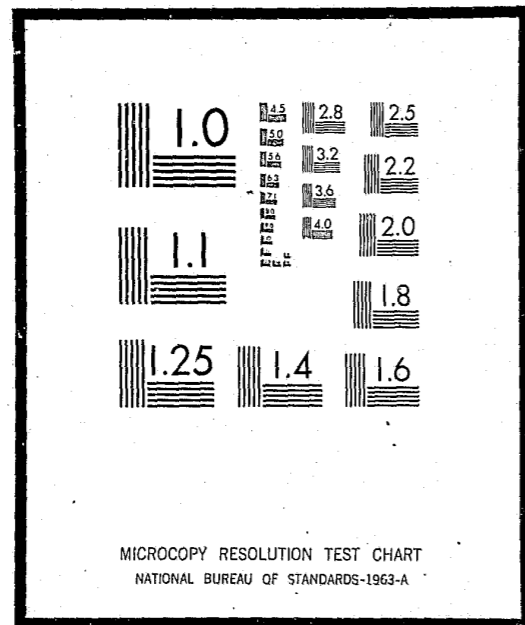


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MARIN COUNTY VIOLENCE PREVENTION AND FAMILY INTERVENTION PROJECT

No. PROJECT #1488

FIRST YEAR

EVALUATION REPORT

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Evaluation

## I. Background (Project Summary)

In July 1973, the Marin County Criminal Justice Planning Agency was funded by a grant from the California Council on Criminal Justice. The Violence Prevention and Family Intervention Project represents a joint venture by the Community Mental Health Center and the twelve law enforcement agencies of Marin County. It represents the first time that these agencies have worked together systematically toward the solution of community problems. This project is concerned with the development of procedures and the skills necessary for the effective handling of family disputes, crisis situations, and incidents involving potential violence in police-citizen encounters.

### A. Project Objectives

#### Broad Objectives:

To combine, integrate and coordinate resources of mental health and law enforcement through actual participation in decision making and problem solving activities in order to provide law enforcement officers with training and knowledge in violence prevention and to enhance their ability to minimize violent encounters when they do occur.

### II. Operational Objectives:

1. To train six police officers as specialists in the skills and techniques of violence prevention and family intervention.
2. To develop new admission procedures for use by law enforcement to admit mentally disturbed persons to the Mental Health Center.
3. To develop a procedure for the Mental Health Crisis Intervention Team to work with police personnel in the field in response to potentially violent disturbances.
4. To develop an index of referral services available in Marin County which provide assistance for families and individuals in crisis.

#### Statistical Objectives:

1. Reduce the number of violent encounters associated with 415 arrests by five percent, using 1970-72 as the baseline comparison years.
2. Reduce the number of 415 arrests by ten percent in first project year in participating agencies, using 1970-72 as the baseline comparison years.
3. Reduce the number of PC 415 arrests by five percent in 1974, using 1973 for comparison.
4. Reduce the number of violent charges associated with PC 415 (PC 148, 240, 241, 242, 243) by five percent in 1974, using 1973 for comparison.

## III. Approach for Achieving Objectives:

To meet the needs of the Marin area in preventing violence, the Department of Health Services offered the support of its Crisis Intervention Team and Community Services Unit to law enforcement agencies. In addition, a full-time Mental Health Educator served as liaison between the department, police and referral agencies. This position served to coordinate the activities of all the various agencies involved. These objectives were accomplished by a two-phase, two-year project program:

Phase I - 160 hours of training to six law enforcement officers in crisis intervention techniques, teaching techniques, instructional skills, class management, use of visual aids and the direction of role-play exercises. Training was designed to prepare the participating officers to train 80 Marin County law enforcement officers in violence prevention and family intervention skills during the second project year. (See Appendix A)

Phase II 24-hours of training to include all pertinent topics and skills necessary for effective violence prevention and family crisis intervention. Instructional format to include adequate time for practice sessions, role-play and video-taped exercises. The class is to be taught in four sections over the second year, with 20 police patrol officers enrolled in each class section.

During Phase I of the first program year, the instructional training of specialist officers in preparation for the generalist training 24-hour session was further supplemented by a 42-hour UCB Extension Course on Family Crisis Counseling. Additional Phase I activities included weekly meetings of participating specialist officers, Mental Health Educator, Project Coordinator, and other resource personnel as needed.

As an additional training component, the following sessions were incorporated into the specialist officers' training in preparation for the second year Phase II training of generalist officers.

1. Orientation (Eight hours). August 28, 1973, to the functions and services of the Community Mental Health Center (CMHC) Crisis Unit.
2. Crisis Unit Work Experience. Between August 29 and September 6, participating officers worked two eight-hour shifts as trainees at the CMCH Crisis Unit. Each officer was paired with a mental health worker during his shifts. Officers participated in all unit activities, including interviewing, therapy sessions and case reviews.
3. Generalist Training for Future Specialist Officers. Between September 6 and September 14, the 32-hour generalist training course in Crisis Intervention was presented to the project participants by the Law Enforcement Training and Research Associates, the firm which had presented this same training in the San Francisco Police Department and other Bay Area law enforcement agencies.

#### 4. Challenge Behavior Workshop.

- A. Theoretical Material. On October 25, Dr. David Schwartz, a psychiatrist with the San Mateo County CMHC, assigned to the San Mateo County Probation Department and a frequent trainer of law enforcement, presented an all-day workshop on handling and understanding challenge behavior in adolescents and adults.
- B. Practical Field Crisis Material. November 1, a three-hour problem-solving workshop which related the theoretical insights to practical field crisis situations.

#### IV. Modification and Changes - 1st Year Project Activities. (As a result of regular case review meetings.)

1. A collection of critical experience was accumulated to be used by the Mental Health Educator to prepare a procedures manual for law enforcement personnel toward the end of the first project year.
2. Field tested basic diagnostic indicators were organized for ready reference.
3. Handling techniques for generic types of disturbed subjects were rendered, along with recommended alternatives to arrest.

It is anticipated that having this organized information available for reference to be used by the 80 officers trained during the second project year will result in increased officer confidence in dealing with disturbed persons, as well as increased service effectiveness through proper techniques and correct procedures.

#### V. Violence Prevention and Family Intervention Project Evaluation.

A wide variety of evaluation measures have been devised to collect objective data on the effectiveness of all aspects of the Violence Prevention and Family Intervention Project. These measures included: work experience evaluation summaries (used by police to evaluate the on-the-job training received at CMH), Crisis Team ride-along work experience evaluation, LETRA, evaluation of officer safety and course introduction, violence prevention and family intervention weekly meeting evaluation, lesson evaluation of training sessions, monitor evaluation reports on all class session. In addition, an outside evaluator and consultant met with law enforcement personnel to discuss the program's effectiveness and to provide the project with needed systems analysis.

Officers' evaluation of classroom sessions furnished needed information that was invaluable as an aid in determining the effectiveness of training as well as the relationship of training to project guidelines. The work experience and crisis team ride-along evaluations served as an in-field evaluation that provided a means to an input/output relationship of associate resources to the overall project effectiveness. The Violence Prevention and Family

Intervention weekly meetings as well as the LETRA evaluation served a dual function - it served as a tracking mechanism and as a further indicator of instructional techniques and their applicability to the Violence Prevention Project. Lesson evaluation served as an instructor evaluation and as an indicator of training needs in terms of output to trainees (specialist officers).

Data collection was a monthly process which was used as an effectiveness measure to determine the frequency distribution as well as a frequency indicator of violent crisis occurrences. Results were tabulated from the twelve county-wide law enforcement agencies and submitted monthly. The evaluation covered both the project's guidelines activities as related to data collection, as well as a predictor of the outcome of the proposed submitted data. The monthly submitting of data served to show the correlation between past and present training deficiencies as reflected by the time factor necessary for violent encounter mediation. (See Appendix B)

#### Measures of Effectiveness.

1. In-Service Training:
  - A. Final Course Exams
  - B. Mid-course critiques of presented material
  - C. Questionnaire evaluation of course content by officer trainees
  - D. Observational reports by monitors and attendance reports
  - E. Work experience evaluation questionnaire.
2. Specialist Officers:
  - A. Performance evaluation of specialist officers maintained by project coordinator
  - B. Personal evaluation of Violence Prevention meetings by specialist officers
  - C. Training evaluation of Violence Prevention instructions after each class session to maintain and ensure project training continuity.
3. Community - Law Enforcement Programs or Activities:
  - A. Development of Community-resource Referral Manual
  - B. Procedures Manual for law enforcement handling of mentally disturbed
  - C. Observational reports by monitors, number of meetings held and number of participants present.

4. Specialist officers involved in tape-recording "live" 415 encounters and video-taped crisis situations for training sessions and in-class discussions.
  - A. Reaction of officers using tape records to record situations involving crisis mediation.
  - B. Arrest rate among Violence Prevention/Family Intervention participating officers versus the rest of Marin County law officers.

