Ventura County Law Enforcement Crisis Intervention Team



















How Did We Get Here?

- Late 1990's Officer Involved Shootings
 - Loss of life
 - Loss of Officers
 - Loss of Public confidence
 - Civil litigation
- "There has to be a better way!"
 - o LE leadership
 - o Why me?



Research and Collaboration

- Ventura County (Population: 832,605)
 - VPD & VCBH
 - Memphis Model 1988
 - Long Beach Model
 - San Jose PD, May 2001
 - o The partnership begins >
 - Ventura PD, Oxnard PD, Ventura County Sheriff, Ventura County Behavioral Health & NAMI



Multi-Agency Leadership

- Law Enforcement administrative support
 - Command Staff
 - Sergeants
 - Coordinators
 - Champions (Change the culture)
- Inter-agency cooperation and collaboration
 - Don't let the plan stall waiting for all agencies to buy-in
 - Keep moving forward
 - Seek out the right people



- Reduce the intensity of a crisis using de-escalation strategies.
- Reduce the necessity for use of force.
- Promote pre-custody diversion.
- Collaborate with mental health consumers, their families, the community, and the stakeholders to build and support a vibrant and accessible crisis system.

Program Management

- Lead agency Ventura County Sheriffs Office
 - Senior Program Administrator
 - Behavioral Health Department Liaison
 - Program staff
 - Law Enforcement Countywide Coordinator (Captain)
 - Centralized location for the program
 - Quarterly meetings and regular contact with CIT Coordinators and CIT stakeholders



- Instruction at the Basic Academy
- 40-hour CIT Academy
- 8-hour CIT Refresher class (2022)
- Liaison between LE, behavioral health, and our stakeholders
- Staff reports as requested
- Create and re-certify training curriculums
- Quarterly Briefing Training for partners
- Community presentations as requested
- Training for Fire personnel (2023)
- Case assistance, connect LE and families to resources



- » Up to 4 classes each year
- » Up to 50 students per class
- » POST Approved for hybrid model (COVID-19)
- » 67% Communication Operators trained
- » 92% County –wide "Patrol" trained
- » 50% Custody personnel trained



- The program is funded through a Memorandum of Agreement (MOA) between the Sheriff's Office and 5 Police Dept.'s
 - Financial responsibility formula
 - Every MOA partner provides a percentage of the funding based upon the population of its jurisdiction
 - Grant funding has been utilized to help expand and sustain the program





- Ventura County Behavioral Health through a Memorandum of Understanding (MOU) gives the CIT Program \$250,000 each fiscal year
 - VCBH also provides in-kind services
- Per the MOU the CIT Program agrees to provide training to Ventura County First Responders, and provide data related to contacts

CIT Program Staff Provides to Community Groups, Consumers and their Families

- Presentations on the CIT program
 and how LE interacts with families and consumers
- Participate in community/stakeholder events
- Follow-up with consumers and family members
 - Provide referrals to community resources





- The station's first point of contact
- Knowledge of local resources
- Maintain and improve stakeholder relationships
- Work collaboratively with CIT Program Staff
- Attend Quarterly Coordinator's Meetings
- Review CIT Cards in a timely manner
- Proactive and timely information sharing
- Recognize and report training issues
- Help identify CIT Academy candidates
- Nominate someone for CIT Officer of the Year

Community Stakeholders Quarterly Meetings

- Behavioral Health
- Hillmont Psychiatric Center
- Private In-Patient
- Adult Protective Services
- Child & Family Services
- NAMI
- VCVC
- Brain Injury Center

- Probation Agency
- Public Guardian's Office
- Alzheimer's Association
- Casa Pacifica
- Casa de Esperanza
- TAY Center
- Autism Society
- Other LE Agencies



