

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
300 Lakeside Drive, P. O. Box 12688, Oakland, CA 94604-2688
(510) 464-6000

NOTICE OF MEETING AND AGENDA
BART POLICE CITIZEN REVIEW BOARD

August 13, 2018

A Meeting of the BART Police Citizen Review Board (BPCRB) will be held on Monday, August 13, 2018, at 4:00 p.m. The Meeting will be in the BART Board Room, Kaiser Center 20th Street Mall – 2040 Webster Street, Oakland, California. **(Please note: Although the address of the Board Room has changed it is still in the same location.)**

AGENDA

1. Call to Order.
2. Call for Quorum.
3. Pledge of Allegiance Recital.
4. Approval of Minutes of Prior Board Meeting. For Discussion and Action.
5. October and November 2018 BPCRB Meeting Dates. For Discussion and Action.
6. BPCRB Officer Elections. For Discussion and Action.
7. Chief of Police's Report. For Discussion and Action.
 - a. BART Police Department (BPD) Monthly Report for June 2018
8. BPCRB Participation in BPD Commendation Process. For Discussion and Action.
9. BPCRB Training Program. (The curriculum to be addressed will not satisfy AB 1234 training requirements for legislative body members).
 - a. Use of Force / Crisis Intervention Training
10. Independent Police Auditor's Report. For Discussion and Action.
 - a. Office of the Independent Police Auditor (OIPA) Monthly Report for July 2018
11. General Discussion and Public Comment. Limited to 3 minutes per speaker.
(An opportunity for members of the public to address the BPCRB on matters under their jurisdiction and not on the agenda).
12. Closed Session.
 - a. To Consider Public Employee Discipline/Dismissal/Release in OIPA Case #18-01.
Govt. Code §54957
13. Adjournment.

Please refrain from wearing scented products (perfume, cologne, after-shave, etc.) to this meeting, as there may be people in attendance susceptible to environmental illnesses.

BART provides service/accommodations upon request to persons with disabilities and individuals who are limited English proficient who wish to address Board matters. A request must be made within one and five days in advance of Board meetings, depending on the service requested. Please contact the Office of the District Secretary at (510) 464-6083 for information.

BPCRB Meeting Agenda materials will be made available to the public at the meeting and may also be accessed and downloaded 72 hours prior to the meeting at <http://www.bart.gov/about/bod/advisory/crb> (click on “Agenda”).

Pursuant to Govt. Code §54953.5, the audio recording of this open and public meeting shall be subject to inspection pursuant to the California Public Records Act (CPRA). Requests for information under the CPRA should be filed with the BART Office of the District Secretary.

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
300 Lakeside Drive, P.O. Box 12688, Oakland, CA 94604-2888

BART Police Citizen Review Board
Monday, July 09, 2018

A regular meeting of the BART Police Citizen Review Board (BPCRB) was held on Monday, July 9, 2018 convening at 4:00 p.m. in the BART Board Room, 344 20th Street, Oakland, California.

Members Present: Chairperson George Perezvelez, Kenneth Loo, Pete Longmire, Darren White, Les Mensinger, Aman Sebahtu, David Rizk, and Richard Knowles.

BART Staff: BART Police Department (BPD) Chief of Police Carlos Rojas, BPD Deputy Chief Lance Haight, BPD Deputy Chief Jeffrey Jennings, BPD Lieutenant Gil Lopez, BPD Officer Stephen Christ, Independent Police Auditor Russell Bloom, Independent Police Investigator Patrick Caceres, Senior Administrative Analyst Sarah Celso, Senior Administrative Analyst LaTonia Peoples-Stokes, Interim District Secretary Patricia Williams, Assistant General Manager of Office of External Affairs Kerry Hammill, BPD Temporary Staff Assistant Sharon Kidd.

Others Present: BART Director John McPartland, BART Director Robert Raburn, Members of the Public.

Agenda items discussed:

- 1. Call to Order.**
The regular meeting was called to order at 4:08 p.m. by Chairperson George Perezvelez.
- 2. Call for Quorum.**
Chairperson George Perezvelez, Darren White, Aman Sebahtu, Les Mensinger, David Rizk and Richard Knowles were present, amounting to a quorum.
- 3. Pledge of Allegiance Recital.**
The pledge of allegiance was recited.
- 4. Approval of Minutes of Prior Board Meeting. For Discussion and Action.**
A motion to approve the minutes for the Prior Board Meeting was made by Mr. Mensinger and seconded by Mr. Knowles. The motion passed unanimously.
- 5. Introduction of New BPCRB Member Pete Longmire and Oath of Office.**
Mr. Bloom introduced Mr. Longmire to the BPCRB.

Mr. Longmire gave a brief statement about himself.

Interim District Secretary Patricia Williams administered the oath of office to Mr. Longmire.

Chairperson Perezvelez welcomed Mr. Longmire to the BPCRB.

6. Chief of Police's Report. For Discussion and Action.

Chief Rojas addressed the BPCRB. He welcomed Mr. Longmire to the BPCRB.

a. BPD Monthly Report for May 2018

Chief Rojas presented the BPD Monthly Report for May 2018 and he answered questions from the BPCRB.

b. Center for Policing Equity Report Status

Deputy Chief Jennings provided the status for this item and he answered questions from the BPCRB.

7. BPCRB Participation in BPD Commendation Process. For Discussion and Action.

Chairperson Perezvelez discussed this item and he answered questions from the BPCRB.

Mr. Mensinger discussed this item.

Mr. Loo entered the meeting at 4:44 p.m.

This item will be agendaized for action at the next BPCRB meeting.

8. BPCRB Onboarding and Submitting Materials Status. For Discussion and Action.

Mr. Rizk provided the status for this item. He requested that BPCRB Members share items with him.

9. BPD Administrative Leave Process (Criteria for Returning an Officer to Full Duty Pending Completion of an Officer-Involved Shooting Investigation.) For Discussion and Action.

Deputy Chief Jennings discussed this item. He reviewed the process and the proposed revisions to BPD Policy #310 related to an officer's fitness for return to duty. He also answered questions from the BPCRB.

10. Use of Force Policy Training Status. For Discussion and Action.

Lieutenant Lopez provided the Use of Force Training Status and he answered questions from the BPCRB.

11. BPD Media Communications and Information Policy. For Discussion and Action.

Mr. Rizk provided an update for this item and he discussed the subcommittee's suggestions for changes to this policy. The subcommittee would like to seek opinions from the Office of the Independent Police Auditor (OIPA), BPD and the Public. It is the

subcommittee's hope to have the proposed changes ready for consideration at the next BPCRB meeting.

Chairperson Perezvelez addressed Chief Rojas.

Chief Rojas requested that BART Media Relations (Office of External Affairs) also be included in the drafting process.

12. Independent Police Auditor's Report. For Discussion and Action.

a. OIPA's Monthly Report for June 2018

Mr. Bloom presented the OIPA Monthly Report for June 2018.

13. General Discussion and Public Comment. Limited to 3 minutes per speaker. (An opportunity for members of the public to address the BPCRB on matters under their jurisdiction and not on the agenda.)

Chairperson Perezvelez called for Public Comment.

The following individuals addressed the BPCRB regarding the BPD Officer-Involved Shooting on January 3, 2018:

Lonnie Monroe
Afiyah Chambers
Asale Chandler

The meeting convened into closed session 5:56 p.m.

14. Closed Session.

a. To Consider Public Employee Discipline/Dismissal/Release in Office of the Independent Police Auditor Case #17-42. Gov. Code §54957

A motion to extend the meeting to 6:15 p.m. was made by Mr. Rizk and seconded by Mr. Loo. The motion passed unanimously.

The BPCRB reconvened in open session at 6:13 p.m.

Chairperson Perezvelez announced the votes taken during the closed session with regard to agenda item #14a. The BPCRB voted to accept the findings reached by OIPA with seven in favor, zero against and one abstention by Mr. Sebahtu.

15. Adjournment.

A motion to adjourn the meeting was made by Mr. D. White and it was seconded by Mr. Mensinger. The motion passed unanimously.

The meeting was adjourned at approximately 6:14 p.m.

BART POLICE DEPARTMENT



June 2018

MONTHLY REPORT

BPD Monthly Reports

June 2018

Report	Responsible
01 – Industrial Leave*	SSD – J. Morgan
02 – Vacancy	SSD – F. Cheung
03 – Diversity	SSD – F. Cheung
04 – Training	PS&T – P. Kwon
05 – Use of Force	PS&T – K. Franklin
06 – Citizen Complaints	PS&T – K. Franklin
07 – Internal Affairs Log	PS&T – K. Franklin
08 – Performance Measures	SSD – K. Dam
09 – Enforcement Contacts	SSD – K. Dam
10 – Parking Enforcement	POD – J. DeVera
11 – Warrant Arrests	SSD – K. Dam
12 – Detectives Assignments	SSD – J. Power
13 – Detectives Closure Rate	SSD – J. Power
14 – Assembly Bill 716	POD – M. Williamson
15 – Absence Overview	SSD – C. Vogan
16 – Overtime	SSD – F. Cheung
17 – Communications Center	SSD – G. Hesson
18 – BART Watch	SSD – C. Vogan

*Not included in Year-End or Monthly BPCRB Reports

BART Police Department (07) Staffing Status

As of: 07/09/18
 Vacancy Factor: 0.0

	Pos'n Code	Job Title	FY19 Adopted	Reclass	As of 07/01/18	Filled	On Leave or TMD	Vacant
NON-SWORN (Rep)	027	Community Service Officer	67		67	48	5	19
	045	Police Admin Specialist	12		12	10	-	2
	048	Police Dispatcher	18		18	15	1	3
	098	Revenue Protection Guard	19		19	16	1	3
	836	Police Sup./CAD/RMS Admin**	6		6	6	-	-
SWORN	778	Police Officer	63		63	59	6	4
		In Academy = 5						-
		Field Training = 2						-
	788	Senior Police Officer	99		99	82	5	17
	798	Master Police Officer	14		14	10	-	4
	838	Police Sergeant	34		34	27	4	7
	888	Police Lieutenant	13		13	9	1	4
	898	Police Deputy Chief	3		3	3		-
	980	Police Chief	1		1	1		-
Non-Sworn (Non-Rep)	SF100	Mgr of Security Programs**	1		1	-		1
	000065	Emergency Preparedness Mgr.	1		1	1	-	-
	000074	Crisis Outreach Coordinator	1		1	1		-
	000081	Accreditation Manager	1		1	1	-	-
	AF200	Sr. Administrative Analyst	1		1	1		-
DEPARTMENT TOTAL			354	-	354	290	23	64

Notes

Notes:
 FY19
 parking cso - 2
 fare evasion - 2 on hold pending rpt
 made that as 2 dispt

Ofc - 5 frozen

Note: BART Police Department has 17 Attrition Float positions, of which 10 are Police Officers (778), 5 are Community Service Officers (027) and 2 are Police Dispatchers (048).

- > "On Leave" category does not include personnel on Admin Leave.
- > Mgr of Security Programs position is currently filled by a Police Lieutenant**

BART PD DIVERSITY MONTHLY REPORT

As of 7/9/18

+

<u>ETHNICITY</u>		<u>S</u>		<u>C</u>	
White	37% 106	43%	77	30%	29
Black	21% 61	21%	38	24%	23
Asian	21% 62	16%	33	30%	29
Hispanic	19% 56	18%	42	14%	14
American/ Indian	0% 0	0%	0	0%	0
Native Hawaiian/Pac Island	1% 5	2%	3	2%	2
Total:	100% 290	100%	193	100%	97
<u>DEMOGRAPHIC</u>		<u>S</u>		<u>C</u>	
Female	22% 64	10%	20	45%	44
Male	78% 226	90%	173	55%	53
Total:	100% 290	100%	193	100%	97
<u>CLASSIFICATION</u>					
Sworn	67% 193				
Civilian	33% 97				
Total:	100% 290				

CRISIS INTERVENTION TRAINING AS OF: July 1, 2018

Personnel Positions	Total Positions	Filled Positions	Vacant Positions	(Not in Academy or Field Training) Eligible to Attend Training	Total of Filled Positions Trained	Percentage of Total Filled Positions Trained	Percentage of Eligible Filled Positions Trained
Chief	1	1	0	1	0	0%	0%
Deputy Chiefs	3	3	0	3	3	100%	100%
Lieutenants	10	8	2	8	8	100%	100%
Sergeants	34	27	7	27	27	100%	100%
Officers	181	153	28	135	134	88%	99%
Dispatchers	16	15	1	12	12	80%	100%
Dispatch Supervisors	2	2	0	2	2	100%	100%
CSOs	63	47	16	45	43	91%	96%
Crisis Outreach Coordinator	1	1	0	1	1	100%	100%
Total	311	257	54	234	230	89%	98%

Personnel Positions that are not designated to attend CIT Training

	Total	Filled	Vacant
Revenue Protection Guards	19	16	3
Police Administrative Specialists	12	10	2
Police Sup./CAD RMS Admin	4	4	0
Civilian Managers/Analyst	3	3	0
Sub Total	38	33	5
TOTAL PERSONNEL	349	290	59

FAIR AND IMPARTIAL / BIASED BASED TRAINING AS OF July 1, 2018

Personnel Positions	Total Positions	Filled Positions	Vacant Positions	Eligible to Attend (Not in Academy or Field Training)	Total of Filled Positions Trained	Percentage of Total Filled Positions Trained	Percentage of Eligible Filled Positions
Chief	1	1	0	1	0	0.0%	0.0%
Deputy Chiefs	3	3	0	3	3	100.0%	100.0%
Lieutenants	10	8	2	8	8	100.0%	100.0%
Sergeants	34	27	7	27	27	100.0%	100.0%
Officers	181	153	28	147	147	96.1%	100.0%
CSOs	63	47	16	45	43	91.5%	95.6%
Total	292	239	53	231	228	95.4%	98.7%

Personnel Positions that are not designated to attend FAIR AND IMPARTIAL Training

	Total	Filled	Vacant
Dispatchers	16	15	1
Dispatch Supervisors	2	2	0
Crisis Outreach Coordinator	1	1	0
Revenue Protection Guards	19	16	3
Police Administrative Specialists	12	10	2
Police Sup./CAD RMS Admin	4	4	0
Civilian Managers/Analyst	3	3	0
Sub Total	57	51	6
TOTAL PERSONNEL	349	290	59

POLICE ROADWAY PROTECTION TRAINING AS OF: July 1, 2018

Personnel Positions	Total Positions	Filled Positions	Vacant Positions	Eligible to Attend (Not in Academy, FTO, or IND/Leave)	Total of Filled Positions Trained	Percentage of Total Filled Positions Trained	Percentage of Eligible Filled Positions
Chief	1	1	0	1	0	0.0%	0.0%
Deputy Chiefs	3	3	0	3	3	100.0%	100.0%
Lieutenants	10	8	2	8	8	100.0%	100.0%
Sergeants	34	27	7	26	26	96%	100.0%
Officers	181	153	28	147	146	95.4%	99.3%
CSOs-Not Required	63	47	16	42	38	80.9%	90.5%
Total	292	239	53	227	221	92.5%	97.4%

Personnel Positions that are not REQUIRED to attend Police Roadway Protection Training

	Total	Filled	Vacant
CSOs	63	47	16
Dispatchers	16	15	1
Dispatch Supervisors	2	2	0
Crisis Outreach Coordinator	1	1	0
Revenue Protection Guards	19	16	3
Police Administrative Specialists	12	10	2
Police Sup./CAD RMS Admin	4	4	0
Civilian Managers/Analyst	3	3	0
Sub Total	120	98	22
TOTAL PERSONNEL	412	337	75

Use of Force Incidents - 2018

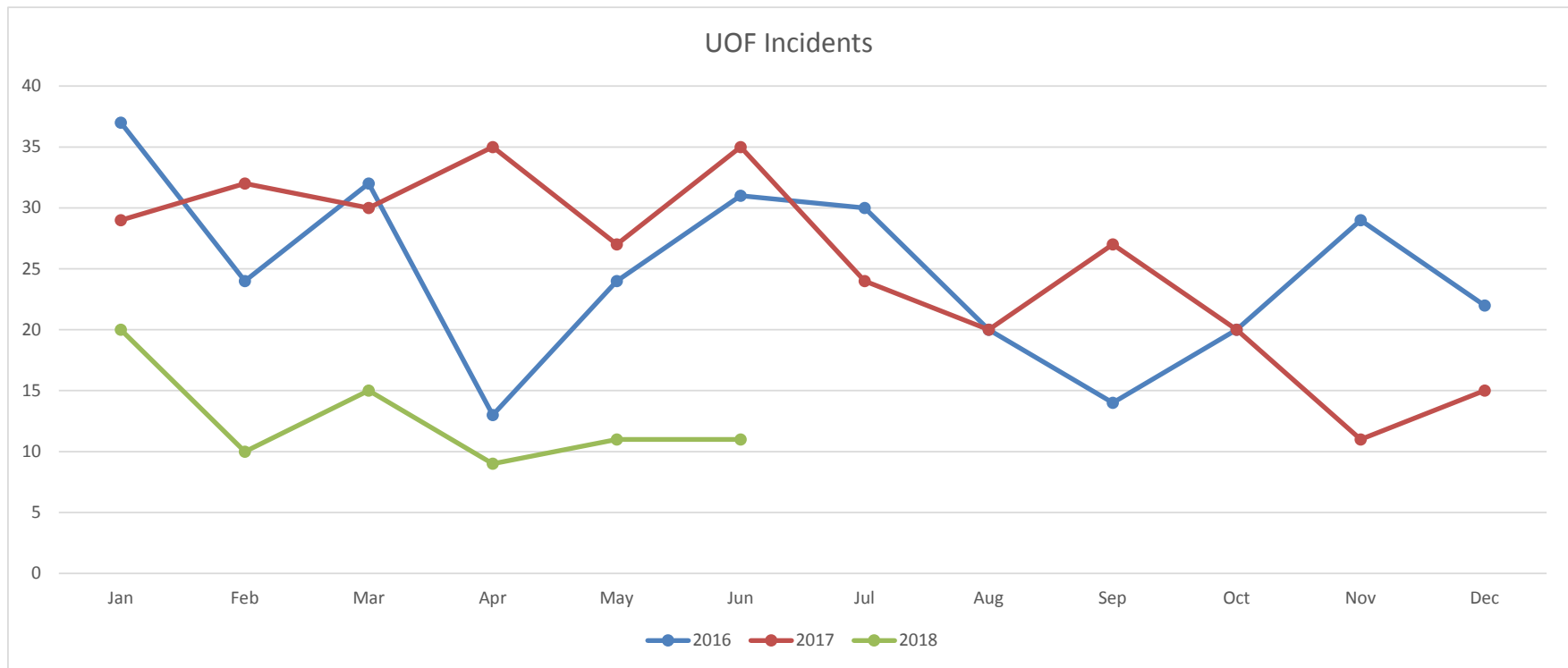
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2018	20	10	15	9	11	11							76
YTD 2018	20	30	45	54	65	76							

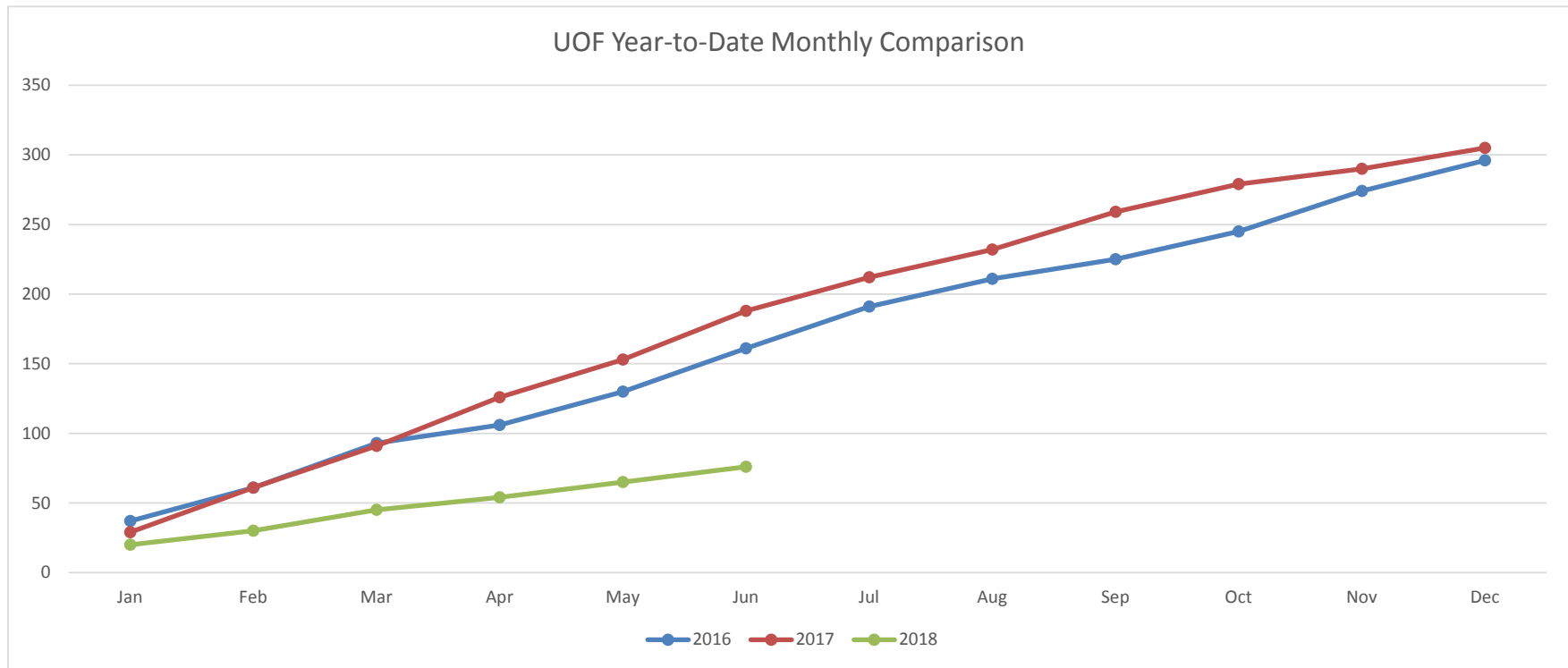
Use of Force Incidents - 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2017	29	32	30	35	27	35	24	20	27	20	11	15	305
YTD 2017	29	61	91	126	153	188	212	232	259	279	290	305	

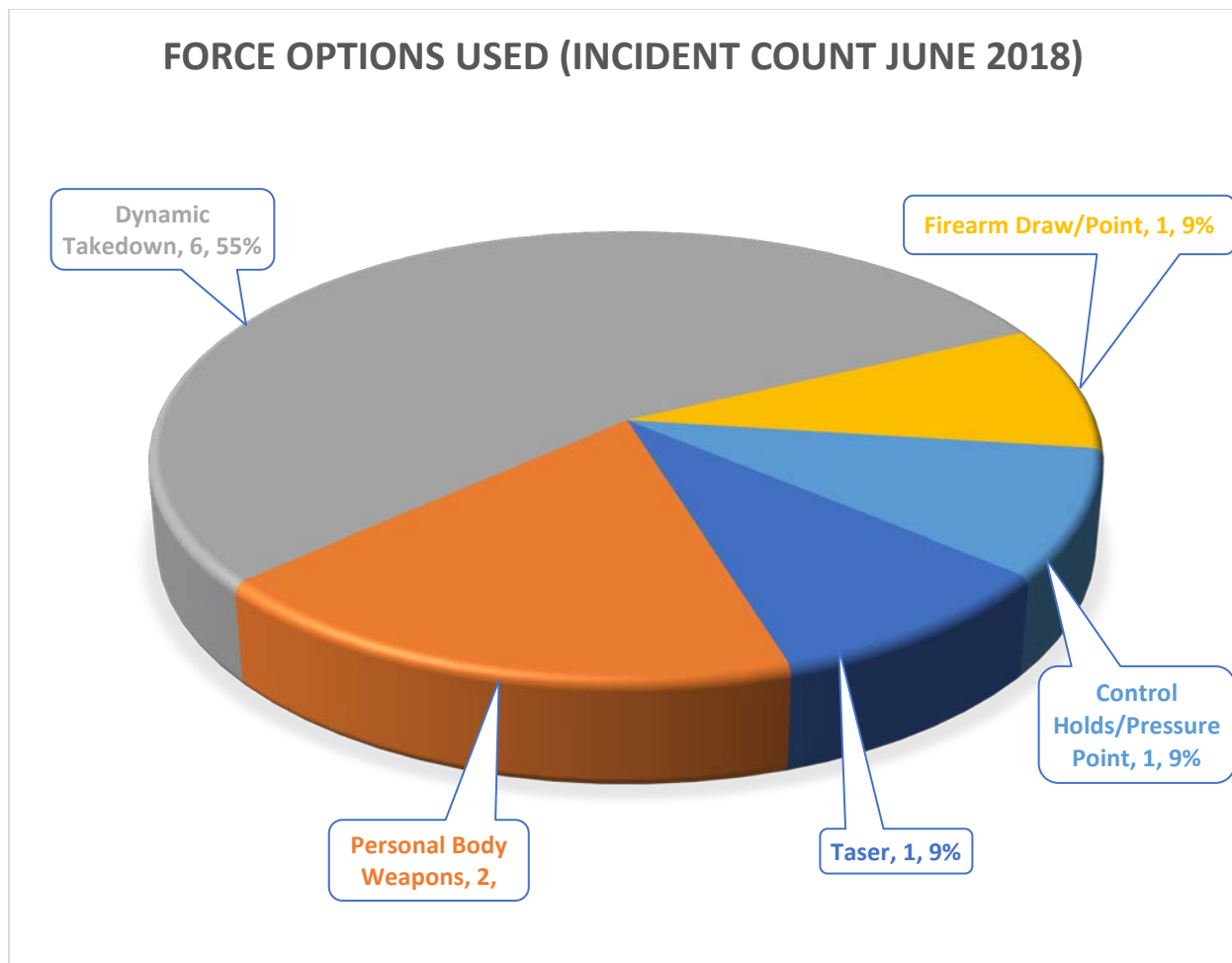
Use of Force Incidents - 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2016	37	24	32	13	24	31	30	20	14	20	29	22	296
YTD 2016	37	61	93	106	130	161	191	211	225	245	274	296	



