment B**). In this capacity, Officer Neff has assisted in developing the collaborative work-group which brings law enforcement, mental health, jail mental health services, probation, veteran's affairs, and local hospitals and clinics together to hear law enforcement concerns regarding identified individuals in their communities. Officer Neff also represents OPD at the monthly Multi-Disciplinary Forensic Team (MDFT) meeting sponsored by the BART Police Department.

The Oakland Police Department conducts outreach and training with mental health program providers and advocacy groups, educating staff on police procedures for responding to mental health calls for service. The Oakland Police Department conducts ongoing trainings with:

- Family Education and Resource Center (FERC): "a family/caregiver-centered program that provides information, education, advocacy and support services to family/caregivers of children, adolescents, transitional age youth, adults, and older adults with serious

emotional disturbance or mental illness living in all regions of Alameda County.”

Website: <http://www.askferc.org/>

- Bonita House: “a private non-profit mental health agency offering a range of services for adults diagnosed with co-occurring serious psychiatric disabilities and substance use disorders, including intensive residential treatment, supported independent living programs, housing and supported employment, outpatient case management and clinic services.” Website: <http://www.bonitahouse.org/>
- Transitional Age Youth (TAY) which is associated with FERC to address youth ages 18-26 with support around mental health issues. Website: <http://www.taysf.org/>

#### *Mobile Evaluation Team (MET)*

On October 7, 2014, the City Council passed Resolution No. 85200 CMS, which authorized the City Administrator to enter into a Memorandum of Understanding (MOU) between the Alameda County Health Care Services Agency, Behavioral Health Care Services (BHCS) and the Oakland Police Department (OPD) to implement a six-month pilot program called the Mobile Evaluation Team (MET). The MET program, which began as a pilot in November 2014 consists of pairing a CIT-trained police officer and a licensed clinical social worker to be first responders to calls involving mental illness in the field. The program goal is to avoid the use of an expensive and traumatic involuntary psychiatric hospitalization, and instead rely upon alternative treatment resources when appropriate. Alternative resources include consultation, crisis intervention, and referrals for brief treatment and diversion to other appropriate voluntary crisis services. This program is modeled after the Long Beach Police Department program after two years of research and site visits to determine the best model to match Oakland's departmental and community needs. The MET program has not yet generated enough data to determine the level of program effectiveness but initial anecdotal information points to promising outcomes (less arrests and less officer time devoted to particular incidents). The six-month pilot is scheduled to conclude in May 2015.

#### **PUBLIC OUTREACH/INTEREST**

Police response to people suffering from mental illness is of concern to all Oakland residents and visitors, as many people know someone suffering from mental illness, or encounters such individuals in public places. As persons with mental illnesses and law enforcement become increasingly entangled, all residents and visitors benefit from collaborations that promote the use of supportive services over police responses.

#### **COORDINATION**

The Office of the City Attorney was consulted in preparation of this report.

**SUSTAINABLE OPPORTUNITIES**


*Economic:* There are no economic opportunities associated with this report.

*Environmental:* There are no environmental opportunities associated with this report.

*Social Equity:* By providing more comprehensive and thoughtful response to calls for service involving individuals suffering from serious mental illness, the City of Oakland is better equipped to provide humane treatment to some of the most vulnerable members of the public.

For questions regarding this report, please contact Bruce Stoffmacher, OPD - (510) 238-6976, bstoffmacher@oaklandnet.com or Officer Doria Neff - DNeff@oaklandnet.com

Respectfully submitted,



Sean Whent  
Chief of Police  
Oakland Police Department

Prepared by:

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OPD Mental Health Liaison and  
Alameda County CIT Coordinator

Bruce Stoffmacher  
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OPD - Office of the Chief of Police

**Attachments**

- A- Memphis Crisis Intervention Team
- B- CIT Partnership Between BHCS and OPD

# **Memphis Crisis Intervention Team**

## **Overview**

# Randolph Dupont, PhD

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Public Policy

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and Criminal Justice

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Community Intervention

Strategies (901) 678-5523

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## Please Note:

The information provided is intended for use in public policy briefings. It is designed to assist in providing information about the Memphis CIT Model to community leaders and key stakeholder groups.

For reasons related to copyright restrictions, this information is not for publication or use without the written permission of the author. Contact Dr. Dupont for further information. Thank you.

# Crisis Intervention Team Memphis Model

- “This is policing for the 21<sup>st</sup> Century”  
*Police Chief Charles Moose (1997)*
- “This program should be imitated in every city in America”  
*E. Fuller Torrey (1996)*
- “. . . the most visible pre-booking diversion program in the U.S.”  
*Hank Steadman and colleagues (2000)*

## *Best Practice Model*

- NAMI (1996) National Alliance for the Mentally Ill
- American Association of Suicidology (1997)
- National Association of People of Color Against Suicide (1999)
- Amnesty International (1999) Race, Rights and Police Brutality
- White House Conference on Mental Health (1999)
- Department of Justice (2000)
- Department of Health and Human Services  
SAMHSA (2000)
- CUNY, John Jay College of Criminal Justice  
Law Enforcement News (2000)

# First Responder Model

- *Advantages*

- excellent immediacy of response (Deane et al, 1997)
- changes nature of intervention
- reduces injuries, use of force (Dupont & Cochran, 2000)
- changes attitudes/perception (Borum et al, 1998)
- lowers arrest rates (Steadman et al, 2000)
- increases healthcare referrals (Dupont & Cochran, 2000)
- clarifies lines of responsibility (immediately)

# METRO

MEMPHIS, WEDNESDAY, SEPTEMBER 30, 1987

THE COMMERCIAL APPEAL

SECTION 1

## Furor sparks call for crisis team

### New options needed on handling of mentally ill, says alliance

By William C. Bayne  
Staff Reporter

Approached aggressively, a person with severe mental problems may react aggressively — either fighting or fleeing from law enforcement officers or others trying to help.

"There's magic in the manner," said Ann Dino, president of the Alliance for the Mentally Ill of Memphis, the organization that suggested the task force approach for dealing with uncontrollable people with mental ill-

ness.

She said a better approach to Joseph Robinson, the 27-year-old man who was shot repeatedly and killed last Thursday by police, might have "prevented the tragedy."

On Monday, Mayor Dick Hackett announced he would speed up plans to create a crisis intervention team, which would include mental health professionals, to deal with people who have mental problems and are violent.

No evidence has emerged to show Robinson had a history of

mental illness. A relative who had called police to subdue him said he was "trying to cut his throat, acting like he's on drugs," police reported.

Mr. Dino and others with the alliance met with Police Director John Holt before Thanksgiving last year asking for a task force approach to handling the uncontrollable mentally ill.

She said Holt seemed receptive to the idea and assigned Patrolman John Dwyer to research the proposal.

"You have to have the research in order to see what best

will work in connection with the assets you have," she said yesterday. "Los Angeles has the best one in the country, but it took them two years to work out the kinks in their operation."

Part of the research, she said, pointed out changes needed in ordinances and some state laws about the handling of emergency commitments.

She praised Dwyer's work as excellent and said the cooperation was tremendous between the Police Department and City Hall. She said the first-year start-up costs for the task force would

be about \$500,000, but she did not know the annual operating cost.

John Dwyer's research showed the task force would pay for itself in savings to the Police Department and other agencies, Mrs. Dino said.

Asked why it took so long for the city to announce the plan, she said, "Sometimes it just takes some hollering and screaming to get something done. It's sad that it took this tragedy for something to happen, but maybe something good is going to come

Please see TUBES, Page 2B



Ann Dino

# Integrated Crisis Services For Behavioral Emergencies

A Community Partnership Since 1988

**Memphis Police Services**  
Patrol Division  
Crisis Intervention Team  
(CIT)

**Mental Health Community**  
University of Memphis  
University of Tennessee  
Regional Medical Center  
VA Medical Center  
Lakeside Hospital  
Community/MHC and others

**NAMI**  
National Alliance  
For The Mentally Ill  
NAMI Memphis

The Washington Post

# MIETRO

WEDNESDAY, DECEMBER 27, 2000

## Force of Empathy



As part of a Montgomery training program to improve officers' understanding of the problems of the mentally ill, Sgt. Rodney Hill tries to form shapes with toothpicks while hearing a cacophony of voices on a headset.