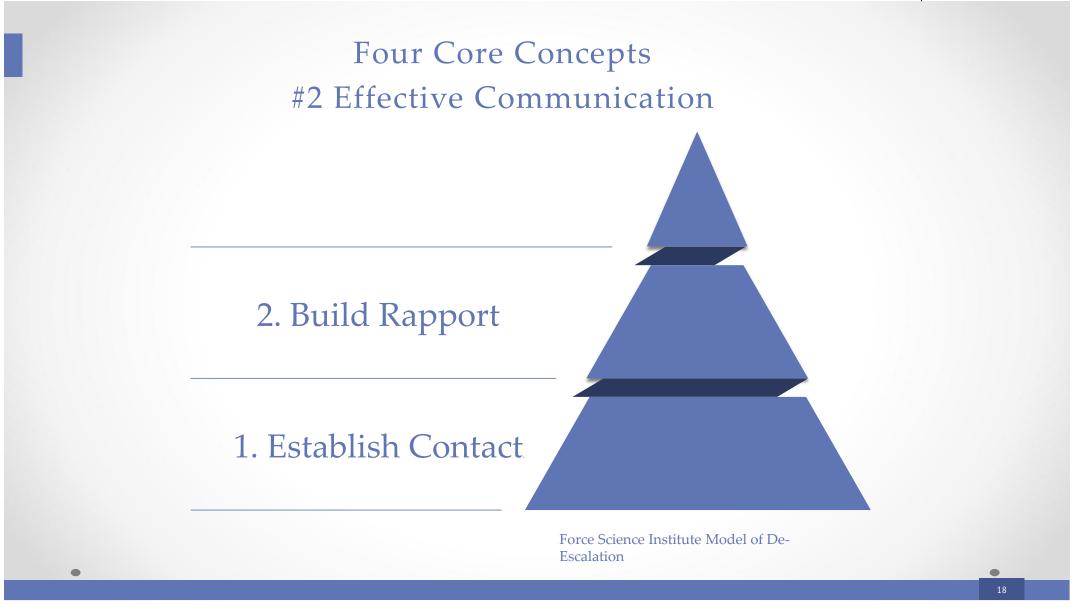
- 62 Academies since 2001
- 2300+ personnel trained
 - > Local LE
 - > Out of County LE
 - Communications Operators
 - > Other First Responders
 - > Essential Professional Staff
- Instructional Team consists of over 50-70 members each class

