

Presentation on Law Enforcement Academy Training and Crisis Intervention Team (Training)



The State Council on Developmental Disabilities (SCDD) is established by federal law (<u>Developmental Disabilities and Bill of Rights Act</u>) and state law (<u>Lanterman Act at Welfare and Institutions Code, section 4520 et. seq.</u>). SCDD is to ensure that individuals with developmental disabilities and their families participate in the planning, design and receipt of the services and supports they need which promote increased independence, productivity, inclusion and self-determination.

Federal law requires SCDD to identify methods to improve and increase services for individuals and their families and to submit these to the federal government in the form of a State Plan. The State Plan is approved by the federal Administration on Intellectual and Developmental Disabilities (AIDD). AIDD is the funding source for SCDD and its State Plan Activities. SCDD and its regional offices' primary work is achieving the State Plan goals, objectives, and strategies.

Yolanda Cruz, Regional Manager at State Council on Developmental Disabilities www.scdd.ca.gov Yolanda.cruz2@scdd.ca.gov 562-858-2091 **Board Treasurer for CIT International** POST – AICC / Level III IDI Instructor **CIT Coordinator** Autism: Recognition Response and Risk Management for Law Enforcement and Fire/First Responders - Certification Orange County Collaborative to End Abuse of Individual with Disabilities – Training of Trainers Certificate Los Angeles and Orange County Office of Education Alternate Dispute **Resolution Certificate** Disabilities / Inclusion Specialist Special Education Advocacy Trainer

Disability Rights Trainer





LD-37
People
with
Disabilities

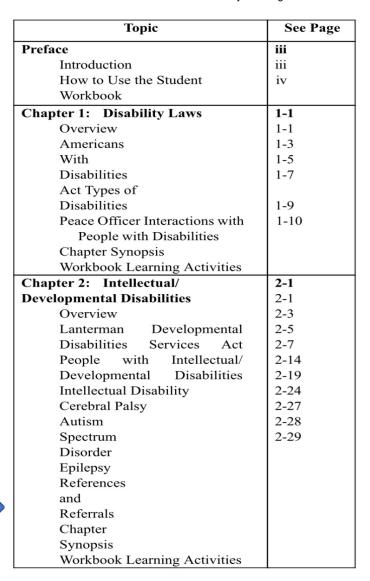


Academy Instructors

- The Academy Instructor Certificate Program (AICP) establishes instructor training and certification requirements for academies in the program. Its purpose is to recognize demonstrated competency levels in education and training experience for each instructor, which, in turn, improves the overall professionalism, quality, and effectiveness of law enforcement training. The <u>AICP Guidelines and</u> <u>Curriculum</u> (pdf) provides a set of guidelines and curriculum.
- During 2007, the POST Commission approved the creation of the <u>Instructor Development Institute (IDI)</u> as a subcategory of the AICP. The IDI curriculum was subdivided into four Academy Instructor Certification Courses (AICC) Levels 1-4. The purpose of the IDI curriculum design is to "provide multi-level, multi-track programs to develop professionalism in the delivery of law enforcement instruction.

Learning Domain -37

Missing 5th Category Sensory Implications



Dementia / Alzheimer's part of Neurological disorders



| Topic | | | | |
|---|------|--|--|--|
| | Page | | | |
| Chapter 3: Physical Disabilities | 3-1 | | | |
| Overview | | | | |
| Neurological | | | | |
| Disorders | | | | |
| Blindness or Visual | | | | |
| Impairments Deaf or Hard | | | | |
| of Hearing | | | | |
| Additional Laws Protecting the Rights of | | | | |
| People with Physical Disabilities | | | | |
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| Chapter 4: Mental Illness | 4-1 | | | |
| Overview | | | | |
| Persons with Mental Illness | | | | |
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| Resources and Referrals | | | | |
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| Workbook Learning Activities | | | | |
| Glossary | G-1 | | | |

LD-37 Important missing portions

The **5th category** refers to **"disabling conditions closely related to intellectual disability or requiring similar treatment". This category provides a pathway for individuals who may not have one of the four explicitly named qualifying conditions but still experience significant functional limitations similar to those with intellectual disabilities.**

- This population has law enforcement encounters
 - · Lack judgment, easily influenced,
- Sensory Implications when it comes to law enforcement response
 - How our 8 senses respond to sensory overload
- Co-occurring mental health disorders
 - Developmental disabilities and co-occurring mental health disorders