### Md. Police Are Trained to Respond Better to Mentally Ill

By PHUONG LY  
Washington Post Staff Writer

Sgt. Ron Smith's first task was to buy a newspaper, get his change in nickels and ask the clerk her name.

Easy enough, usually. But this day, screaming voices filled his head, channeled through a headset he was required to wear. And when he started talking, the 7-Eleven employee stepped away from him, wondering about his requests.

Other Montgomery County officers—all with voices screaming in their ears—tackled other tasks. Two read a story and then answered questions, another pair slowly composed geometric shapes with toothpicks. One officer recited a list of words, hesitating



Officer Aaron Saffner, left, and P.O. Dallas listen to a mentally ill patient.

a little as he spoke.

"Here's a situation where you can't blend in," Smith said later, with the earphones off. "You're a public spectacle."

The exercises were part of a revolutionary training course for Montgomery police officers

that simulates the everyday reality of many of the mentally ill. The goal is to teach police how to better handle emergency calls involving mentally ill citizens and reduce the use of dead-

See POLICE, B5, Col. 1

# Goals

## – Improve Officer and Consumer Safety

- Immediacy of Response
- In-Depth Training
- Team Approach
- Change Police Procedures

## – Redirect Consumers from Judicial System → Health Care System

- Single Source of Entry
- No Clinical Barriers
- Minimal Officer Turnaround Time



# Planning Group

Government  
Law Enforcement  
Judiciary  
Advocates  
Citizens/Consumers  
Health Care  
Mental Health



## Local Resources



## CIT Model

# Crisis Intervention Team Model

Dispatch → Officer → Citizen Event → Disposition

Introductory Training

Identify CIT Officers

New Procedures

Volunteer

Patrol Role

New Role

Selection

Specialized Training

Maintain Safety Skills

De-Escalation Skills

New Procedures

Lead Intervention

De-escalation Skills

Officer Discretion

Receiving Facility

User Friendly

# Mental Health Emergency System

- *Considerations*

- Diagnosis and Referral (Honesty versus Expediency)
- Referral Sources (Open-end/On Demand)
- Community Interface (Professional and Advocacy)
- Training Environment (Burnout)
- Team Approach (Multifaceted Needs)

- *Barriers*

- Lack of Mental Health Funding
- Turf Issues
- Political Disinterest
- Legal Issues
- Risk Assessment
- Police Culture

# Mental Health Models

- University Hospital Emergency Room
- Regional Medical Center ER
- Community MHC Crisis Triage/Hospital
- Community MHC Crisis Triage/Free Standing
- State Hospital Triage

# CIT Training

- Scenario Based

- Exposure

- Specialized Knowledge

- Officer Expertise

# Crisis Escalation Cycle

- Uncertainty
- Questioning
- Refusal
- Demanding
- Generalized Acting Out
- Specific Acting out
- Recovery
- Rapport
- Cooperation

# **Police Response to Emotionally Disturbed Persons**

## **Models of Police Interactions with the Mental Health System**

### **Policy Research Associates (PRA)**

- Principal Investigator: Henry Steadman, PhD

- Co-investigator: Joseph Morrissey, PhD

- Co-investigator: Randy Borum, PsyD

- Project Coordinator: Marty Deane, MA

- Funded by:

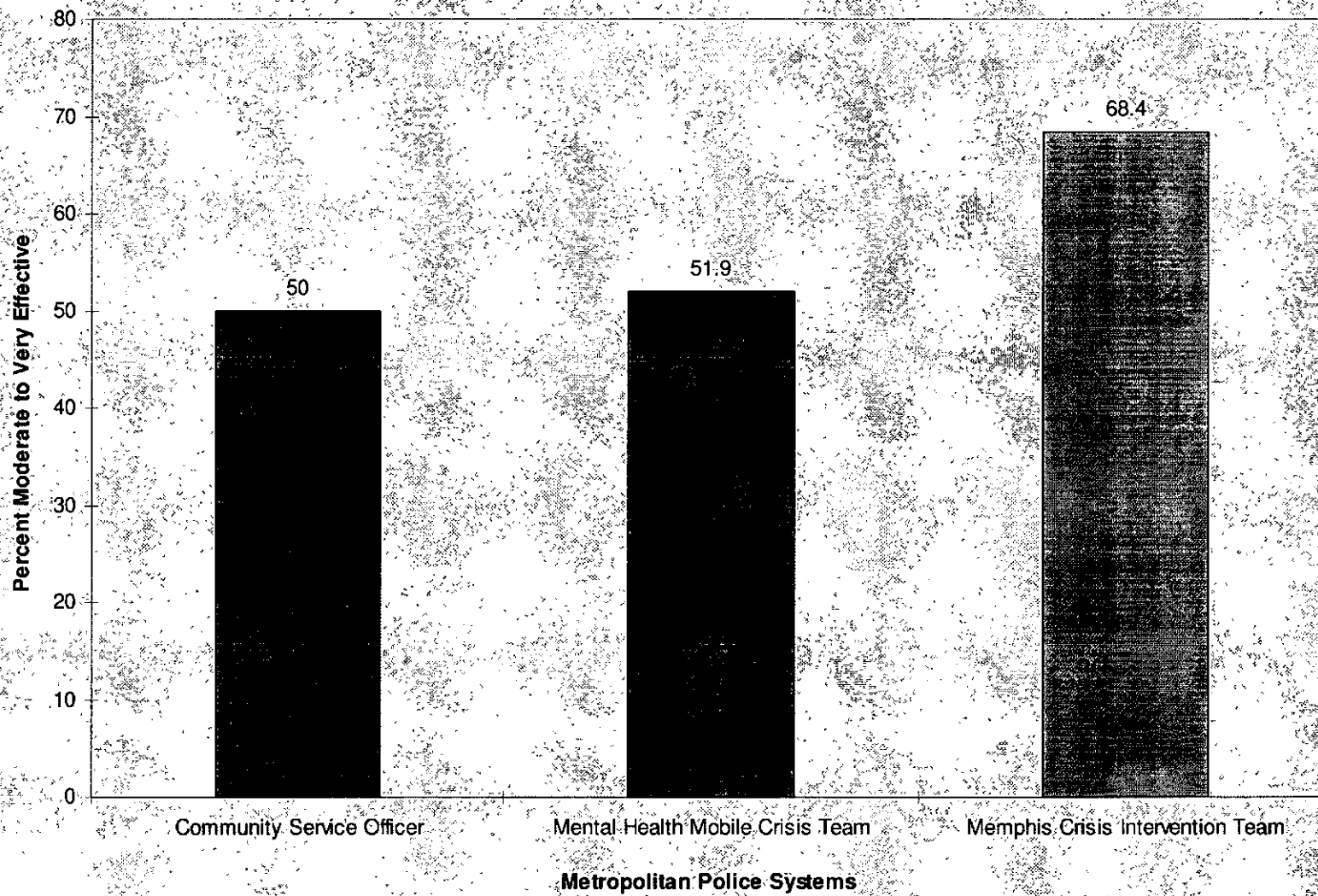
**National Institute of Justice (NIJ)**

- Presented at:

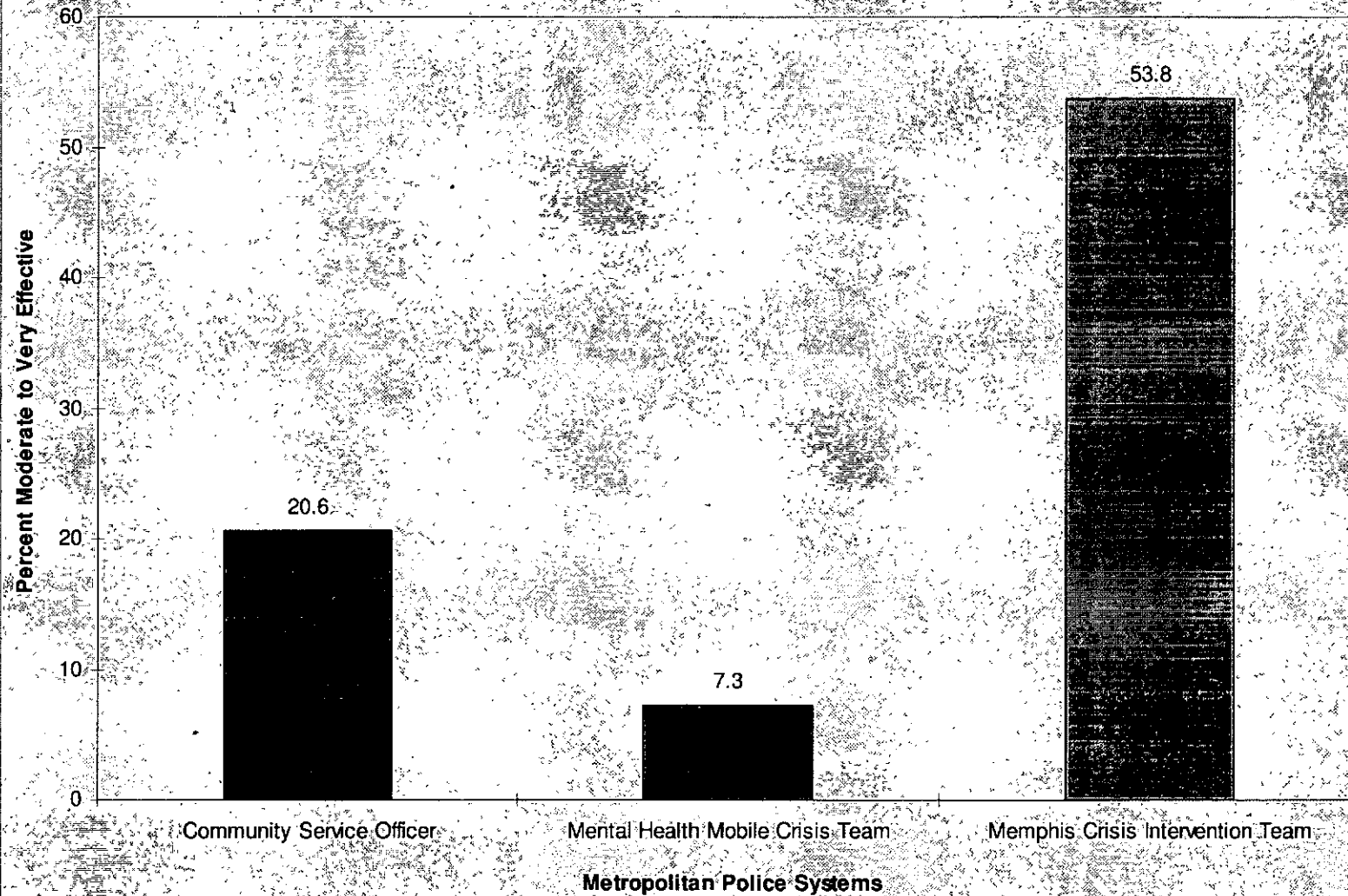
**American Public Health Association (APHA)  
Annual Meeting (1997)**



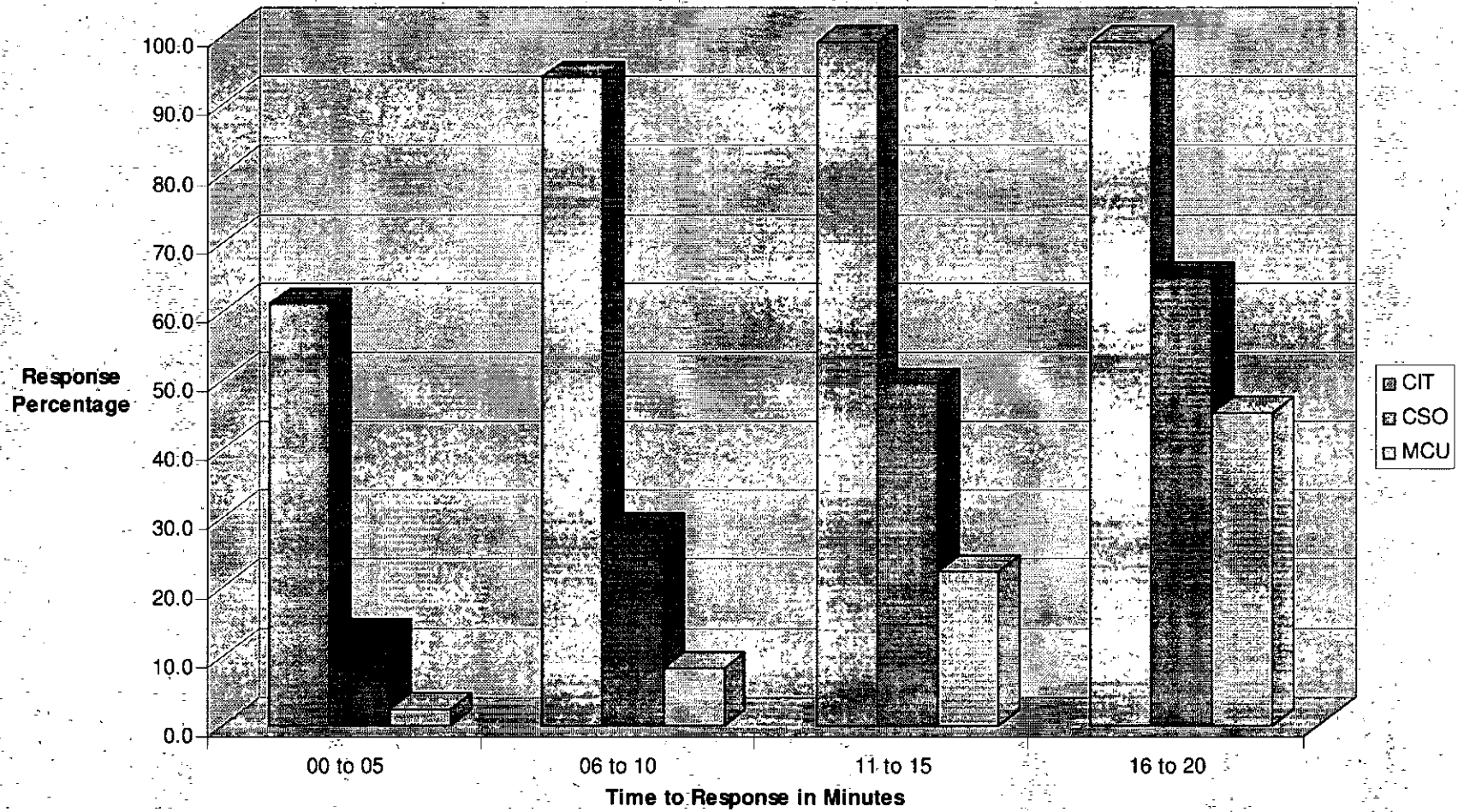
**Maintain Community Safety? Officer Ratings**  
**Borum et.al (1998)**