A. Phase I.

In-Service Training:

The following pages comprise exams, review questions and written assignments each officer took at the completion of the in-service training in order to qualify for P.O.S.T. certification and credit from the College of Marin. It was necessary for the officers to receive a passing grade in order to qualify for either. (See Appendix B)

1. In-Service Training Curriculum:

Class curriculum presented was as follows:

- 8/28/73 - Project briefing for law enforcement participants and orientation to Community Mental Health Center (CMHC).
- a. Introductions and sign-ins
  - b. Project overview - Jack Atkin.
  - c. Discussion - role of CMHC Crisis Unit for law enforcement.
  - d. San Francisco's Crisis Intervention Program - SFPD officer.
  - e. Discussion - SFPD Program: How project helps in performance of duties.
  - f. Distribution - training outline, project schedule.
  - g. Introduction of Crisis Team personnel.
  - h. De-mystification of psychology - presentation and discussion - Crisis Unit staff.
  - i. Videotape of typical mentally disturbed behavior.
  - j. Discussion - what is mental illness?
  - k. Introduction to treatment methods - Crisis Unit staff.
  - l. Physical tour of CMHC.
  - m. The limitations of CMHC - Discussion of L-P-S Act; confidentiality.
  - n. Police officers as trainees at CMHC - trainees' role - presentation and discussion.
  - o. Role play - various treatment alternatives - Crisis Unit staff.
  - p. Discussion - Theory of brief therapy, family therapy.
  - q. Assignment of officers to working shifts at CMHC.

- 8/29/73 - Crisis Unit work experience, participating officers worked two 8-hour shifts as trainees at CMHC Crisis Unit.

- 9/6/73 - Officers participated in all unit activities including interviewing, therapy sessions and case reviews.
- 9/6/73 - LETRA training course in Crisis Intervention - 32 hour generalist course.
- 10/2/73 - Case feedback meetings, Crisis Team. Crocker Citizens' Meeting Room, 2 to 4 PM.
- 10/9/73 - Resource Agencies, Crisis Team. Procedures for working with law enforcement, service summaries, admission criteria. Crocker Citizens' Meeting Room, Greenbrae, 4 to 6 PM.
- 10/16/73 - Case feedback and critique, evaluation of field experience, evaluation of referral handling. Crocker Citizens' Meeting Room, Greenbrae, 7 to 9 PM.
- 10/23/73 - Specialized training - Utilization of Mental Health Staff expertise, supportive knowledge for project mechanism usage. Marin General Hospital, 8 to 10 PM.
- 11/8/73 - Case feedback - Mental Health Crisis Team, Marin General Hospital, 9 AM to 4 PM.
- 11/13/73 - Family Crisis Counseling. Dr. Joe Tupin and Dr. Bruce Calder, psychiatrists from UC Davis, showed films and presented a mechanism for assisting officers to recognize different types of mental illness and to handle each type in an appropriate fashion. Sheriff's Squad Room, 1 to 5 PM.
- 11/15/73 - Family crisis counseling - continuation of training from 11/13/73. Sheriff's Squad Room, 3 to 6 PM.
- 11/20/73 - Case feedback - Mental Health Crisis Team. Marin General Hospital, 7 to 9 PM.
- 11/27/73 - Family Crisis Counseling. Continuation of training from 11/15/73. Actors presented the same domestic conflict role play three times. Three different teams demonstrated their approach toward resolving the conflict: (a) law enforcement, (b) mental health and (c) family counselors. These were videotaped for use in later departmental training. Sheriff's Squad Room, 9 AM to 5 PM.
- 11/29/73 - Case feedback, Dr. George Bach-Y-Rita. Marin General Hospital, 2 to 4 PM.
- 12/6/73 - Family crisis counseling - film prepared by the Center on the Administration of Criminal Justice (CACJ) on family counseling techniques, followed by discussion. Sheriff's Squad Room, 1 to 5 PM.

- 12/11/73 - Family crisis counseling - demonstration, workshop and discussion of counseling models, and the use of self-experience in mediation. Melange Institute, 42 Red Hill Avenue, Suite 20, San Anselmo, 9 AM to 4 PM.
- 12/13/73 - Family crisis counseling - Presentation of one hour of a 5-hour film series on the theory and practice of family crisis counseling, produced by the Center on Administration of Criminal Justice, Davis. This hour was a family crisis session filmed at Sacramento County Juvenile Center. A discussion followed in which some of the crisis intervention techniques used by the therapists in the film were compared with some of the crisis intervention techniques learned by the officers in earlier training.
- 12/18/73 - Family crisis counseling. This workshop involved a presentation by the Melange Institute staff of communication theory. A family session was conducted by the staff in the presence of the officers and the theories were then discussed as they related to the family session. Probation officers from the adult and juvenile divisions of the Marin County Probation Department were present for part of the workshop to discuss with the police officers some ways of improving communication and referrals between law enforcement and probation. Melange Institute, 9 AM to 4 PM.
- 12/20/73 - Family crisis counseling. Continuation from 12/18/73. Presentation of a second hour of the 5-hour film series on the theory and practice of family crisis counseling produced by the Center on Administration of Criminal Justice, Davis. This hour was entitled "Family Process" and dealt with the concepts of process vs content, homeostatis and the family as a system. A discussion followed in which these concepts were related to the officers' experience. Melange Institute, 9 AM to 12 Noon.
- 12/27/73 - Family crisis counseling - Actors simulated a second domestic conflict two times. Two different law enforcement teams demonstrated their approach toward resolving the conflict. These interventions were videotaped and later replayed to assist in the discussion between actors, intervention teams and the audience. Each intervention was thoroughly critiqued in an effort to improve the officers' crisis intervention skills. Prior course material was reviewed and incorporated into the discussion. Sheriff's Squad Room, 9 AM to 5 PM.
- 1/10/74 - Case feedback, weekly meeting. Marin General Hospital, 2 to 4 PM.
- 1/15/74 - Training Workshop, Sheriff's Squad Room, 1 to 5 PM.
- 1/17/74 - Case feedback, weekly meeting. Marin General Hospital, 2 to 4 PM.
- 1/22/73 - Training Workshop. Sheriff's Squad Room, 1 to 5 PM.

- 1/24/74 - Case feedback, weekly meeting. Marin General Hospital, 7 to 9 PM.
- 1/29/74 - Training Workshop. Sheriff's Squad Room, 1 to 5 PM.
- 1/31/74 - Case feedback, weekly meeting. Marin General Hospital, 2 to 4 PM.

The project activity during the 40 hours of training was mainly instructional skills, teaching techniques, organization of classes, class management, use of visual aids and direction of role-play exercises. This training was provided by Officer Frank Rackley, a training officer with the basic Police Academy of the San Francisco Police Department, and was designed to prepare the participating officers to train 80 Marin County patrol officers in violence prevention and family intervention skills during the second project year.

The training began on February 8, and was held in weekly 4-hour sessions through April 17 (with the exception of a cancelled class on February 27). Community Mental Health Center Crisis Unit personnel participated in the classes, as did the Mental Health Educator who was assigned to the project.

The training covered the following material:

- 2/8/74 - Introduction of Frank Rackley; discussion of an instructor's responsibility to class; exercising control in class; evaluation of your own performance as an instructor; critiquing each class. Sheriff's Squad Room, 8 AM to Noon.
- 2/13/74 - Preparations for teaching a class; preparation of outlines and distribution; preparation of video equipment; preparation of written materials and quizzes; introduction to the course. Sheriff's Squad Room, 8 AM to Noon.
- 2/20/74 - How to introduce the course to the class; introductory remarks by the instructor; teaching brief interviewing skills; videotape practice interviews. Sheriff's Squad Room, 8 AM to Noon.
- 3/5/74 - Teaching interviewing techniques; emphasizing asking open questions; landlord/tenant disputes; handling questions which may arise in class. Sheriff's Squad Room, 8 AM to Noon.
- 3/13/74 - Directing role-play and use of videotape equipment; discussion of format of second-year course and how instructing officers would feel most comfortable about teaching it; planning format for second-year course. Sheriff's Squad Room, 8 AM to Noon.
- 2/20/74 - Teaching safety issues in approaching a residence where a domestic dispute is taking place; review of a videotape made by Santa Barbara P.D., which will be used in second-year course. Sheriff's Squad Room, 8 AM to Noon.

- 3/27/74 - Teaching defusing of domestic disputes. Sheriff's Squad Room, 8 AM to Noon.
- 4/3/74 - Teaching mediation of domestic disputes. Sheriff's Squad Room, 8 AM to Noon.
- 4/10/74 - Making referrals to community agencies, Community Mental Health or other resource agencies; teaching use of community resource manual; participation by CMH Crisis Unit staff in reviewing resource agencies in county. Sheriff's Squad Room, 8 AM to Noon.
- 4/17/74 - Wrap-up of instructor's training; final outline of second-year course, review of all training materials and problem areas in instruction methods. Sheriff's Squad Room, 8 AM to Noon.
- 4/24/74 - Project officers and representatives of Marin County Drug Rehabilitation agencies. Familiarize officers with available services in the community to which 415 disputants may be referred. Sheriff's Squad Room, 8 AM to Noon.
- 5/28/74 - Resource meeting, all county alcohol abuse agencies. Sheriff's Squad Room, 8 AM to Noon.
- 6/24/74 - Resource meeting - representatives of the Courts, District Attorney's Office and Public Defender's Office. To familiarize the officers with the procedures used within the court system in dealing with 415 arrest cases, citizen arrests and civil complaints, peace bonds and other non-criminal alternatives to settlement of disputes.