A little more about 5th Category

- This category provides a pathway for individuals who may not have one of the four explicitly named qualifying conditions but still experience significant functional limitations similar to those with intellectual disabilities.
- Disabling conditions <u>"closely related"</u> to an intellectual disability, take into consideration the following:
 - Intellectual functioning in the low borderline range of intelligence (IQ score between 70 – 74)
 - Cognition is defined by "the ability of an individual to solve problems with insight, to adapt to new situations, to think abstractly and to profit from experience." (17 CCR §54002)
 - Substantial adaptive skill deficits (aka major life activities) are related to cognitive impairments

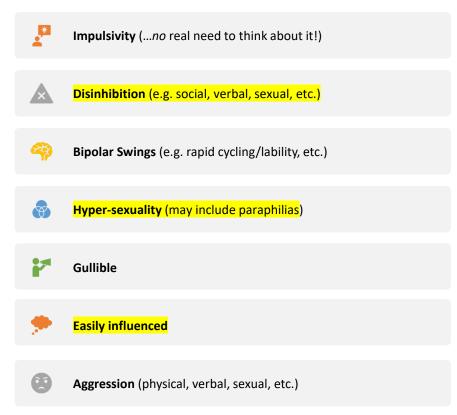


- Poor judgment
- Failure to consider consequences of actions
- Poor concentration and attention
- Social withdrawal
- Intermittent anxiety
- Stubbornness
- Low-average IQs
- Poor executive functioning
- Lack of social and communication skills
- Lack of appropriate initiative
- General lack of awareness/sequencing capacity
- Slow/inappropriate response(s)

Characteristics of 5th Category

- □ Disabling conditions <u>requiring treatment "similar to" an</u> intellectual disability, take into consideration the following:
 - Skill deficits are a result of cognitive impairments
 - ☐ The nature of the training and intervention
 - Long-term habilitation is required (versus rehabilitation)
 - Long-term training is broken down into small, discrete units taught by repetition
 - Individual requires more supports with modifications across many skill areas





Missing portions on LD-37 and CIT Crisis Related Resources and Services

Developmental Disabilities Systems and Services: Safety Net Services

Preventative Support Services

- Service Coordination
- Applied Behavioral Analysis
- Respite
- START Program

Mobile Crisis

- Mobile Crisis Services
- CAST (Crisis Assessment Stabilization Teams)

Residential Services

- Independent Living Skills/Supported Living Services
- Community Care Facilities for Adults
- Community Care Facilities for Children
- Homes/Services for Complex Support Needs
- Enhanced Behavioral Supports Homes
- Community Crisis Homes

Missing portions on LD-37 and CIT Crisis Related Resources and Services

Developmental Disabilities Systems and Services: Safety Net Services

Acute Crisis Options

- Institutions for Mental Disease
- Canyon Springs
- Porterville Developmental Center- Secure Treatment Area
- STAR (Stabilization Training Assistance Reintegration)

Step Down

- Step-Down Homes for Individuals Transitioning from Institutions for Mental Disease
- Porterville Developmental Center Secure Treatment Area Step-Down Homes

Stabilization/Wrap-Around

- Community Wraparound Services
- START Program
- Intensive Transition Services for Individuals

Common Triggers and Causes Related to Crisis Calls

- Intellectual and Developmental Disabilities: Anxiety, Sensory Dysfunction, Communication,
- Mental Health Disorders: Anxiety, depression, bipolar disorder, schizophrenia.
- Substance Abuse: Alcohol, drugs, and their withdrawal.
- Acute Stress: Trauma, loss, or significant life changes.
- Environmental Factors: Situational stressors like financial issues, relationship problems, sensory overload





CIT International

Improving Crisis Response Systems

Who is CIT International?

CIT International is a non-profit organization with a vision of promoting community collaboration using the CIT Program to assist people living with a behavioral health disorder who are in crisis. https://www.citinternational.org

CIT International hosts a conference yearly where thousands of law enforcement, clinicians and people with lived experience come together to learn about crisis intervention teams, 988, dispatch, research, substance use disorder, mental health services and developmental disabilities and topics related to crisis response.