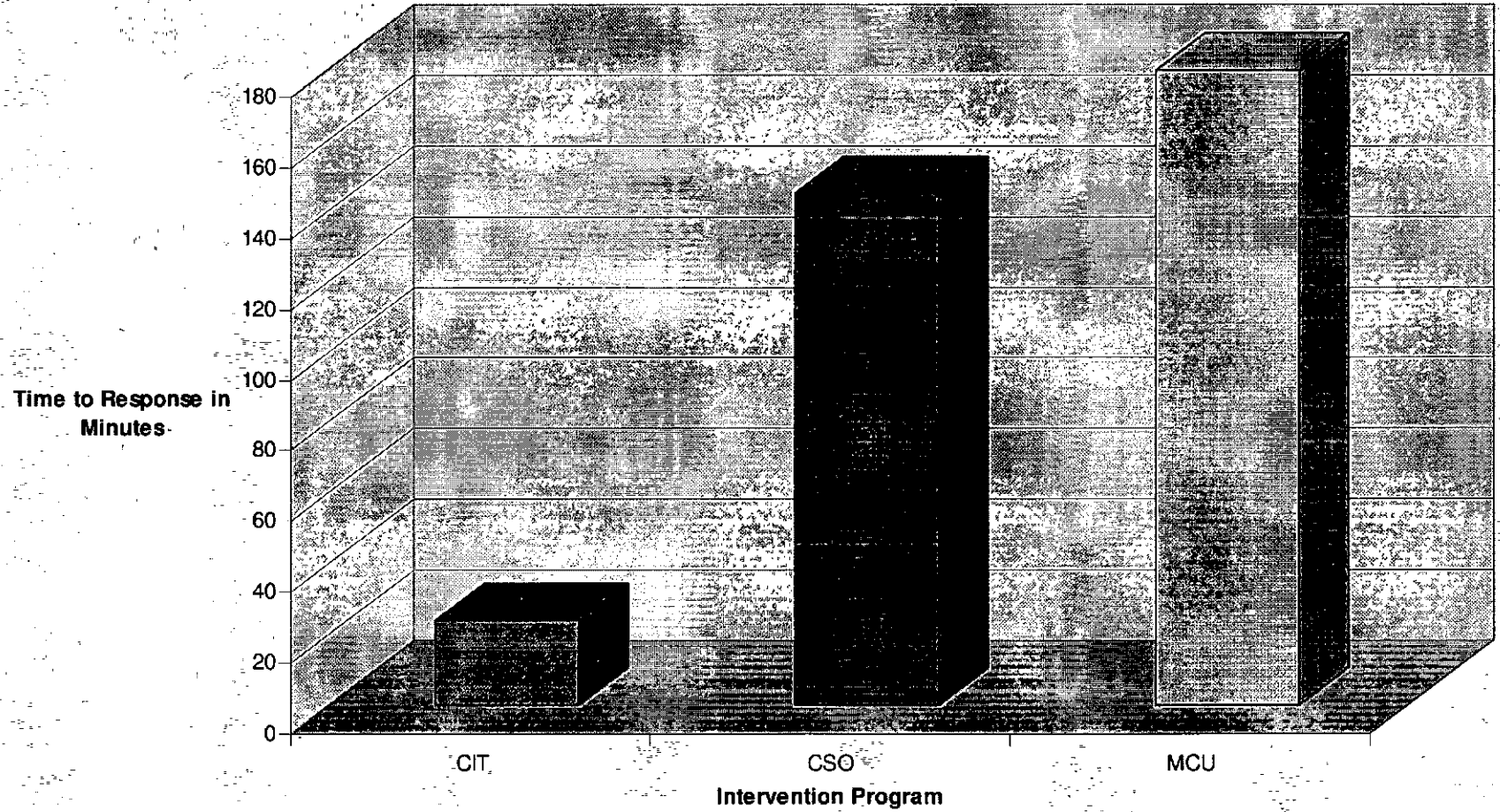
### Minimize Officer Call Time? Officer Ratings Borum et al (1998)



### Crisis Response Times Deane et al (1997)



**Maximum Response Time**  
**Deane et al (1997)**

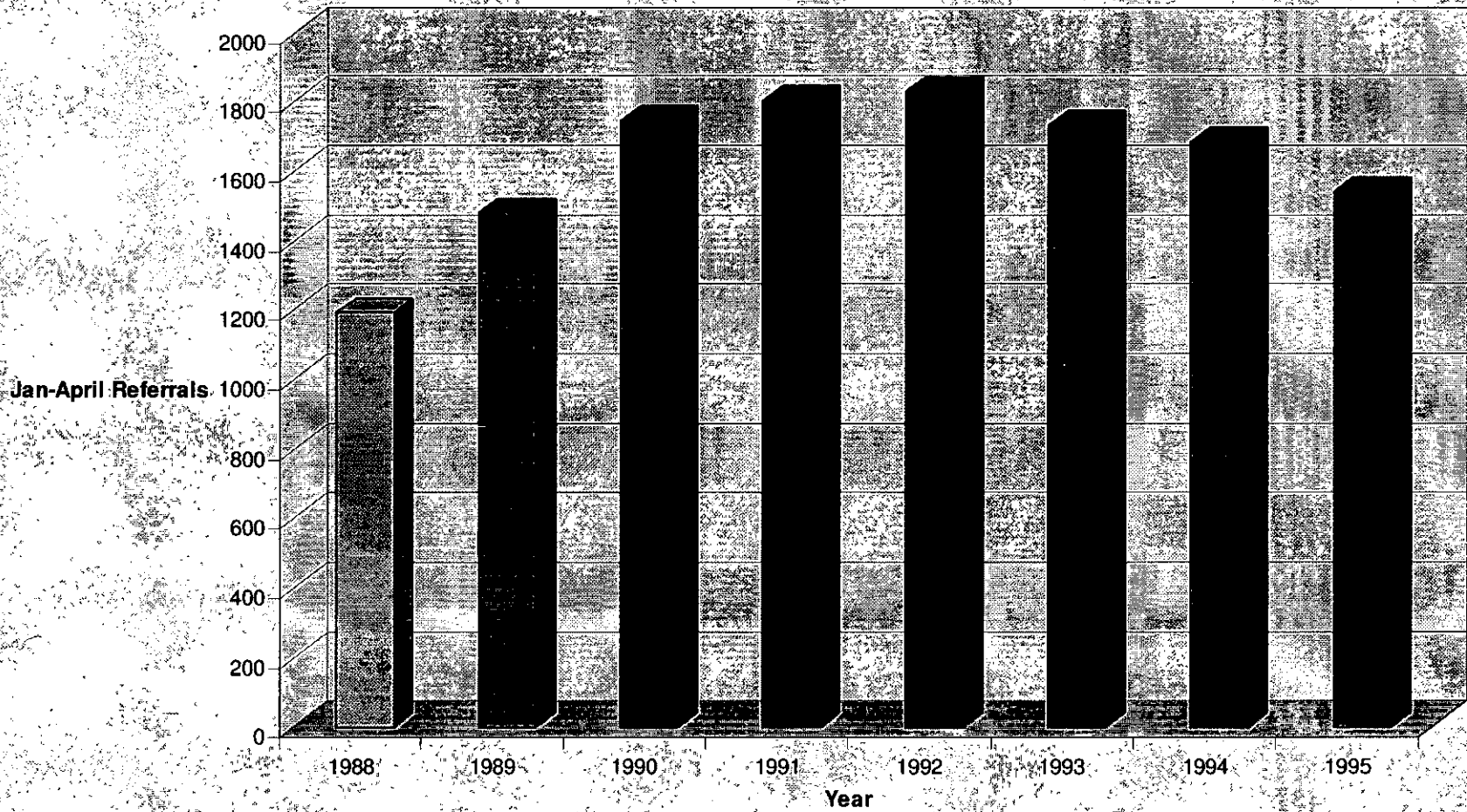


# **Health Care Referrals, Impact on Arrest and Officer Safety**

**Randolph Dupont, PhD**  
**Professor**

**University of Memphis**  
**School of Urban Affairs and Public Policy**  
**Department of Criminology and Criminal Justice**