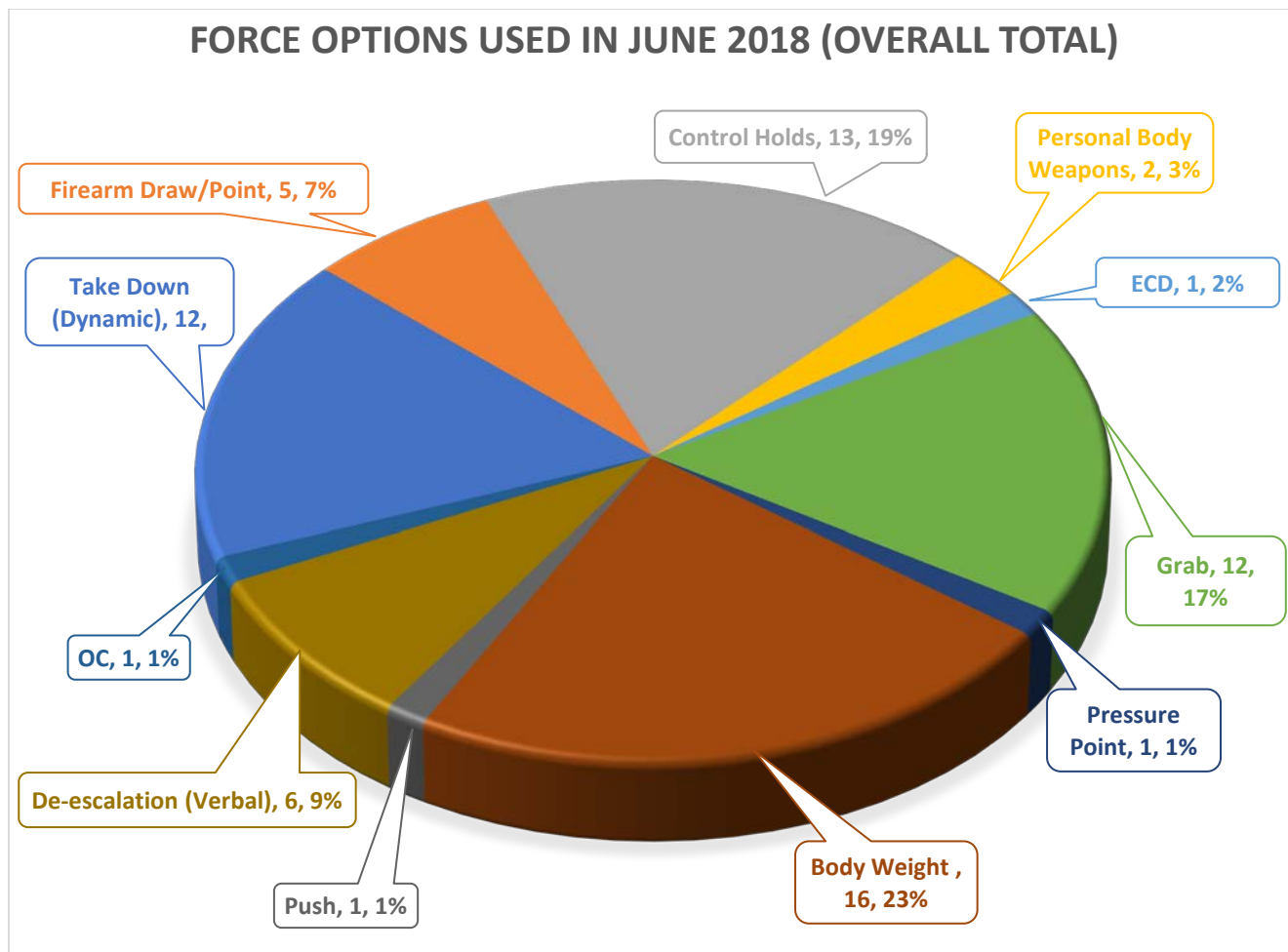


Force Options Used (Incident Count), June 2018



*Each incident could contain more than one force option used. This pie chart reflects the most significant force option used per incident.

Types of Force Used, June 2018 (Overall Total)



0

*Some incidents involved the use of multiple force options. If two officers involved in the same incident used the same force option, this data would reflect both officers. As an example, if two officers in the same incident used control holds, this data would reflect two separate control holds.

Citizen Complaints - 2018

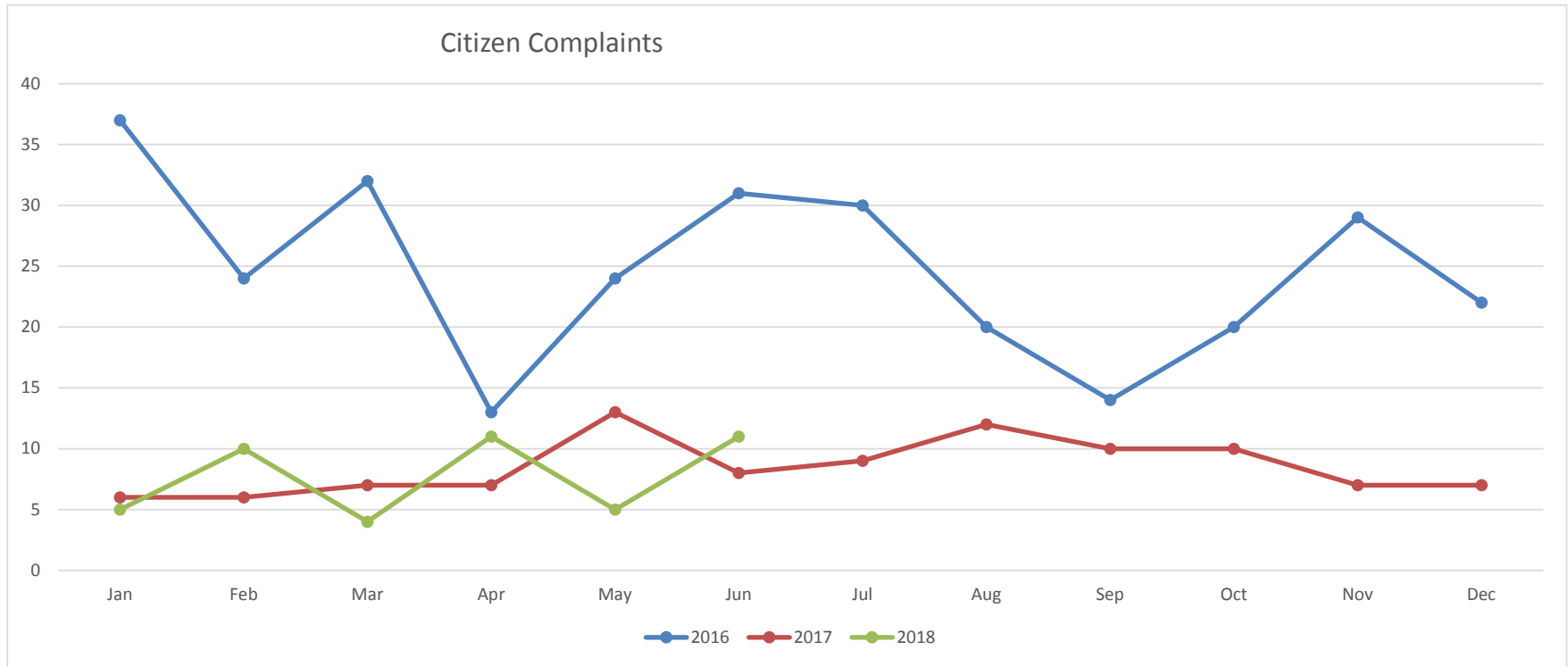
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2018	5	10	4	11	5	11							46
YTD 2018	5	15	19	30	35	46							

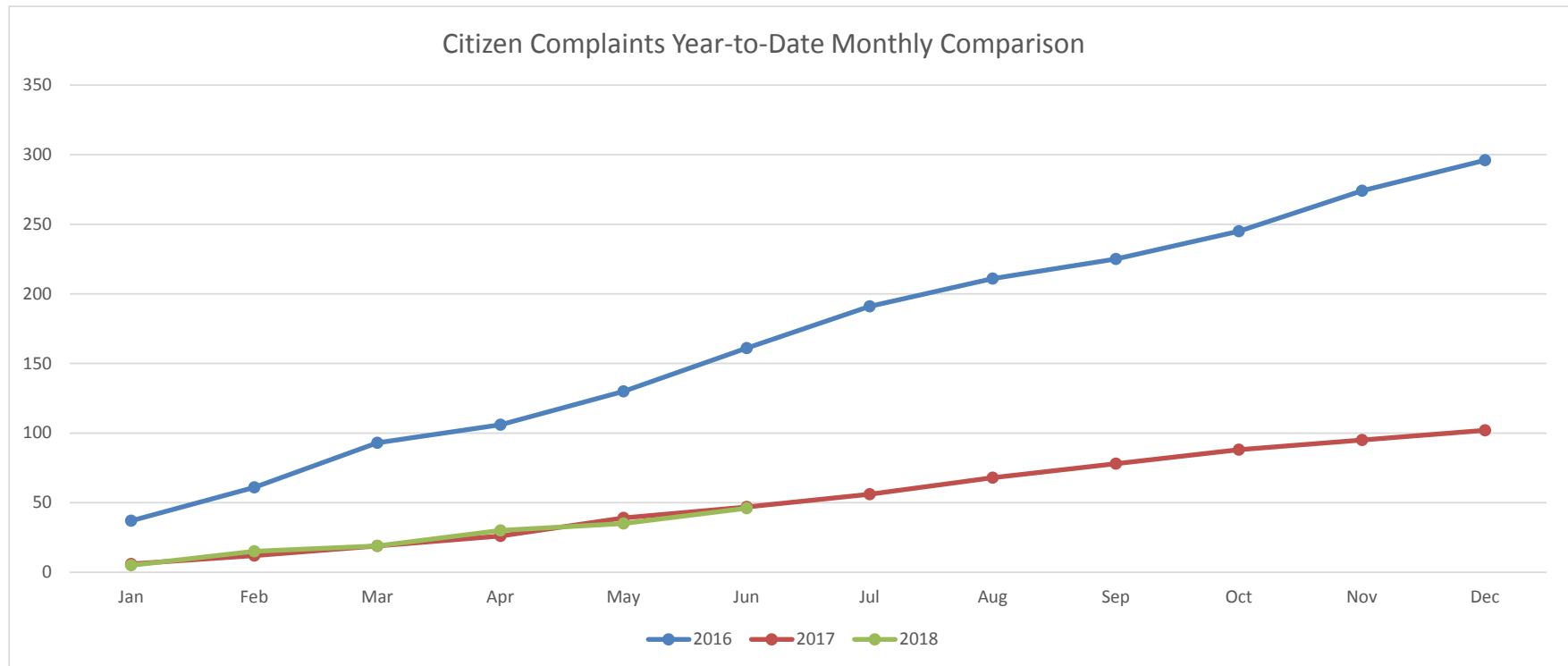
Citizen Complaints - 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2017	6	6	7	7	13	8	9	12	10	10	7	7	102
YTD 2017	6	12	19	26	39	47	56	68	78	88	95	102	

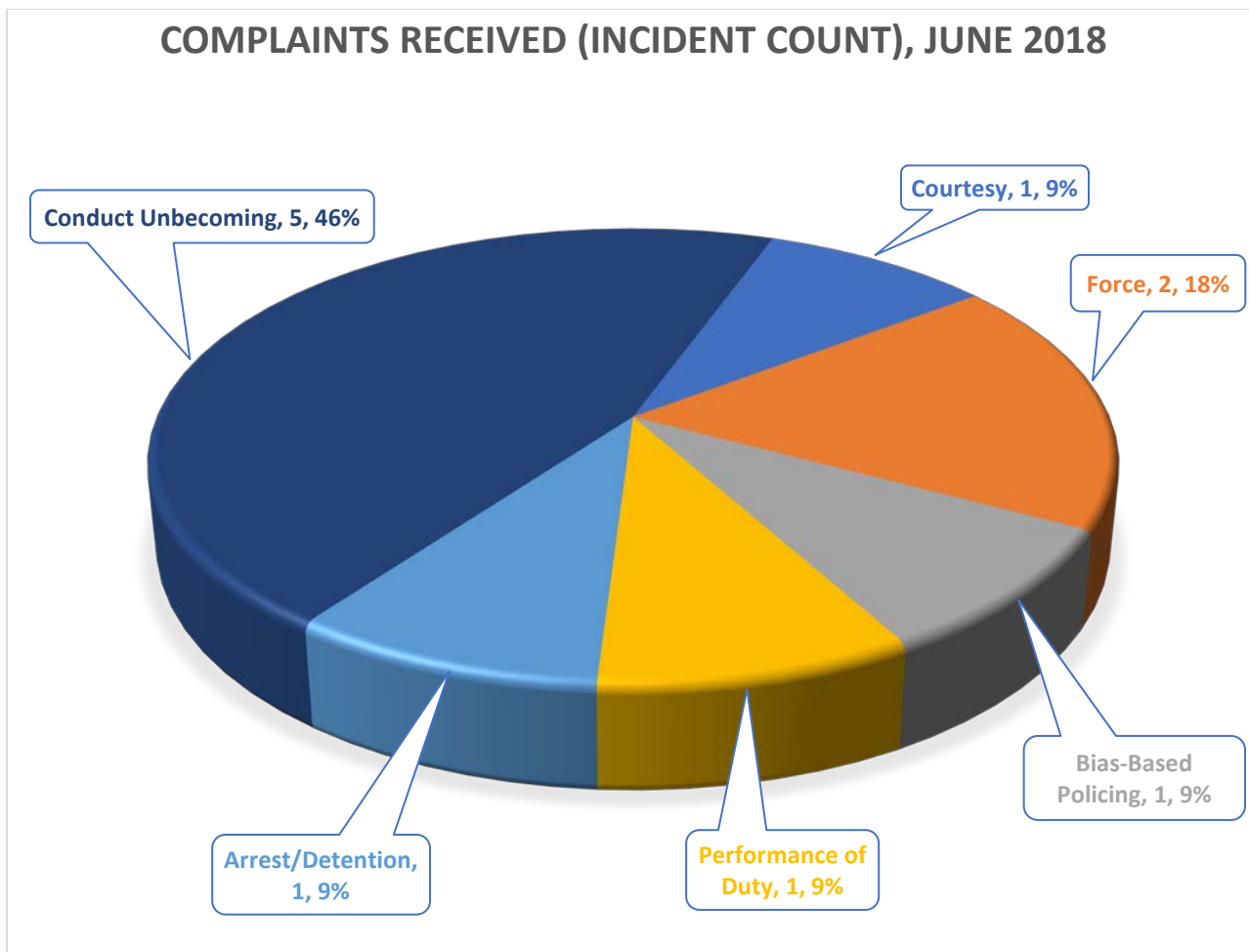
Citizen Complaints - 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2016	10	3	13	7	7	10	6	9	8	7	8	6	94
YTD 2016	10	13	26	33	40	50	56	65	73	80	88	94	





Complaints Received (Incident Count), June 2018



Each incident could contain more than one allegation. This pie chart reflects the most significant allegation per incident.

BART Police Department - Office of Internal Affairs							
Investigation Log - June 2018							
IA	DATE		ALLEGATION	FINDING	INVESTIGATOR	DUE DATE	COMPLETED DATE
CASE #	OCC'D	REC'D					
IA2016-071	07/29/16	7/29/2016	Force, Bias, Arrest		Lt. Kwon	12/28/16	
			Force, Bias, Arrest		(Tolled)	01/27/17	
			Force, Bias, Arrest				
			Force, Bias, Arrest				
IA2017-040	1/31/2017	5/18/2017	Force		Sgt. Togonon	10/17/2017	
			Force		Tolled		
IA2017-081	8/31/2017	8/31/2017	CUBO		Sgt. T. Salas	1/30/2018	Submitted L21
			CUBO				
			CUBO				
IA2017-093	10/4/2017	10/4/2017	Force	Admin	Sgt. T. Salas	3/5/2018	Submitted L21
IA2017-096	10/20/2017	10/23/2017	Bias Based Policing		Sgt. T. Salas	6/30/2018	
					Sgt. Fueng		
IA2017-097	10/13/2017	10/18/2017	CUBO	Deferred to OIPA #17-39	Sgt. Togonon	3/19/2018	
			Bias-Based Policing				
IA2017-101	10/30/2017	10/31/2017	Performance of Duty		Sgt. T. Salas	3/22/2018	Submitted L21
IA2017-105	11/15/2017	11/16/2017	Performance of Duty		T. Salas	5/8/2018	
			Bias-Based Policing				
			Policy (Axon)				
IA2017-110	11/28/2017	11/28/2017	Policy/Procedure	Service Review	Lt. Kwon		
IA2017-111	11/10/2017	11/10/2017	Force		Sgt. Salas	5/1/2018	
IA2017-114	12/12/2017	12/13/2017	Force, Bias, CUBO		Sgt. T. Salas	5/14/2018	
IA2017-115	12/20/2017	Unk	Force, CUBO		Sgt. McNack	5/21/2018	
			Policy/Procedure				
IA2017-118	12/25/2017	1/2/2018	Force		Sgt. T. Salas	6/3/2018	
IA2018-001	1/3/2018	1/3/2018	Force (OIS)		Sgt. T. Salas	6/4/2018	
					Tolled		
IA2018-003	1/28/2018	1/8/2018	CUBO		Sgt. T. Salas	7/8/2018	
IA2018-005	1/12/2018	1/12/2018	Bias/CUBO		Sgt. Togonon	6/13/2018	
IA2018-007	1/26/2018	1/26/2018	Force	Admin Closure	Sgt. McNack	7/4/2018	
IA2018-009	2/1/2018	2/8/2018	Bias		Sgt. McNack	7/10/2018	
IA2018-010	2/1 2/2 2018	2/12/2018	CUBO		Sgt. Togonon	7/14/2018	
			CUBO				
IA2018-011	2/12/2018	2/13/2018	Arrest/Detention, Force, Bias, CUBO	Deferred to OIPA #18-03	Sgt. T. Salas	7/16/2018	
IA2018-013	2/7/2018	2/10/2018	Force/Policy/Procedure		Sgt. McNack	7/22/2018	
			Policy/Procedure				
IA2018-015	2/18/2018	2/20/2018	Performance of Duty, CUBO		Sgt. T. Salas	7/22/2018	
IA2018-016	2/25/2018	2/26/2018	Policy/Procedure, POD	Service Review	Sgt. T. Salas	7/28/2018	
IA2018-017	9/21/2016	2/22/2018	CUBO	Admin Closure	Sgt. T. Salas	7/30/2018	
IA2018-018	2/28/2018	2/28/2018	Bias Based Policing		Sgt. McNack	7/30/2018	

IA	DATE		ALLEGATION	FINDING	INVESTIGATOR	DUE DATE	COMPLETED DATE
	CASE #	OCC'D					
IA2018-019	12/7/2017	3/5/2018	Bias, Courtesy, Policy/Procedure	Deferred to OIPA #18-06	Lt. Kwon	8/5/2018	
IA2018-020	12/23/2017	3/13/2018	Performance of Duty		Sgt. McNack	8/12/2018	
IA2018-021	3/10/2018	3/10/2018	Courtesy	Admin Closure, OIPA #18-07	Sgt. McNack	8/9/2018	
IA2018-022	1/20/2018	3/2/2018	CUBO, Policy/Procedure		Sgt. T. Salas	8/1/2018	
IA2018-023	3/16/2018	4/5/2018	Performance of Duty		Sgt. McNack	9/4/2018	
IA2018-024	4/11/2018	4/13/2018	CUBO		Sgt. T. Salas	9/12/2018	
IA2018-025	4/11/2018	4/11/2018	Force		Sgt. T. Salas	9/10/2018	

PART 1 CRIMES	2013	2014	2015	2016	2017	YTD June		% change from '17
						2017	2018	
Homicide	1	0	1	1	0	0	0	#DIV/0!
Rape	0	2	3	4	8	7	2	-71%
Robbery	209	153	161	232	290	158	152	-4%
Aggravated Assault	57	71	73	93	121	53	68	28%
Violent Crime Subtotal	267	226	238	330	419	218	222	2%
Burglary (Not including Auto)	25	7	4	12	15	5	10	100%
Larceny	2524	2597	2325	2217	2593	1214	1225	1%
Auto Theft	483	522	480	480	420	222	199	-10%
Arson	0	0	0	1	4	3	3	0%
Property Crime Subtotal	3032	3126	2809	2710	3032	1444	1437	0%
TOTAL	3299	3352	3047	3040	3451	1662	1659	0%

#DIV/0 - Not Calculable *Aggravated Assault table updated to conform to UCR totals*