(See Appendix A for Activity Training Outline.)

## VII. PROJECT ACTIVITY SUMMARY

### 1. Training Component

#### Orientation

On August 28, 1973, an eight-hour orientation to the functions and services of the Community Mental Health Center (CMHC) Crisis Unit was conducted. Officers from ten local agencies assigned to this project met with eight staff members of CMHC. The primary function of this orientation was to prepare the officers to work as trainees on the Crisis Unit. (See Appendix B.)

#### Crisis Unit Work Experience

Between August 29 and September 6, participating officers worked two eight-hour shifts as trainees at the CMHC Crisis Unit, with no more than three officers working during any single shift. Each officer was paired with a mental health worker during his working shifts. Officers participated in all unit activities including interviewing, therapy sessions, and case review. On September 6, a wrap-up meeting was held for officers to summarize and evaluate their work experience on the Crisis Unit. The overwhelming consensus of officers and the CMHC staff was that the experience had been of great value in destroying stereotypes and in providing constructive suggestions for improved relations.

#### Generalist Training

Between September 6 and September 14, the 32-hour generalist training course in Crisis Intervention was presented to the project participants by the Law Enforcement Training and Research Associates, the firm which had presented this same training in the San Francisco Police Department and other Bay Area law enforcement agencies. The officers unanimously praised the training as the most interesting and relevant they had received while in law enforcement.

#### Challenge Behavior Workshop

On October 25, Dr. David Schwartz, a psychiatrist with the San Mateo County CMHC, assigned to the San Mateo County Probation Department and a frequent trainer of law enforcement, presented an all-day workshop on handling and understanding challenge behavior in adolescents and adults. Thus, the first element in specialist training, presented a large amount of theoretical material on the dynamics of human behavior. A 3-hour problem-solving workshop was scheduled for November 1 with Dr. Schwartz, which related these theoretical insights to practical field crisis situations. Evaluation and summary was included in the quarterly report.

Planning for Specialist Training

Project staff, working with a consultant, developed a list of outcome goals for specialist training which was presented by a variety of instructors in conjunction with the U. C. Berkeley Extension Department. The advanced training included critical contact with other violence prevention and crisis intervention project personnel in the Bay Area, informational and feedback meetings with key local referral resources agencies, broader understanding of the human dynamics of violent behavior and domestic strife and skill workshops to prepare the trained officers to teach the material to fellow officers in their department.

VIII. EVALUATION COMPONENT - OPERATIONAL OBJECTIVES

Data Gathering Mechanism

A system for gathering data on violent potential calls within each local department is being used by all county departments effective October 1. This allowed the project to assess the type, frequency and disposition of calls; to evaluate length of time spent per call; and to analyze the number of recurring calls.

Referral Follow-Up

Each referral made by law enforcement was evaluated by the Mental Health Educator to determine the appropriateness of the referral and to resolve any procedural difficulties in the relationship between law enforcement and human services agencies.

Program Monitoring

Each meeting or session of the project was monitored by the Mental Health Educator as well as the project coordinator to ensure that continuity, as well as subject content, was maintained. This was especially helpful in that the project proposal guidelines were maintained in regards to procedural as well as fiscal matters.

Independent Student Questionnaires

Student questionnaires were an ongoing process during each and every work experience, training session or weekly meeting. These student questionnaires served to ensure that the quality of training, as well as instructional techniques were in accord with the project proposal.

A. Progress Toward Operational Objectives

Testing of the new administrative procedures for use by law enforcement in admitting mentally disturbed persons encountered during PC 415 calls have been in process since their development and refinement during the second quarter of the Violence Prevention 1st project year. During this extension period, staff effort was directed toward encouraging police officers to utilize a cassette tape recorder specially provided by the Crisis Unit for police use in explaining the subjects behavior which prompted the officer to consider placing a psychiatric hold. This recorder was located at the entrance of the Crisis Unit. It was specifically requested by the Violence Prevention officers during their initial planning sessions with Mental Health personnel. The officers felt that often times the standard W.I.C. 5150 information form does not provide enough information space to adequately explain the subjects dysfunctional, bizarre or violent behavior which resulted in the taking of subject into custody. Each police officer was reminded of the availability of this tape recorder and provided a quiet place in which to use it.

Progress toward developing field procedures for law enforcement to use with crisis intervention personnel in the field remained hindered by inadequate CMHC staff on the Crisis Unit to cover for personnel dispatched to the field.

#### IX. EVALUATION COMPONENT - STATISTICAL OBJECTIVES

##### Statistical Objectives:

As was documented in the 3rd quarterly report (submitted 2/10/74), the statistical evidence gathered from Marin County police jurisdictions indicated a significant drop in 415's compared to the baseline years 1970-72. Figures tabulated for 1973 show an overall county-wide decline in 415's of 24% compared to the baseline. Associated violence charges also declined a similar 25% (148's, 240, 41, 42, 43's). Early information gathering tended to support the contribution of the project's resource and referral guide to this decline, as well as some reported attitudinal changes within participating departments toward the value of mediation and referral as viable alternatives to arrest.

Statistical data available for 3rd quarter was inconclusive, but available data continues to show a reduced number of violence-associated 415's over the same quarter in the baseline years.

However, inasmuch as the police jurisdictions involved have not historically separated all their 415 calls and associated violence charges in a manner that would isolate domestic disturbances (which are of course the prime opportunities for mediation and referral) from the myriad possible other "disturbing the peace" incidences, a revised reporting system was prepared for immediate distribution to all cooperating jurisdictions. It clearly summarized the 415's and associated violence calls and charges in terms of their domestic or non-domestic origins, from January through the end of the program year (July 1974). This hopefully presented more clearly the evaluatable information. By separating the domestic incidents from others, it could be documented that the Violence Prevention/Family Intervention Programs skill training in mediation and referral was having the desired effect, i.e., lowering the number of 415 repeats, the number of arrests on 415's, and the incidence of violence.

Statistical objectives to reduce the number of violent encounters were met. Collection and analysis of arrest data for 415 and related charges during the calendar year of 1973 were completed. The number of 415 arrests was reduced more than 10% in participating agencies using 1970-72 as the baseline comparison years. The actual rate of reduction was 24%. The number of violent encounters associated with 415 arrests also showed a reduction of more than 5%. The actual rate of reduction was 25%.

The marked success in meeting the statistical objectives to date can be attributed to several sources. Early distribution and use of the referral manual by all law enforcement in Marin County provides them with practical alternatives to arrest. Data gathered from the various departments

indicated that the majority of calls re 415's resulted in an increasing number of referral dispositions.

Additionally, informal communication between project participating officers and officers in their respective department had caused some reported attitudinal and behavioral changes.

It is anticipated that during the remainder of the project year the number of 415 and associated arrests will remain stable. A significant decrease beyond the present level of achievement is anticipated in the early months of the 2nd project year, following formal training of all law enforcement.

##### A. Progress toward Statistical Objectives:

The revised data collection and summary instruments were distributed to each cooperating police jurisdiction during the extension period with a brief explanation of their function and re-emphasis on the need for punctual submittal to the Violence Prevention Program monthly. It was noted, however, that some disparity exists in the different departments with regard to what constitutes a bona fide 415 call. There also were some differences between individual officers and departments in the charges listed when an arrest develops out of a 415 disturbance - some departments appeared to use the 148 and 240-3 charges without using the 415 designation. In an effort to standardize these reporting criteria, further efforts to train the statistical compilers and the patrol officers was appropriate. The statistical information on hand was 72% complete.

The final evaluation on Program Year I compared total numbers of 415's and repeat calls for a twelve-month segment to the baseline years average. It noted and agreed with regional OCJP observation that our evaluation would prove more indicative of program effectiveness if arrest rate versus number of 415 calls was compared between Violence Prevention/Family Intervention participating officers and the rest of Marin County law officers as control group. Our analysis revealed the following:

With approximately 70% of all statistical information available for examination, the crisis intervention trained participants of the Violence Prevention/Family Intervention program were able to mediate twice as many 415 disputes as their peers. Their arrest rate was 50% lower than the control group - actual rate of arrest was only 8.2% as contrasted with a county-wide average of 16.7%.

##### B. Statistical Data Results as of June 1, 1974

Based on information submitted by Marin County Police Department on reported 415's, it was indicated that Violence Prevention officers were mediating twice as many 415's (befe's) as non-trained officers in Violence Prevention. With 75% of the total county jurisdictions reporting, the remaining Marin County jurisdictions - Ross P.D., Fairfax P.D. and Novato P.D. - had not designated permanent personnel to compile the (415) data from the officers' activity reports. In the other departments, community service officers performed the computation since the inception of the Violence Prevention Project.