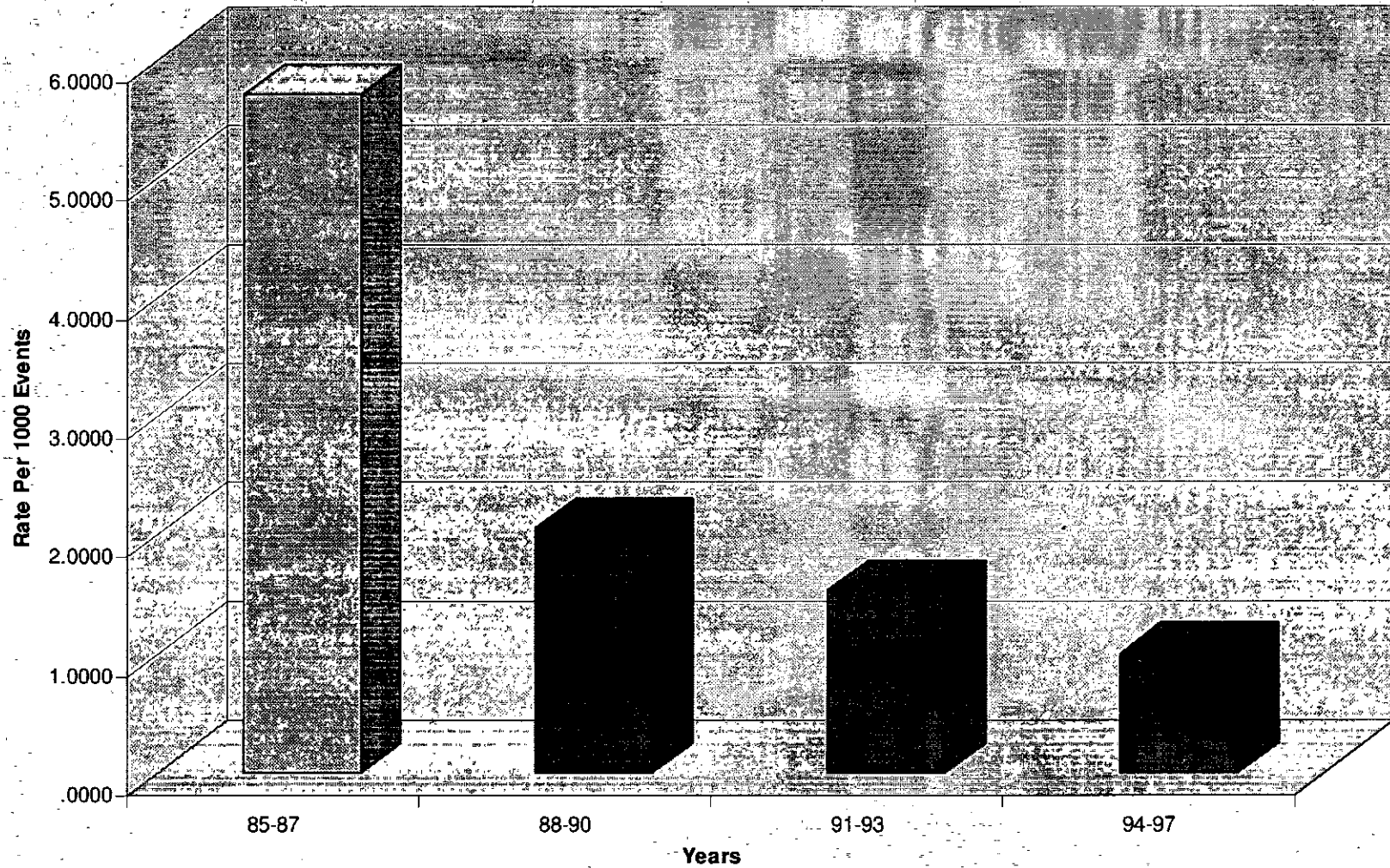
### CIT ER Referrals



# Jail Arrest Evaluation Data

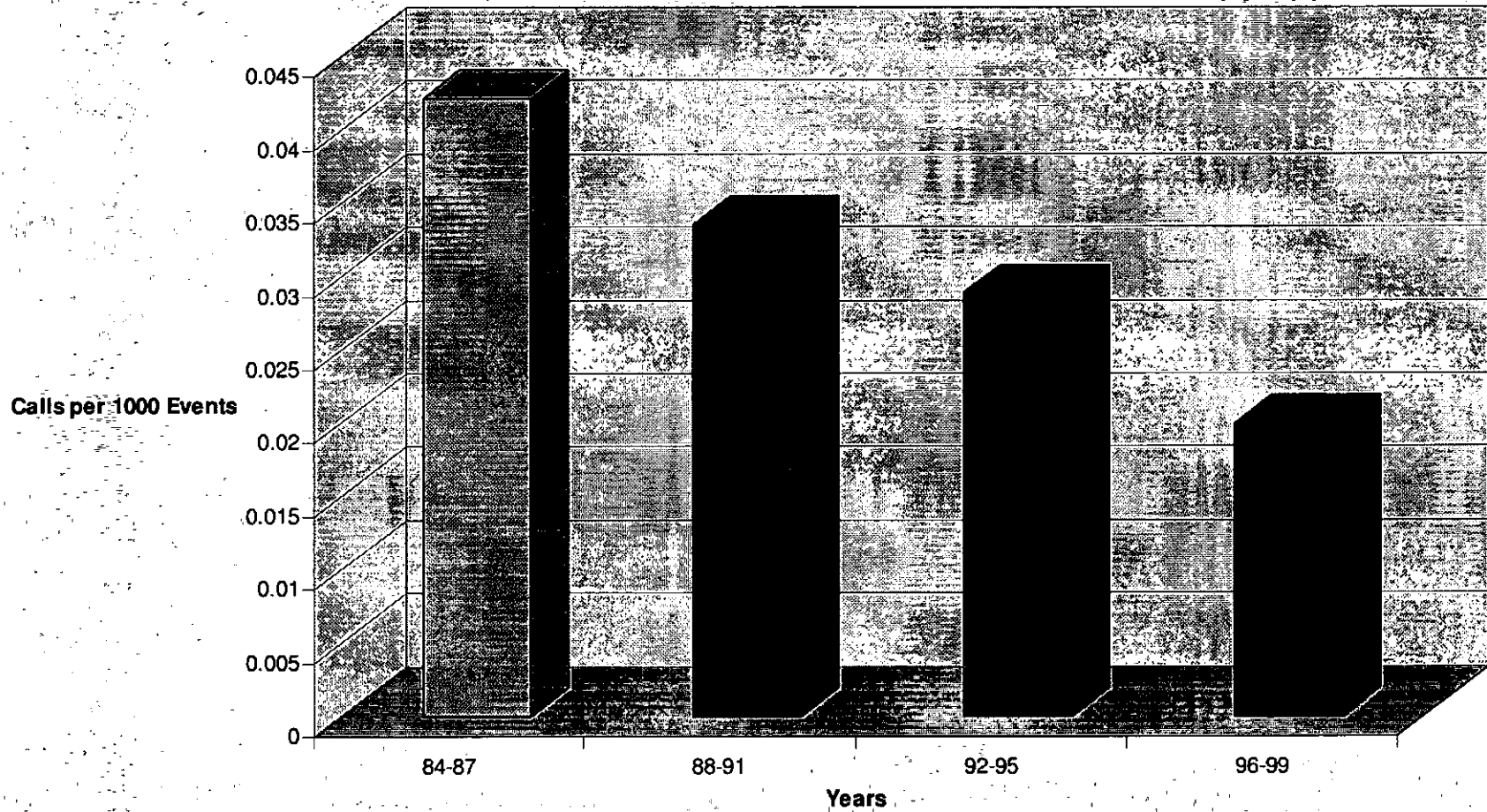
- *National Estimates*
  - Sheridan & Teplin, 1986; Borum et al, 1998 20%
- *CIT*
  - Steadman et al, 2000 2%
- *Reports to County Government*
  - *Daily Census Count*
    - Zager (1990) 2.5%; Dupont (1998) 3.5%
  - *Monthly Arrests Screened for MI*
    - Dupont (1998) 5.0%; CMS (1999) 5.2%
  - *Individuals Eligible for ROR*
    - Pretrial Services (1999) 0.5%