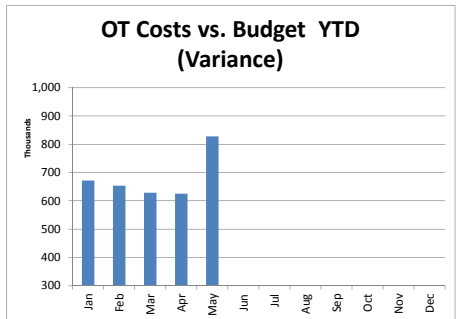
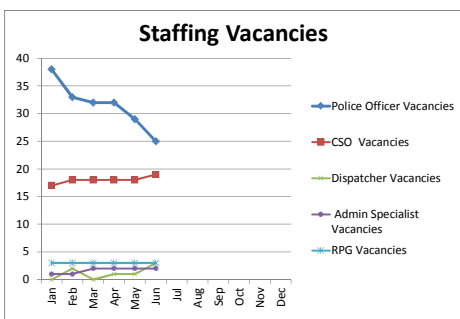
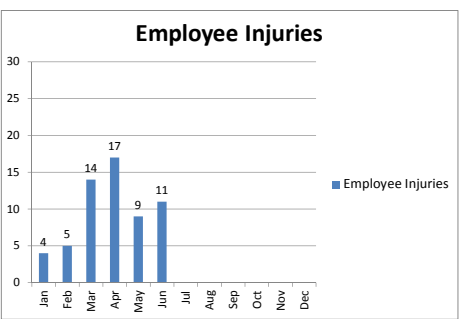
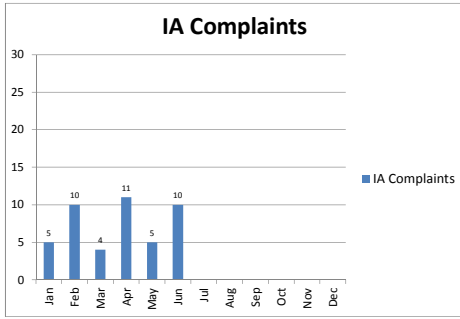
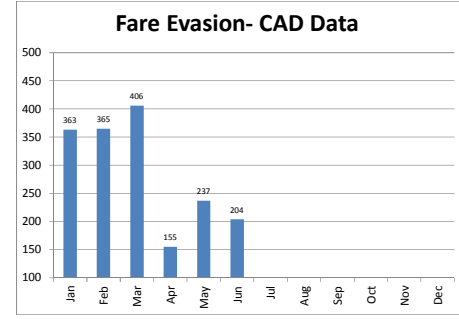
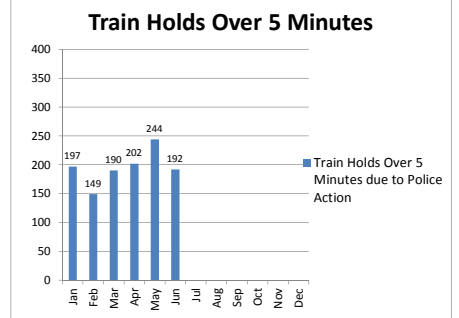
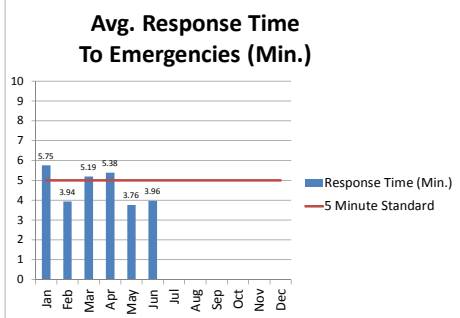
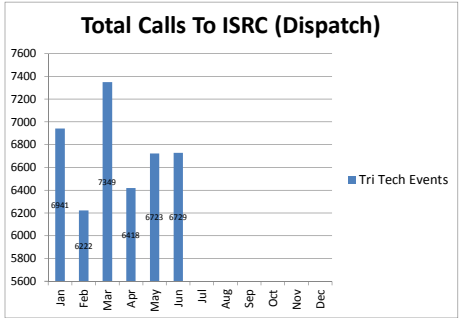
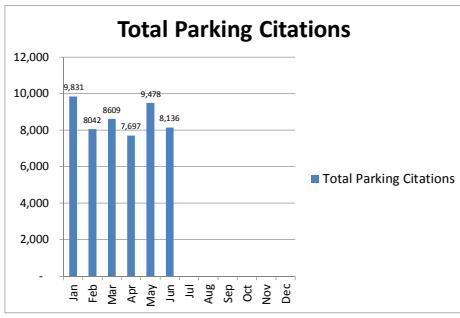
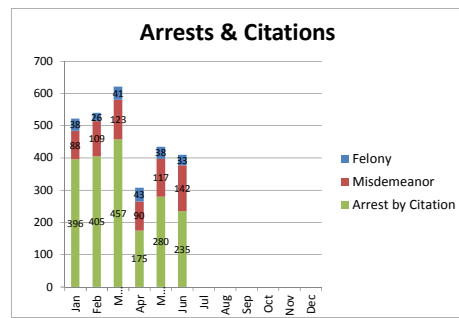
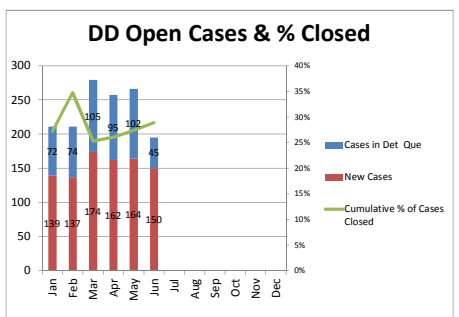
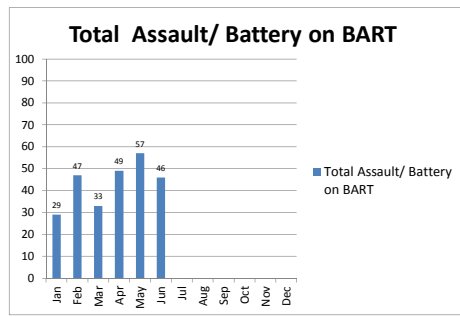
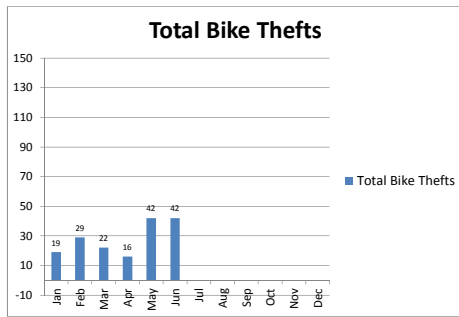
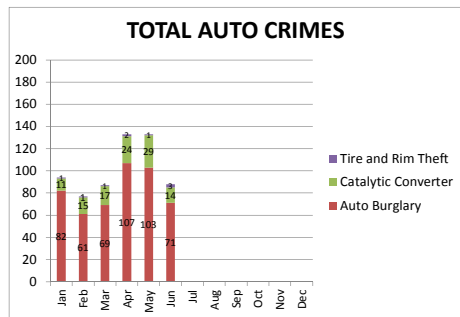
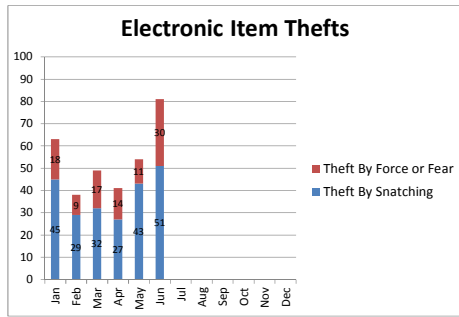
BART Police Performance Measurements

June 2018

Disclaimer--**The data is drawn from the BART Police Department TriTech computer database, and they are unaudited. The numbers may not match the official monthly totals reported to the FBI through the Uniform Crime Reporting (UCR) program. Late reporting, the reclassification or unfounding of crimes, can affect crime statistics. The statistics contained in the on the Performance Measurements are **subject to change, updates, and corrections.** **

Top 5 Stations For Part 1 Crimes	Most Frequent all of 2017
Most Frequent 2017	Most Frequent all of 2017
2018 Current Month	2017 YEAR
West Oakland	Coliseum
Powell	Bay Fair
Fruitvale	West Oakland
Richmond	Fruitvale
Bay Fair	East Dublin

This list was obtained by adding the highest totals listed in the Part 1 crimes data.



Enforcement Contacts - 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Felony Arrest	38	26	41	43	38	33							219
YTD 2018	38	64	105	148	186	219							
Misd. Arrest	88	109	123	90	117	142							669
YTD 2018	88	197	320	410	527	669							
Cite & Release	396	405	457	175	280	235							1,948
YTD 2018	396	801	1,258	1,433	1,713	1,948							
Field Interview	512	581	581	476	527	513							3,190
YTD 2018	512	1,093	1,674	2,150	2,677	3,190							

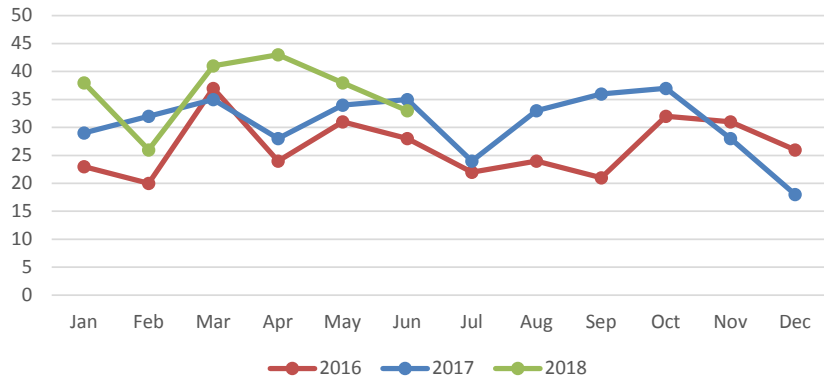
Enforcement Contacts - 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Felony Arrest	29	32	35	28	34	35	24	33	36	37	28	18	369
YTD 2017	29	61	96	124	158	193	217	250	286	323	351	369	
Misd. Arrest	96	82	112	100	109	107	106	137	129	142	131	104	1,355
YTD 2017	96	178	290	390	499	606	712	849	978	1,120	1,251	1,355	
Cite & Release	356	578	355	252	222	155	261	654	385	730	287	200	4,435
YTD 2017	356	934	1,289	1,541	1,763	1,918	2,179	2,833	3,218	3,948	4,235	4,435	
Field Interview	175	336	322	349	418	336	348	545	749	646	508	466	5,198
YTD 2017	175	511	833	1,182	1,600	1,936	2,284	2,829	3,578	4,224	4,732	5,198	

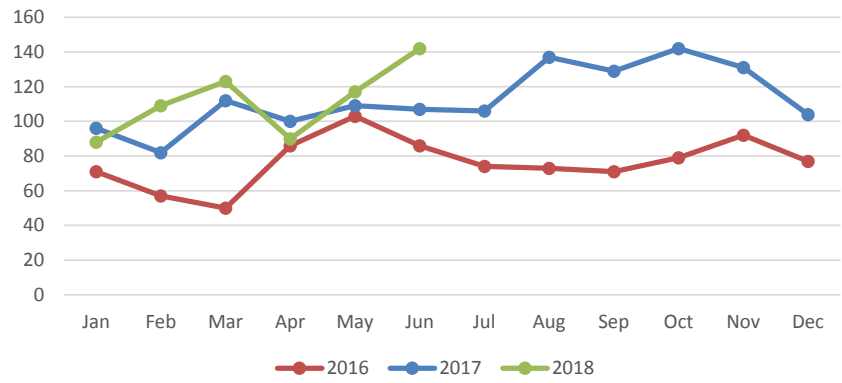
Enforcement Contacts - 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Felony Arrest	23	20	37	24	31	28	22	24	21	32	31	26	319
YTD 2016	23	43	80	104	135	163	185	209	230	262	293	319	
Misd. Arrest	71	57	50	86	103	86	74	73	71	79	92	77	919
YTD 2016	71	128	178	264	367	453	527	600	671	750	842	919	
Cite & Release	424	538	443	195	591	195	314	162	239	229	229	246	3,805
YTD 2016	424	962	1,405	1,600	2,191	2,386	2,700	2,862	3,101	3,330	3,559	3,805	
Field Interview	175	501	219	469	482	422	350	490	372	425	444	355	4,704
YTD 2016	175	676	895	1,364	1,846	2,268	2,618	3,108	3,480	3,905	4,349	4,704	

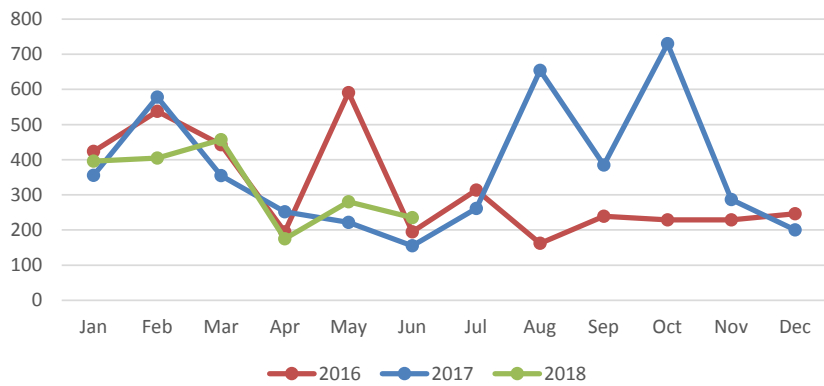
Felony Arrests



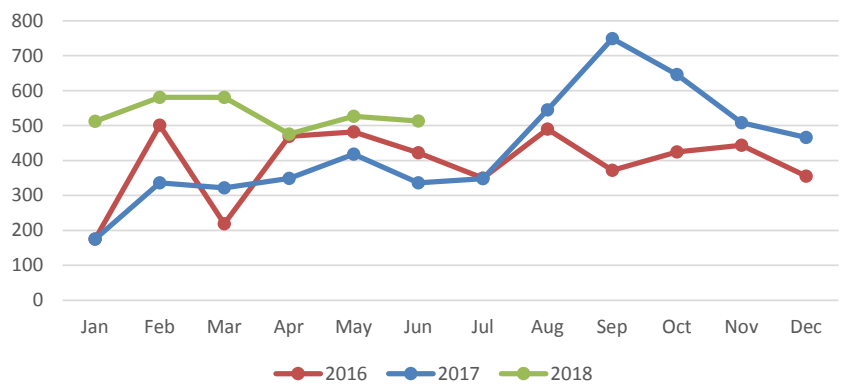
Misdemeanor Arrests



Cite & Release



Field Interviews



Parking Enforcement - 2018

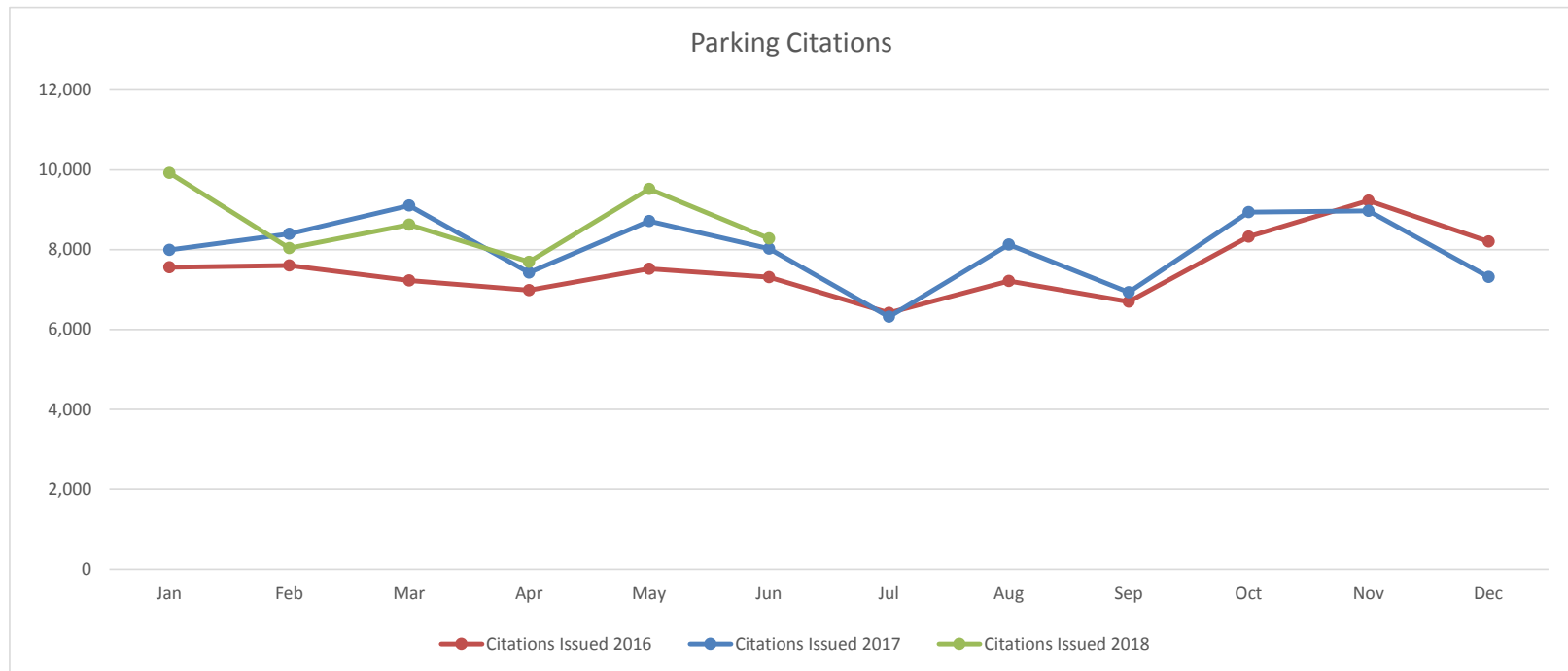
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Citations Issued	9,925	8,042	8,629	7,697	9,520	8,281							52,094
YTD 2018	9,925	17,967	26,596	34,293	43,813	52,094							
Contested	2,121	1,808	2,152	1,782	1,827	2,053							11,743
YTD 2018	2,121	3,929	6,081	7,863	9,690	11,743							
Dismissed	1,502	1,200	1,448	1,160	1,152	1,294							7,756
YTD 2018	1,502	2,702	4,150	5,310	6,462	7,756							

Parking Enforcement - 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Citations Issued	7,997	8,400	9,104	7,424	8,716	8,028	6,318	8,131	6,933	8,939	8,973	7,316	96,279
YTD 2017	7,997	16,397	25,501	32,925	41,641	49,669	55,987	64,118	71,051	79,990	88,963	96,279	
Contested	1,324	1,673	1,761	1,796	1,912	1,681	1,587	1,734	1,578	1,793	1,556	2,116	20,511
YTD 2017	1,324	2,997	4,758	6,554	8,466	10,147	11,734	13,468	15,046	16,839	18,395	20,511	
Dismissed	821	1,000	1,136	1,223	1,288	1,070	998	1,115	937	1,107	940	1,375	13,010
YTD 2017	821	1,821	2,957	4,180	5,468	6,538	7,536	8,651	9,588	10,695	11,635	13,010	

Parking Enforcement - 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Citations Issued	7,559	7,608	7,225	6,988	7,521	7,312	6,419	7,218	6,698	8,326	9,229	8,205	90,308
YTD 2016	7,559	15,167	22,392	29,380	36,901	44,213	50,632	57,850	64,548	72,874	82,103	90,308	
Contested	1,211	1,297	1,112	938	1,289	1,248	1,179	1,063	979	1,259	1,433	1,139	14,147
YTD 2016	1,211	2,508	3,620	4,558	5,847	7,095	8,274	9,337	10,316	11,575	13,008	14,147	
Dismissed	722	788	688	738	847	772	668	649	602	690	855	733	8,752
YTD 2016	722	1,510	2,198	2,936	3,783	4,555	5,223	5,872	6,474	7,164	8,019	8,752	



Warrant Arrests

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018												
BART Felony Warrants	2	1	3	0	2	1						
BART Misdemeanor Warrants	3	3	2	2	6	4						
O/S Felony Warrants	12	10	16	29	29	8						
O/S Misdemeanor Warrants	40	37	68	55	60	36						
Monthly Total	57	51	89	86	97	49						
YTD Total	57	108	197	283	380	429						
2017												
BART Felony Warrants	1	2	1	1	2	3	1	5	1	1	1	0
BART Misdemeanor Warrants	6	4	3	5	9	2	6	17	10	3	8	3
O/S Felony Warrants	20	19	20	18	18	15	10	9	18	16	14	6
O/S Misdemeanor Warrants	39	40	53	53	54	44	52	53	48	74	60	36
Monthly Total	66	65	77	77	83	64	69	84	77	94	83	45
YTD Total	66	131	208	285	368	432	501	585	662	756	839	884
2016												
BART Felony Warrants	0	0	0	1	0	0	0	0	0	0	1	1
BART Misdemeanor Warrants	11	18	8	3	3	4	0	0	0	0	2	3
O/S Felony Warrants	16	28	23	12	6	9	15	12	8	20	17	11
O/S Misdemeanor Warrants	53	35	35	34	48	35	41	32	30	28	33	62
Monthly Total	80	81	66	50	57	48	56	44	38	48	53	77
YTD Total	80	161	227	277	334	382	438	482	520	568	621	698



San Francisco Bay Area Rapid Transit Police Department Criminal Investigations Section Monthly Summary Report June, 2018

Detective Assignments

Total number of cases assigned to detectives during the month	Number of cases that are still being investigated by detectives	Number of cases that all current leads have been exhausted	Number of cases that were sent to the district attorney's offices for a review	Number of cases that the district attorney's offices has not made a final disposition	Number of cases that were charged/probation violation by the district attorney	Number of cases that were not charged by the district attorney's offices	Percentage of cases that the district attorney's offices filed charges	Total number of cases that are assigned to a detective as of June 6, 2018
150	45	17	86	42	30	14	35%	149

Submitted By: Sgt. J. Power S-49

Date: 07/10/2018

San Francisco Bay Area Rapid Transit Police Department

Criminal Investigations Section

June, 2018

Detective Closure Rate

	Total number of cases assigned to detectives previous 12 months (July 2017 - June 2018)	Number of cases that are still being investigated by detectives	Number of cases that all current leads have been suspended	Number of cases that were sent to the district attorney's offices for a review (suspect identified)	Percentage of cases closed by identification of suspect	Percentage of cases suspended	Percentage of cases Open
	1907	103	448	1314	69%	23%	5%
D39	214	22	43	143	67%	20%	10%
D51	268	31	49	183	68%	18%	12%
D75	158	4	16	131	83%	10%	3%
D31	365	10	81	269	74%	22%	3%
D55	501	22	144	330	66%	29%	4%
D27	252	8	87	145	58%	35%	3%
D54	149	6	28	113	76%	19%	4%

CASES IN DETECTIVE QUEUE

	<i>Total</i>	<i>Past 60 days</i>
D39	15	
D51	49	7
D75	8	
D55	37	1
D31	16	1
D27	11	
D54	8	2

Submitted by: Sgt. John J. Power #S49
Date: July 10, 2018

D51 currently out on industrial leave. Cases to be re-assigned and cleared.

Assembly Bill 716 - 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Prohibition Orders Issued	20	28	28	33	31	32							172
YTD 2018	20	48	76	109	140	172							

Assembly Bill 716 - 2017

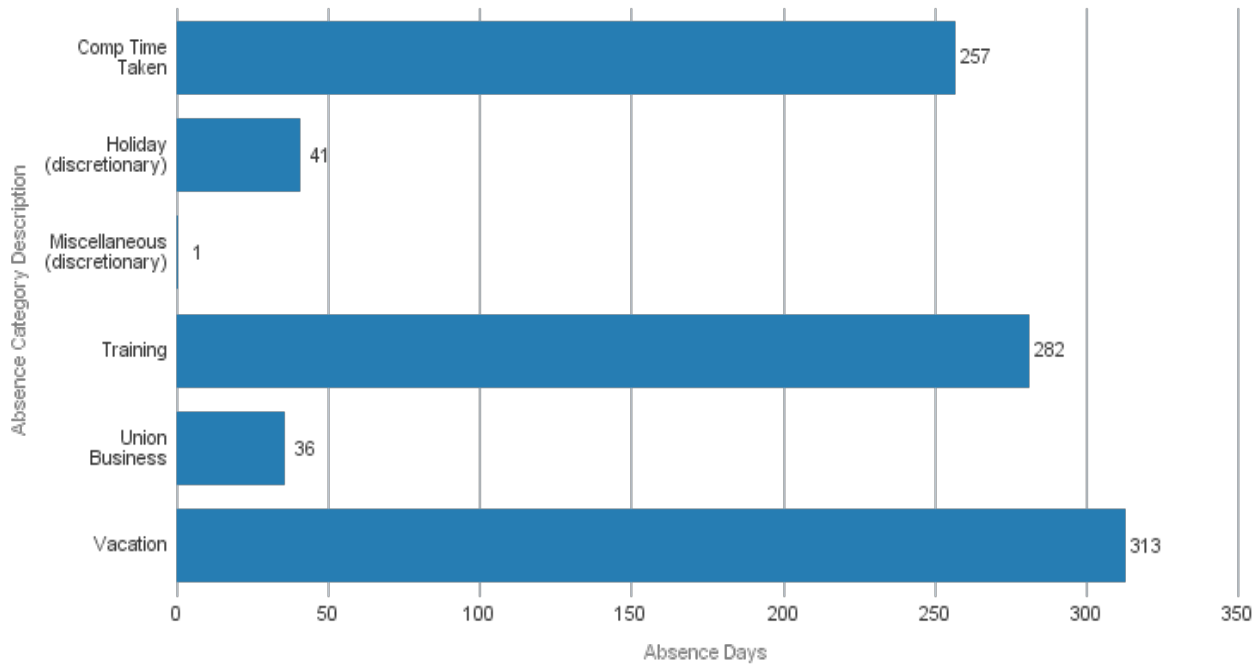
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Prohibition Orders Issued	18	18	30	27	37	30	24	21	27	31	38	14	315
YTD 2017	18	36	66	93	130	160	184	205	232	263	300	315	

Assembly Bill 716 - 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Prohibition Orders Issued	21	16	22	17	39	23	20	25	19	31	24	19	276
YTD 2016	21	37	59	76	115	138	158	183	202	233	257	276	