To this date, Ross and Fairfax do not employ community-service officers to compile department statistical analysis on Violence Prevention, and this is chiefly the reason why 75% of the total departments were only reporting data results. Novato Police Department had sporadic reporting practices during the earlier part of 1974 due to misunderstanding concerning project objectives, clearly defined by past project coordinators and the Marin County law enforcement jurisdictions.

Violence Prevention Tally's	
(F and J's 61 - 415's (5 arrests)	8.29%
Others 735 - 415's (123)	16.7%

C. STATISTICAL OUTCOME OF 415 FOR YEARS STATED BELOW:

Calendar Years

	1970		1971		1973	
	415	148 240-3	415	148 240-3	415	148 240-3
Sheriff	99	23	73	13	49	14
San Rafael	43	14	66	22	58	16
Sausalito	23	8	12	4	1	0
Novato	16	8	12	7	10	1
San Anselmo	15	2	8	4	11	4
Fairfax	3	0	7	6	11	5
Mill Valley	3	0	8	6	5	3
Corte Madera	3	0	2	0	6	2
Belvedere	0	0	1	0	0	0
Larkspur	4	3	12	4	7	1
Ross	2	2	0	0	1	1
TOTALS	211	60	205	65	159	47
		28%		32%		30%

	1970-1971 average	1973	dif- ference	%
415	203.5	159	49.5	24
148, 240-3	63	47	16	25

XI. PROBLEMS ENCOUNTERED AND VIABLE RESOLUTIONS CONCERNING 1ST YEAR PROJECT

PROBLEM AREAS

A. Participation of Community Mental Health Crisis Unit.

1. Description and Possible Resolutions:

In November and December a funding problem with Marin County Hospitals occurred. This created a situation where the County temporarily was without in-patient beds for mentally disturbed individuals. The immediate impact was a demand of services on the Crisis Unit that required all of the staff's time and energy.

Participation of CMH Crisis Unit staff in recent training sessions was low and progress in developing staff time projections for the next program year were not forthcoming. A major thrust of the second year program, as indicated previously, will be to operationalize the outreach - capable crisis intervention team from CMH Crisis Unit, but this is predicated on firm staff projections.

In a recent discussion with Dr. Fleckles, Chief of the Crisis Unit, he indicated that participation of the Crisis Unit Staff will be increased through the project year. The Mental Health Educator made efforts in the interim to carry out project objectives that would otherwise be met by the Crisis Unit staff.

B. Relationship between CMHC and law enforcement concerning admitting procedures for mentally disordered persons at CMH and the development of a procedural manual.

1. Description and Possible Resolutions:

One of the primary irritants in past relationships between CMHC and law enforcement was the policy uncertainty in admitting patients to the Crisis Unit. Beginning with the orientation meeting of August 28 and the Crisis Unit work experience from August 29 to September 6, a consensus was achieved for stabilizing procedures for law enforcement to use.

Related to this was the difficulty in finalizing the Field Procedures Manual which has been in developmental stages since early 1974; a primary function of the manual was to set forth field procedures to be used by Violence Prevention and other officers in involving crisis team members in 415 mediation and referral work.

(See Appendix C for procedure.) This procedure was distributed to law enforcement personnel in the county. These procedures will be tested in the coming months, discussed at meetings between project participants and CMHC staff, and modified as appropriate to meet the needs of law enforcement. Communication with Mental Health officials regarding these concerns is ongoing and productive.

C. The under-utilization of the referral system.

1. Description and Possible Resolutions:

Additionally, the referral system remains under-utilized by the Violence Prevention officers and others. Written copies of Referral Slips given to 415 disputants (as alternatives to arrest in many cases) by mediating officers are logged in by Violence Prevention Staff as an evaluative mechanism and followed up by Mental Health personnel. Early feedback by some officers clearly indicated the need for constant and effective reminder notices during a sufficient testing period to ensure their eventual use by habit; all officers contacted approved of the referral system, but few had incorporated it into their daily routine.

As a further possible resolution to this problem of the referral system's under-utilization, the project coordinator discussed this problem with the county police departments' training officers. It was the intent of the discussion to focus on the use of regular police department training sessions as a means to further emphasize the use of the referral system. As an on-going part of police department training sessions, the referral system could be utilized to its fullest value as a helpful time-saving tool for law enforcement officers. Another solution currently in practice is the use of time slots at the Chief of Police monthly meetings to emphasize project awareness and major problem areas associated with individual departments.

D. Slow-down in 415 statistical compilation and submittal by police departments.

1. Description and Possible Resolutions:

Turnover in coordinative staff created a period of time when project activity was somewhat reduced, especially in the area of data collection, and related to this was slow-down in 415 statistical compilation and submittal by several police departments who were under a mistaken impression that this data was only needed for a six-month demonstration period. The Project Coordinator has taken steps for improved data collection and evaluative activities.

Also associated with the problem of 415 compilation was the lack of personnel assigned in some police departments to do statistical computation. With the advent of Community Service Officers in some police departments assigned to statistical analysis, this problem is in correctional stages. A new revision form for the collection of 415 data has been in use for several months and its use has lessened the problems associated with 415's computations.

E. The confidentiality of patients during their admission and release as well as their records constituted a problem during the 1st year.

1. Description and Possible Resolutions:

Limited exchange of information between CMHC and law enforcement was

clearly permissible pursuant to court-ordered evaluations, evaluations conducted on prisoners under P. C. 4011.6, evaluation of escaped conservatee, persons taken to CMHC rather than jail and booked in absentia and walk-aways reported by the evaluation facility. Confidentiality problems occur where none of the above conditions apply to a person placed under a 5150 hold by law enforcement.

Exceptions to 5328 which permit information on a patient's whereabouts are:

- a. persons sought for non-support of children (11478.5 P.C.)
- b. mentally disordered sex offenders (5328.3 W&I)
- c. to protect state and federal elective officers and families
- d. convicted arsonists (11151 P.C.)
- e. convicted sexual psychopaths (290, P.C.)
- f. illegal aliens (4118, W&I)

More clarity, legislatively and judicially, was expected and received in the remaining gray areas of information exchange. It was permissible for CMHC to inform law enforcement when a person was not present at their facility (such as a reported missing person).

The problem of information sharing and confidentiality was taken up by a committee established and chaired by the Presiding Judge of the Marin Superior Court, Henry Broderick. A draft procedures manual for law enforcement in the handling of the mentally disturbed was prepared by project staff at the request of that committee. (See Appendix C for copy of draft manual.) When approved by this committee, composed of key administrators from Mental Health, Sheriff's Office, County Counsel and Health and Human Services Agency, it was distributed to all of law enforcement.

One of the most fundamental and immediate problems which presented itself during the first year of the Violence Prevention Project was the confusion about release of information about patients to the Community Mental Health Center to law enforcement personnel.

The provisions of the L.P.S. Act restricting information subject to release by the Unit was reviewed by Mr. Godino and Mr. Hendricks (both of the County Counsel's Office). The County Counsel's Office was in agreement as to whether or not the Community Mental Health Center is authorized to disclose the physical fact whether or not a patient is present on the premises. Since there was a division of opinion in the County Counsel's Office, it was concluded that the matter be resolved by a Court test. Various possibilities were considered and Tom Hendricks (Deputy County Counsel) undertook and drafted a proposed standing order of the Superior Court directing the release of information, limited to a specific category of people who can make an inquiry as to whether or not a person who was previously physically present at the CMHC and the dates of his meetings at Marin General Hospital and those in attendance and the subject matter discussed. For the opinions of the County Counsel's Office, question from Sid Stinson, Under Sheriff, and the Legislative Counsel's Digest concerning this issue of confidentiality, see Appendix D.

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A P P E N D I X   A

(Activity Training Outline)

ACTIVITY TRAINING OUTLINES/SUMMARIES FOR SPECIALIST OFFICERS (1ST YEAR)

Case Feedback and Critique:

On the first and third week of each month, beginning October 2, 1973, the participating officers met with a minimum of three crisis unit staff members, the meetings moderated by the Mental Health Educator.

The officers presented cases that they had handled in the line of duty, either verbally or with tape recordings of the crisis incident. The case presentation included all the information from the time of dispatch or citizen contact until the resolution of the incident. If the resolution involved other agencies (such as Crisis Unit), that information was also presented.

The group critiqued the handling of the case in terms of the subjects and techniques learned in the generalist training class. If the case involved referral, the contact and procedures of the referral agency were also evaluated. When cases were presented in cassette form, the critique was tape recorded so that a training tape could be prepared.

Resource Agencies:

On the second week of each month, representatives of key resource agencies, the ones typically used for law enforcement referral, met with the combined law enforcement and mental health group. Two primary subjects were presented and discussed:

1. A detailed explanation of services offered by the agency,
2. An analysis of the procedures for liaison between the agency and law enforcement.