### Officer Injuries During MI Events





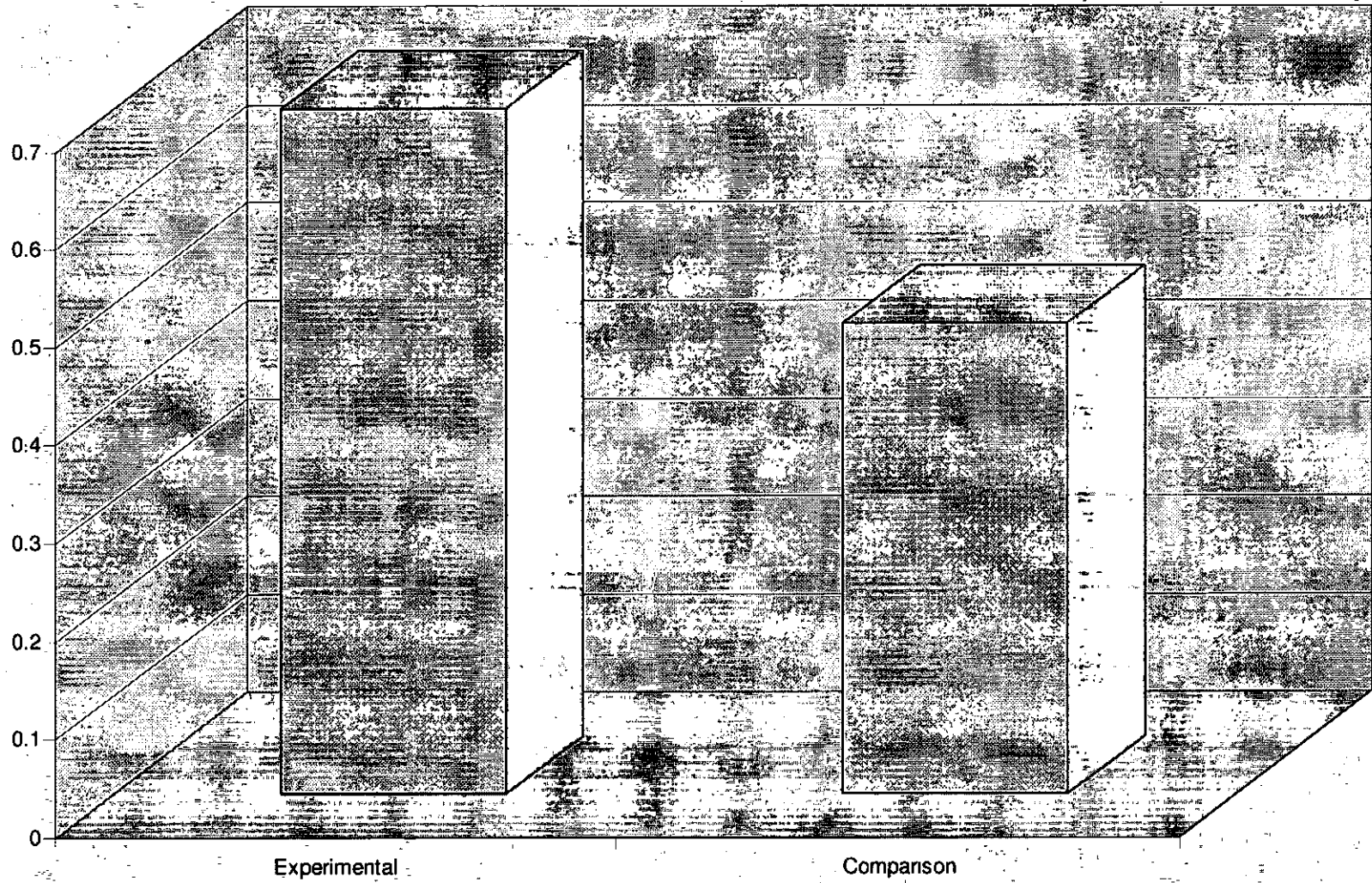
### TACT Barricade Calls



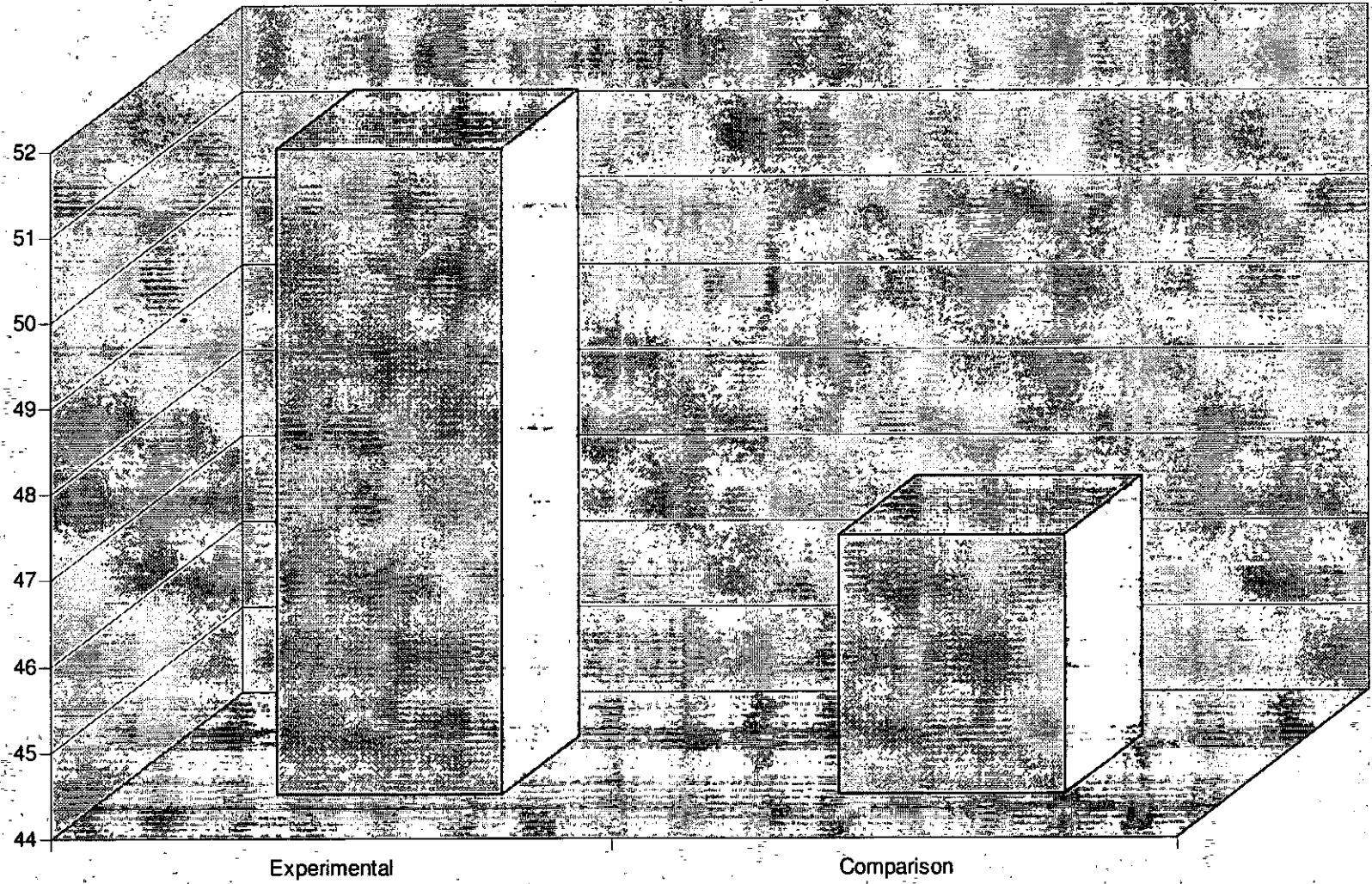
# SAMHSA

- The following research was funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Service Administration Criminal Justice Jail Diversion Project Grant SM 53274.
- Appreciation for their assistance in this project is gratefully acknowledged.