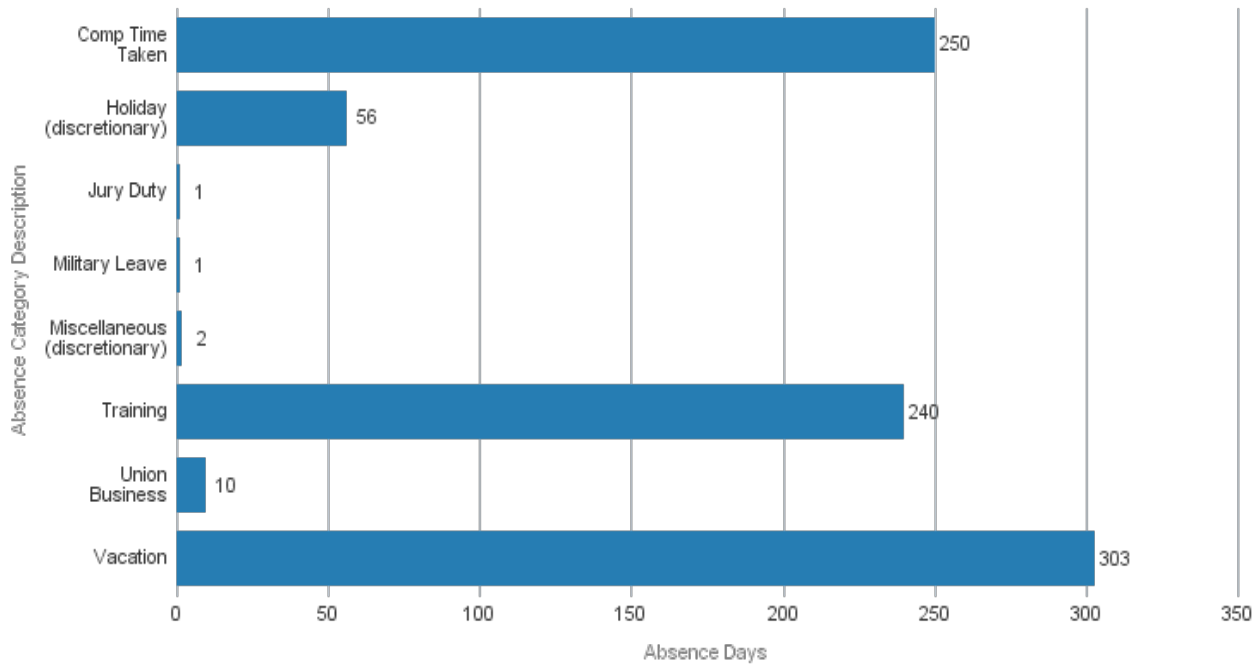


Scheduled Absence Overview - June 2018



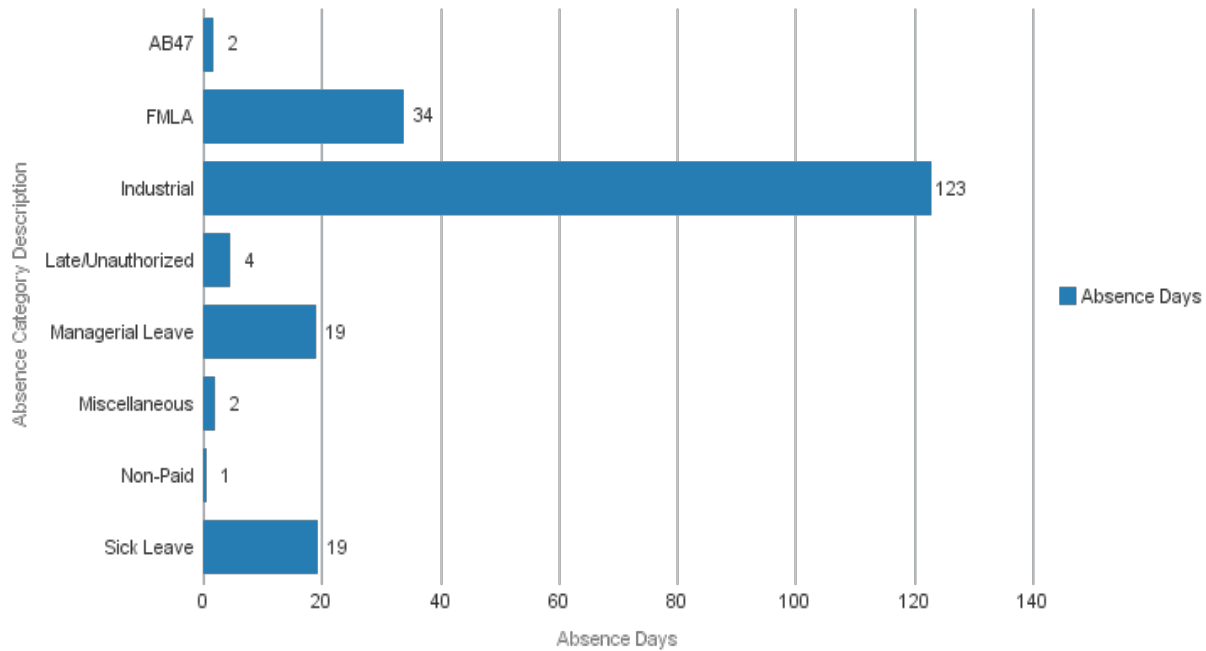
Absence Category Description	Absence Hours	Absence Days	% Total
Comp Time Taken	2,661	257	28%
Holiday (discretionary)	417	41	4%
Miscellaneous (discretionary)	8	1	0%
Training	2,625	282	30%
Union Business	386	36	4%
Vacation	3,116	313	34%
Grand Total	9,213	929	100%

Scheduled Absence Overview - June 2017



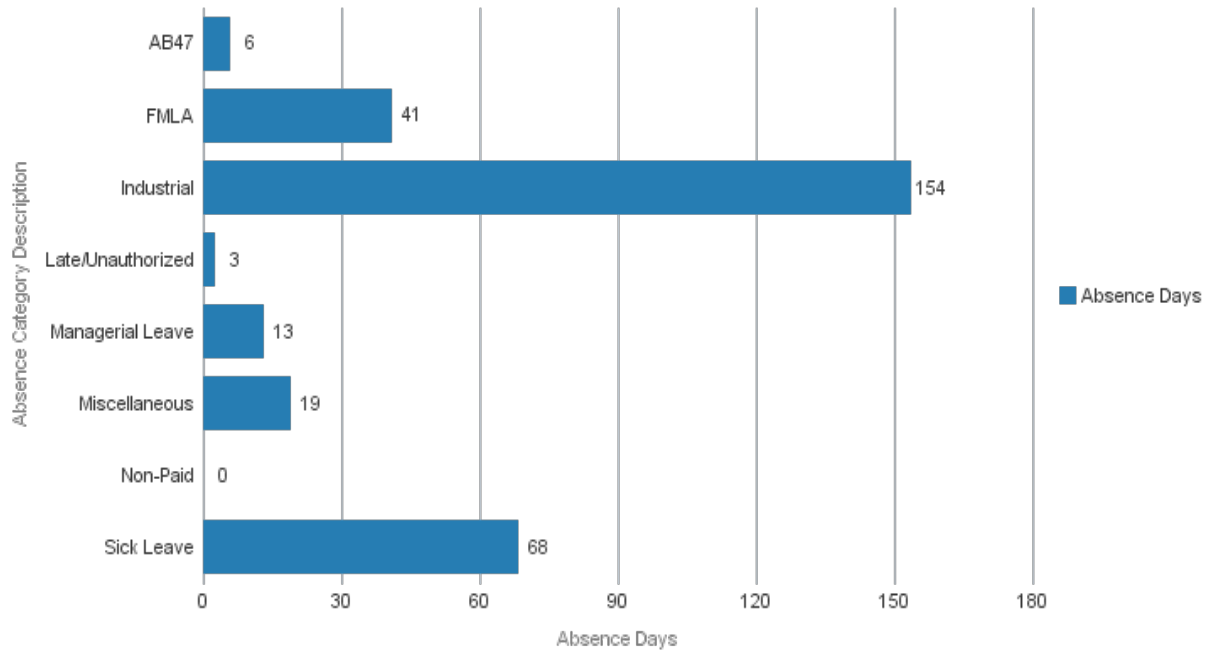
Absence Category Description	Absence Hours	Absence Days	% Total
Comp Time Taken	2,500	250	29%
Holiday (discretionary)	544	56	6%
Jury Duty	10	1	0%
Military Leave	10	1	0%
Miscellaneous (discretionary)	16	2	0%
Training	2,204	240	28%
Union Business	98	10	1%
Vacation	3,077	303	35%
Grand Total	8,459	862	100%

Unscheduled Absence Overview - June 2018



Absence Category Description	Absence Hours	Absence Days	% Total
AB47	18	2	1%
FMLA	326	34	17%
Industrial	1,255	123	60%
Late/Unauthorized	45	4	2%
Managerial Leave	195	19	9%
Miscellaneous	20	2	1%
Non-Paid	5	1	0%
Sick Leave	194	19	10%
Grand Total	2,059	204	100%

Unscheduled Absence Overview - June 2017



Absence Category Description	Absence Hours	Absence Days	% Total
AB47	56	6	2%
FMLA	390	41	13%
Industrial	1,659	154	51%
Late/Unauthorized	25	3	1%
Managerial Leave	130	13	4%
Miscellaneous	192	19	6%
Non-Paid	0	0	0%
Sick Leave	679	68	23%
Grand Total	3,131	304	100%

BART PD OVERTIME MONTHLY REPORT

June 2018

Activity Name	Activity ID	2017			2018		
		Overtime10	Overtime15	Overtime20	Overtime10	Overtime15	Overtime20
Administration	ADMIN	0	0	0	0	47	0
Adv Officer Training	ADVOF	0	3,149	0	186	7,044	5,077
BART Labor	BLABR	0	474	690	0	927	320
BF OT Discr Day BPD	BFDSO	0	355	0	611	763	4,295
BF OT Industrial Leave BPD	BFILV	0	11,213	19,234	0	4,874	6,824
BF OT Minimum Rest	BFRST	0	868	3,613	455	0	1,246
BF OT Patrol TRN	BFTRN	0	1,040	966	0	3,250	2,024
BF OT Recovery Day	BFRCV	0	9,025	14,441	60	7,604	33,886
BF OT Training BPD	BFTRN	0	1,040	966	0	3,250	2,024
BF OT Vacancy BPD	BFVCN	0	11,718	6,475	0	25,381	12,440
BF OT Vacation BPD	BFVAC	1,189	19,151	49,243	798	47,727	91,083
BF Sick/FMLA/Brvment	BFSLV	497	15,380	18,331	0	2,284	8,704
Backfill for Negotiations	BCKFL	0	0	0	0	1,846	0
Boardroom Security	BRDRM	0	0	2,165	129	0	1,567
COPPS Project/Event	COPPS	0	1,520	1,930	0	2,394	0
Coliseum Events	CEOPS	2	14,875	16,776	0	6,495	12,690
Court Appearance	COURT	0	397	529	0	1,747	0
Crowd Ctrl for Spec	CROWD	426	13,962	13,346	0	3,567	1,664
Detectives Unit OT	INVST	6	4,349	0	0	1,877	849
E-BART SECURITY	EBSEC	0	0	0	556	21,969	14,439
EMS/OWS Pltfrm Detail	PLTFM	458	12,032	11,275	961	10,449	5,827
Evidence Collection	EVIDN	0	983	0	0	244	0
Explorer Advisors	EXPLR	0	986	567	0	1,152	0
Final Design	FDSGN	978	11,873	10,192	0	1,754	2,027
Held Over/Late Case	HLDOV	0	11,318	704	0	16,648	540
IA Unit Overtime	IAUNT	0	6,142	4,343	0	225	0
Jnt Terrorism Tskfrce	JTTFO	0	374	599	0	0	0
K-9 Team Training	K9TTR	0	563	1,635	0	831	509
Labor Negotiations	LBRNG	0	0	0	0	3,779	0
MTC SECURITY	MTCSC	0	0	0	0	0	517
Meeting Attendance	MTNGS	0	2,183	2,008	0	2,865	611
Mgr of Sec Programs	SECPR	0	1,708	0	0	2,927	0
Operating	OPRTN	804	22,448	10,502	1,460	18,792	20,854

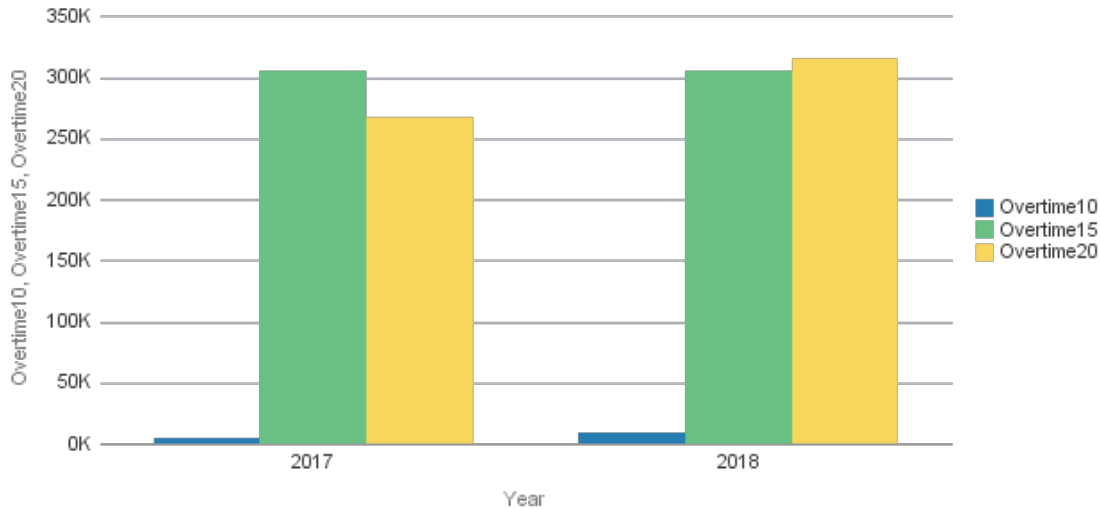
P&T Unit Overtime	PTUNT	565	19,676	13,439	362	14,561	2,047
Police Admin OT	PADMN	0	22,502	0	0	5,015	1,569
Pride Parade	PRIDE	0	5,479	19,416	0	7,835	15,310
Ptrl Special Enforcement	SPECL	0	41,452	22,353	511	36,790	33,990
Raiders - Walkway	RAIDR	0	11,471	5,078	0	0	0
Raiders Game Cleanup	RAIDR	0	11,471	5,078	0	0	0
Range Staff Training	RANGE	0	224	748	0	1,824	0
Rev Protection Unit OT	RVPRT	0	2,389	1,883	0	3,523	906
SF STA CLN SEC	DSFCS	0	0	0	203	4,365	11,112
SWAT Team Expenses	SWATT	0	677	1,083	0	611	0
SWAT Team Training	SWATT	0	677	1,083	0	611	0
Special Events	SPEVN	0	5,802	4,130	0	24	903
Training	TRNG	0	0	0	0	1,010	0
Training Other	TRNOT	0	3,067	1,259	538	5,513	5,197
Union Business	UNBUS	0	0	998	402	3,055	7,506
Warriors Parade	WAROR	0	0	0	1,005	16,890	6,046
Total		4,924	304,013	267,074	8,236	304,336	314,601

June 2018

576,011

627,172

Overtime10, Overtime15, Overtime20



Communications Center - 2018

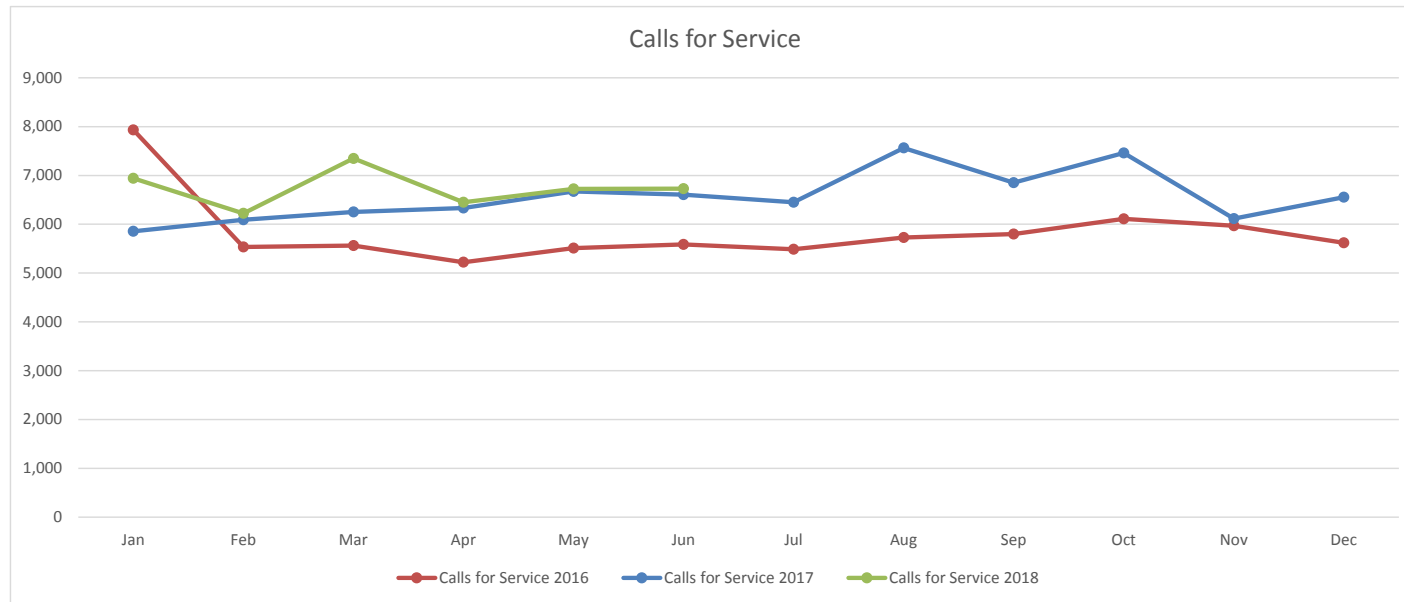
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Calls for Service	6,941	6,222	7,349	6,452	6,724	6,729							40,417
YTD 2018	6,941	13,163	20,512	26,964	33,688	40,417							
Priority 1 Calls	192	180	183	214	214	216							1,199
YTD 2018	192	372	555	769	983	1,199							
Medical Emergencies	414	310	344	373	386	375							2,202
YTD 2018	414	724	1,068	1,441	1,827	2,202							

Communications Center - 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Calls for Service	5,855	6,093	6,250	6,331	6,670	6,605	6,448	7,562	6,850	7,460	6,117	6,553	78,794
YTD 2017	5,855	11,948	18,198	24,529	31,199	37,804	44,252	51,814	58,664	66,124	72,241	78,794	
Priority 1 Calls	214	192	194	182	209	234	210	185	174	204	154	176	2,328
YTD 2017	214	406	600	782	991	1,225	1,435	1,620	1,794	1,998	2,152	2,328	
Medical Emergencies	425	327	357	344	367	385	376	344	356	387	387	463	4,518
YTD 2017	425	752	1,109	1,453	1,820	2,205	2,581	2,925	3,281	3,668	4,055	4,518	

Communications Center - 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Calls for Service	7,934	5,536	5,563	5,221	5,511	5,587	5,488	5,726	5,797	6,111	5,970	5,621	70,065
YTD 2016	7,934	13,470	19,033	24,254	29,765	35,352	40,840	46,566	52,363	58,474	64,444	70,065	
Priority 1 Calls	177	151	171	154	177	156	180	181	177	178	178	157	2,037
YTD 2016	177	328	499	653	830	986	1,166	1,347	1,524	1,702	1,880	2,037	
Medical Emergencies	305	277	334	315	305	304	281	278	334	313	307	389	3,742
YTD 2016	305	582	916	1,231	1,536	1,840	2,121	2,399	2,733	3,046	3,353	3,742	



BART Watch - 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Suspicious Activity	235	212	213	262	202	244							1,368
Crime in Progress	177	151	194	257	226	188							1,193
Illegally Parked Vehicle	24	24	16	38	10	19							131
Vandalism	60	68	102	67	75	111							483
Unattended Bag or Package	44	50	44	42	32	41							253
Sexual Assault/Lewd Behavior	36	71	52	29	47	37							272
Report a Crime Tip	60	44	51	54	40	55							304
Robbery/Theft	28	22	21	35	30	29							165
Unsecure Door	19	7	14	9	10	10							69
Disruptive Behavior	1167	1111	1408	1314	1367	1224							7,591
Panhandling	172	177	223	155	214	144							1,085
Total	2022	1937	2338	2262	2253	2102							12,914

Total Downloads: 49,918

Total Reports Made

Anonymous: 39.89%

Non-Anonymous: 60.11%

Statistics

Statistics	Six Week Average	07/16-07/22	07/09-07/15	07/02-07/08	06/25-07/01	06/18-06/24	06/11-06/17
Alerts Sent	0.17	0	0	1	0	0	0
Description	<i>The total number of alerts sent.</i>						
Incoming Reports	357.17	336	367	323	364	360	393
Description	<i>The number of reports sent from users.</i>						
Replies to Reports	334.17	342	330	312	387	286	348
Description	<i>The number of replies sent to users from ELERTS EPICenter console.</i>						

Report Type	# of Reports (all time)	
Disruptive Behavior (A)	18257	41.77%
[none selected]	4226	9.67%
Panhandling (A)	4134	9.46%
Suspicious Activity (A)	3800	8.69%
Other (D)	3081	7.05%
Crime in Progress (A)	2616	5.98%
Panhandling or Disruptive Behavior (D)	1967	4.50%
Vandalism (A)	1436	3.29%
Unattended Bag or Package (A)	1101	2.52%
Report a Crime Tip (A)	876	2.00%
Illegally Parked Vehicle (A)	768	1.76%
Sexual Assault / Lewd Behavior (A)	699	1.60%
Robbery / Theft (A)	450	1.03%
Unsecure Door (A)	267	0.61%
Human Trafficking (A)	25	0.06%
Text a Tip (A)	8	0.02%
Total	43711	100 %
(A) Active Disabled (D)		

Identification	Total
Anonymous	39.80 %
Description	<i>Reports sent anonymously.</i>
Non-Anonymous	60.20 %
Description	<i>Reports sent non-anonymously.</i>

App Statistics (including tests)	
Total Messages (iOS)	54277
Description	<i>Reports and replies via iOS devices.</i>
Total Messages (Android)	26883
Description	<i>Reports and replies via Android devices.</i>
Total Messages (SMS)	3
Description	<i>Reports and replies via SMS.</i>

TEST-THIS IS ONLY A TEST	# of Reports (all time)
TEST Report Total	6324

Top SMS Users	
Phone Number	Number of Reports
5103685574	1
5108215151	1
4849860547	1



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Tactical Communication - Mental Health Decision Making - AM Class

FEE: 25.00

LOCATION: Alameda County Sheriff's Office - Regional Training Center, 6289 Madigan Road, Dublin CA 94568 [[MAP](#)]

DESCRIPTION: This is a 4-hour course focusing on persons with mental illness. Students will examine issues related to mental illness including types, dual diagnosis, suicide, and Post Traumatic Stress Disorder. Students will participate in practical skills application video scenarios requiring appropriate communications techniques and decision making to successfully resolve the scenario. This course satisfies the POST Perishable Skills mandate for Tactical/Interpersonal Communications training.

PREREQUISITE/ENROLLMENT RESTRICTIONS: This course is open to all law enforcement personnel including full-time, part-time and reserve peace officers.

CERTIFICATION: POST PLAN II, POST CERT #1010-29504

REQUIRED EQUIPMENT: No shorts, sleeveless shirts, open toes or high heeled shoes, or restrictive clothing permitted.

RESERVATIONS: This course is limited to 10 students per presentation and registrations will be accepted on a first come first served basis. There are two presentations per day. The first presentation listed each day is 0800-1200 hours and the second listed is 1300-1700 hours.

Additional presentation dates can also be scheduled for agencies who are able to fill a course (minimum of 8 students/4 hour presentation.) If you are interested in scheduling a course for your agency, please contact the RTC staff at (925) 551-6970.

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COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

Report generated on 2/23/2018

Course Report

Course: 1010-29504-13	Plan	Max Enroll	Max Rmb Hours: 4
TACCOM(PSP)	II	20	Certified Hours: 4, 2
CAT K 09 TACCOM(PSP)			
	Max Presn	Non-Reimbursable Tuition:	Status
Phone: (925) 803-7190	45	\$25.00	Active

Presenter No. : 1010

ALAMEDA COUNTY SHERIFF'S DEPT ACADEMY TRNG CTR

6289 MADIGAN ROAD

DUBLIN 94568

Region: 05**Original Certification Date:** 07/01/2002**Course Description:**

The student will develop the skills, knowledge and abilities, to utilize effective communications concepts in their efforts to overcome resistance and gain voluntary compliance. The course is presented in two formats. The first is a two-hour basic format utilizing recognized law enforcement tactical and interpersonal communication concepts, i.e. The Five Step Hard Style, Tactical 8 Step, etc. The second is a four-hour course focusing on persons with mental illness. Students will examine issues related to mental illness including types, dual diagnosis, suicide, and Post Traumatic Stress Disorder. Students will participate in practical skills application video scenarios requiring appropriate communications techniques and decision making to successfully resolve the scenario. Both formats comply with the POST Perishable Skills mandate for Tactical/Interpersonal Communications training.

Perishable Skills: See Presentations Below**Course Comments:**

Presentation Attended:	Course Start	Course End	Location	Hours	Tuition	Roster Processed
	03/20/2014	03/20/2014	DUBLIN	4		03/31/2014
	Perishable Skill COMMUNICATIONS-TACTICAL					

Course Report

Course: 2010-20801-13	Plan	Max Enroll	Max Rmb Hours: 38
CRISIS INTERVENTION	IV	30	Certified Hours: 38
CAT K 07 CRISIS INTERVENTION			
Phone: (510) 238-3552	Max Presn	Non-Reimbursable Tuition:	Status
	12	\$25.00	Active

Presenter No. : 2010

OAKLAND POLICE DEPARTMENT

455 SEVENTH STREET

OAKLAND 94607

Region: 51

Original Certification Date: 07/01/2010

Course Description:

The Crisis Intervention Training Team (CIT) Program is a 1-week, 40-hour training course which provides participants with an overview of mental illness, developmental disabilities, crisis intervention techniques, communication skills, and other tools, tactics and strategies that law enforcement officers can employ to safely and effectively deescalate individuals who have a mental illness and are in crisis. In addition, information on local community-based mental health facilities and jail diversion programs are also provided. The class is open to and appropriate for Law Enforcement, Dispatchers, Police Chaplains and First Responders.