Anaheim, CA for the 2025 CIT International Conference **SAVE THE DATE: August 11 - 13, 2025**





CIT is community based and improves community responses to behavioral health needs. The most visible faces of CIT are CIT officers, but CIT is not a law enforcement program.

CIT includes people living with behavioral health challenges and their families. No one has a greater stake in the outcome of a behavioral health crisis than the person in crisis, followed closely by their family members.



Partners and Stakeholders



CIT is based on partners coming together. CIT partners are equal decision-makers who solve problems together, bring resources to the table, and hold each other accountable. Mutual commitment, trust, and respect are the bedrock of strong partnerships.



CIT has the same goals it had when the first program started in Memphis in 1988. However, as the program has spread across the United States and beyond, there has been incredible innovation at the local level and coordination among national and international partners. Many CIT programs are part of a greater national behavioral health movement that emphasizes recovery and the need for more robust community mental health systems.



- 1. Improve safety during law enforcement encounters with people experiencing a behavioral health crisis, for everyone involved.
- 2. Increase connections to effective and timely behavioral health services for people in behavioral health crisis.
- 3. Use law enforcement strategically during crisis situations—such as when there is an imminent threat to safety or a criminal concern—and increase the role of behavioral health professionals, peer support specialists, and other community supports.
- 4. Reduce the trauma that people experience during a behavioral health crisis and thus contribute to their long-term recovery.

Voluntary Program

Law enforcement officers who volunteer to attend CIT training, receive 40-hours of specialized instruction from behavioral health experts from their community, previously trained CIT officers and people with lived experience as well as their family members. This intensive advanced-officer training is designed to help officers gain understanding about behavioral health disorders, and developmental disorders, developing a basic foundation from which officers build their skills.



CIT International

Improving Crisis Response Systems

HOW MANY OFFICERS NEED TO BE CIT-TRAINED?

There is no specific percentage of officers a law enforcement agency should seek to train through their CIT program. An agency should recruit and train officers until there are enough CIT officers to provide coverage for all districts and all patrol shifts, 365 days a year. In large agencies, this may come out to 20 or 25 percent of officers. In very large urban agencies, the percent may be even higher. In very small agencies, almost all officers may need to be trained to provide adequate coverage.

However, training officers who do not have the specific interest, personal motivation, or skills to be CIT officers is not encouraged. It is more important that the officers trained have self-selected and volunteered to be CIT officers.

Through program monitoring (see page 107) your program can track whether more CIT officers are needed or whether specific shifts need additional coverage.

A Best Practice Guide for Transforming Community Responses to Mental Health Crises

Who from the community should be involved?

- NAMI
- Behavioral health
- Developmental disabilities agencies
 - Regional Centers
 - Forensic Specialists
 - Crisis Services
 - Crisis Prevention Services (START Programs)
- Law enforcement
- Veterans Services
 - Battle buddies
- Homeless Agencies/Resources
- Youth Services
- Victims Services



Who from the community should be involved?

- Hospitals
- Advocates
- Call centers
 - 988
 - 211
- Peers
- School Districts
 - Resource Officers
- Others: Clergy, Animal Services



IF NEEDED, CREATE A MEMORANDUM OF UNDERSTANDING AMONG PARTNERS

Some CIT programs develop a Memorandum of Understanding (MOU) in addition to changes in individual agency policy. An MOU is a document describing the roles and responsibilities of multiple organizations and agencies. While it may be structured similarly to a contract, it is not a legally binding document; rather, it's a statement of intent.

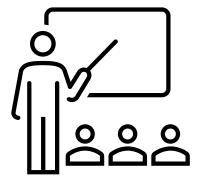
A MOU covers many of the same issues identified above. It may be particularly helpful if numerous agencies and organizations coordinate to provide crisis response and services, or if multiple law enforcement agencies coordinate on calls. It can also be helpful if money or resources change hands to ensure the smooth operation of the CIT program. For example, in addition to topics in law enforcement and receiving policies, a MOU might address:

- How law enforcement, EMS, mobile crisis, and peer support interact on the scene of a crisis,
- How multiple agencies and organizations coordinate follow-up to individuals who
 have been the subject of repeated calls for service,
- Joint governance of the CIT steering committee, and/or
- The roles of partner organizations in providing training coordination, program monitoring, community outreach, and advocacy for mental health services.