As appropriate, this information was used to modify the Community Resources Manual used by officers. The first three meetings were planned as follows:

1. Week of October 8 - Marin Institute:

In addition to the primary topics, spokesmen discussed the indicators of various forms of alcoholism, varieties of alcohol treatment, handling suggestions for problem drinkers.

2. Week of November 12 - Kentfield Medical Hospital (County IRU facility):

An administrator and staff worker, along with a CMHC Alcohol Program staff member, discussed the use of the Detox-IRU facility. Concentration was placed on proper criteria for use and procedural issues at the IRU.

ACTIVITY TRAINING OUTLINES/SUMMARIES FOR SPECIALIST OFFICERS (1ST YEAR)

3. Week of December 10 - Family Services Agency:

The director and a staff worker discussed family stress, recognition signs, handling techniques, and referral methods.

Input from participating officers was used to determine other agencies to invite in future months. Possible agencies for invitation include: TASC (Treatment Alternatives to Street Crime), Marin Open House, Center Point, Family Therapy Institute, Marin County Credit Counselors, HRD (State Human Resources Development) and Synanon.

Specialized Training:

On the fourth week of each month, specialists from CMHC and the other local agencies presented topical training in areas related to the project. Each of these sessions was directed to specific practical areas and presented theoretical and other background material only in relation to specific concerns. The combined law enforcement and CMHC group determined the subjects they wish to have presented as particular questions occurred during the course of the project. The first training meeting was planned as follows:

Week of October 22 - Reporting to Psychiatrists - Dr. David Black.

Samples of the taped reports of officers placing subjects under a 5150 hold was heard and analyzed. Did the officer convey the information clearly? Did the officer make all appropriate observations when he encountered the subject? What kind of information would the attending psychiatrist like to have? In what form? How much technical language should be used? It may turn out that a glossary of psychological terms should be prepared and used consistently by reporting officers.

Other areas for possible inclusion into these specialized training meetings include:

1. Techniques for controlling the officers' violent reactions - self-defusing.
2. The theory of violence - including the evolution of violence, cultural factors in violence, the language of violence.
3. Conflict as a healthy defense - how can an officer determine when violence is an acceptable part of family or personal behavior?
4. The violence of non-violence - Passivity as a weapon and a defense.

RESOURCE AGENCY MEETINGS

A. Family Therapy Institute:

Purpose: To instruct officers in techniques and philosophy of family therapy.

Overview: A live demonstration was scheduled, however, no family was available and a videotape of family therapy was shown instead. Discussion between officers, staff and participating officers followed.

Relevance: Reinforce training in counseling and referral process.

B. Community Mental Health:

Purpose: To discuss directions of future training, this year and next. Review admitting proceedings and referral process.

Overview: Special interest in suicide, juveniles, alcohol and drug training was expressed by participating officers. Two problems of admitting procedures were referred to the Mental Health Educator for resolution. Present was a researcher affiliated with C. Fleckles, Crisis Unit Chief, who had been to San Rafael Police Department asking questions re: Mobile Crisis Plan. Officer Cunha invited her to the meeting because he thought her interest related to the project.

Relevance: Review of new procedures, training planning, consideration of proposal that affects law enforcement.

C. Department of Human Resources:

Purpose: Referral process. To familiarize officers with staff, physical plant and philosophy.

Overview: Unemployment benefits - complex and constantly changing criteria for eligibility, amounts and duration of payments. It is suggested that clients inquire periodically even though they have been denied benefits or benefits have expired. Job development - minimal services were present except through Social Service W.I.N. program, which provided on-the-job training for head-of-household currently receiving ATDC benefits. Staff had listings of casual, technical and professional work in Bay Area and out-of-state opportunities if client wished to relocate. Counselors provided current and practical information to persons seeking employment.

Relevance: Officers are better equipped to make appropriate and effective referral.

D. Marin Institute:

Purpose - Referral process. To familiarize officers with staff, physical plant and philosophy.

RESOURCE AGENCY MEETINGS (cont'd)

Overview: Recent change to private agency status treating individuals, families, couples, in addition to alcohol-related problems.

Fee Schedule: \$15-25 Individual  
\$ 5-12 Group

Philosophy - talk therapy - little or no medication - dealt with feelings and emotions. Objective - internal development and growth, de-emphasis of "sick" model. Opposite therapeutic approach from A.A., which focused on substance, following a system of rules and religious.

Relevance: Officers are better equipped to make appropriate and effective referral.

E. Suicide Prevention:

Purpose: Referral process to familiarize officers with staff, physical plant and philosophy.

Overview: 24-hour telephone counseling and consultation service.  
Statistics: Marin County second highest suicide rate in the United States; 37.6 per 100,000 persons, of which 65% are alcohol related. Presently 700 calls per month. Staff: physician, trained volunteers.  
Philosophy: Talk therapy - an anonymous caller talks more freely - alienation/loneliness the common denominator of all clients. Counseling techniques directed toward interrupting "tunnel vision" of clients.

Relevance: Officers are better equipped to make appropriate and effective referral.

## FAMILY CRISIS INTERVENTION

The University of California, Berkeley, extension course on Family Crisis Intervention was completed on December 27, 1973. This 42-hour, 4 unit upper division course, coordinated by Roger Baron, introduced the officers to alternative solutions for resolving conflict situations. The course provided decision-making tools to the officers, allowing them to handle situations for which the L.E.T.R.A. approach is inappropriate. Officers were trained in recognition techniques for determining which approach is appropriate in particular cases. This course addressed the following content areas included in the specialist component plans:

- (1) Recognition of emotional and mental disturbances.  
Distinction of techniques for handling persons with disturbed behavior.
- (2) Principles for family counseling.  
Psychological models of family structures.  
Identification of limits for officer involvement.
- (3) Identification skills for isolating predisposing and precipitating factors in domestic and other crisis situations.
- (4) Non-domestic violence, techniques for identification and resolution of problems.

## SUMMARY OF SPECIALIST TRAINING

The training in the Violence Project fell generally into five areas:

- |                                     |          |
|-------------------------------------|----------|
| 1. Crisis Unit work experience      | 27 hours |
| 2. LETRA generalist curriculum      | 31 hours |
| 3. UCB Specialist course            | 42 hours |
| 4. Training techniques workshop     | 20 hours |
| 5. Intra-departmental training plan | 10 hours |

Not included in the above are the training elements which comprised one quarter of the weekly meetings between officers and Crisis Unit personnel.

## A P P E N D I X B

(TRAINING EVALUATION FORMS AND CURRICULUM)

DATE \_\_\_\_\_

LESSON EVALUATION

Please comment on:

A. Lesson Content \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Presentation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Materials used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any suggestions for improving this lesson? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you enjoy the lesson?

5 4 3 2 1

Very enjoyable Moderately enjoyable Very unpleasant

Did you find this lesson to be of value in improving your competence at your present or future work?

5 4 3 2 1

Extremely valuable Moderately valuable Not valuable

What is your feeling about the level of difficulty of this lesson?

5 4 3 2 1

Too hard About rough Moderately easy Too easy

What is your impression of the way this lesson was planned?

5 4 3 2 1

Very well planned Moderately planned Poorly planned

What is your opinion of the instructors' interest and enthusiasm in this lesson?

5 4 3 2 1

Very enthusiastic Moderately enthusiastic Seems bored

Are there opportunities for students' questions and comments during the class period?

5 4 3 2 1

Question often permitted Sometimes permitted Few questions permitted

Was this lesson stimulating in rethinking old ideas or developing original ones?

5 4 3 2 1

Extremely stimulating Moderately stimulating Does not stimulate at all



QUESTIONS FOR WORK EXPERIENCE EVALUATION - SEPT. 6, 1973

1. Admitting Procedure:

A. How can the physical arrangements be improved? (Location, staff identity, designated intake personnel, etc.)

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B. How can the admitting forms be improved? (Revision, identical with report form, etc.)

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C. How should law enforcement input be introduced? (Cassette, discussion with CMHC staff, etc.)

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D. Other suggestions for admitting procedure:

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Questions for Work Experience Evaluation (cont'd)

3. Use of Law Enforcement Staff:

A. How can officers assist CMHC staff on Unit B?

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B. What suggestions do you have for improving the services provided by law enforcement to mentally disturbed subjects?

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4. General Comment:

A. What has been your most positive experience from this training?

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B. What has been your most negative experience from this training?

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C. What specific thing have you learned which is of greatest value to your job?

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D. What suggestions do you have to improve the cooperation between Law Enforcement and Mental Health?

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VIOLENCE PREVENTION AND FAMILY INTERVENTION  
CRISIS UNIT WORK EXPERIENCE TRAINING EVALUATION

Date: \_\_\_\_\_

I represent Law Enforcement \_\_\_\_\_ I represent Mental Health \_\_\_\_\_

Please rate the work experience training according to the following areas:

	Very High	High	Neutral	Low	Very Low
1. Personal Interest					
2. Value for my understanding					
3. Degree of my participation					
4. Cooperativeness of fellow participants					
5. Value for my job					

Comments on how this training could be improved:

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Additional Comments:

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VIOLENCE PREVENTION AND FAMILY INTERVENTION  
CRISIS TEAM RIDE-ALONG WORK EXPERIENCE EVALUATION

Date: \_\_\_\_\_

Please rate the ride-along work experience according to the following areas:

	Very High	High	Neutral	Low	Very Low
1. Personal interest					
2. Value for my understanding					
3. Value for my job					
4. Cooperativeness of officer					
5. Degree of my participation					

Comment on how this experience influenced your perception of a patrolman's job:

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Comment on how this experience can be related to your job:

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What was the most positive aspect of this experience for you?