Perishable Skills: See Presentations Below

Course Comments:

Presentation Attended:	Course Start	Course End	Location	Hours	Tuition	Roster Processed
	07/29/2013	08/01/2013	OAKLAND	38		08/12/2013

Expanded Course Outline
Crisis Intervention Training for Officers

ECO – CIT for Officers

Day 1 - Monday

- I. Welcome to Crisis Intervention Training [CIT] [PowerPoint Slides to Guide](60 Mins)
 - a. 'Meet and Greet' over coffee and donuts
 - b. Expectations Have Changed [Instructor lead group discussion]
 - i. Pose the statement to the class and elicit discussion
 1. Whose expectations have changed?
 - a. Community
 - b. Media
 - ii. Commanders
 - a. Courts
 2. Why have those groups of people changed their expectations?
 - a. High profile cases involving mental illness
 - b. Law suits from calls involving mental illness
 - c. Case law now dictates how LE handles calls involving mental illness
 - ii. Describe Next Steps after OIS
 1. Rather than place blame, the community came together to talk about ways to potentially prevent that kind of tragedy from happening again
 2. Formed a Task Force to address the issue to include
 - a. Law enforcement
 - b. Board of Education
 - c. University of TN
 - d. Local mental health programs
 - e. National Alliance on Mental Illness
 - f. Consumers
 - i. Have class define "consumer"
 - ii. Define: An individual who identifies as having a mental health challenge.
 - g. Family members
 - iii. Goal for task force and the creation of CIT
 1. To broaden the scope of understanding and present a more compassionate view of mental illness for officers on the street.
 - iv. Objectives for officers attending CIT
 1. Identify the most common psychiatric disorders.

Expanded Course Outline
Crisis Intervention Training for Officers

2. Understand symptoms, behaviors and medications associated with each disorder
 3. Broaden their scope of understanding: Youth & Older Adults
 4. Familiarize themselves with local programs and facilities
 5. Expand their knowledge with regards to developmental disabilities
 6. Develop an understanding of Criminal Justice Mental Health
 7. Demonstrate more effective intervention and de-escalation techniques
- d. Questions from students [Student directed]
 - e. Stomp Out Stigma [Video]
 - f. Alameda County CIT Evaluation Video [Video]
 - g. Expectations[Instructor directed]
 - i. Be a super listener
 - ii. Be respectful
 1. All instructors are Alameda County experts from their field and volunteer to come be a part of CIT to benefit the community as a whole
 - iii. Participate
 1. Having a variety of agencies in the same class lends itself to a broader array of examples and unique stories to learn from one another, so please share your experiences and participate in the discussions
 - iv. Logistics
 1. POST ID Numbers – needed for credit
 2. Access Cards
 3. Oakland PD CIT ID cards – increased security
 4. Breaks
 5. Bathroom locations
 6. Cafeteria location
 7. Rosters – please get on both
 8. Lunch Suggestions – handout
 9. Resource Table – located in the back of the room
 - v. Keeping you engaged
 1. To keep you engaged, use the items to keep your hands busy and off of your phones!
 - a. Play doh
 - b. Pipe cleaners
 - h. Introductions [Student directed]
 - i. Share your Name, Agency and time on the department
 - i. BINGO - ?? Who am I?

Expanded Course Outline
Crisis Intervention Training for Officers

- I. Overview of Mental Health (3 Hrs.)
 - A. Introduction
 - B. Pre-Test Worksheet - Side 1; Work with a partner [SMALL GROUP ACTIVITY]
 1. Do the behaviors meet the criteria for an involuntary mental health hold?
 2. Set aside
 - C. Purpose of Training [LECTURE / POWER POINT]
 1. Why police officers can benefit from a class about mental illness
 - a. Data shows 1 in 4 officer involved shootings involve someone experiencing a mental health crisis
 - b. Mental Health Calls for service have increased as much as 400% in past 5 years
 - c. With our failing mental health system so inadequate, law enforcement agencies have increasingly become de facto first responders to people experiencing mental health crisis
 - D. Stigma of Mental Illness
 1. What is stigma:
 - a. Fighting Stigma Against Mentally Ill [Video]
 - b. An attempt to label a group of people as less worthy of respect than others
 - c. A mark of shame, disgrace or disapproval that results in discrimination
 2. Why Fear asking for Help?
 - a. It's all in their heads
 - b. It's behavioral and therefor a choice
 - c. People with mental illness are dangerous
 - d. You cannot lead a "normal" life
 - e. Medications are habit forming
 - f. Certain Diagnosis ALWAYS involve violence
 - g. "If you just think positive..."
 3. Fighting Stigma
 - a. Never use terms like crazy, lunatic, psycho, or retarded, and correct people who do
 - b. Include Mental Illness in discussions about acceptance of diversity, just as you would discuss culture, religious beliefs, physical disabilities, and sexual orientation
 - c. Education
 - d. Attitude about suicide will begin to change as people begin to recognize that suicidal behavior is a symptom of a mental illness, not a sign of weakness of character
 4. Define Mental Illness
 - a. Mental illnesses refer to disorders generally characterized by dysregulation of mood, thought, and/or behavior, as recognized by the Diagnostic and Statistical Manual, 4th edition, of the American Psychiatric Association (DSM-IV).
 - b. Per the CDC
 5. Mental Health Stats
 - a. 1 in 4 adults- approximately 61.5 million Americans- experience mental illness in a given year.
 - b. Approximately 20% of youth ages 13 to 18 experience severe mental disorders in a given year.
 - c. Approximately 1.1% of American adults— about 2.4 million people—live with schizophrenia.

Expanded Course Outline
Crisis Intervention Training for Officers

- d. Approximately 6.7 percent of American adults—about 14.8 million people—live with major depression.
- e. Approximately 18.1% of American adults- about 42 million people- live with anxiety disorders, such as panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), generalized anxiety disorder and phobias.
- f. About 9.2 million adults have co-occurring mental health and addictions disorders
- g. One half of all the life time cases of mental illness begins by age 14 and three quarters by 24
- h. 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a severe mental illness

E. Depression

1. Signs & Symptoms Worksheet Part 1 [LEARNING ACTIVITY]
 - a. Instruct students to work with a partner to list 2-3 signs or symptoms related to depression for each category; Psychological, Behavioral, Physical
 - b. Call on 6 groups to share their responses with the class
2. [VIDEO]
 - a. Drew Carey
 - b. Robin Williams
3. Psychological Signs & Symptoms [LECTURE / POWER POINT]
 - a. Sad mood
 - b. Numb
 - c. Worthlessness
 - d. Guilt and shame
 - e. Anxiety
 - f. Hopelessness
 - g. Helplessness
 - h. Suicidal thoughts
4. Behavioral Signs & Symptoms
 - a. Agitation
 - b. Irritability
 - c. Crying
 - d. Psychomotor retardation
 - e. Social Isolation
 - f. Refusal to get out of bed
 - g. Decrease/ increase in appetite
 - h. Self-Injury
 - a. Cutting
 - b. Burning
5. Physical Signs & Symptoms
 - a. Lack Of Energy
 - b. Sleep Pattern Change
 - c. Appetite Change
 - d. Somatic Complaints
 - e. Decreased sex drive/ Energy

F. Bipolar

1. Signs & Symptoms Worksheet Part 2 [LEARNING ACTIVITY]
 - a. Instruct students to work with a partner to list 2-3 signs or symptoms related to bipolar for each category; Psychological, Behavioral, Physical
 - b. Call on 6 groups to share their responses with the class
2. Define

Expanded Course Outline
Crisis Intervention Training for Officers

- a. Mood swings that can range from very low (depression) to very high (mania)
- 3. Statistics
 - a. Most commonly starts in teenager and young adults
 - b. However can affect all ages
 - c. About 25-50 % will make at least 1 suicide attempt
 - d. Nearly 1 in 5 will succeed
 - e. Bipolar individuals who abuse drugs/ alcohol have increased risk of suicide
- 4. Mania
 - a. A distinct period of abnormally, persistently elevated, expansive, or irritable mood
 - b. Feels "good", like a "high" OR may make one irritable and angry
 - c. In this state people can do very risky things
 - d. May include: inflated self-esteem or grandiosity; decreased need for sleep; pressure to keep talking; racing thoughts; distractibility; increased activity or agitation; more self-confidence; and/ or psychosis
- 5. Manic - Signs & Symptoms
 - a. Racing thoughts [psychological]
 - b. Rapid speech [physical]
 - c. Distractibility [behavioral]
 - d. Require less sleep [behavioral]
 - e. Poor Judgment/ Lack of Insight [behavioral]
 - f. Fidgety [physical]
 - g. Impulsive Spending [behavioral]
 - h. Impulsive sexual behaviors [behavioral]
 - i. Delusions [psychological]
 - j. Hallucinations [psychological]
- 6. Manic - Self Image
 - a. Inflated Self -Esteem
 - b. Grandiose
 - c. Excitable
 - d. Unrealistic beliefs in one's abilities
 - e. Lavish spending
 - f. Sexual indiscretions
 - g. Abuse of alcohol or drugs
 - h. Ill-advised business decisions
- 7. Graphic Slide – Visual example of mood swing
- G. Schizophrenia
 - 1. Signs & Symptoms Worksheet Part 3 [LEARNING ACTIVITY]
 - a. Instruct students to work with a partner to list 2-3 signs or symptoms related to schizophrenia for each category; Psychological, Behavioral, Physical
 - b. Call on 6 groups to share their responses with the class
 - 2. General Background Info
 - a. Onset Can occur at any age, however generally symptoms appear between 18 and 24
 - b. Children Rare
 - a. "Jani - Born Schizophrenic" [VIDEO]
 - c. Inherited
 - d. Lionel Aldridge
 - a. 2 time Superbowl Champ
 - e. John Nash

Expanded Course Outline
Crisis Intervention Training for Officers

- a. Nobel Peace Prize / Mathematician
 - b. A beautiful Mind
 - f. Brian Wilson
 - a. The Beach Boys
- 3. Signs & Symptoms
 - a. Delusions [psychological]
 - b. Hallucinations [psychological]
 - c. Paranoia [psychological]
 - d. Nonsensical conversation [psychological]
 - e. Violent or aggressive behavior [behavioral]
 - f. Flat/-blunted emotions / social withdrawal [behavioral]
 - g. Lack energy or motivation [behavioral]
 - h. Lack interest in activities that one use to enjoy [behavioral]
- 4. 5 symptoms that can develop and make an individual with schizophrenia more difficult to interact with
 - a. Paranoia
 - b. Denial of illness
 - c. Stigma
 - d. Demoralization
 - e. Terror of being psychotic
- 5. 6 Steps to handling paranoia
 - a. Place yourself beside the individual rather than face to face
 - b. Avoid direct eye contact
 - c. Speak indirectly / avoid "I" "You"
 - d. Identify rather than fight, the individual
 - e. Don't rationalize / share mistrust
 - f. Postpone psycho-education
- 6. Psycho-social Treatment:
 - a. Education
 - b. Medication and symptom monitoring
 - c. Case management
 - d. Housing
 - e. Drug / Alcohol, Day Treatment
- 7. Risk of Suicide
 - a. About 40% will make at least one attempt
 - b. Between 10%- 15% will succeed

H. Anxiety

- 1. Signs & Symptoms Worksheet Part 4 [LEARNING ACTIVITY]
 - a. Instruct students to work with a partner to list 2-3 signs or symptoms related to anxiety for each category; Psychological, Behavioral, Physical
 - b. Call on 6 groups to share their responses with the class
- 2. Common Types of anxiety
 - a. Generalized Anxiety
 - b. Obsessive Compulsive (OCD)
 - a. Howie Mandel [VIDEO]
 - c. Agoraphobia
 - a. Would not leave her home for weeks at a time
 - d. Social Phobia, Social Panic, and Agoraphobia
- 3. Panic Attack/ Disorder
 - a. Leah Has a Panic Attack [VIDEO]
 - b. Matchstick Men [VIDEO]
 - c. MM- Clip [VIDEO]
- 4. Substance Induced Anxiety

Expanded Course Outline
Crisis Intervention Training for Officers

- a. Severe anxiety or panic which is caused by alcohol, drugs, or medications
 - b. Caffeine, over the counter meds, and prescribed meds
 - c. Alcohol and illegal drugs such as cocaine and LSD
 - d. Can start while under the influence, during withdrawal, or up to a month after use.
5. Physical Symptoms
 - a. Tightness or pain in chest
 - b. Heart palpitations
 - c. Dry mouth
 - d. Feeling faint
 - e. Tension
 - f. Nausea
 - g. Stomach pain
 - h. Vomiting
 - i. Headaches
 6. Behavioral Symptoms
 - a. Avoidant
 - b. Hyper-vigilant
 - c. Startle Response
 - d. Inappropriate response to stressor
 - e. Freezing
 7. Emotional
 - a. Dissociation
- I. Trauma
1. Signs & Symptoms Worksheet Part 5 [LEARNING ACTIVITY]
 - a. Instruct students to work with a partner to list 2-3 signs or symptoms related to trauma for each category; Psychological, Behavioral, Physical
 - b. Call on 6 groups to share their responses with the class
 2. Define
 - a. A deeply distressing or disturbing experience
 - b. Trauma is defined by the person experiencing the event
 3. Posttraumatic Stress
 - a. American Sniper [VIDEO]
 - b. AM- PTSD [VIDEO]
 4. Acute Stress
 - a. Lasts for 2 days to 4 weeks
 5. Based on Life Experience / Exposure Can look like something else
 - a. Often Misdiagnosed / Mislabeled
 - b. SNL's Darrell Hammond's Painful pas: [VIDEO]
 6. Presentation
 - a. Adults
 - b. Children/ Teens
 - c. Dissociative Identity Disorder
 - d. What is "Normal"
 7. Signs & Symptoms
 - a. Appear shaken/Disoriented
 - b. Withdrawn or not present
 - c. Anxiety
 - d. "Night Terrors"
 - e. Irritability
 - f. Poor Concentration
 - g. Mood Swings

Expanded Course Outline
Crisis Intervention Training for Officers

- h. Can Manifest as anger/sadness/emotional outburst
 - i. Physically can appear pale/racing heartbeat
 - J. Personality Disorders
 - 1. Narcissistic
 - a. Characterized by excessive sense of self, extreme preoccupation of themselves, and lack of empathy for others; Believe to be superior to others
 - a. Hitler
 - b. Stalin
 - c. Kanye West
 - d. Donald Trump
 - 2. Dependent
 - a. Excessive need to be taken care of; has other assume the responsibility for the major areas of their life.
 - b. Cannot show disagreement with others for fear of being rejected. Difficulty in doing things on their own.
 - 3. Antisocial
 - a. Characterized by lack of conscience; persistent lying; difficulties with right and wrong
 - a. Jeffrey Dahmer
 - Charles Manson
 - 4. Borderline
 - a. Characterized by difficulty regulating emotions and thoughts, impulsive and reckless behavior, and unstable relationships with others.
 - a. Amy Winehouse
 - b. Britney Spears
 - c. Lindsey Lohan
- K. Post -Test Worksheet - Side 2; Work with a partner [SMALL GROUP ACTIVITY]
 - 1. Do the behaviors meet the criteria for an involuntary psychiatric hold?
 - 2. Did your answers change based on information presented??
- L. Contact Information
- M. Wrap-Up
 - 1. Questions

Expanded Course Outline
Crisis Intervention Training for Officers

Day 1 - Monday

- II. Writing Effective 5150's [PowerPoint Slides to Guide] (60 Mins.)
- III. Making it Legal (Rather than Clinical)
 - a. Signature
 - b. Date
 - c. Advisement
- IV. Explicit Probable Cause
 - a. A clear articulation of the circumstances under which the persons condition was brought to the attention of law enforcement
 - b. What do the courts expect?
- V. Known Facts...
 - a. What leads a person of ordinary care and prudence to believe or to entertain a strong suspicion that the person detained is:
 - i. Danger to Self
 - ii. Danger to Others
 - iii. Gravely Disabled
 - b. Document specific behaviors and verbalizations which, if taken together with rational inferences, reasonably warrant the officers belief or suspicion
- VI. Examples
 - a. Disorganized Thought Patterns
 - i. Inability to make logical thought connections or concentrate – Be specific
 - b. Rapid flow of unrelated thoughts
 - ii. Quote the person on the form
 - c. Delusions
 - iii. Bob believes the government is monitoring his movements
 - d. Hallucinations
 - iv. Bob is scratching and picking at his legs and states that “bugs are coming out of his skin”
 - v. Bob is interacting (talking back) with the voices he says are talking to him.
 - e. Disorientation
 - vi. Bob is experiencing abnormal memory loss related to date, time and location
 - f. Physically slow
 - g. Agitated (Describe in detail)
 - h. Loss of connection to reality or experiencing psychosis

Expanded Course Outline
Crisis Intervention Training for Officers

- VII. Other Important Information to Include?
 - a. Has drugs or alcohol on board
 - b. Has difficulty understating or following conversations or directions
 - c. Why is this important?
- VIII. Witness Information
 - a. Why is this crucial for law enforcement officers?
- IX. Behaviors
 - a. Did you observe the behaviors?
 - b. Are you reporting behaviors that have been told to you?
- X. Can you place someone on a 5150 hold for refusing medical treatment?
 - i. Pose the statement to the class and elicit discussion
- XI. Self Committal vs. Placing the Hold
- XII. Your Calls for Service
- XIII. Questions?

Expanded Course Outline
Crisis Intervention Training for Officers

- I. Introduction
- II. Cultural Responsiveness – (2 Hrs.)
 - a. Faces of the World
 - i. Video Clip [INSTRUCTOR LEAD]
 - 1. At the conclusion of the clip [which shows the older Caucasian female turning off the loud music as opposed to the African American male in his 20's who drove up in the car turning it down] ask the class, by show of hands... who knew the “boom box” was on the porch rather than in the car.
 - 2. Make the point that initial assumptions can skew our interpretation of the call for service
 - ii. Introduction of Instructors [INSTRUCTOR LEAD]
 - 1. Purpose and Role of the Cultural Competency Coordinator / Ethnic Services Manager at Behavioral Health Care Services.
 - 2. Position within county mental health which ensures equal access to culturally appropriate programs and services
 - iii. What does Cultural Responsiveness even mean? [LEARNING ACTIVITY]
 - 1. In groups of 2; use provided 3X5 cards
 - a. First, write a basic concept of what you think cultural responsiveness means.
 - b. Second, on the back, write how you think it relates to a class on mental illness.
 - b. Definition of Cultural Responsiveness [INSTRUCTOR LEAD]
 - i. Cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.
 - ii. How to do that on a call for service.
 - 1. Acknowledge cultural differences; don't assume you know all about the particular culture.
 - 2. Allow the youth and family to educate you about how a crisis is handled in their culture and family.
 - 3. Don't stereotype youth of color; Look at each situation and person independently.
 - 4. Be familiar with the predominant local populations in your service area.
 - 5. Be alert to acculturation issues between the values and norms of foreign born parents and their children who grew up here.
 - 6. Know how to access specific cultural and language resources.
 - c. Which cultures / Ethnic Groups are represented in the communities you serve?
 - d. Define: Culture vs Ethnic Group [INSTRUCTOR LEAD]
 - i. **Culture** is the way of life that consists of the general customs and beliefs of a particular group of people. It generally means the non-biological or social aspects of human life which is basically anything that humans learn in a society. A bit similar to ethnicity, but is often used to refer specifically to the symbolic

Expanded Course Outline
Crisis Intervention Training for Officers

markers used by ethnic groups to distinguish themselves visibly from each other.

- ii. **Ethnicity or Ethnic Group** refers to a category of people who regard themselves to be different from other groups based on common ancestral, cultural, national, and social experience. That being said, ethnicity is primarily an inherited status. One must share a common cultural heritage, ancestry, history, homeland, language/dialect, mythology, ritual, cuisine, art, religion, and physical appearance to be considered as a member of an ethnic group.
- e. Take a deeper look into few common cultural groups[**LEARNING ACTIVITY**]
 - i. Distribute the provided folders, which contain information from NAMI, to 7 small groups
 1. African American
 2. LGBT
 3. Latino
 4. Veteran
 5. Muslim
 6. Asian American and Pacific Islander
 7. American Indian and Alaska Native
 - ii. Instruct each group to review the information in the folders and decide on facts that would play a role in an officer's response to a location, involving the cultural or ethnic group, to address a mental health crisis.
 - iii. Considerations [Put last slide of power point up for reference]
 1. What are the stigmas associated with mental illness for this group?
 2. What should I look and listen for?
 3. How might the group define or describe references to mental health behaviors?
 - iv. The group will record the points on the provided chart paper
 - v. The group will teach the class about their assigned group and make the information relevant to their next call for service.
 - vi. Feedback; the instructors will fill in or clarify any of the information presented by the groups
- f. Wrap Up [**INSTRUCTOR LEAD**]
 - i. Questions

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- I. Introduction: Patients Rights & LPS Investigations (2.5 Hrs.)
 - a. Mental Health Association
Francesca Tenenbaum
Director of Patient's Rights Advocates
- II. Lanterman Petris-Short Act
 - a. Enacted in 1969
 - b. Intention was to end the inappropriate, indefinite, involuntary commitment of mentally
disordered persons
- III. Further Intentions of LPS
 - a. To protect both Public Safety and Individual's rights
- IV. Laws based on concepts of:
 - a. Consumers have input into treatment plans
 - b. Treatment in the manner least restrictive of personal freedom
- V. Criteria for Detainment
 - a. Clarification on what you already know:
 - b. Danger to self
 - c. Danger to others
 - d. Gravely disabled
- VI. Application for psychiatric evaluation
 - a. It is a legal document
 - b. Not a clinical document
 - c. It is based on probable cause – evidence of behavior
- VII. When should you 5150?
 - a. Probable caused determined
 - b. Evidence of behavior
 - c. Result of mental illness
 - d. Person meets criteria
 - e. To detain for psychiatric evaluation
- VIII. Standard for 5150 Criteria
 - a. "Dangerousness"
 - b. Due to a mental disorder
- IX. Danger to Self
 - a. Active
 - b. Intentional
 - c. Suicidal
 - Threat
 - Gesture
 - Attempt
- X. Danger to Others
 - a. Active

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- b. Harm to Others
 - Threats
 - Violence
 - Destroying things
 - Setting fires
- XI. Legal Definition of Grave Disability
 - a. Due to mental disorder
 - b. Unable to provide for food, clothing, shelter
- XII. Gravely Disabled
 - a. Passive
 - b. Unintentional harm to self
 - c. Symptoms of the mental illness cause the person to neglect basic survival needs
 - d. Behavior or mental illness
 - e. Causes neglect to point of endangering health
 - f. Extreme lack of sleep
 - g. Poor hygiene = health hazard
 - h. Symptoms cause neglect of nutrition
 - Signs of malnutrition/unhealthy weight loss
 - Nothing edible in house
 - Dieting for weight loss \neq Grave disability
 - Expressing paranoia about food
 - i. Homelessness may or may not constitute evidence of grave disability
- XIII. Grave Disability is NOT
 - a. Homeless lifestyle
 - Can describe self care plan
 - Finds safe places to sleep
 - Uses community services to get food, shelter, medical care, hygiene
 - Can locate safe food in garbage cans
 - b. Bizarre behavior
 - c. Dieting for health reasons
 - d. Choosing not to take medications
 - e. Refusing recommended medical treatment
 - Poor food choices with diabetes, heart disease
 - Declining treatment for terminal illness
- XIV. Reminder:
 - a. A psychologist or psychiatrist may evaluate the "Application" and detain the individual for treatment or release them
 - b. The paperwork law enforcement submits is not an admission ticket, it only gets the person seen by the doctor
- XV. Break-Out Groups: Scenarios

Groups will be given scenarios and asked to work out questions to ask and what additional information they might seek from the consumer and family members or witnesses.

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Scenario #1

- a. A family member has called to report that his brother was threatening his mother with a knife. You ask the client about his mental health history and the client tells you that he has been compliant with his medications and his brother misunderstood the interaction with his mother

XVI. Evidence Needed to Determine Probable Cause

- a. Brothers details of incident:
 - History of disputes?
- b. Information from mother:
 - Her perception of facts?
 - Is there mental illness?
 - Mother feel threatened?
- c. Mothers perception:
 - Intent to use knife for harm?
 - Consumer's affect?
 - Friendly? Angry? Paranoid?
 - Sibling relationship?

XVII. Questions for Consumer:

- a. His perception
- b. His current affect
- c. Friendly, angry, etc.
- d. Symptoms of mental illness escalated?
- e. Had knife? For what?
- f. Intended harm with knife?
- g. Currently intending harm?
- h. Feels he needs mental health help now?

XVIII. Scenario #2

- a. There is a call from a hospital not designated to place patients on psych holds. A patient on the medical ward decides to pull out his IV and ask to be discharged against medical advice. They would like an officer to come place the patient on a 5150.