Crisis Intervention Team (CIT) Programs

106

CIT 40-hour Sample Curriculum schedule

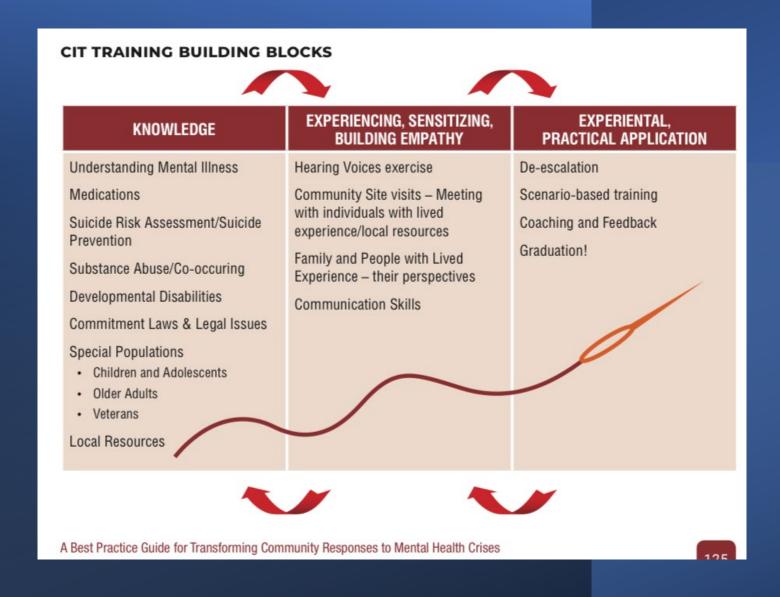


How many instructors are involved? Most programs will have 50 or more instructors available to present at the 40-hour session

- Recruitment
 - · Through their steering committee
 - Behavioral health, law enforcement, advocacy, lived experience and others

Are these teams funded? (Some teams are funded, some are looking for funding opportunities.)

- The steering committee can help to identify funding sources:
 - County Behavioral Health can provide funding
 - SAMHSA Grants
 - COPS Grants
 - Propositions



CIT NATIONAL CURRICULUM MATRIX²²

| TIME | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | |
|------|--|---|--|--|--|--|
| 800 | Administration: Welcome and Overview | Mental Health Topics: Personality Disorders | Mental Health Topics: Autism and | Mental Health Topics: | De-Escalation: Scenario-Based | |
| 830 | Administration: Pre-Training Evaluation | Developmental Disabilities | Posttraumatic Stress Disorder | Skills Training | | |
| 900 | Mental Health Topics: Serious Mental Illness | Mental Health Topics: | Mental Health Topics: | Mental Health | | |
| 930 | | Cognitive Disorders (Dementia, Delirium, and TBI) | Medications | Topics: Suicide | Law Enforcement: Question and Answers | |
| 1000 | | Site Visits: Facilitated Conversations with | Mental Health Topics: Assessment and | | | |
| 1030 | | People with Lived | Commitment | Community | | |
| 1100 | Mental Health Topics: Thought Disorders and Mood Disorders | Experience | Law Enforcement: Policy and Procedure | Support: Panel of Community Resources Break | | |
| 1130 | | | Law Enforcement: Liability | | | |
| 1200 | Lunch 1200-1300 | | | | | |
| 1230 | | | | | | |
| 1300 | Mental Health Topics: Substance Use Disorders and Co-occurring Disorders | Site Visits: Facilitated | Community Support: | De-Escalation: | Community Support: Advocacy Perspectives | |
| 1330 | | Conversations with People with Lived Experience | Advocacy Perspectives, Veterans Issues, Homeless Issues. | Scenario-Based Skills Training | | |
| 1400 | | Experience | Cultural Awareness ²³ | | | |
| 1430 | | | De-Escalation: Scenario-Based Skill Training | | Administration: Post-Training Evaluation | |
| 1500 | Mental Health Topics: | n, Youth, and cents unity Support: | | | Administration: | |
| 1530 | Children, Youth, and Adolescents | | | | Graduation | |
| 1600 | Community Support: | | | | | |
| 1630 | Advocacy Perspectives | | | | | |
| 1700 | | | | | | |

Curriculum and Instructors





CIT INTERNATIONAL ENCOURAGES COMMUNITIES TO DEVELOP CURRICULUM, USE THE SAMPLE MODEL OR LOOK AT OTHER CURRICULUM SUCH AS CRIT.