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---

What was the most negative aspect of this experience for you?

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SIGN-UP LIST

Activity: \_\_\_\_\_ Time Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Date: \_\_\_\_\_ Activity Location: \_\_\_\_\_

Name of Participant	Participant's Agency
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

Instructions for Data Gathering

TYPES OF CALLS TO BE ENTERED:

All calls which relate to domestic crisis or which have the potential for violence should be entered on the data sheet. This would include, but would not be limited to, family disputes (with or without juveniles involved), fighting, abusive activity (whether or not under the influence of alcohol or drugs) and mental disturbances.

ROLE OF DISPATCHER:

It is the dispatcher's responsibility to begin each entry on the data sheet by indicating the date, time, officer responding, and any other information known by the dispatcher. This procedure will be followed by the dispatcher whether he receives a call from a complainant or communicates with the responding officer before or after an incident. In the towns of Ross and Belvedere, where County Communications handles the dispatch, the officers will be responsible for the complete data collection process.

ROLE OF PATROLMAN:

At the end of a shift during which he responded to a call appropriate for this data sheet, an officer will complete the entry begun by the dispatcher for each such call.

COLLECTION OF DATA:

Monthly data sheets will be mailed or delivered to the Criminal Justice Planning Agency by the end of the first week of the following month.

JA:cj



CRISIS INTERVENTION TRAINING

WORK ASSIGNMENT 1

1. A. Briefly, describe a 415 (family) that you felt you didn't know how to handle well, or that you felt uneasy about afterward. One short paragraph describing the situation should be enough.
- B. If possible (it may not be in all cases) describe the aspect of your performance that you were uneasy about or the part of the situation you did not feel you could handle well. This, too, should involve only a short paragraph.

REVIEW QUESTIONS

1. Nationally, \_\_\_\_\_ account for many injuries and deaths to law enforcement officer.
2. Since emotions and tempers are at or beyond the breaking point in most 415 f's, poor \_\_\_\_\_ of people in this overwrought state can transform a \_\_\_\_\_ situation into a \_\_\_\_\_ one.
3. Every 415 is \_\_\_\_\_ dangerous.
4. Proper preparation for handling a 415 f includes using all the \_\_\_\_\_ available from dispatch; this includes whether or not a \_\_\_\_\_ is involved, if the detail is \_\_\_\_\_ or \_\_\_\_\_, who called, and any \_\_\_\_\_ circumstances.
5. Park at least \_\_\_\_\_ house away from the proper address.
6. Before knocking on the door, officers should \_\_\_\_\_ for \_\_\_\_\_ seconds, while standing \_\_\_\_\_ of the door.
7. After knocking on the door, wait until someone \_\_\_\_\_  
Don't go in if someone says "\_\_\_\_\_."
8. If, upon gaining entrance to the house, you find that it is relatively dark inside, while it is relatively light outside, your eyes will have to \_\_\_\_\_ if you want to see once you're inside. The procedure for dark adapting is to peer \_\_\_\_\_ into the darkness for \_\_\_\_\_ seconds.
9. Once inside you should ask and \_\_\_\_\_ check to be sure you have located all the adults in the house. In addition, you should have a good idea as to the \_\_\_\_\_ of the house.
10. The disputants should receive a \_\_\_\_\_ frisk.
11. Check the floor for \_\_\_\_\_ objects. "Throwers", because of their explosive \_\_\_\_\_ should be seated away from heavy objects.
12. Even though it is sometimes difficult because you're often moving quickly, your \_\_\_\_\_ should always be protected.
13. If any adult is angry and moving about, you should not be \_\_\_\_\_, because your \_\_\_\_\_ is considerably slower if you are seated.

14. As with animals, for each person there is a \_\_\_\_\_ at which distance they feel comfortable in interacting with others. If people are \_\_\_\_\_, (in other words, if their personal space is invaded) they can be provoked to attack.
15. Kitchens are relatively \_\_\_\_\_ places because of all the potential weapons located there. In contrast, \_\_\_\_\_ are relatively safe.
16. As you begin to gather information about the fight you should \_\_\_\_\_ your estimate of the danger level.
17. Unpredictable people are relatively more \_\_\_\_\_ to deal with; this includes people who are \_\_\_\_\_, under an extraordinary amount of \_\_\_\_\_, and people with emotional or psychiatric problems.
18. If it is necessary to separate the disputants, one patrolman should stay with each \_\_\_\_\_ should also be maintained with your partner at all times, even when it is necessary to separate people into two different rooms.

CRISIS INTERVENTION TRAINING

EXAM: DEFUSING TECHNIQUES

1. Defusing means:
  - a. Abating a bomb threat
  - b. Laughing in the face of adversity
  - c. Restoring order
  - d. Resolving 415's
  - e. Never having to say your sorry.
2. The two situations which most frequently call for defusing techniques are:
  - a. Angry people and drunks
  - b. Angry people and hysterical people
  - c. Hysterical people and drunks
  - d. 418's and 909's
  - e. Bar beefs and gay beefs
3. High-risk - high-gain techniques:
  - a. Work very well or very badly
  - b. Should generally be avoided
  - c. Include methods that are basically embarrassing or belittling to the citizen
  - d. Often leave the officer with a worse situation than he originally faced
  - e. All of the above
4. The best initial approach in an angry or hostile situation is:
  - a. Calm, direct instruction
  - b. Threaten violence
  - c. Advise disputants that matter is basically civil
  - d. Immediately leave and broadcast "no merit."
  - e. Attempt to get disputants out of house
5. The central idea in soft shock is:
  - a. To attach a citizen to a 110-volt outlet
  - b. To yell at a citizen in order to gain the element of surprise
  - c. To respond inappropriately in the hope of breaking up the pattern of angry behavior
  - d. To act as if you and your partner had been drinking
  - e. To do nothing when you know full well that the citizens expect you to take some action.

6. One of the best methods for defusing a hysterical citizen is:

- a. Paradox
- b. Hard shock
- c. Feign misunderstanding
- d. Distraction
- e. Humor

7. A woman who angrily screams, "My husband is running around on me." Your partner says, "You mean you're pleased he makes friends easily?" This is an example of:

- a. Feigned misunderstanding
- b. Humor
- c. Paradox
- d. Your partner's lack of good judgment
- e. Sympathetic distortion

8. Giving legal advice to citizens:

- a. Should be avoided when possible
- b. Will usually reassure the disputants
- c. Has the best potential for permanently resolving a domestic dispute
- d. May be a help to citizens contemplating civil suits against the Department
- e. Useful only as a first step in most domestic disputes

9. In family beefs, disputants should be separated:

- a. As far from each other as possible
- b. Whenever their anger is directed primarily at the patrolmen
- c. Only when necessary
- d. And dealt with individually until the officers are ready to leave
- e. In order to prevent possible reconciliations

10. Paradox:

- a. Is a slang term for two gynecologists
- b. Refers to the type of dispute in which all persons claim to be correct
- c. Is the name of a bar on the Embarcadero which is located exactly half way between Pier 39 and Pier 37
- d. Means suggesting to a citizen that he or she continue a behavior which you want him to stop
- e. Refers to a situation in which a woman calls dispatch and asks that her husband be removed from the house but then tells the officers who respond that she wants him to stay.

## DEFUSING QUESTIONS.

1. The goal of defusing is to \_\_\_\_\_ the disputants, so you can talk to them.
2. Not all domestic disturbances require \_\_\_\_\_, but if necessary, defusing must be accomplished before any \_\_\_\_\_ can be gathered.
3. There are \_\_\_\_\_ general classes of situations that need defusing: First, if the disputants are \_\_\_\_\_ with each other, or with you and, second, if one or more of the disputants are \_\_\_\_\_. These two different situations require \_\_\_\_\_ defusing techniques.
4. Order your techniques from \_\_\_\_\_ to \_\_\_\_\_. If you begin with a hard approach, you can no longer try to be easy going. If you slowly escalate the \_\_\_\_\_ of your approach, you decrease the chances of a battle.
5. Trying to joke with an angry person is a good example of high-risk - high-gain. Generally, these techniques should be \_\_\_\_\_, because you will end up \_\_\_\_\_ in too many cases.
6. The best initial approach is probably calm, direct \_\_\_\_\_. This works best when done very calmly and \_\_\_\_\_.
7. Suggesting more of a bad behavior is known as \_\_\_\_\_. This technique must be used in a \_\_\_\_\_ manner, since joking or laughing while suggesting paradoxical behavior will come across as belittling to the citizen.
8. Positive reinterpretation involves responding to the \_\_\_\_\_ possible aspect of a bad situation.
9. Talking and explaining will sometimes help take the anger out of a person if a patrolman feigns \_\_\_\_\_. As the person explains to the "dense" patrolman what the problem is, some \_\_\_\_\_ is usually lost in the process.
10. The idea behind \_\_\_\_\_ methods is to respond inappropriately in the hope of breaking up the pattern of angry behavior.
11. A technique which is quite similar to soft shock is called \_\_\_\_\_. This could entail asking a question that isn't related to the problem at hand. It could also entail getting the person to change their behavior by asking for a small \_\_\_\_\_.