XIX. Evidence Needed to Determine Probable Cause

- a. Why in medical hospital?
- b. History of diagnosis of MI?
- c. What was the treatment?
- d. Why is she refusing treatment?
- e. Intent to harm self?
- f. Any threats? Other than litigation?
- g. What are the consequences of leaving AMA?
- h. Does she know the consequences of leaving AMA?
- i. Plan once she leaves the hospital?

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- XX. Scenario #3
 - a. In the course of interviewing a client, the person tells you he hasn't gone home for a week and has been riding public transportation during the day and walking the streets at night. He says he can't go home because the neighbors are projecting mind-controlling microwaves at his house
- XXI. Is there Probable Cause?
 - a. These facts support grave disability on their face
 - b. Because of the symptoms of mental illness, the consumer is not utilizing available shelter and not finding safe alternative shelter
- XXII. Further Information to Gather and Document
 - a. Is he making sense?
 - b. Can he answer questions?
 - c. Why does he believe neighbors are hurting him?
 - d. Has he been injured by his activities?
 - e. Victimized on the street?
 - f. Where is he eating and what?
 - g. Does he have income?
 - h. Does he get MH treatment?
- XXIII. Scenario #4
 - a. During your assessment of a client, the person is coherent enough to relay to you that he got upset during a disagreement with a family member. That family member reports that a client is refusing to take his medication, and has been violent in the past when off medication
- XXIV. Evidence to Determine Probable Cause
 - a. Does consumer make statements of intent to harm others?
 - b. Does consumer admit stopping meds?
 - c. Why did he stop meds?
 - d. Intending to start meds again?
 - e. Does consumer agree that he has gotten violent?
 - f. Showing evidence of violence currently?
- XXV. Historical Info
 - a. What does reporting person mean by "violent"?
 - b. Threats to harm?
 - c. Damage to property?
 - d. Physical assault on someone?
 - e. Injury to a person?
 - f. Is there an AB1424 form to review for historical info?
 - g. When was the last time the person was violent? Recent?
 - h. How often has the person stopped meds and been violent?
 - i. Has he been violent every time he has stopped meds?
 - j. How long after stopping meds does he exhibit violent behavior?
 - k. Is the historical information recent, relevant and support probable cause?

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- XXVI. Scenario #5
- a. You conduct a welfare check on a man living alone. His mother called to report that he has been hearing voices and she wants him 5150'd. She said she is afraid he will kill himself. He answers the door in a tutu, smiling and reciting poetry loudly. He has cotton in his ears and has loud music turned up high.
- XXVII. Evidence to Determine Probable Cause
- a. Explain family concern
 - b. Inquire as to his well being
 - c. Appears well nourished?
 - d. Uninjured?
 - e. Bizarre behavior or MI?
 - f. History of mental illness?
 - g. Past hospitalization?
 - h. Is he alone? Other people?
 - i. Is anyone hurting him?
 - j. Does his speech make sense?
 - k. Oriented to name, place, approximate date?
 - l. Does he want help?
 - m. Anyone telling him to harm self/others?
 - n. If not "Holdable" will he reassure family?
- XXVIII. Scenario #6
- a. You are on a call to assess a situation for a 5150. Citizens called to say one of the people living in the house with them is off medications and they are afraid of her. While interviewing a client, you ask the person if she is currently under the care of a mental health professional. She tells you that she is seeing a psychiatrist, but she may not be able to show up at her next appointment because she is a secret agent for the CIA and expects she will be called away to her next mission before the appointment
- XXIX. Evidence to Determine Probable Cause
- a. Why afraid?
 - b. Threats? Violence?
 - c. Sleeping? Eating?
 - d. Destruction of living environment?
 - e. Making statements involving harm?
- XXX. Potential Observations and Questions for Consumer
- a. Clean or disheveled?
 - b. Calm or agitated?
 - c. Angry at roommates?
 - d. Does she know what they are afraid?
 - e. What is the mission?
 - f. Is the mission to hurt someone?
 - g. Does the mission involve weapons?
 - h. Is the mission a secret?

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- i. Has she ever had a mission to hurt someone?
- j. Have past missions involved weapons?
- XXXI. Scenario #7
 - a. Man staring at a tree. The person thinks he is lost. Reported missing person at risk. Known to have schizophrenia and takes medication twice a day. The family states in their report that before they lost track of him, he had been inconsistent in taking his medications. When you talk to the man, he says he hasn't been taking medication but doesn't know how long. When you ask if he has thoughts about killing himself, he answers that he will overdose on pills.
- XXXII. Evidence to Determine Probable Cause
 - a. Can he answer questions?
 - b. Is he calm, agitated or afraid?
 - c. What does his statement about pills mean?
 - d. Does he intend to overdose?
 - e. Is he afraid of taking pills/ fearing overdose?
 - f. Ask him if he is hurt or ill
 - g. Does he seem to be free of physical injury?
 - h. Is he oriented to name, place, and approximate date?
 - i. Does he know where his home is?
 - j. Has he been staying somewhere safe?
 - k. Has he been staying with anyone else?
 - l. Has he been victimized by another person?
 - m. Has he been getting food?
 - n. Does he have a way to get money?
 - o. Does he have a consistent source of income?
- XXXIII. 5150 Analysis
 - a. Flow chart discussion
 - b. Consumer in the community
 - c. Acute Hospitalization
 - d. Sub-Acute or long term care
- XXXIV. Mental Health Association
 - Family caregiver advocacy specialist and contact info.
 - Can be located in the lobby of JGP
- XXXV. Review your Department policy and procedures for dealing with mental health incidents involving weapons
- XXXVI. Getting Rights Restored
 - a. A person may ask the Superior Court in the county in which he/she lives for a hearing to restore their rights
 - b. When discharged from the hospital, and on request from the patient, facility completes the request form for a hearing for relief which is sent to the Superior Court in the Patient's county of residence.

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- c. If the patient requests a hearing after discharge, the patient should contact Department of Justice at (916) 263-0767

XXXVII. QUESTIONS??

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Welcome Back Day 2 – Recap/Housekeeping (30 Mins)

I. Psych Meds & Weapons (1.5Hrs.)

- a. Medications can play a role in treating several mental disorders and conditions. Treatment may also include psychotherapy (also called “talk therapy”) and brain stimulation therapies (less common). In some cases, psychotherapy alone may be the best treatment option. Choosing the right treatment plan should be based on a person's individual needs and medical situation and under a mental health professional's care.
- b. Why don't people just take their Meds?
 - i. Lack of Insight
 - ii. Lengthy Process to get it Right.
 - iii. Maybe they are?
 - iv. Side Effects
 - v. Stigma
 - vi. Access
 - 1. Financial
 - 2. Transportation
- c. Psych Meds App
- d. Medications to treat depression
 - i. Common medications
 - 1. Prozac
 - 2. Lexapro
 - 3. Celexa
 - 4. Paxil
 - 5. Zoloft
 - ii. Side effects
 - 1. 40% will experience some type
 - 2. 25% will include weight gain or decreased sex drive
- e. Medications to treat bipolar disorder
 - i. Common medications
 - 1. Depakote
 - 2. Topamax
 - 3. Lithium
 - 4. Tegretol
 - ii. Common side effects
 - 1. Agitation
 - 2. Decreased sexual drive
 - 3. Insomnia

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- 4. Suicidal thoughts
 - 5. Weight gain
 - f. Medications to treat schizophrenia
 - i. Common medications
 - 1. Abilify
 - 2. Risperidone [Risperdal]
 - 3. Haldol
 - 4. Olanzapine [Zyprexa]
 - 5. Clozapine [Clozaril]
 - 6. Quetiapne [Seroquel]
 - ii. Side Effects
 - 1. Drowsiness
 - g. Antipsychotic Medications
 - i. Both types of anti-psychotic meds can relieve symptoms of psychosis, they have 4 limitations:
 - 1. They do not actually cure schizophrenia
 - 2. Psychotic Symptoms often return if the person stops taking the medication
 - 3. The medication can produce a number of very unpleasant side effects that can cause people to stop taking them
 - 4. Although they can block dopamine activity almost instantly (within minutes) the psychotic symptoms usually do not subside until 4-6 weeks and it can take several months before the full benefits are felt.
 - h. Questions
- II. Firearms and Other Deadly Weapons
 - a. 8102 WIC
 - i. Provides that whenever a person who has been detained or apprehended for examination of his or her mental condition or who is a person described in WIC 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever , or any other deadly weapon, the firearm or other deadly weapon SHALL be confiscated by any LE agency or peace officer who shall retain custody of the firearm or other deadly weapon.
 - b. 8100 WIC:
 - i. A person shall not have in his or her possession...purchase or receive, any firearms whatsoever or other deadly weapon... if he or she has been admitted to a facility and is receiving in-patient care...
 - c. 8103 WIC:
 - i. No person who after October 1, 1955, has been adjudicated by a court of any state to be a danger to others as a result of a mental disorder or mental illness, or who has been adjudicated to be a mentally disordered

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sex offender, shall purchase or receive, or attempt to purchase or receive, or have in his or her possession, custody, or control any firearm or any other deadly weapon unless there has been issued to the person a certificate by the court of adjudication upon release from treatment or at a later date stating that the person may possess a firearm or any other deadly weapon without endangering others, and the person has not, subsequent to the issuance of the certificate, again been adjudicated by a court to be a danger to others as a result of a mental disorder or mental illness.

- d. What to confiscate for safekeeping
 - i. Any firearm(s) and/or other deadly weapon used as a weapon at any time during the course of the incident shall be confiscated for safekeeping at the time of the involuntary psychiatric detention.
- e. Safekeeping Considerations
 - i. File Check – Gun
 - ii. Consent Search...
 - 1. Make sure the person is able to give informed consent
 - iii. Weapon does not have to be used during the incident
- f. Evaluate the reasonableness when removing “Other Deadly Weapons”
 - i. Example #1 – Kitchen Knives
 - 1. If they are being used as a weapon connected to the dangerous behavior, confiscate them.
 - 2. If they are not connected to the dangerous behavior and you cannot articulate the necessity to “clean out the kitchen drawers” do not confiscate them.
 - ii. Example #2 –
 - 1. If the individual is impulsive, unpredictable and has demonstrated dangerous behavior (inside a home) with a machete hanging on the wall, or a baseball bat in plain sight... it is reasonable to confiscate those items for safekeeping...
- g. Prohibited Person
 - i. To determine if an individual is a Prohibited Person and shall not have in his or her possession the ability to purchase or receive, any firearms whatsoever or other deadly weapon.
- h. Mental Health Firearms Prohibition System
 - i. Can only be done during the course of a criminal investigation involving a firearm
 - ii. If a prohibited person is in possession of a firearm and/or other deadly weapon... the person is subject to arrest per 8100 WIC (M) and the item shall be confiscated as evidence.
- i. Search Warrant

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- i. 1524. (a) A search warrant may be issued upon any of the following grounds
 - 1. (10) When the property or things to be seized include a firearm or any other deadly weapon that is owned by, or in the possession of, or in the custody or control of, a person described in subdivision (a) of Section 8102 of the Welfare and Institutions Code.
- ii. To recover firearms or other deadly weapons for Safekeeping
 - 1. When the detention is made in an alternate location and the weapon is known to be located at a private dwelling.
 - 2. If you leave, and have to re-enter a private dwelling where firearms or other deadly weapons are located.
 - 3. Officers obtain credible information regarding firearm(s) and/or other deadly weapon(s) which are not in plain sight inside a private dwelling or the individual refuses to give consent to search the private dwelling.
- j. On-Scene Responsibilities
 - i. Prior to making contact
 - 1. Gather information from 3rd party
 - 2. Firearms check [if applicable]
 - 3. Call the person out" [Use Time and Distance if applicable]
 - ii. Evaluate individual
 - 1. Gather and Document Historical Data (AB1194)
 - 2. Consider Reliable and Credible witness information (5150.05WIC)
 - 3. Document if applicable and list witness(s)
 - 4. Run a File Check – Person
 - 5. Run a File Check – Gun
 - 6. Request a MHFPS check on Service [Mental Health Firearms Prohibition System] when investigating a criminal matter
 - 7. Does the person come back as a Prohibited Person from the DOJ?
 - 8. If yes, and in possession of firearm(s) and/or other deadly weapon(s) the person is subject to arrest
 - iii. Complete the Application for an Involuntary Psychiatric Detention
 - iv. 5150 Advisement
 - 1. Officers shall take custody of any firearms and/or other deadly weapons [per 8102 WIC] and check box on 5150 form
 - v. In plain sight?
 - 1. If Not... warrant needed
 - 2. Officers already left the dwelling?
 - a. Get a Search Warrant
 - 3. Different Location?
 - a. Get a Search Warrant

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4. Uncooperative third party
 - a. Get a Search Warrant
 5. When in doubt...
 - a. Get a Search Warrant
 - vi. Provide the individual being detained with a completed Receipt and Notice of Rights for confiscated firearm(s) / other deadly weapons
 - vii. Complete a FBR Report (not an FC)
 1. Marking Weapons Unit for notification
 - viii. Complete Property Section Forms
- k. Weapons Unit
- i. Law Enforcement Gun Release Program
 1. Effective Jan 1, 2005
 2. PC 12021.3
 3. Requires a person who claims title to any firearm that is in the custody or control of a court or law enforcement agency and who wishes to have the firearm returned...
 - ii. Submit a LEGR Application form for a determination by the DOJ as to whether he or she is eligible to possess a firearm.
- l. Returning Seized Firearms
- i. LE Agency cannot return a firearm to an individual unless a DOJ gun release letter with gold seal is presented to the LE Agency.
 - ii. LE Agency must verify via AFS that the firearm is not stolen.
 - iii. Handguns are recorded by DOJ in AFS in the individual's name who seeks the return.
- m. Mental Health Firearms Prohibition
- i. 5 Year prohibition
 1. 5150 WIC - Taken into custody
 2. 5151 WIC – Assessed and evaluated AND
 3. 5152 WIC – Admitted to the mental health facility
 - ii. Lifetime prohibition
 1. 5250 WIC - 14 day certifications
 2. 5350 WIC - 30 day certifications
 3. Conservatorship by court order
- n. Returning "Other Deadly Weapons"
- i. Pursuant to 8100 W&I, A person shall not have in his or her possession, purchase or receive any firearm whatsoever or other deadly weapon if he or she has been admitted to a facility...
 - ii. Because there is no application process to apply to get their weapon back, like there is for firearms...
 1. The weapons unit will run a CLETS MHFPS query to determine if the individual is deemed a "prohibited" person by the DOJ

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- a. If the person is "prohibited" , the individual is not eligible to have the weapon(s) returned.
 - b. If not, the confiscated items can be returned pending no legal action
 2. Weapons unit has 30 days to initiate a petition to Superior Court for a hearing to determine if returning the firearm/weapon would likely endanger person/others
 3. Time extension is possible, but must be filed within 60 days after subjects release
 4. If the person is prohibited from firearms(s), do not return the firearm despite any court order to do so.
 5. Prohibited person may sell/transfer firearms(s) to a 12071PC licensed firearms dealer.
 6. Forward prohibited person/firearm information to the prosecuting agency.
 7. Weapons unit must notify subject of the necessity to contact court clerk to schedule a hearing.
- o. Disposition of the seized firearm
 - i. Pursuant to PC 12028
 1. Retain and institutionalize as agency firearm
 - a. Record purpose in AFS – For official use only
 2. Destruction
 - a. After 180 day notice or court order
 3. Public Auction
 - a. To 12071 PC licensed dealer
- p. Release of Firearm Advisement
- q. Contact Information

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- I. Police Wellness (1.5 Hrs.)
- II. "Code 9: Officer Needs Assistance"
 - a. PTSD in Law Enforcement
- III. What are our Stressors?
 - a. Ask the class what are their "Triggers" in everyday life
- IV. What can happen if we don't handle our stress appropriately?
 - a. Alcoholism
 - b. PTSD
 - c. Diabetes
 - d. Ulcers
 - e. Depression
 - f. Suicide
- V. Police Officers live an average of 9 years less than general population
 - a. Research by PhD, Author and former Police Officer John Violanti reveals that police officers live an average of 9 years less than the general population.
 - b. Is this surprising to anyone? Is this a shock?
- VI. How do you protect you mind at work?
 - a. Your department issues safety gear (bullet proof vest, tools, etc.)
 - b. Practice "Mindfulness"
- VII. Emotional Wellness = Work
 - a. It takes "work" to keep your mind healthy
- VIII. What Society Tells us About Happiness
 - a. Work Hard
 - b. Buy things
 - c. Adapt to new thing
 - d. Work harder
 - e. Accomplish great things
 - f. Adjust to new success
 - g. Is this REALLY happiness?
- IX. What Science tells us About Happiness
 - a. 50% is Genetic
 - Mom & Dad
 - b. 40% is Intentional Activity
 - Your thoughts & Actions
 - c. 10% is Outside Circumstances
 - Money
 - House
 - Marriage
- X. Bottled Up Feelings
- XI. Feelings/Emotions
- XII. What are our appropriate coping mechanisms?
 - a. Working out

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- b. Watching TV
- c. Counseling
- d. Talking it out
- e. Hobbies
- XIII. Practice Meditation
- XIV. Mindful Revolution
- XV. Fear of Stigma is part of illness
 - a. We don't ask for help because we think it shows weakness
 - b. Colleagues think there is something "wrong" with us
 - c. We can't handle the stress of the job
- XVI. I am Grateful for...

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- I. Introduction: Developmental Disabilities (1.5 Hrs.)
 - a. Andy Hoang: Crisis Response Project
 - b. Sandra Regan: RCEB Forensic Specialist
- II. Regional Center of the East Bay (RCEB)
 - a. Mission:

Regional Center of the East Bay supports persons with developmental disabilities and their families with the tools needed to achieve lives of quality and satisfaction, and builds partnerships that result in inclusive communities.
 - b. The Lanterman Act (a California Law) states that Regional Centers must provide support services that help people with developmental disabilities stay in their local communities and lead lives like everyone else. Each support service has guidelines written in an understandable way.
 - c. 21 Regional Centers in the state of California
- III. Overview of RCEB
 - a. RCEB serves people with developmental disabilities from birth to death
 - b. Services are voluntary
 - c. A client may be referred for RC services at any age
 - d. Most developmental disabilities are diagnosed before the 18th birthday
 - e. Eligibility includes:
 - a. Intellectual Disability (formerly "Mental Retardation")
 - b. Cerebral Palsy
 - c. Epilepsy (seizure disorders)
 - d. Autism
 - e. 5th category
 - f. Down Syndrome
- IV. A person will not qualify for RCEB with:
 - a. Solely mental illness
 - b. Solely learning disorders
 - c. Solely physical disability, unrelated to a neurological disorder
 - d. Solely alcohol or drug addiction
 - e. Many clients have mental illness and/or addictions in addition to a developmental disability [this may lead to more police involvement]
- V. How can RCEB help?
 - a. Provide support for the parents of children with developmental disabilities – respite, childcare, afterschool programs, summer camps
 - b. Provide early intervention to children with Autism to help learn social and communication skills
 - c. Provide adult clients with support so that they can live independently
 - d. Nursing care, dental care, durable equipment
 - e. Day activity programs and supported employment

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VI. Community Care Facilities/ Residential Facilities

- a. Community Care Facilities (CCF) are licensed through the California State Department of Social Services, Community Care Licensing
- b. These homes provide different levels of care and supervision (levels 2-4)
- c. These homes are usually paid for through a combination of Social Security and/or Supplemental Security Income and RCEB supplemental funding
- d. Homes are subject to quarterly visits, unannounced visits and sanctions
- e. A CCF is a client's home and should reflect the client's preferences and choices
- f. Concerns regarding the safety of a home, staff training, high turnover can be addressed to RCEB Quality Assurance Supervisor Margy Kang

VII. At Risk Clients

- a. Our clients are vulnerable to abuse and neglect
- b. Non-verbal clients can't tell us what is wrong
- c. Adult clients often rely on SSI benefits for total income and may live in high crime neighborhoods
- d. Clients with intellectual disabilities are easily influenced and are often "easy targets"
- e. Clients with addictions and/or mental illness can be difficult to serve

VIII. Can you think of characters from movies or TV shows that may qualify for RCEB services?

- a. Class discussion about characters they can think of [Instructor lead]

IX. What is CRP?

- a. CRP is a mobile crisis team that is a vendor of the Regional Center
- b. CRP covers both Alameda and Contra Costa counties
- c. CRP is available 24 hours a day, 7 days a week, 365 days a year
- d. CRP crisis counselors are mandated reporters

X. What will CRP do?

CRP Goals:

- a. Decrease police involvement
- b. Prevent 5150's/hospitalizations
- c. Increase client success in the community
- d. Increase staff's ability to handle future crises

CRP works specifically to provide:

- a. Intensive crisis prevention
- b. Emergency crisis intervention
- c. Follow-up services

XI. What will CRP not do?

- a. Physical restraint
- b. Be left alone with a client
- c. Search for runaways or AWOL clients
- d. Work with a client under the influence of alcohol/drugs
- e. Work with a client who is non-compliant, refusing to follow program, and is not escalating towards physical aggression

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XII. When should CRP be called?

- a. When a client is making suicide threats
- b. Severely depressed
- c. Verbally threatening to hurt someone
- d. Throwing objects
- e. Engaging in property destruction
- f. Threatening to run away
- g. Hitting, kicking, etc.
- h. In some way a danger to self or others
- i. If 911 is called, CRP should also be called

XIII. Indicators: Intellectual Disability

- a. Highly suggestible
- b. Short attention span
- c. May not understand consequences or social rules
- d. Poorly developed living skills
- e. Immature behavior
- f. Difficulty with simple tasks
- g. Delays in oral language development

XIV. Autism

- a. Cause unknown
- b. Autism is a developmental disorder that may be recognizable within the first 3 years of life
- c. Effects development of communication and social skills
- d. 1 in 42 boys have autism v. 1 in 189 girls
- e. 1 in 68 children are diagnosed with autism
- f. [\[Video – Autism/Intellectual Disabilities\]](#)

XV. Indicators: Autism

Common behaviors:

- a. Disconnect with others/inability to read emotions
- b. Head banging/arm flapping/major tantrums
- c. Rocking/spinning/fidgeting
- d. Pacing/repetitive motions
- e. Lack of personal space/ afraid of germs
- f. May be non-verbal/may ask personal questions
- g. Lack of eye contact/sensitivity to sounds; crowds; lights
- h. Specific routines and rituals

XVI. Law Enforcement and Autism [\[Video – Perspective of individuals interactions with DD persons\]](#)

- a. Video illustrating appropriate responses and Autism safety for First Responders

XVII. Autism: concerns

- a. Accompanying medical conditions, especially seizures
- b. May run away or towards an officer
- c. Sensory issues (sounds, smell, touch, taste, sight: hyper/hypo)

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- d. Self-stimulating behaviors and unusual attachment to objects
- e. May be attracted to shiny objects (badge, belt, weapon)
- XVIII. Autism Videos
 - a. Adult: Severe autism
 - b. Non-verbal; epilepsy, OCD
 - c. Self-injurious behavior (SIB); physical aggression
- XIX. Autism videos
 - a. Adult: Severe autism
 - b. Non-verbal; epilepsy; OCD
 - c. Rocking, Stimming
- XX. Autism concerns
 - a. Wandering (away from home, into traffic, towards water)
 - b. May invade personal space of others
 - c. May not respond to "stop" or other commands
 - d. Increase or decrease in pain threshold (may be oblivious to injury)
 - e. Extreme reactions to changes in routine
- XXI. Autism: Social Skills
 - a. Fails to respond to own name
 - b. Appears not to hear you (how could this be dangerous in the community in relationship to the police?)
 - c. Resists cuddling and holding
 - d. Lacks empathy, unaware of others' feelings
 - e. Prefers playing alone – being in own world
- XXII. [\[Video: Law Enforcement & Autism\]](#)
- XXIII. Ways to indicate non-verbal
 - a. Individual makes noises: screaming, babbling, one word phrases, and repetitive wording including a persons name, toy, store, book and TV show
 - b. May not maintain eye contact
 - c. It's hard to know if the individual understands English as the first language
 - d. Easiest way to find out is ask their care taker: parents, group home, or day program
- XXIV. Ways to communicate with a non-verbal individual in the community
 - a. State short commands: "Come with me", "Where is your staff?" "Let's go for a ride."
 - b. Facial expressions: be aware of emotional expressions when interacting with an individual
 - c. Gesturing and pointing to what you want them to do
 - d. If care taker is around ask what they use to communicate
- XXV. Video: Police Interaction with a client in the community [\[Video\]](#)
- XXVI. Safety words you can use when an individual is being aggressive:
 - a. "Put your hands in your pocket"
 - b. "Safe hands"
 - c. "Personal space" with your hand out in front of you

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- d. Try to avoid the word no, this may be a trigger word for some. Use “stop”, “Don’t do that.”
- XXVII. De-escalation Techniques
 - a. Avoid stopping repetitive behaviors (calming): rocking back and forth, clapping, snapping, etc.
 - b. Watch for seizures
 - c. Turn off lights and sirens; turn down radio
 - d. Maintain safe distance
 - e. Stay alert to the possibility of outbursts or impulsive acts
- XXVIII. Crisis Communication with DD
 - a. Use simple vocabulary words
 - b. Ask one straightforward question at a time
 - c. Create short sentences
 - d. Redirection
 - e. Wait for the answer before proceeding
 - f. Avoid asking leading questions
 - g. Clear the area of other clients
 - h. Minimize the amount of people
 - i. Identify trigger/ Antecedent and remove it
 - j. Give client control by offering choices
 - k. Check back for confirmation that client has correctly understood
- XXIX. CRP can assist Law Enforcement by:
 - a. Providing officers additional support for clients and care providers
 - b. Providing additional information if CRP has had previous intervention with client
 - c. Save officers time if they do not deem that their presence is necessary
 - d. CRP can work with clients and caregivers
 - e. Avoid misuse of law enforcement
 - f. Additional resources and interventions
 - g. Prevent necessity for future police involvement
- XXX. Questions officers can ask care providers
 - a. Does client make use of CRP services?
 - b. If client utilizes CRP, has CRP been called?
 - c. Does client have any health concerns (heart problems, asthma, etc.) which could cause hindrance to physical restraint
 - d. Does client take medication and, if so, has he/she taken it?
 - e. If a client is out in the community, does he/she live in a group home?
 - f. Does the client have a behavioral plan and has it been followed?
- XXXI. QUESTIONS?
Contact Info.