CIT ACADEMY #62 October 7th11th,2024

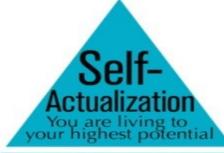
Monday 10/07	Tuesday 10/08	Wednesday 10/09	Thursday 10/10	Friday 10/11
Sr. Dpty M. Zabarsky	Sr. Dpty M. Zabarsky	Sgt. P Ruby, VCSO	Sgt. P Ruby VCSO	Sr. Dpty M. Zabarsky
8:00 - 8:30 Introduction	8:00-9:15 Military & Veterans	Bring Belts/Load Vests for FOS	8:00-9:00	8:00 - 12:00 Scenario Testing
Sheriff J. Fryhoff VCSO	Chief C. Garcia, NBVC Police	8:00 - 10:00 Psychosis, Mood,	Youth Mental Health	
8:30 - 9:00 Course Overview	Chrystal Crawford, LCSW	and Personality Disorders	Kat Baca Leanos, VCBH	Dpty C Hays
CIT Sr. Prog. Admin. Mark Stadler	Director of Psychological Health	Bianca Farmer, LMFT	Daniella Bednarz, VCBH	F. Skaggs
9:00 - 9:30 MH Overview	146th Airlift Wing	Kathleen Mackey, LCSW	9:00 - 9:30 LE & Homelessness	Harriet Lit, Det A Gray, VPD
Julie Glantz, VCBH	9:15 - 10:15	OR De-Escalation #3 (FOS)	VCSO Sr. Dpty J Havelka	Ria Dougherty
9:30 - 10:00 Implicit Bias &	Office Involved Incident	**OR Scenarios/Group Work	9:30-10:30	Dpty J Vidal email
Discrimination	VCSO Sr Deputy R. Medina	Sr Dpty B. Kuroda	Traumatic Brain Injury /	Sr. Dpty J. Havelka
K. English VC Executive Office	VCSO Dispatcher A Marron	Bring Belts/Load Vests for FOS	The Brain Injury Center	Traci Khan
10:00-11:30	10:15 - 11:45	10:00 - 12:00 Psychosis, Mood,	Lisa Morris	Sgt. S. Hernandez NBVC PD
NAMI / In Our Own Voice	PTSD & Officer Wellness	and Personality Disorders	Anna Gendron, MS, CBIS, ARF	Commander M Mayer, OPD Ret.
Patti Pape, NAMI President		Bianca Farmer, LMFT	10:30-11:00 LGBTQ+	Ruby Avila-Herrera
11:30 - 11:45 Group Activity	Jessica Raygoza, LMFT	Kathleen Mackey, LCSW	S. Auctair	Dpty B. Elmer
Voices Exercise	146th Airlift Wing	OR De-Escalation #3 (FOS)	11:00-11:45 De-escalation #3	K. Bloomingdale VPD
CIT Sr. Prog. Admin. Mark Stadler		** OR Scenarios/Group Work	Group Project Presentation	Daniella Bednarz
11:45 - 12:00 Morning Debrief	11:45-12:00 Morning Debrief	Sr Dpty B. Kuroda	11:45-12:00 Morning Debrief	Wendi Amezquita
12:00-1:00 Lunch On Own	12:00-1:00 Lunch On Own	12:00-1:00 Lunch on Own	12:00-1:00 Lunch On Own	12:00-1:00 Lunch On Own
Sr. Dpty M. Zabarsky	Sgt. Chris Johnson, SVPD	Sgt. P. Ruby, VCSO	Sr. Dpty M. Zabarsky	Sr. Dpty M. Zabarsky
1:00 - 1:30 MH Resources #1	1:00-2:00 De-escalation #2	1:00 - 2:30 Intellectual/	1:00 - 2:00	1:00 - 1:15 Scenario Debrief
Access & Crisis Services	Active Listening	Developmental Disabilties	Suicide Intervention	CIT Sr. Prog. Admin. Mark Stadler
Ria Dougherty	OPD Cpl J. Jundef	Paulina Gluck, Psy.D	Kara Perterson, VCBH	1:15-1:45 Mindfullness
1:30 - 2:00 MH Resources #2	2:00-2:15 Group Activity	Tri-Counties Regional Center		Detective J. Takeda SVPD
RISE				
KISE	CIT Sr. Prog. Admin. Mark Stadler	2:30-2:45	2:00-2:30 Group Activity 5150	1:45-3:30 Weapons Prohibition
Kara Petersen	CIT Sr. Prog. Admin. Mark Stadler 2:15-3:30 Neurocognitive	2:30-2:45 Crisis Support Services	2:00-2:30 Group Activity 5150 CIT Sr. Prog. Admin. Mark Stadler	1:45-3:30 Weapons Prohibition Rikole Kelly, VC DDA
Kara Petersen	2:15-3:30 Neurocognitive	Crisis Support Services	CIT Sr. Prog. Admin. Mark Stadler	Rikole Kelly, VC DDA
Kara Petersen 2:00-2:15 Seneca CSU	2:15-3:30 Neurocognitive Disorders	Crisis Support Services	CIT Sr. Prog. Admin. Mark Stadler 2:30-3:45 Psychiatric	Rikole Kelly, VC DDA Freddy Padilla, VC DAI
Kara Petersen 2:00-2:15 Seneca CSU 2:15-2:30 TAY Cris Telles	2:15-3:30 Neurocognitive Disorders Dr. R. Duff, Insight Nueropsych	Crisis Support Services Marques Guy	CIT Sr. Prog. Admin. Mark Stadler 2:30-3:45 Psychiatric Medications and Subtance Abuse	Rikole Kelly, VC DDA Freddy Padilla, VC DAI CONREP 3:30-3:45
2:00-2:15 Seneca CSU 2:15-2:30 TAY Cris Telles 2:30-3:15 CIT Officer /	2:15-3:30 Neurocognitive Disorders Dr. R. Duff, Insight Nueropsych 3:30-3:45 APS	Crisis Support Services Marques Guy 2:45 - 4:45	CIT Sr. Prog. Admin. Mark Stadler 2:30-3:45 Psychiatric Medications and Subtance Abuse Dr. J. Vlkaskovitz	Rikole Kelly, VC DDA Freddy Padilla, VC DAI CONREP 3:30-3:45 H. McFadden, LMFT- CONREP Director
Kara Petersen 2:00-2:15 Seneca CSU 2:15-2:30 TAY Cris Tetles 2:30-3:15 CIT Officer / Officer Panel	2:15-3:30 Neurocognitive Disorders Dr. R. Duff, Insight Nueropsych 3:30-3:45 APS Andrew Wardlaw, APS	Crisis Support Services Marques Guy 2:45 - 4:45	CIT Sr. Prog. Admin. Mark Stadler 2:30-3:45 Psychiatric Medications and Subtance Abuse Dr. J. Vlkaskovitz 3:45 - 4:45 De-Escalation #4	Rikole Kelly, VC DDA Freddy Padilla, VC DAI CONREP 3:30-3:45 H. McFadden, LMFT- CONREP Director 3:45-4:00 Day 5 Debrief
Kara Petersen 2:00-2:15 Seneca CSU 2:15-2:30 TAY Cris Telles 2:30-3:15 CIT Officer / Officer Panel Sgt T. Lumas, Ret.	2:15-3:30 Neurocognitive Disorders Dr. R. Duff, Insight Nueropsych 3:30-3:45 APS Andrew Wardlaw, APS 3:45-4:45 Suicide By Cop /	Crisis Support Services Marques Guy 2:45 - 4:45 W&I 5150/5585 Basics	CIT Sr. Prog. Admin. Mark Stadler 2:30-3:45 Psychiatric Medications and Subtance Abuse Dr. J. Vlkaskovitz 3:45 - 4:45 De-Escalation #4 (Scenarios)	Rikole Kelly, VC DDA Freddy Padilla, VC DAI CONREP 3:30-3:45 H. McFadden, LMFT- CONREP Director 3:45-4:00 Day 5 Debrief M. Stadler, A. Kitzman - CIT Office
Xara Petersen 2:00-2:15 Seneca CSU 2:15-2:30 TAY Cris Telles 2:30-3:15 CIT Officer / Officer Panel Sgt T. Lumas, Ret. 3:15-4:45 De-Escalation #1	2:15-3:30 Neurocognitive Disorders Dr. R. Duff, Insight Nueropsych 3:30-3:45 APS Andrew Wardlaw, APS 3:45-4:45 Suicide By Cop / Response to Critical Incidents	Crisis Support Services Marques Guy 2:45 - 4:45 W&I 5150/5585 Basics Tina Coates, JD	CIT Sr. Prog. Admin. Mark Stadler 2:30-3:45 Psychiatric Medications and Subtance Abuse Dr. J. Vikaskovitz 3:45 - 4:45 De-Escalation #4 (Scenarios) Cpl. A. Quiroz, VPD	Rikole Kelly, VC DDA Freddy Padilla, VC DAI CONREP 3:30-3:45 H. McFadden, LMFT- CONREP Director 3:45-4:00 Day 5 Debrief M. Stadler, A. Kitzman - CIT Office 4:00-5:00 Conclusion