12. A step above distraction for distraught and/or hysterical people is a technique known as \_\_\_\_\_ shock. This technique should be viewed as a \_\_\_\_\_ because it will probably ruin your chances if it is unsuccessful. It is a \_\_\_\_\_ technique.
13. It is important to remember that the techniques involving shock and distraction give you only a few seconds' worth of a pause in the action. You must know what to say as a \_\_\_\_\_.
14. Facing down, belittling, making a fool of someone, embarrassing someone, and challenging are techniques to be \_\_\_\_\_. They may sometimes work, but they will more often \_\_\_\_\_. It is wise to try safer, softer approaches \_\_\_\_\_ trying these other methods.
15. The only two situations that justify separating disputants are if they are \_\_\_\_\_ toward each other, or if the disputants refuse to let each other \_\_\_\_\_.
16. If it is necessary to separate disputants, they should be calmed and \_\_\_\_\_ as soon as practical.
17. No officer will be able to \_\_\_\_\_ all these techniques. The important point is to find a few that are \_\_\_\_\_ and to get used to using them in order, from least to most \_\_\_\_\_.

CRISIS INTERVENTION TRAINING

EXAM: BRIEF INTERVIEWING (A)

(Circle the correct answer)

1. A situation where an officer knows what information he needs (for example, taking a bad check report) is called
- Brief interviewing
  - Interrogation
  - Partial Interrogation
  - Structured Interview
  - Defusing
2. In Brief Interviewing it is important for the officer not to
- Take control
  - Do most of the talking
  - Establish rapport
  - Let all involved parties speak
  - None of the above
3. When doing Brief Interviewing, suggestions by the officer
- Are not appropriate
  - Are useful if the officer is sure that they are reasonable
  - Should represent the interests of both disputants
  - Are often a good way to start solving the problem even when they are poor ideas
  - Are always a good idea
4. A paraphrase
- Should be used to "lead" the citizen into new and important areas of discussion
  - Is basically rewording another's statement
  - Means telling another person what his statement conveyed to you
  - Is a useful verbal gimmick, or trick
  - All of the above
5. A perception check
- Is like a paraphrase except it deals with feelings
  - Does not express approval or disapproval
  - Asks for clarification about feelings
  - Is tentative
  - All of the above



6. The most important of the following in getting a citizen to provide maximum information is

- a. Being silent
- b. Using perception checks
- c. Using paraphrases
- d. Asking open questions
- e. Terrifying the citizen

7. If you wish to keep someone talking comfortably without breaking in, you should use

- a. Non-verbal approval
- b. Open questions
- c. Paraphrases
- d. Distraction methods
- e. Short, soft-spoken sentences

8. The important part in using silence is that the citizen

- a. Feels he is getting the "cold shoulder"
- b. Responds to your non-verbal message and shuts up
- c. Is confused
- d. Becomes increasingly uneasy and starts talking
- e. Often responds by requesting a referral

9. Brief Interviewing is important

- a. Primarily in 415 f's
- b. When the officer doesn't know the nature of the problem
- c. On runs where you can take 30 or more minutes
- d. When a quick referral is not appropriate
- e. In interrogation situations

10. Brief Interviewing should usually be completed

- a. In less than 3 minutes
- b. In less than 10 minutes
- c. In less than 20 minutes
- d. In about half an hour
- e. It is never truly completed

## CRISIS INTERVENTION TRAINING

### EXAM: BRIEF INTERVIEWING (B)

1. During Brief Interviewing an officer may make suggestions only:

- a. When invited.
- b. About matters which the officer has had experience.
- c. After the citizens have each spoken once.
- d. Because he is in authority.
- e. None of the above.

2. The goal of Brief Interviewing is:

- a. To get a brief personal history from each person.
- b. Achieved by good interrogation techniques.
- c. To get the citizens to solve the problem.
- d. To gather information and determine the scope of the problem.
- e. All of the above.

3. Control in Brief Interviewing:

- a. Is not very important.
- b. Is best maintained by asking yes/no questions.
- c. Can only be done when the officer does the talking.
- d. Should only be exercised if things are physically violent.
- e. None of the above.

4. If one party is willing to talk for another you should:

- a. Be happy.
- b. Let them go ahead but watch for inconsistencies.
- c. Allow him to only if he is a ventriloquist.
- d. Insist that each person speak for himself.
- e. Speak for your radio car partner.

5. Perception Check:

- a. Allows you to verify your impression of someone's feelings.
- b. Is an eye bank payment voucher.
- c. Allows you to trap the citizen.
- d. Should be used exclusively when people are angry.
- e. Is a mild diuretic.

CRISIS INTERVENTION TRAINING

WRITTEN ASSIGNMENT: BRIEF INTERVIEWING

1. a. Pick a topic of interest and choose someone (friend, fellow officer; stranger, relative) to interview about the topic. Do a brief interview, using as many of the five skills as possible. Do not set up this exercise as an interview. Rather, do the interview as part of an informal conversation. The person being interviewed should not know he is being "interviewed." Did he know something was unusual?
  - b. Time the interview. If it takes less than five (5) minutes, pick another person and try again. How long did it take? (It should cover 5 to 10 minutes.)
  - c. Of the five specific interviewing skills covered in the reading assignment and in class, which did you employ? (Try for at least three (3)).
  - d. Which techniques were effective? Which (if any) were inefficient and why?
  - e. In a paragraph or two, describe who was interviewed (his relationship to you), the topic you chose and the general results.
  - f. What mistakes did you make? Did your mistakes taint your information (like "leading" the interviewee), or did they simply cost you time?
2. Complete all the questions on the following page.

BRIEF INTERVIEWING WORK ASSIGNMENT: PART 2

1. Write down two echoes to the following phrase: "I don't know what to do anymore; I wish it could be different."
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
2. Paraphrase the following statement in at least two different ways: "It's too late for me to try to change things now."
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
3. If a disputant in a domestic disturbance is squirming in his chair with his fists clenched, a perception check from you might sound like:  
" \_\_\_\_\_"  
" \_\_\_\_\_"
4. Write down three examples of open questions which are different from those in the reading assignment.
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_

## INTERVIEWING QUESTIONS

1. Brief interviewing is an efficient technique for situations in which the officer has little or no \_\_\_\_\_ about what has been happening. \_\_\_\_\_ is a necessary step in most domestic disturbance calls because the officer does not know what has happened. Brief interviewing should enable the officer to quickly identify the \_\_\_\_\_ aspects of the situation.
2. Brief interviewing is not \_\_\_\_\_ nor is it a \_\_\_\_\_.
3. The goals of brief interviewing are first, to gather important \_\_\_\_\_ and second, to determine the \_\_\_\_\_ of the problem.
4. The first thing the officer should do at the beginning of a brief interview is to attempt to put the person being interviewed \_\_\_\_\_ . The officers must be able to establish this rapport without compromising his \_\_\_\_\_. The officer should remember that he is not the person being interviewed and hence the officer should not \_\_\_\_\_ very much. If he talks a lot he is being inefficient. The officer should be able to maintain good \_\_\_\_\_ of the interview without talking a lot and without giving \_\_\_\_\_.
5. Don't ask \_\_\_\_\_ or jump to conclusions. Allow the citizen to tell you about the situation. You should check out your \_\_\_\_\_ of what is being said. This is the only way you can be sure that you're hearing exactly what someone is telling you. You must insist on hearing all involved. Do not let one member of a family speak for another. You should also ensure that all parties are \_\_\_\_\_ each other. Finally, you should remember not to make \_\_\_\_\_. Your task when interviewing is to gather \_\_\_\_\_. Later, you may be able to offer assistance.
6. Most people need some \_\_\_\_\_ that they are being listened to when they are talking. This feedback should encourage the citizen to \_\_\_\_\_ talking without breaking the citizen's train of thought. This feedback takes the form of certain listening responses which are neutral expressions or gestures which show interest or understanding to the speaker. A small gesture such as a nod or a smile or brief comments like " " can serve to encourage a speaker without interrupting his story. Finally, listening responses can be used to encourage a speaker to stay on the \_\_\_\_\_. This is accomplished by giving neutral listening responses such as "uh huh" when the speaker stays on the subject and not giving him feedback when he wanders. \_\_\_\_\_ on the subject when he begins to ramble.
7. In order to be sure that the officer understands what a person is saying to him it is necessary to repeat his statement back to the person to give him a chance to \_\_\_\_\_ any misunderstanding the officer might have. This skill is called \_\_\_\_\_ and it means telling the other person what his idea or suggestion \_\_\_\_\_ to you. An additional benefit of paraphrasing is that it lets the other person know that you are \_\_\_\_\_ in what he has to say.
8. It is necessary for the officer to check out his \_\_\_\_\_ about how the person feels. This checking out can take the form of a description, often in the form of a question, of what the officer perceives to be another person's \_\_\_\_\_. These descriptive questions are known as \_\_\_\_\_. A perception check, then, is transforming what the officer sees as a person's feelings, into a tentative \_\_\_\_\_ thus allowing the person to correct any misunderstandings that the officer might have. A perception check does not express \_\_\_\_\_ or \_\_\_\_\_. It does describe another person's feelings and it is in the form of a \_\_\_\_\_.
9. In an interviewing situation in which the person is either afraid or unwilling to talk, it is sometimes a useful technique to say \_\_\_\_\_. You should remember that the person you are listening to is usually more ill at ease than you are with \_\_\_\_\_.
10. In using silence, you must often \_\_\_\_\_.