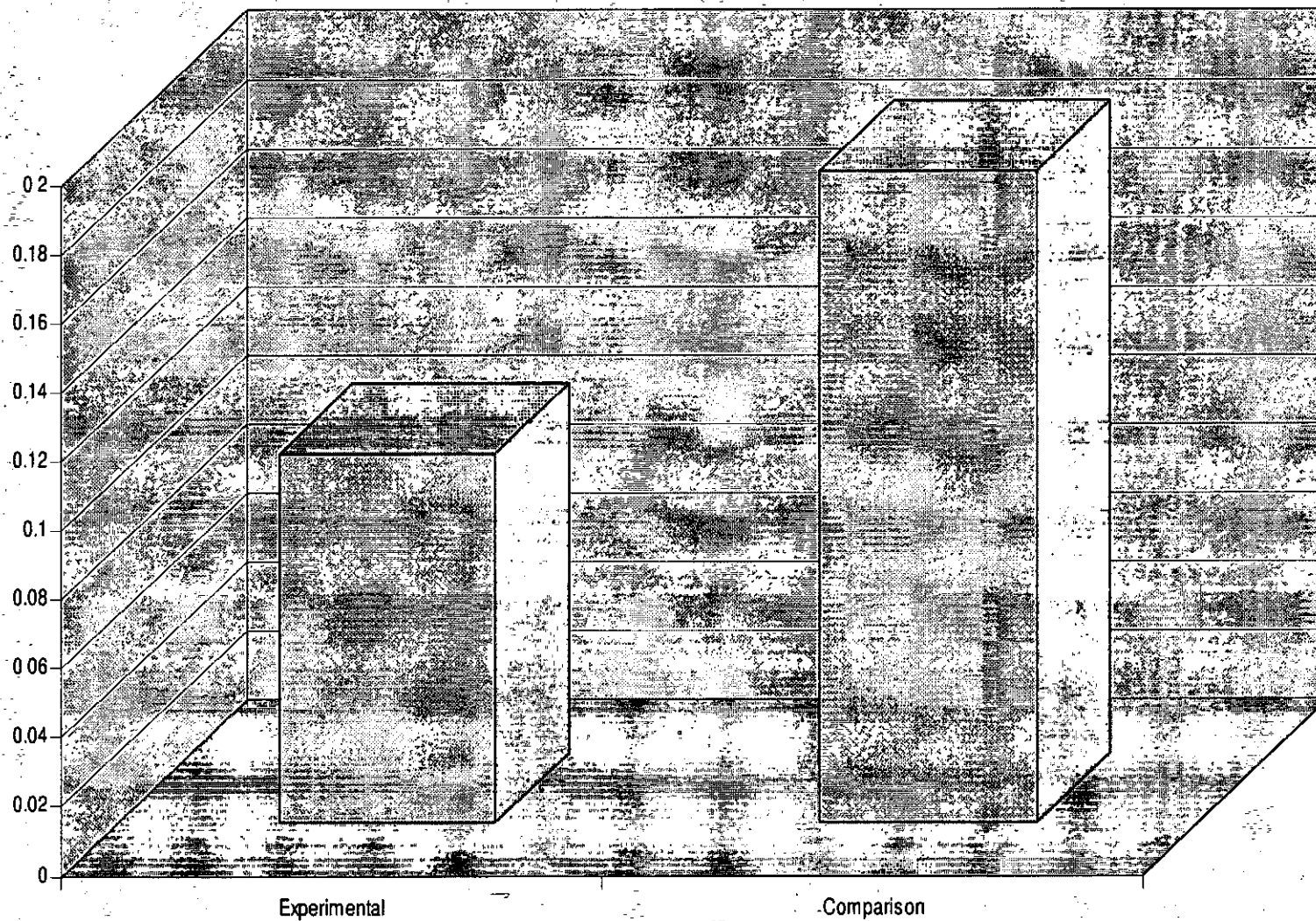
Mental Health TX (P<.0001)



CSI: Symptoms ( $P < .0001$ )



Re-Arrest Probabilities at 3 Months: During Past 30 Days ( $P < .05$ )



# CIT Diversion - Compared to Jail (after 90 days)

- better connection to community treatment
- improved mental status symptoms
- lower rate of re-arrest

\* SAMHSA: Final Report, Dupont (2003)

Criminal Justice Jail Diversion Project

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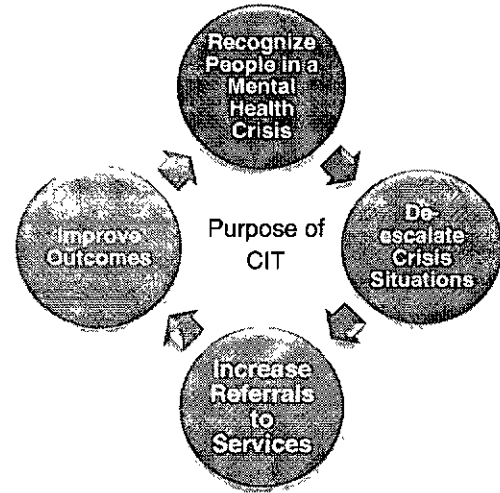
# Alameda County Crisis Intervention Training (CIT) Program

A partnership between Alameda County Behavioral Health Care Services and the  
Oakland Police Department

## What is CIT?

The CIT program is an innovative first-responder model of police-based crisis intervention, coordinated by Alameda County Behavioral Health Care Services (BHCS) in partnership with the Oakland Police Department (OPD), and supported by Community Based Organizations (CBOs), Advocacy Groups, Families and Mental Health Consumers.

CIT provides training for law enforcement officers in assisting individuals with mental health challenges and improves the safety of patrol officers, consumers, family members, and citizens in the community.

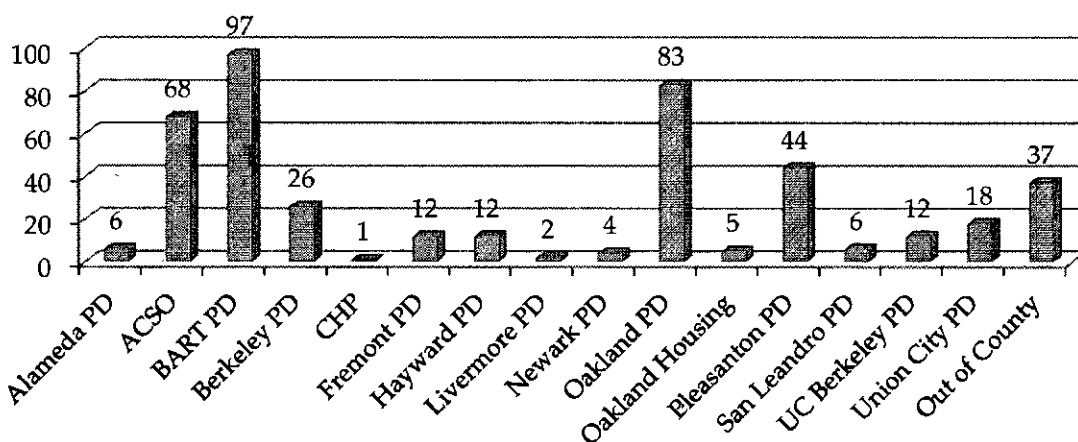


## Who's been Trained?

This CIT Program began in July 2011 and as of June 2014 it has trained 433 officers from all over Alameda County and beyond. Additionally, in the past year 82 law enforcement dispatchers have been trained through a 2-day CIT training designed specifically for dispatchers.