De-escalation defined:

De-escalation is the process of using strategies and techniques intended to decrease the intensity of a situation. CA POST 2019



Maslow's Hierarchy of Needs Theory



Esteem
You've acquired the skills

You've acquired the skills that lead to honor and recognition

Love & Belonging

Achieving deeper, more meaningful relationships

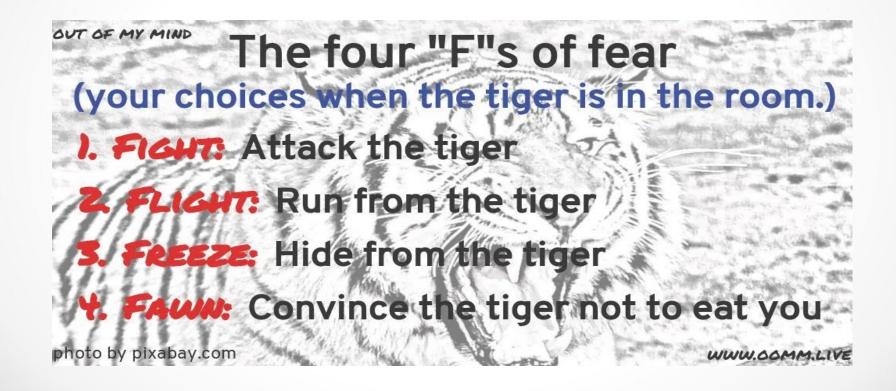
SAFETY

Home, sweet home

Physiological Needs
Food, water, sleep

To Know Thyself is the Beginning of Wisdom

~Socrates



Upon completion of the course, Law Enforcement is better prepared to:

- Understand signs and symptoms of mental illnesses, intellectual/developmental disabilities, and co-occurring disorders
- Recognize when those signs and symptoms represent a crisis
- Learn de-escalation strategies & techniques
- Utilize community resources and use diversion strategies available to provide emergency assistance



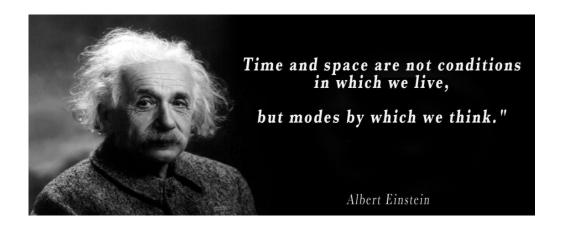
CIT – Basic Intervention Rules





- •Use proper positioning & Check for weapons
- •Tone, Atmosphere, Communication, and Time
- •Slow things down

TIME + SPACE = Options

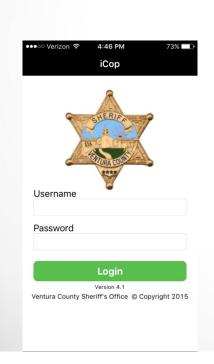


Less than Lethal Weapons

- •Whenever "available" they should be part of your plan for intervention, and "Immediately" available
- •There must always be a tactical plan when the Less than Lethal option is deployed. (Lethal / Less than Lethal)
- •Plan for when the Less than Lethal weapon is effective or ineffective



- Ventura County Law Enforcement are asked to complete information cards
 - Allows CIT Staff to identify persons who are frequent contacts
 - · iCop App
 - Allows CIT staff gather data for grants, staff reports, and future projects





What did officers say about the CIT Academy?

- 100% said they benefited from the training
 - 50% "very much"
- 30% said they use new skills "often"
- 95% felt they could better recognize a mental disorder
- 92% felt better able to handle a call involving mental illness

Benefits of CIT

- Immediacy of response
- Increased citizen/officer safety
- Reduced citizen/officer injuries
- Increased jail diversion
- Increased officer confidence in skills
- Reduction in liability

- Reduced unnecessary arrests or use of force
- Avoidance of costs to criminal justice system This is hard to prove
- Linkages to long-term services promoting recovery for the consumer and services in the behavioral health system



- Officers' Actions
 88% of the contacts result in verbalization only (versus use-of-force)
 - CIT Officers are less likely to use force,
 - and they are....
 - 3x more likely to have "contact only"
 - 2x less likely to use jail
 - Handle CIT calls faster

Consumer & Family Member Feedback

- 90% believed that the CIT trained officer was able to recognize the mental disorder
- 90% believed the CIT officer was able to de-escalate the crisis in a satisfactory manner



Rapid Integrated Support & Engagement RISE

Outreach and Engagement Team:

- > Individual appears to have a significant mental health issue
- > Is unable or unwilling to access treatment on their own
- > is primarily a field-based program
- > Rise remains engaged with the client until connected to ongoing services
- > Referrals can be received from anyone in the community
- Builds upon established relationships with law enforcement and a variety of community providers
- Regional teams throughout Ventura County



RISE Expansion cont'd

Law Enforcement Partnership Teams

- A Community Service Coordinator will be partnered with each of the following law enforcement agencies.
 - Ventura PD
 - Oxnard PD
 - Simi PD
 - Ventura County Sheriff



RISE

Contact Information for RISE:

Sara Sanchez, LMFT

Access & Outreach Division Chief

Sara.Sanchez@ventura.org

805-981-4233



No Wrong Door Policing & Collaboration

- One day....
- A people centered approach that provides a universal gateway focused on connecting people with services intended to promote individual wellness and self-reliance.
 - Compassionately and truthfully:
 - Educate people where to find services
 - Connect people to services
 - Whenever possible, warm hand-offs

Closing Thoughts....

- Euphemistic labeling
- Make a good movie
- The Golden Rule
- Respect for human life and dignity
- De-escalation requires cooperation
- Never risk your life or safety for someone that is suicidal



Ventura County Sheriffs Office

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