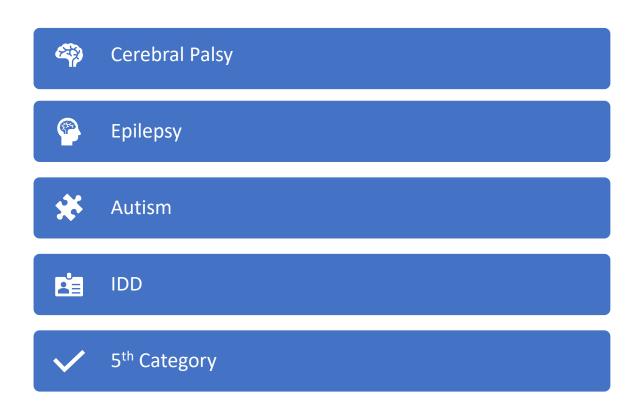
OFFICER WELLNESS IS ALSO A STRONG COMPONENT.

Being a CIT
Instructor for the
40 - hour training
component

What do I teach at a CIT training?



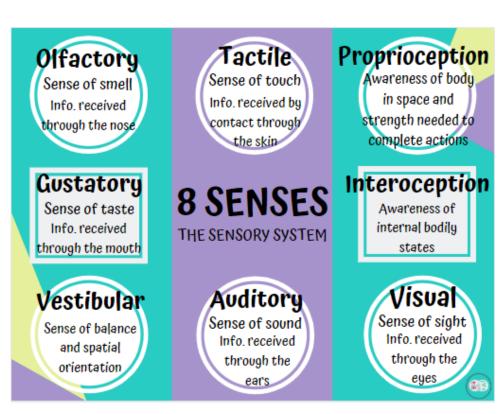
CALIFORNIA LAW SAYS A DEVELOPMENTAL DISABILITY STARTS BEFORE AGE 18, IS EXPECTED TO CONTINUE INDEFINITELY, AND IS A "SUBSTANTIAL DISABILITY."



Provide information on Characteristics

- Social interactions
- Non-verbal and verbal communication needs.
 - Processing receptively and expressively
- Behavioral manifestations
 - Common reasons for physical behavioral manifestations
 - meltdowns
- Common law enforcement interactions
 - Wandering
 - Self-injurious behaviors
 - Behaviors towards others
- Sensory Implications
 - 8 senses and how they impact crisis response
- Deficits in cognitive (intellectual) skills

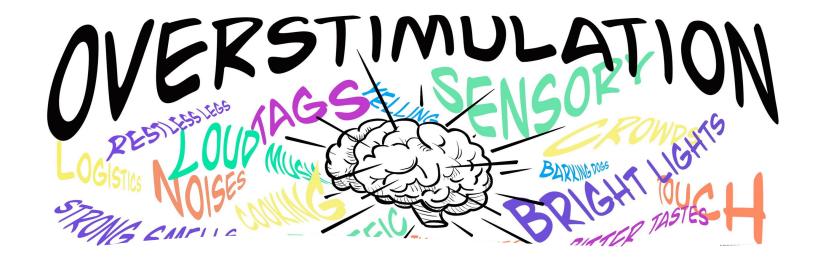
Let's talk about our senses....



A person with a vestibular disorder might face challenges during DUI field sobriety tests. These tests often include the Horizontal Gaze Nystagmus (HGN), Walk-and-Turn (WAT), and One-Leg Stand (OLS), which rely on balance and coordination¹. Vestibular disorders can affect balance and eye movements, potentially leading to false positives in these tests²³.

Potential issues can exist when interacting with someone who has vestibular disorders (often the senses are not an important part of law enforcement training)

A person with a proprioception disorder might face challenges understanding where their body is in space and may not be aware that they are too close to another person's personal space which can make it difficult during a police interaction

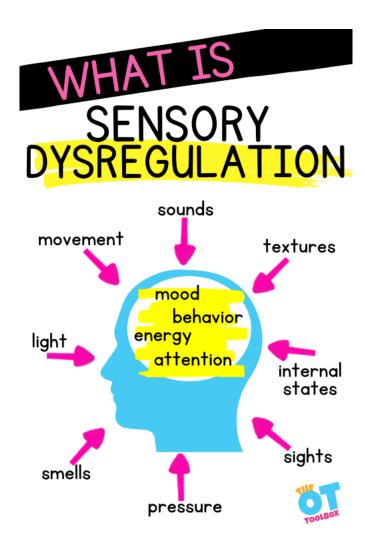


What is Sensory Overload?