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Suicide Assessment (Segment 1) (2.5 Hrs.)

- A. Introductions: Crisis Support Services

- B. Training Goals:
 - 1. Recognize when a person may be at risk for Suicide
 - 2. Identify warning signs and risk factors that may lead to suicide
 - 3. Gain an understanding of how to identify risk

- C. Crisis support Services of Alameda County
 - 1. 24-Hour Crisis Line
 - 2. National SP Lifeline Network
 - 3. Text Line

- D. The Scope of the Problem:
 - 1. Who is at risk?

- E. High Risk Groups:
 - 1. Adults 65 and older
 - 2. Those with mental illness
 - 3. Adolescents 15-24 years old
 - 4. Middle Aged 45-54 years old

- F. Suicide in the US
 - 1. In 2014 there were 42,773 suicides
 - 2. 16,294 were aged 45-64
 - 3. Ranks second as a cause of death among youth (15-24)
 - 4. Is the 10th leading cause of death
 - 5. Males complete suicide 3.74 times that of females

- G. Common Methods of Suicide:

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1. 50.6% Used a firearm
2. 25.1% used suffocation/hanging
3. 16.6% used poisoning
4. Males method of choice most often is firearms
5. Females method of choice most often is poisoning

H. Understanding Suicidal Behavior:

1. Group discussion about suicidal behaviors to gain a better understanding of the suicidal mind
2. Discussion Questions:
 - Why do people kill themselves?
 - Is it ever acceptable to die by suicide?

I. The Interpersonal Theory of Suicide

1. Capability of suicide "I'm not afraid to die"
2. Perceived burdensomeness "I am a burden"
3. Failed Belongingness "I am alone"
4. Lethal or non-lethal attempt

J. Chronic Risk Factors:

1. Prior Suicide attempt
2. Prior suicidal ideations
3. Family history of suicide
4. Psychiatric hospitalization
5. Physical/sexual abuse
6. Trauma History

K. Acute Risk Factors:

1. Recent Suicide Attempt
2. Current Suicidal ideations
3. Increased substance abuse

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4. Sleep deprivation
5. High level of anxiety
6. Reckless/risk taking behavior

L. Suicide Warning Signs:

1. Talking or writing about death or suicide
 - Direct cues such as: "I wish I were dead"
 - Indirect cues such as: "Nobody will care if I don't wake up tomorrow"
2. Isolating from family, friends, social support
3. Obtaining the means to kill him or herself
4. reckless/risk taking behavior

M. Additional Suicide Warning Signs:

1. Purposelessness/lack of meaning in life
2. Feeling like they are a burden to others
3. Heightened anxiety
4. Feeling trapped
5. change in eating and/or sleeping habits
6. Feeling disconnected – withdrawing from family and friends
7. Hopelessness/helplessness/worthlessness
8. Feelings of strong anger or rage
9. Extreme mood swings, depression

N. Precipitating Events that Increase Risk

1. Recent Medical diagnoses/illness
2. Relationship break-up
3. Withdrawal from drugs/alcohol
4. Significant loss (death, job, etc.)
5. Recent traumatic event
6. Command hallucinations

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7. Delusions – thoughts of being persecuted

O. Suicide By Cop (SbC)

1. Is a term used to describe a suicidal incident whereby the suicidal subject engages in a consciously, life-threatening behavior to the degree that it compels a police officer to respond with deadly force

P. Warning Signs of Potential SbC

1. Subject demonstrates intent to die

2. Subject understands the finality of the act

3. Subject must confront police officer to the degree that it compels officer to act with deadly force

4. The subject actually dies

Q. Factors that Influence SbC

1. Disruption of relationship

2. Critical family issues

3. suicide ideations

4. History of mental illness

5. Substance abuse

6. Past suicide attempts

7. Domestic dispute

8. Unwillingness to surrender to officer

R. Protective Factors:

1. Access to medical & psychological care

2. Restricted access to lethal means

3. Connectedness to family and community support

4. Skills in problem solving

5. Cultural and religious beliefs

6. Contact with care givers

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S. Next Steps:

1. Risk Assessment
2. Evaluating Suicide Risk
3. Safety Planning

T. Suicide Crisis Intervention: What you can do

1. Make contact quickly and begin building rapport
2. Identify the scope of the problem, assess for immediate danger
3. Help the suicidal person explore alternatives, try to include the suicidal person in decisions, give options

U. Listening & Communication Skills

1. Self control
 - Are you escalating a situation or de-escalating it?
2. Be direct
 - Use simple, and direct sentences
3. Remain patient
4. Listen
5. Remain objective
6. Be compassionate – you are seeing this person on the worst day of their life

V. Determining Risk

1. Gather information from individual from family, friends, neighbors
2. Is the person under the influence?
3. Is the person symptomatic of mental illness?
4. Has there been a recent crisis?

W. Find Out About...

1. What else is going on for this person?
2. Anniversary of a traumatic event?
3. Have they been isolating or withdrawing?
4. Recent rejection?

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5. Do they have a terminal illness or recent health diagnoses?
6. Mental Health history?
7. Trouble with law enforcement

X. Questions to ask

1. Ask Directly and Openly "Are you feeling Suicidal?"
2. Do you have a plan?
3. Are the means available?
4. Have you done anything to harm yourself already?
5. Have you ever tried to kill yourself before?

Y. Safety Planning

1. Use the Crisis line
2. Remove the means
3. Assessment & Intervention
4. Explore coping skills

Z. Last Thoughts...

1. Most important question to a potentially suicidal caller is: "Where do you hurt and how can I help?"

Closing and contact Info for Crisis Support

PO Box 3120, Oakland CA 94609

Suicide Assessment (Segment 2)

A. Suicide: The Silent Epidemic

1. Every 12..3 someone in the US dies by suicide
2. Every 12.4 seconds someone is left to make sense of it

B. American Foundation for Suicide Prevention

1. Founded in 1987 by scientists and family members who lost someone to suicide

C. What is Stigma?

1. An attempt to label a particular group of people as less worthy or respect than others

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2. A mark of shame, disgrace or disapproval that results in discrimination
- D. Stigma Leads to...
 1. In Mental Illness...
 - Fear, mistrust, and violence against people living with mental illness and their families
 - Family & friends turning their backs on people with mental illness
 - Not seeking help – only 1 in 5 seek help
 2. In Suicide...
 - Not talking about the person who died
 - Friends and family members alienating the family of the deceased
- E. Facing the Facts
 1. Research shows: 20% of us will have a suicide within our immediate family
 2. 80% of us will personally know someone who dies by suicide
 3. 90% of people who die by suicide have a diagnosable psychiatric disorder at the time of their death
 4. 42,773 people in the US died by suicide in 2014
 5. Everyday approx.. 117 Americans take their own life
 6. There are an estimated 25 attempted suicides for every suicide death
 7. Over 1 million attempts in the US
 8. Translates to 1 attempt every 30 seconds
- F. National Suicide Facts
 1. Currently suicide is the 10th leading cause of death in the US
 2. 2nd ages 10-24
 3. 2nd ages 25-34
 4. 4th ages 35-53
 5. 8th ages 55-64
 6. 17th ages 65+
- G. In California 2014
 1. 4,025 people died by suicide
 2. Approx 11 suicides per day
 3. Leading non-fatal self inflicted injury – Poisoning age 25-44: 3,434 injuries
- H. Method Age and Number of Deaths:
 1. Other Ages 25-44: 87
 2. Poisoning Ages 45-64: 388
 3. Jump Ages 25-44: 73
 4. Hanging Ages 25-44: 404
 5. Firearm Ages 45-64: 560
 6. Cut/Pierce Ages 45-64: 46
- I. Questions??
- J. The Story of Amanda Lyn Doughty (Apr. 29, 1986 – Oct 26, 2004)

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Children and Youth with Mental Illnesses (2Hrs.)

A. What does mental illness look like in children?

1. **Video:** Nami Understanding Mental Illness.
2. Mental Status in Children: [LECTURE / POWER POINT]

B. Common Diagnosis in Children

1. **Small group exercise:** Answer the following questions.
2. Make a list of common child diagnosis that you are aware of?
3. How are the behaviors or symptoms different in children from adults?

C. Problematic Behaviors in Children

1. Behavioral problems **Video:** Inside the world of childhood schizophrenia
2. overview of differences [LECTURE / POWER POINT]
3. Juvenile Justice **Video:** Children at Risk.
4. Statistics [LECTURE / POWER POINT]
5. overview of differences [LECTURE / POWER POINT]

D. Assessment: Which questions do I ask? (10 minutes) [LECTURE / POWER POINT]

1. Questions for parents.
2. Interviewing children
3. Safety Planning

E. Youth & Mental Health Jeopardy

1. Class is divided into 4 teams and provided a "Buzzer" that emits light and sound
2. Starting group is selected (typically by the youngest person in the room)

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3. The groups pick a topic and point value and are asked the related questions.

F. Topics:

1. Mental Health Behaviors in Youth
2. Stages of Development
3. Adolescent Suicide
4. Youth in Society
5. Communicating with Youth

G. Handouts:

1. Self Harm & "Cutting" and safe alternatives to cutting.

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Welcome Back Day 3: Re-Cap/Housekeeping (30Mins.)

Combat to Community (4Hrs.)

A. Introduction

1. Instructors will introduce themselves and their interest in veterans' issues. Establishing credentials within law enforcement are important as the facilitator, role model and teacher.
2. Explain three reasons why this course is important, including:
 - a. Law enforcement and veterans will interact. As of January 2009, 1.8 million troops had been deployed to support the *Global War on Terror* (GWOT).
 - b. Veterans have a unique culture that includes commonly shared attitudes, values, goals and practices that often (but not always) characterize service in the military. This culture is not always immediately apparent to law enforcement or the civilian community.
 - c. Law enforcement and veterans are similarly trained, but have very different experiences. Recently returning veterans have been exposed to repeated deployments in intense areas of conflict.
 - d. Goal of the class
 1. Additional tools for effective community policing
 2. Identifying veterans in crisis and offering help
 3. Utilizing skill set as a resource for veterans.
 - e. This class WILL NOT provide:
 1. A get out of jail free card.
 2. A substitute for the training you already have
 3. Civilians telling you how to do your job.

B. Video and discussion "House Clearing"

1. In this short clip, the U.S. Marines are trapped on a rooftop in Iraq. The Marines take enemy fire. This is an example of a typical experience in combat.
2. Facilitated discussion
 - a. How might a military veteran's career experience differ from the career experience of a law enforcement officer?
 - b. Intense fighting can be experienced regularly over a single deployment (typically ranging from 6 – 15 months). There is little time for emotional or physical recovery and treatment for potential issues is often delayed or avoided in support of a mission.
 - c. What similarities do you see in the way that you are trained and the way that law enforcement is trained?
 - d. Traumatic experiences and regimented practices. Intense emotional response during "trauma"

C. Overview of Combat Experience

1. Individuals experience war and combat very differently. More importantly, experiences for veterans who have served on behalf of the *Global War on Terror* are greatly different than the experiences of veterans and military of prior conflicts.
2. The differences between *Global War on Terror* and prior conflicts:
 - a. Multiple deployments
 - b. Lengthier deployments
 - c. 360 degrees of fighting (no "front" lines)

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- d. Urban combat with no clear enemy.
- 3. The Veteran Experience
 - a. A brief overview of what veterans may experience in combat
 - 1. Commonly shared attitudes, values; goals and practice that often (but not always) characterize service in the military
 - 2. Potential resources to refer veterans to for supportive services.
 - 3. Tools for interaction in certain circumstances with combat veterans.
 - b. Outcomes – at the end of this course, students will be able to:
 - 1. Name at least three major issues for returning *Global War on Terror* Veterans
 - 2. Articulate at least three ways in which they can appropriately respond to the needs of veterans in the context of their work
- D. Defining Veterans: Myths, Legends, and Stereotypes
 - 1. Activity: What does a veteran look like?
 - a. Can you tell if someone had served in the military?
 - b. If so, how?
 - c. What can you do or ask to better identify former military personnel in your community?
 - d. Debrief activity
- E. Military veteran stereotypes
 - 1. All veterans are in crisis
 - 2. Veterans are old men
 - 3. All veterans have served in combat
 - 4. Veterans are not in our communities
 - 5. You have to be in combat to "get" Post Traumatic Stress Disorder (PTSD)
- F. Stereotype debunking:
 - 1. Veterans are a culturally diverse group of people that include both men and women of all ages
 - a. *Active Duty*: Individuals whose full-time job is the military
 - b. *Reservist*: Individuals who enlisted with the intention of the military being a part-time job, but can be called upon to perform full time duties
 - c. *National Guard*: Traditionally state forces are trained primarily to respond to domestic disasters, but can be activated to respond for federal purposes. Eligibility for services & benefits are dependent on how Guard members are activated. Average age is 37
 - d. *Women*: As of April 2008, there were 101,577 female *Global War on Terror* veterans. Women do see combat and have difficulty gaining recognition for combat service. They join in room clearings, are exposed to IED's, search women, & have transport roles. Women veterans are more likely to be homeless than men. Many female service members may have experienced military sexual trauma
 - 2. Every individual has a different war experience. They will identify the war differently
 - a. *Global War on Terror* (GWOT): Refers to military actions and typically military service after September 11, 2001
 - b. *Operation Iraqi Freedom* (OIF): Indicates service in Kuwait, Iraq, or surrounding areas in 2003 until present
 - c. *Operation Enduring Freedom* (OEF): Typically refers to service in Afghanistan, but can include Horn of Africa, Philippines, and Bosnia
 - 3. The term "veteran" has different meanings to different people, agencies and institutions
 - a. Not every person will identify as a veteran
 - b. There is a difference between the legal definition of a veteran that entitles an individual to benefits and understood definition of veteran that includes individuals that have served in the military

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G. PTSD In Veterans: Signs, Symptoms, Strategies

1. **Case Study:** Provide example of combat veteran, Sgt. Travis Twigg who killed himself as a result of debilitating PTSD. Police were not informed of his veteran status and did not have an opportunity to employ tactics that may have saved him.
2. **Classic Symptoms of PTSD:**
 - a. **Avoidance and numbing (3):** These factors contribute to general stress, and can make it more difficult for affected Veterans to seek help and support
 1. Avoid thoughts, feelings
 2. Avoid activities, places, or people
 3. Can't recall part of trauma
 4. Decreased interest in activities
 5. Estrangement from others
 6. Restricted range of emotion
 7. Sense of foreshortened future
 - b. **Hyper arousal (2):**
 1. Sleep problems - It is not uncommon for Veterans with PTSD to be on extremely limited (1-4 hrs./night) sleep for months or even years
 2. Irritability or outbursts of anger - This symptom may appear in the form of someone who is incredibly angry at an objectively simple issue (i.e. overreacting)
 3. Difficulty concentrating - This symptom can lead to difficulty following complex, multi-part directions.
 - c. **Hyper vigilance** - This symptom may lead to someone driving down the shoulder of a road to avoid traffic, because they do not feel safe sitting still in traffic (a reality of driving in Baghdad)
 - d. **Exaggerated startle response** - This symptom commonly results in someone who is particularly scared of or sensitive to any loud noises or physical touches. Make sure you do not sneak up on a Veteran with PTSD.
 - e. **Re-experiencing (1):**
 1. Repeated distressing memories
 2. Repeated distressing dreams
 3. Flashbacks (acting or feeling event was happening)
 - a. This symptom may cause someone to not respond to your requests, directions, and commands. We teach the "grounding technique" later on specifically to combat these symptoms
 4. Psychological distress at triggers
 5. Bodily reactivity to triggers
 - a. These last two symptoms are particularly important, because you do not necessarily know what may trigger someone. Veterans who served in Iraq describe being triggered by sand, or even by the sound of children playing (which preceded a grenade attack in Baghdad). Police with firearms and shouting directions may be a trigger, but the possibilities are endless.

H. PTSD and Risk of Offending

1. PTSD and increased assaults/weapons charges
2. PTSD increases risk factors (e.g. stress) for violence

I. There are Common Myths & Facts About PTSD

1. **Myth:** It is easy to differentiate PTSD, Substance Use, TBI & Dementia
2. **Myth:** PTSD is related to mental strength and character
 - a. **Vulnerability Factors for PTSD include:**
 1. Previous Trauma
 2. Age and Duration of Trauma

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3. Type of Trauma
 4. Degree of social support
 3. Myth: All PTSD comes from Combat
 - a. PTSD comes from Rape, Combat, Accidents, Childhood events, witnessing horrible acts and experiencing natural disasters.
 4. Myth: Veterans with PTSD are angry and bitter people
 - a. Anger in PTSD may be associated with:
 1. Reduced impulse control
 2. Significant reduction in quality and quantity of sleep
 3. A response to feeling helpless (embarrassed)
 4. Feeling perpetually "unsafe" and anxious
 5. Chronic Pain
 6. Depression
- J. *ACTIVITY: Traffic Stop & Grounding Technique* –
This demonstration shows how intrusive thoughts and images may be affecting a Veteran during a routine (simulated) traffic stop. The activity can be anxiety provoking for the audience, thus we close with the "grounding technique" that we will teach the audience to do in the next section.
- K. *ACTIVITY: Arousal & Grounding*
Human arousal is time-limited. Grounding techniques are used to help Veterans focus on real stimuli (including the officer) and not traumatic thoughts or images in their head. This activity teaches one such brief grounding technique that can significantly reduce arousal levels.
- L. PTSD Pitfalls & Potentials – These are not specific recommendations for specific circumstances. Rather, they are a set of guiding principles that help in deescalating Veterans with PTSD
1. Task focused vs. Veteran focused – The fastest and safest way to complete a task may be to focus on the needs of the Veteran at that time
 2. Betrayal vs. Loyalty – Vets are sensitive to betrayal by the government (including police). Maximize opportunities to convey gratitude and support for their service, and demonstrate willingness to help
 3. Trapped options vs. Controlled options – It is possible to phrase "options" in a manner that is actually threatening and increases a Veteran's sense of being trapped. However, presenting viable options may help an officer control the boundaries within which a situation may progress.
 4. Threatening nonverbal vs. Verbal transparency – Officers have to engage in a number of nonverbal behaviors (e.g. standing at an angle with firearm inaccessible) that can be misperceived by trained Veterans as threatening and aggressive. If an officer verbalizes this behavior, it can minimize misinterpretation and actually help to build rapport.
- M. Three Main Points:
1. There can be many problems that may arise as a result of military service:
 - a. Major depression
 - b. Alcohol abuse
 - c. Often used as effort to sleep
 - d. Narcotic addiction
 - e. Often beginning with pain medication for injuries
 - f. Military sexual trauma
 - g. Suicide
 - h. Job loss
 - i. Family dissolution, instability, violence
 - j. Homelessness

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- k. Violence towards self and others
 - l. Incarceration
 - 2. Help for veterans can take time and can be extremely difficult for veterans to obtain who have severe problems
 - a. Average wait time: 183 days for an initial decision
 - b. The backlog of disability claims has risen to 600,000 claims
 - c. Time frame for a claim decision; including appeals, can exceed ten years.
 - 3. Invisible injuries such as Traumatic Brain Injury and Post Traumatic Stress may impact the way veterans communicate and deal with day-to-day life
 - a. *Symptoms of Traumatic Brain Injury:*
 - 1. Memory loss (especially short term)
 - 2. Short attention span
 - 3. Trouble concentrating / impaired reasoning
 - 4. Headaches
 - 5. Confusion
- N. Examining the effects of war
- 1. **Video "Driving"** In this short clip, the U.S. Military is driving and receiving fire. This clip illustrates more of the experiences that may impact the way in which veterans translate their experiences in the civilian world.
 - 2. **Battle mind:** When combat thinking comes back to the community There are behaviors that are appropriate for military training that become less useful in the civilian world. Ultimately, war can effect:
 - a. How you communicate
 - b. What you do to survive
 - c. Your perception of acceptable behavior
 - d. The way you drive
 - e. Feeling secure
 - f. Vigilance, constantly on alert for danger
 - 3. **Effective Emotional Responses in Combat:**
 - a. Emotional Control vs. Anger or Detachment
 - b. Mission and Operational Security vs. Secretiveness
 - c. Lethally Armed vs. Unarmed
 - d. Non-defensive (combat) vs. Aggressive Driving
 - e. Targeted vs. Inappropriate Aggression
 - f. Buddies (Cohesion) vs. Withdrawal
- O. Meeting and Greeting Veterans and Their Families
- 1. **Building Rapport** - How can law enforcement build rapport with veterans they come in contact with?
 - a. Ask factual logistical questions about their experience – What kinds of factual logistical questions would be helpful to law enforcement?
 - b. Avoid "Judging" Statements and Questions about the war – What kind of "judging statements" and questions might antagonize a veteran?
- P. Video "Dance, Dance, Revolution"
- 1. In this short clip, the U.S. Military dance and play in Iraq. The clip is intended to humanize the military experience.
 - a. **Activity: Case Studies** and Group Discussion: Battle mind vs. Civilian Society
- Q. Conclusion
- 1. **Wrap up and Review**
 - a. Name at least three major issues for returning *Global War on Terror* Veterans

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- b. Articulate at least three ways in which they can appropriately respond to the needs of veterans in the context of their work.

Consumer and Family Panel [working lunch] (2.5 Hrs.)