Research suggests that in order to ensure optimal saturation, ie. 24/7 CIT coverage, 15-25% of all patrol officers need be trained in CIT<sup>1</sup>. Currently approximately 12% of Oakland officers are CIT trained. The police departments in Oakland, Berkeley, Fremont and the Bay Area Rapid Transit (BART) system have made CIT training mandatory and/or a significant priority.

433 Officers Trained, July 2010-June 2014



<sup>1</sup> A. Watson, et al, (2008) Improving police response to persons with mental illness. A multi-level conceptualization of CIT, *International Journal of Law and Psychiatry*, 31 359-368



## What Are Officers Learning About?

The CIT course is POST certified and includes 18 different modules covering a wide range of topics and areas including: Understanding mental health and developmental disorders; Commonly used drugs and their effects; Post-traumatic stress disorder; Cultural awareness of diverse racial and ethnic populations; Veterans; Homeless populations; De-escalation techniques; and Mental Health Consumer ("Consumer") and Family Member experiences.

## Consumer and Family Member Module of CIT

As one of the 18 modules, the Consumer and Family Member panel provides an opportunity for law enforcement officers and Consumers and Family Members to directly interact.

Consumers and Family Members are able to tell their stories and give their perspectives/feedback about the experience of a 5150 (involuntary psychiatric hold), or other interactions that they may have had with law enforcement in the context of a police intervention.

The opportunity for law enforcement officers to hear from consumers and family members in this context also provides a different perspective from their usual interactions in the field, which creates the opportunity for breaking down stigma and stereotypes about mental health.

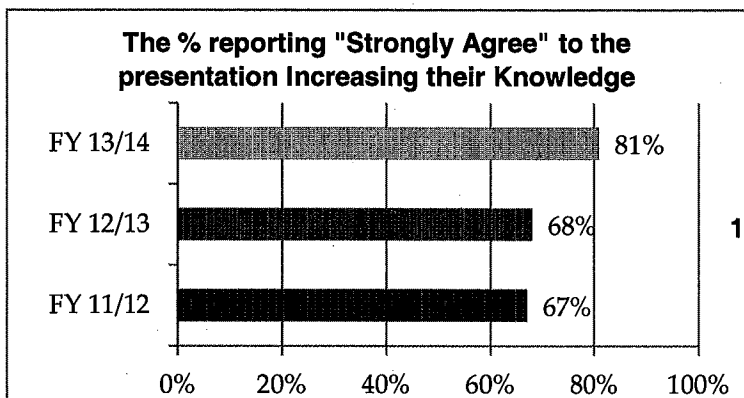
## Results from the Consumer and Family Member Module

Over the past three years this module of the CIT course has been highly rated by the participating officers in these four main areas:

- Increase in knowledge,
- Changes in perceptions,
- Increase in use of information and
- Improved communication skills.

Listed below are overall average scores by fiscal year for each of these outcome areas. Additionally, since almost all law enforcement participants either "agreed" or "strongly agreed" to all of the evaluation questions only the "strongly agreed" responses are shown below.

### 1. INCREASE IN KNOWLEDGE

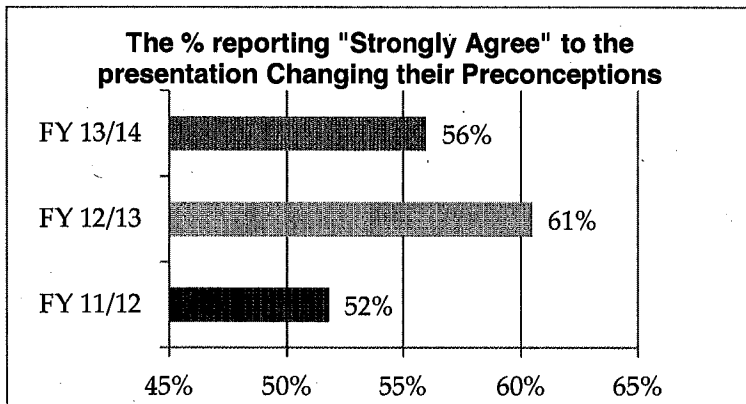


The chart to the left shows the percent of officers, by month that reported "Strongly Agree" to the statement:

**The information from and dialogue with presenters increased my knowledge of consumer and family perspectives.**

1.

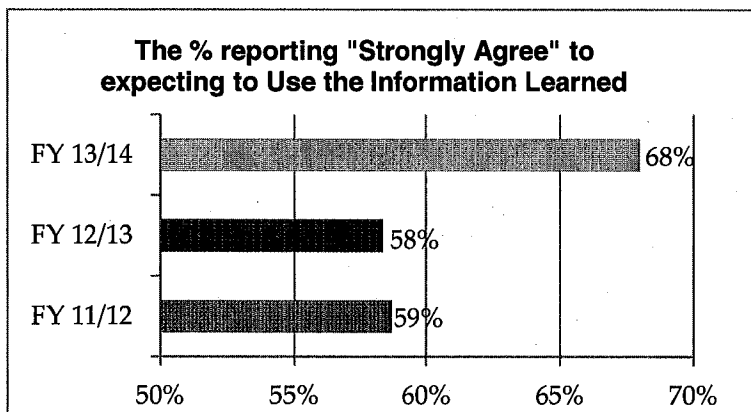
## 2. CHANGES IN PERCEPTION



The chart to the left shows the percent of officers, by month that reported "Strongly Agree" to the statement:

**The 'voices' exercise changed some of my preconceptions about persons living with mental health challenges.**

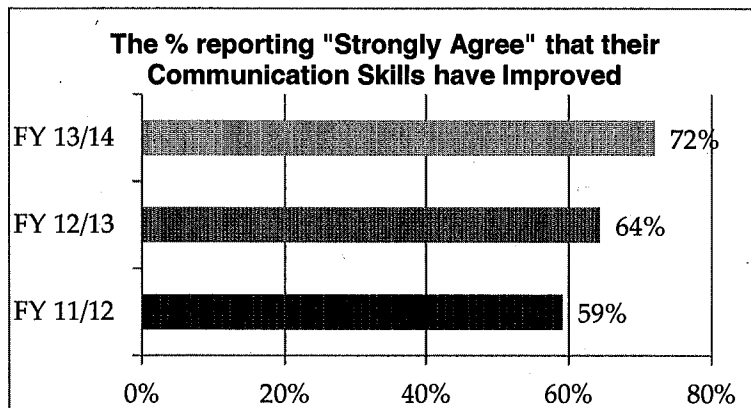
## 3. USE OF INFORMATION



The chart to the left shows the percent of officers, by month that reported "Strongly Agree" to the statement:

**I expect to use some of the information learned today.**

## 4. INCREASED COMMUNICATION SKILLS



The chart to the left shows the percent of officers, by month that reported "Strongly Agree" to the statement:

**This information will improve my effectiveness in interacting with consumers and family members.**



### **Officer's comments from the class evaluations:**

- This was a great presentation. Hearing personal stories & experiences is captivating & provides officers with different perspectives of crisis situations.
- Very good/useful/relevant information. Really enjoyed hearing from consumers and family members, speakers did a great job. Definitely increased my knowledge of mental illness.
- Much more helpful than I would have thought. Excellent, learned a lot. Much better to learn from first-hand accounts and hear actual stories. Great presentation, the "consumers" showed extreme courage talking about their 5150 stories both good and bad.

### ***New skills/ideas officers learned from the class to use in a crisis situation:***

- Look consumers in the eye. Stay calm, remember the incident isn't just about me and the person in crisis; the family is also very affected.
- Look for conversation points; How to better speak to the family. Being calm when approaching the consumer. Having empathy with the family. Think of approaching the consumer and redirecting.
- Really put effort into bonding. The simple little question of asking someone their name.
- Be more aware that the 5150 experience is equally difficult for the consumer and family members. Go slower... shorten demands/commands.

This report only highlights one module of the CIT training course. As BHCS and OPD continue their partnership on this program additional data on the entire course will become available.

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