Sensory overload can happen to anyone. It occurs when too much <u>information</u> is sent to the brain to be processed at once.



Sensory overload might be triggered by something as simple as touching the wrong material or hearing the wrong noise. It can also build up with time as the brain receives more and more input.



Meltdowns

'An intense response to overwhelming situations'.

Occurs when someone becomes completely overwhelmed by their current situation and temporarily loses behavioral control.

Sensory Dysregulation Can Look Like...

Fight/Flight

- Can make a person react to normal experiences as if they were life and death threats
- This is not a rational/cognitive process wired into our physiological response (brain stem)

Fight

When the brain tells the body it is in danger due to high levels of stress.

Can feel like extreme anger and look like aggression.

May be described as a meltdown

Flight

When the person becomes overloaded, they will try to run away or escape from the sensory information that's causing the sensory overload.

They may also try to **hide** if they can't physically get out of the space.

Freeze

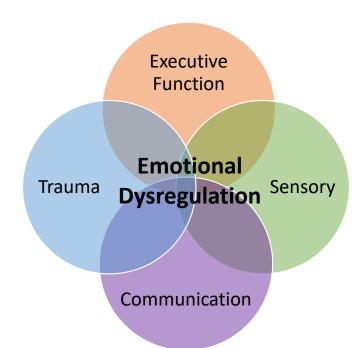
due to sensory overload the person just shuts down - goes quiet and stops processing information.

Usually, the person will become **unresponsive**. Th ey may have movements like rocking.

Adapted from griffinot.com

How is Emotional/Behavioral Regulation Related to Sensory Regulation?

- Our ability to regulate and adapt our behaviors is deeply intertwined with sensory regulation.
- Challenges in sensory processing, such as feeling overwhelmed or highly sensitive to sensory input, can have a significant impact on our behavioral regulation.
- These sensory difficulties can trigger stress responses which put us in fightflight-freeze.
- Modifying our actions and behaviors becomes much more difficult when we are in a stress response state.



Tips for crisis responders

Tips for Crisis Responders











Sight

bright light

flashing lights Offer

sunglasses

Reduce

Turn off

Sound

Reduce volume

Turn off sirens, radios

Limit noise. music, background conversation, etc.

Offer noise cancelling headphones or ear plugs

Touch

Provide sensory fidgets (squishy, soft, textured)

Ask before making physical contact

Avoid unnecessary touch

Balance

Allow movement (rocking, spinning, jumping, etc.)

Go for a walk

Offer weighted blanket

Provide quiet space to sit

Body **Awareness**

Allow personal space

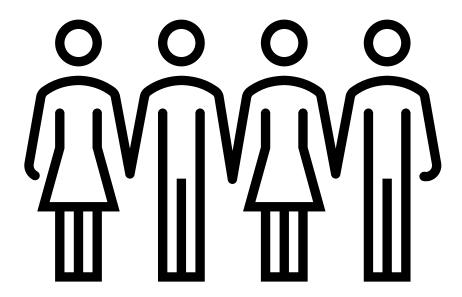
Model deep breathes

Offer a drink or small snack

Assess for pain, health issue

Adapted from Safety on the Spectrum™

Community
Engagement
and
Presentations



Community Education

- Provide education to the community:
- Crisis intervention teams
- Crisis services
- Community policing
 - Community engagement activities
- 988 Crisis line (988 call centers also need to have intensive developmental disabilities training)
- 911 When to call and what information should be provided (911 dispatchers should also be part of crisis intervention team training so that they can be better equipped to ask the correct questions)

Tips for families that have to make that 911 call

Provide as much information about the person:

- Use your words wisely (ex. aggressive and violent)
- Triggers
- Topics of Interest
- Communication needs
- Sensory needs
- Information on the person's disability
- Are they a regional center client

What other information do you think a dispatcher may need?

 The dispatcher will be the one relaying all the information to the officer so the more you provide the better.

Thank you!