- A. Introduction of Consumer and Family Member panel
- B. [Instructor lead] Group will participate in Schizophrenic experience. Students are provided an auditory device in which they will hear different sounds, ranging from bells, horns and voices saying things. Images cycle through on the front monitor while the sound devices play.
- C. Students are then asked to complete a written exercise with the auditory and visual distractions.
- D. Students will provide feedback to instructor on their experience in this exercise. Discuss as a group if it was difficult to perform written assignment with distractions while emphasizing how a subject with schizophrenia might have trouble deciphering from the voices they hear in their head and what an officer is telling them.
- E. [Small group discussion] Engage in small group discussions which will feature a family member or a consumer. The small group discussion will be lead by the consumer or family member. This exercise will give the students an opportunity to interact with, ask questions of and hear the experiences of those individuals whose lives have been affected by mental illness [This panel is the perspective of an individual with bi-polar disorder who attempted suicide]
- B. Case Study Family Panel Discussion (Q and A)

Two guest speakers will discuss the family's perspective of living with a person with mental illness. [This panel is the perspective of an individual who has experience with substance abuse disorder]

- C. Case Study Subject Panel Discussion (Q and A)

Two guest speakers will discuss their struggles and successes as a person diagnosed with a mental illness [This panel is the perspective of a family member who has experience with a family member living with Schizophrenia]

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- I. Introduction: Responding to Older Adults (60 Mins.)
 - a. Purpose is to educate personnel on how to best interact and communicate with older adults and intervene in the most appropriate way
- II. Calls for Service
 - a. Pose question to class: What kind of calls for service do you think of when think of the older adult population?
 - Care facility
 - DOA
 - 5150 Hold
 - Missing/found person
 - Hoarding or unsafe living conditions
 - Welfare check
 - Elder Abuse: physical, mental, financial
- III. What leads to calls for older adults?
 - a. Vulnerability due to functional dependency on others
 - b. Medical frailty
 - c. Cognitive impairment
 - d. Dwindling support system
 - e. Caregiver burnout
 - f. Financial incentives
- IV. Mental vs. Medical
 - a. Focus on the true nature of the call so officers can determine the most appropriate disposition
- V. Dementia
 - a. There are several different types of Dementia. The key point here is that Alzheimers is a form of dementia
 - b. A medical workup is appropriate for elders exhibiting signs of Dementia. This is significant if the onset is sudden. There may be a reversible medical reason that should be addressed
- VI. 50% of people 85 and over have some form of Dementia
 - a. Consider background knowledge when receiving information
- VII. Alzheimers
 - a. Most common type od Dementia
 - b. Estimated 5,400,000 people living with Alzheimers in the U.S.
 - c. Very progressive and disabling disease impacting all areas of functioning
- VIII. Behaviors Related to Alzheimers Disease
 - a. Memory loss – Most common
 - b. Challenges planning and solving problems
 - c. Difficulty completing familiar tasks
 - d. Confusion with time and place
 - e. Trouble understanding visual images and special relations

Expanded Course Outline
Crisis Intervention Training for Officers

- f. Trouble speaking and writing
 - g. Misplacing things
 - h. Decreased/poor judgment
 - i. Withdrawing from social activities or work
 - j. Changes in mood and personality
- IX. Visual Reference
- a. Illustrations to show cognitive impairment as the disease progresses
 - b. Illustration to show the loss in mass of a diseased brain vs. healthy brain
- X. Cognitive vs. Psychiatric
- a. Differentiating between the two is important
 - b. Loss of cognitive function is not treated with anti-psychotic medications
- XI. Cognitive Symptoms:
- a. Amnesia
 - b. Aphasia
 - c. Apraxia
 - d. Agnosia
- XII. Major Psychiatric Symptoms:
- a. Personality changes
 - b. Depression
 - c. Hallucinations
 - d. Delusions
- XIII. Coding a call and the Correct Disposition
- a. Medical vs. Psychiatric
- XIV. When is it Medical?
- a. Alzheimers is a medical condition
 - b. Look for other symptoms associated with a medical condition
- XV. When is it Psychiatric?
- a. Look for details that communicate a psych history
 - b. Is there a threat of suicide?
 - c. History of depression, suicidal ideations, attempts in the past?
- XVI. Questions to ask:
- a. How is the behavior different from typical?
 - b. What does the caller think should happen?
 - c. Has this happened in the past? If so...what happened?
- XVII. Scenario #1
- a. RP reports 77 year old male recently diagnosed with Alzheimers stated he wasn't going to let the disease take his life. RP is concerned for subject.
 - b. What questions will you ask?
 - c. What will you code the call?
 - d. What is the most appropriate disposition?
- XVIII. Scenario #2 – Grave Disability

Expanded Course Outline
Crisis Intervention Training for Officers

- a. Found elderly female at 0325hrs. Subject appears to be in her early 70's dressed in a robe and slippers. Subject has no ID and can provide no identifying details. No missing persons reports matching.
- b. What is the most appropriate action to take?
- c. What medical conditions would you consider?

XIX. What Fuels Aggression?

- a. Fear
- b. Loss of control
- c. Frustration
- d. Lack of ability to communicate
- e. Common reaction to hallucinations and delusions

XX. Other Nuggets of Info...

- a. Medications at the back of the blue Resource Book
- b. Signs and symptoms of Dementia on page 11-12

XXI. Helpful Questions for a Missing Older Adult

- a. Page 13-14 in the blue Resource Book

XXII. In-Home Support Services

- a. State run program administered by the counties. Pays for in home care giver
- b. For elders with functional impairments
- c. Recipients can choose their own caregiver (family member, friend, neighbor)

XXIII. Communicating with persons with Alzheimers

- a. Video

Expanded Course Outline
Crisis Intervention Training for Officers

Mental Health Facility Site visits (2 Hrs.)

A. Site Visits

B. The purpose of site visits is to give the officers an opportunity to see, first hand, the variety of programs provided to people with mental illness and / or substance abuse issues. It's a chance to meet and observe clients in settings where they are learning to live with their illness.

C. Locations

1. Clinical Settings

a. John George Psychiatric Pavilion: 2060 Fairmont Drive, San Leandro, 94578

b. Willow Rock Juvenile Facility: 2050 Fairmont Drive, San Leandro, 94578

c. Cherry Hill Detox Facility: 2035 Fairmont Drive, San Leandro, 94578

Cherry Hill is a detox facility which will allow students an opportunity to see an alternative to jail or a psychiatric hold and learn when a detox placement is appropriate

Expanded Course Outline
Crisis Intervention Training for Officers

Welcome Back Day 4: Re-Cap/Housekeeping (30 Mins)

- I. Crisis De-escalation (3.5 Hrs.)
 - A. Instructor introduction
 - B. Why crisis de-escalation
 - i. Because the community demands it
 - 1. Awful but lawful approaches are no longer tolerated
 - ii. Because the courts expect it
 - 1. Quezada v. County of Bernalillo (1991)
 - 2. Glenn v. Washington County (2011)
 - 3. Hayes v. County of San Diego (2011)
 - 4. Sheehan v. City and County of San Francisco (2015)
 - iii. Case Law Take Aways
 - 1. Ask "Do we need to be here?"
 - 2. Use time and distance whenever possible
 - 3. Gather as much information as possible before acting
 - 4. Get all of the resources you need on scene before acting, if possible
 - iv. Because it increases officers confidence
 - v. Because there is a need to know it
 - 1. 319 Million people in the US
 - 2. 8 Million have serious mental illness
 - 3. ½ of those receive no treatment
 - 4. 10% of LE calls for service involve someone with a SMI
 - 5. 25-50% of all subjects killed by LE are mentally ill
 - vi. VIDEO: Lester Part 1
 - C. What is crisis de-escalation
 - i. De-escalation is what we use during a potentially dangerous, or threatening situation in an attempt to prevent a person from causing harm to us, themselves or others
 - ii. VIDEO: Lester Part 2
 - 1. De-escalation is not always possible
 - 2. De-escalation does not always work
 - iii. Good crisis de-escalation
 - iv. One size does not fit all
 - 1. Our job is to control, redirect and influence other people
 - D. What is a crisis
 - E. Managing crises
 - F. VIDEO: Guy rips open shirt
 - i. Officer safety considerations

Expanded Course Outline
Crisis Intervention Training for Officers

1. Avoid complacency
 2. Develop present moment awareness
 3. Contact / cover
 4. Keep your OODA loop moving
 5. Anger seeks a target
 6. Detect and act upon danger early
 7. Know which psychiatric symptoms are dangerous
 8. Alpha versus Beta Command
- G. Personal Characteristics of effective crisis de-escalators
- i. Creativity/flexibility
 - ii. Life experience
 - iii. Poise
 - iv. Belief that people can change
 - v. Leaving ego out of it
- H. [Video: \[Officer yells at motorist\]](#)
- I. Starting with the big picture
- i. We cannot reason with highly agitated people
 - ii. Our job is to reduce the level of arousal so discussion becomes possible
- J. Levers to reduce agitation; Words
- i. Words should reflect your response, not your reaction
 - ii. Use open ended & closed ended questions
 - iii. Use reassuring words whenever possible
 - iv. First question should not be "are you taking your meds?"
 - v. Words should not contain judgement
 - vi. "Sir, I need you to calm down"
- K. Levers to reduce agitation; Tone, inflection, pitch
- i. People pick up more on these than they do the content of speech
 - ii. Will immediately betray your impatience, judgement etc.
 - iii. Will also immediately demonstrate your concern and compassion
- L. [VIDEO: \[Driver Goes Crazy over Speeding Ticket\]](#)
- M. Levers to reduce agitation; Non-verbal
- i. Hands
 - ii. Arms
 - iii. Will also immediately demonstrate your concern and compassion
 - iv. Proximity
 - v. Physical contact
- N. De-escalation Tactics; Listening
- i. The 120 second investment
 - ii. "Seek first to understand, then to be understood"
 - iii. Undivided attention
 - iv. Demonstrate that you are listening
 - v. Don't have to like the person

Expanded Course Outline
Crisis Intervention Training for Officers

- O. VIDEO: It's not about the Nail
- P. De-escalation Tactics; Directing/redirecting the conversation
 - i. From the "then and there" to the "here and now"
 - ii. From Things the person doesn't control, to what they control
 - iii. Guide person's thoughts to neutral territory
- Q. De-escalation Tactics; Contain emotions
 - i. People regress when in crisis
 - ii. Children need to be contained (whether they're aware of it or not)
 - iii. Set limits (verbal & physical)
- R. De-escalation Tactics
 - i. Provide face saving alternatives
- S. De-escalation Tactics
 - i. Allow yourself to be influenced by the other
- T. De-escalation Tactics; The human touch
 - i. Authentic contact calms and heals
 - 1. Self-disclosure
 - 2. Empathy
 - 3. Verbal, nonverbal & tactics are in alignment
 - 4. Authentic contacts are also good for your wellness

Excited Delirium (1 Hr.)

- A. What is it?**
 - 1. [Video] Washington's Most Wanted
 - 2. Police & medical professionals describe experiences with and signs and symptoms of Excited Delirium
- B. Excited Delirium Syndrome:**
 - 1. This is a descriptive label, not a medical or psychological term
- C. Metabolic Symptoms:**
 - 1. Acid Increase in the body (Metabolic Acidosis)
 - 2. Cardiac events (Hyperkalemia) Potassium increases in the body
 - 3. Hypoxia: Oxygen Deprivation (Changes in breathing, lack of oxygen)
 - 4. Why is this important for officers to be aware of when trying to restrain a subject?
- D. Characteristics:**
 - 1. Highly associated with : Males
 - 2. Middle Age
 - 3. Chronic Illicit Substance Abuse
 - 4. Mental Illness
 - 5. Bipolar disorder or schizophrenia
- E. What kinds of stimulants?**
 - 1. Methamphetamine

Expanded Course Outline
Crisis Intervention Training for Officers

2. Cocaine
3. Crack
4. PCP
5. Bath Salts
6. Ecstasy

F. Risk and Consequences

1. Officer safety and risk to public
2. Liability
3. Safety is paramount due to chaotic behavior
4. Potential injury or instantaneous death to subject
 - Within 5 minutes of onset of symptoms
 - Death in custody reporting act (DIRCA) 2000 is a federal law requiring reporting of in-custody deaths. (The Institute for Prevention of In-Custody Deaths)
5. Subjects survival depends upon rapid recognition and treatment, including chemical sedation, decreased environmental stimulation, intravenous fluids, and other supportive interventions

G. How Officer Awareness Can Help

1. Better recognition of possible signs of Excited Delirium/Agitated Chaotic Event
2. Early coordination of resources (multiple officer response, modified restraint, medical services)
3. Coordinated response to contain a subject as quickly and safely as possible and connect them to IMMEDIATE MEDICAL ATTENTION

H. Estate of Armstrong vs. Village of Pinehurst

1. Armstrong was diagnosed with bipolar and paranoid schizophrenia; had not taken his meds in 5 days
2. Poking holes through his leg and his sister convinced him to go to the hospital
3. Armstrong fled the hospital; doctor placed him on a 5150 Hold
4. Officers found him outside the hospital; Armstrong clung to a pole and refused to let go
5. Officers drive-stunned Armstrong 5 times over 2 minutes
6. Officers pried Armstrong from the post. Armstrong was pinned to the ground, handcuffed and became unresponsive

I. Court Ruled

1. Taser deployment is a "Serious use of Force"
2. "Physical Resistance" is not the same thing as "risk of immediate danger"
3. Use of a Taser is unreasonable in response to resistance that does not raise a risk of immediate danger
4. Is the person actively combative and posing an immediate threat to themselves/others or is the force being used because the person is non-compliant?
5. Officers should be using time, distance and de-escalation if the person is not posing an immediate threat to themselves/others

J. How does it relate to Excited Delirium?

Expanded Course Outline
Crisis Intervention Training for Officers

1. Officers must quickly recognize what kind of call they are responding to and if excited delirium plays a factor
2. In cases of excited delirium, it is a medical emergency that requires immediate action; therefore, time, distance and de-escalation may not be possible and Taser use may be a good option
3. Officers must still cautiously assess what level of force is reasonable to effect a resolution (i.e, getting subject medical attention or placing them on a hold, especially absent any crime) and be able to articulate the use of force.

K. Highlight the Symptoms you Observe [Learning Activity]

1. Excited Delirium Symptoms video #1

L. Highlight the Symptoms you Observe [Learning Activity]

1. Excited Delirium Symptoms video #2

M. Critical Thinking Questions

1. Do you think the incident is a medical emergency? What characteristics in the video support your answer?
2. What characteristics did you hear in the initial call that indicated the incident might be Excited Delirium?
3. What actions did the officer take that were effective for the incident?

N. Considerations

1. Response
 - Policy? How many Officers? What should be considered?
2. On Scene
 - Recognition? CIT? De-Escalation? Use of Force? Restraint? Coordination of medical attention?
3. Report
 - Documentation?

O. Re-Cap

1. Stress the importance of recognizing when it might be an Excited Delirium incident, how this will guide our response, and how this response can have a huge impact on the outcome (avoiding in-custody deaths, liability, etc.)

Role Play Scenarios (4.5 Hrs.)

- A. Introductions: Point Across Info Network
Donna Wolfe: CIT Role Players

Expanded Course Outline
Crisis Intervention Training for Officers

- B. The purpose of the role playing is to give the students the opportunity to work through different scenarios in a safe, forgiving environment.
- C. The object being to work on communication and focus on finding the "Hook" using verbal persuasion to gain the subjects trust and compliance.

D. Scenarios:

1. Roommate/Manic Behavior:

- A new roommate who was connected by Craigslist is now exhibiting manic symptoms and not on medication. Needs to be determined if 5150 is appropriate based on her behaviors

2. Paranoid:

- Mother calls because her 18 year old son has been acting bazaar for several days. He is paranoid of the neighbors across the street and admits to hearing messages from a walkie-talkie. It needs to be determined if he meets criteria to be placed on an involuntary hold for further evaluation

3. Cutting:

- A young teen is suspected of cutting on her wrist at school and a counselor calls police for help in determining what actions to take with the student

4. Jumper:

- A passerby alerts the police department that they see someone leaning over the side of a rooftop parking structure

5. Found Senile:

- An old man is observed in a hospital gown and appears lost.

E. Warning Signs Quick Review [Handout]

E. Scenarios Review and Course De-Brief



Office of the
**INDEPENDENT
POLICE AUDITOR**

BAY AREA RAPID TRANSIT DISTRICT

MONTHLY REPORT

July 2018

Issue date: August 13, 2018

This report is filed pursuant to the BART Citizen Oversight Model, Chapter 1-05 (A), which requires the Office of the Independent Police Auditor (OIPA) to submit reports to the BART Police Citizen Review Board (BPCRB). This report provides information for the period **July 1, 2018 through July 31, 2018**.¹

The Quantitative Report includes all complaints received and administrative investigations initiated by both OIPA and the BART Police Department (BPD) Internal Affairs Bureau.

QUANTITATIVE REPORT

	Cases Filed ²	Open Cases ³	OIPA Investigations Concluded ⁴	Cases Appealed to OIPA ⁵	Cases Appealed by BPCRB ⁶
July 2017	13	48	0	0	0
August 2017	12	35	0	0	0
September 2017	12	31	1	0	0
October 2017	11	33	0	0	0
November 2017	11	32	0	1	0
December 2017	9	34	1	0	0
January 2018	7	32	0	0	0
February 2018	10	34	0	1	0
March 2018	6	35	1	0	0
April 2018	13	49	0	0	0
May 2018	6	51	1	0	0
June 2018	10	56	0	0	0
July 2018	8	54	0	0	0

TYPES OF CASES FILED

Citizen Complaints (Formal)	5
Informal Complaints ⁷	2
Administrative Investigations	1
TOTAL	8

CITIZEN COMPLAINTS RECEIVED PER DEPARTMENT⁸

OIPA	3
BART Police Department	4
TOTAL	7

COMPLAINTS/INVESTIGATIONS INITIATED DURING REPORTING PERIOD

During July 2018, **3 Citizen Complaints** were received by OIPA:

Complaint # (IA Case #)	Nature of Complaint	Action Taken	Days Elapsed Since Complaint Filed
1 (OIPA #18-28) (IA2018-059)	Employee #1: • Conduct Unbecoming	BPD initiated an investigation.	25
2 (OIPA #18-28) (IA2018-060)	BART Police Department: • Service Review	BPD initiated a Service Review.	21
3 (OIPA #18-30) (IA2018-061)	Employee #1: • Conduct Unbecoming	BPD initiated an investigation.	18

During July 2018, **2 Citizen Complaints (Formal)** were received by BPD:

Complaint # (IA Case #)	Nature of Complaint	Action Taken	Days Elapsed Since Complaint Filed
1 (IA2018-054)	Officers #1-2: • Conduct Unbecoming an Officer	BPD initiated an investigation.	34
2 (IA2018-056)	Officer #1: • Courtesy	BPD initiated an investigation.	34

During July 2018, **2 Informal Complaints** were received by BPD:

Complaint # (IA Case #)	Nature of Allegations	Action Taken	Days Elapsed Since Investigation Initiated
1 (IA2018-052)	Employee #1: • Courtesy	BPD initiated an investigation.	42
2 (IA2018-055)	Employee #1: • Courtesy	BPD initiated an investigation.	35

During July 2018, **1 Administrative Investigation** was initiated by BPD:

Investigation # (IA Case #)	Nature of Investigation	Action Taken	Days Elapsed Since Investigation Initiated
1 (IA2018-057)	Officer #1: • Force • Policy/Procedure	BPD initiated an investigation.	27

COMPLAINTS/INVESTIGATIONS CONCLUDED DURING REPORTING PERIOD

During July 2018, **8 Citizen Complaints (Formal)** were concluded by BPD:

Complaint # (IA Case #)	Nature of Complaint	Disposition	Days Elapsed Since Complaint Filed	Days Taken to Complete Investigation
1 (IA2017-081)	Officers harassed and were rude to complainant during a detention and one officer did not properly document the contact.	Officers #1-3: • Conduct Unbecoming an Officer – Unfounded Officer #1: • Policy/Procedure – Not Sustained	347	315
2 (IA2017-097)*	Officer unlawfully detained subjects based on their race, and officer unnecessarily raised voice during detention.	Officer #1: • Bias-Based Policing – Unfounded • Arrest/Detention – Sustained • Courtesy – Sustained	299	204
3 (IA2017-115)	Officers used excessive force during arrest and humiliated complainant.	Officers #1-6: • Force – Unfounded • Conduct Unbecoming an Officer – Not Sustained Officer #1: • Conduct Unbecoming an Officer (Count 2) – Exonerated	236	203
4 (IA2018-005)	Officer improperly detained subject on the basis of race and yelled at subject.	Officer #1: • Bias-Based Policing – Unfounded • Arrest/Detention – Unfounded • Conduct Unbecoming an Officer – Unfounded	213	180
5 (IA2018-007)	Officer used unnecessary and excessive force during arrest.	Officer #1: • Force – Unfounded	199	166
6 (IA2018-009)	Employees contacted complainant on the basis of race.	Employees #1-3: • Bias-Based Policing – Unfounded	213	180

*This investigation was deferred to and completed by OIPA in May 2018 (OIPA #17-39). BPD removed the item from its internal list of open complaints during this reporting period.

7 (IA2018-036)	Officer improperly detained complainant on the basis of race and made inappropriate comments to complainant.	Officer #1: <ul style="list-style-type: none"> • Bias-Based Policing – Unfounded • Arrest/Detention – Exonerated • Conduct Unbecoming an Officer – Not Sustained 	104	71
8 (IA2018-056)	Officer was discourteous and disrespectful to complainant during phone conversation.	Officer #1: <ul style="list-style-type: none"> • Courtesy – Supervisor Referral⁹ 	34	10

During July 2018, **2 Informal Complaints** were addressed by BPD:

Complaint # (IA Case #)	Nature of Complaint	Disposition	Days Elapsed Since Complaint Filed	Days Taken to Complete Investigation
1 (IA2018-047)	Employee addressed complainant using incorrect pronoun.	Employee #1: <ul style="list-style-type: none"> • Conduct Unbecoming – Supervisor Referral 	61	27
2 (IA2018-055)	Employee was discourteous during phone conversation.	Employee #1: <ul style="list-style-type: none"> • Courtesy – Supervisor Referral 	35	16

During July 2018, **1 Administrative Investigation** was concluded by BPD:

Investigation # (IA Case #)	Nature of Allegations	Disposition	Days Elapsed Since Investigation Initiated	Days Taken to Address Allegation
1 (IA2017-040)	Officer accessed BPD database for reasons not related to law enforcement duties.	Officer #1: <ul style="list-style-type: none"> • Policy/Procedure – Sustained 	89	56

During the month of July 2018, BPD classified the following case as an **Inquiry** and **Administratively Closed** the complaint: IA2018-058 (BPD determined that the alleged misconduct did not occur).

DISCIPLINE ISSUED DURING REPORTING PERIOD

During July 2018, BPD took the following actions in cases where one or more allegations of misconduct were sustained:

Case #	Nature of Sustained Allegation(s)	Classification of Sustained Allegation(s)	Action Taken
1	Officer unlawfully detained subjects and officer unnecessarily raised voice during detention.	Officer #1: <ul style="list-style-type: none"> • Arrest/Detention • Conduct Unbecoming an Officer 	Officer #1: <ul style="list-style-type: none"> • Letter of Discussion

ADDITIONAL NOTES

In accordance with the BART Citizen Oversight Model (Model), OIPA investigates certain complaints, conducts complainant-initiated appeals, and also monitors and/or reviews complaint investigations conducted by BPD. Though potentially work-intensive, some complaint investigation reviews are completed informally, with any concerns being addressed through a conference with BPD's Internal Affairs investigators. Noting the various kinds of work that OIPA undertakes with regard to complaints and investigations, the following chart includes some of the pending cases in which OIPA is involved as of the end of this reporting period.

Investigations Being Conducted	6
Complainant-Initiated Appeals	0
BPD-Initiated Appeals	0
Investigations Being Monitored	12
Investigations Reviewed During Current Month	19†

†This number does not include all OIPA reviews, as OIPA commonly looks at a variety of cases in the Internal Affairs database to obtain updates on both pending and completed investigations.

The Model provides that OIPA shall have authority to require follow-up investigation into any citizen complaint or allegation that is handled by BPD. The OIPA Monthly Report will reflect information regarding monitored cases with detail not to exceed that which is allowable under state law. The investigations reviewed by OIPA during the period did not generate any notable recommendations for revisions or additional investigation.¹⁰

¹ In addition to reporting on complaints received by the BART Police Department, the Citizen Oversight Model requires reporting on all complaints received by the "Citizen Board, Office of the District Secretary, and other District departments." As complaints received by the BART Police Citizen Review Board are customarily directed to OIPA for further action, such complaints are included in the Quantitative Report above; OIPA is also made aware of additional complaints about the BART Police Department by the Office of the District Secretary or other District departments.

² This number includes all Citizen Complaints filed against members of the BART Police Department, as well as Administrative Investigations generated internally by BART Police Department members (as opposed to being filed by a citizen). This number also includes previously completed cases that have been re-opened during the current reporting period.

³ This number indicates all investigations that are open as of the end of the reporting period. It includes Citizen Complaints (regardless of whether the investigation is being conducted by OIPA, the BART Police Department, or both) and Administrative Investigations.

⁴ This number includes all cases completed by OIPA during the reporting period for which OIPA's findings are required by the BART Citizen Oversight Model to be submitted to the BART Police Citizen Review Board. It therefore includes independent investigations, as well as reviews of completed BART Police Department investigations initiated via appeal from a complainant. Unless otherwise noted, it does not include reviews of BART Police Department investigations initiated at the discretion of OIPA, which happen commonly and do not always generate a formal report; it also does not include reviews conducted by OIPA of complaint investigations where the complaint was filed with OIPA but did not fall under OIPA's investigative jurisdiction.

⁵ This number refers to appeals filed with OIPA by complainants who have been issued the findings of the BART Police Department's internal investigation into their complaint regarding on-duty incidents. OIPA has a responsibility to review such appeals pursuant to the BART Citizen Oversight Model, Chapter 1-04 (E).

⁶ This number refers to all appeals initiated by the BART Police Citizen Review Board after receiving and reviewing the findings issued by OIPA in a given case. The routes of all such appeals are described in detail in the BART Citizen Oversight Model, Chapter 1-04 (B) (iv-v).

⁷ The BART Police Department defines an Informal Complaint as, "A comment on the actions of a Department employee, where the reporting party expressly states that he or she does not feel that the matter should be formally investigated with the understanding that an Informal Complaint does not hold the potential to result in disciplinary action against the employee." (BART Police Department Policy Manual, Policy 1020.1.1(d)).

⁸ It is important to note that OIPA does not separate citizen complaints it receives into "Formal" and "Informal" classifications. This chart reflects all citizen complaints received by OIPA and all Formal Complaints received by the BART Police Department.

⁹ A Supervisor Referral refers to an instance involving an Inquiry or an Informal Complaint. An assigned supervisor addresses the issue informally with the involved employee and documents the content of the conversation with a memorandum to IA.

¹⁰ OIPA may submit recommendations to IA regarding minor clerical or record-keeping adjustments which are intended to maintain the integrity of the data collection and record-keeping processes at BPD. These are not considered by OIPA to be substantive recommendations requiring reporting herein.