CRISIS INTERVENTION TRAINING

EXAM: INTRODUCTION TO MEDIATION

1. An officer should mediate a dispute
  - a. Only if both people involved ask him to.
  - b. When there is a clear need for someone to act as judge.
  - c. Prior to or immediately after, but not during, the use of sublethal force.
  - d. Only after Brief Interviewing is completed.
  - e. If he and his partner feel the people are sincere and trying to work things out.
2. Disputes that are particularly appropriate for mediation are
  - a. Gay beefs.
  - b. Disputes in which the people are vague about the problem.
  - c. When one party has left before the officers arrive.
  - d. Disputes involving minorities.
  - e. None of the above.
3. Suggestions during mediation
  - a. Should come only from the citizens.
  - b. Should come only from the officers.
  - c. Will optimally come from citizens and officers.
  - d. Must take into account the wishes of all parties.
  - e. Will infuriate all the citizens unless the officers try to keep the suggestions appropriate.
4. An important final step in mediation is
  - a. Warning the disputants about future incidents.
  - b. Asking about new problems.
  - c. Summarize the agreements that have been made.
  - d. Check to see that the mediation has produced a total solution to the problems.
  - e. Check to see if your partner has additional suggestions.
5. After eliciting a suggestion, the officer should
  - a. Point out problems in the bad idea.
  - b. Check out the idea with all parties.
  - c. Consolidate.
  - d. Use paradox, feigned misunderstanding or some similar techniques.
  - e. Try to make a referral.

6. One reason an officer is sometimes effective in helping families that have been fighting for years is
  - a. The implicit threat of force.
  - b. The wisdom which many experienced officers share with the families in distress.
  - c. The embarrassment of having to call the police stimulates new attempts at helpfulness.
  - d. Many people react well to suggestions from authority.
  - e. The presence of an objective third party can change the couple's pattern of fighting.
7. During mediation it is useful to spend the most time and effort on
  - a. The least cooperative citizen.
  - b. The most cooperative citizen.
  - c. Neither; they should get equal attention.
  - d. None of the above.
  - e. Juveniles, children and household pets.
8. The goal of mediation is
  - a. Referral.
  - b. Agreement as to the nature and scope of the problem.
  - c. Agreement about the cause of the problem.
  - d. Agreement about some specific course of action.
  - e. Agreement about everything.
9. If citizens start to agree on something the officer knows will not work, he should
  - a. Try to subtly change the focus of their attention.
  - b. Use soft shock followed by paraphrases.
  - c. Encourage them that the idea seems workable.
  - d. Straight-forwardly suggest that it will not work.
  - e. Roll on the floor laughing and hope the citizens get the message.
10. Mediation will precede Brief Interviewing
  - a. Never.
  - b. Most of the time.
  - c. In specific situations, particularly when one citizen is hysterical.
  - d. If the officers are successful at eliciting suggestions quickly.
  - e. After the 1st and 15th of the month, during the full moon.

CRISIS INTERVENTION TRAINING

WRITTEN ASSIGNMENT: MEDIATION

1. Describe in detail the next 415 that you are detailed to. Include in your description:
  - a. The nature of the fight
  - b. Who covered it with you.
  - c. Who was there when you responded.
  - d. How dangerous you saw the situation to be and what this decisions was based on.
  - e. How long you stayed.
  - f. What you did.
  - g. How did you leave the people feeling.
  - h. Your best guess as to what will happen to the people who called and why you think that.
  - i. What other decisions did you make?
  - j. What alternatives did you decide against? Why?

NOTE: Officers not covering 415's between classes should do this assignment in terms of the last 415 they were at.

MEDIATION QUESTIONS

1. Mediation is the process of " \_\_\_\_\_ " a family fight. It is the term for attempting to work out something \_\_\_\_\_ with the disputants. The goal of mediation is to leave the people agreed upon some \_\_\_\_\_. The final agreement reached will most frequently be a \_\_\_\_\_.
2. The officer should complete the \_\_\_\_\_ portion of the intervention before mediating. This means that the officer and the disputants are in \_\_\_\_\_ about how the citizens view the major aspects of the problem.
3. If people are still quite \_\_\_\_\_ with each other, mediation is a good idea. If one of the two people in a fight has \_\_\_\_\_ before you get there then a large expenditure of time spent in mediation will usually not be effective. Do mediate if people are \_\_\_\_\_ in their complaints and problems.
4. The procedure in mediation is to elicit from the disputants \_\_\_\_\_ as to how the problem situation may be improved or solved. Next, \_\_\_\_\_ each proposed alternative with the other disputants until some idea is accepted by all or a compromise is agreed upon. Then, encourage the citizens to follow through on this agreed upon course of action and \_\_\_\_\_.
5. It is imperative that the officer not make \_\_\_\_\_. People will frequently not follow through on the officer's ideas, but they may follow through on their own. Do not forget to continue with most of the \_\_\_\_\_ during the mediation phase. Particularly, important to continue are listening skills and \_\_\_\_\_.
6. A couple who has been fighting for years can be helped by an officer in 15 or 20 minutes by virtue of the fact that the presence of an officer can change the disputants \_\_\_\_\_ of fighting. The citizens may, in fact \_\_\_\_\_ to each other for the first time in years.
7. All behavior communicates something; that is, one cannot not \_\_\_\_\_. With individuals who are not very verbal, it is particularly important for the officer to attend to \_\_\_\_\_ messages, such as posture, facial expressions, activity level, eye contact, and the like. Remember that no matter what behavior or attempt at non-behavior the officer observes in some family fights, it will have some \_\_\_\_\_ which may help the officer determine what is going on in that situation. By the same token the officer must remember that he is constantly giving \_\_\_\_\_ to the citizens he interacts with, and that many \_\_\_\_\_.

8. People often explain their behavior in terms of the \_\_\_\_\_ of another person. When this explanation is applied to a family fight, the officer can see a very \_\_\_\_\_ kind of fight going on. It is absolutely impossible in these fights to decide who is \_\_\_\_\_. Thus, when mediating a family fight the officer should never \_\_\_\_\_. If the officer allows himself to be trapped in agreeing with one of the fighters, the officer will be unable to hear anyone else's side of the story \_\_\_\_\_.

CRISIS INTERVENTION TRAINING

EXAM: REFERRAL

1. Compared to other possible dispositions, referral has
  - a. Lowest priority
  - b. Equal priority
  - c. Second highest priority
  - d. Highest priority
  - e. Equal in priority to arrest.
  
1. An officer who is knowledgeable should make referrals
  - a. Almost all the time
  - b. 25 - 45% of the time
  - c. 10 - 25% of the time
  - d. Not war
  - e. 50 - 75% of the time
  
3. If an officer finds that a couple has a specific sexual problem he should probably
  - a. Mediate
  - b. Consolidate
  - c. Refer
  - d. Offer suggestions from his own experience
  - e. Convince the man to leave for the night and continue to work on the problem with the woman
  
4. An officer responds to a 415 and finds that the situation is an unusual and isolated incident in a generally stable family, the officer should
  - a. Mediate
  - b. Refer
  - c. Consolidate
  - d. Evaporate
  - e. Stop after brief interviewing
  
5. The most common time for a referral is
  - a. After brief interviewing
  - b. After a short mediation
  - c. After defusing
  - d. Before commenting on dirty fight tactics
  - e. Between 1200 and 1600

6. In making an effective referral, one of the specific agreements which the officer should obtain from the citizens is
- What the citizens will do differently in the future
  - What kind of dress is appropriate for marital counseling
  - Which citizen will cop-out to the problem
  - What the citizens will ask the agency for
  - How long the citizens will continue with the treatment
7. Consolidating a referral means
- Arranging for citizens to go to a single agency to receive the many and varied services they might want
  - Arranging for citizens who wish to go to different agencies to all go to the same agency
  - Restating the problem as defined by the citizens
  - Reviewing the agreements made by the citizens and reassuring them about the referral agency
  - All of the above on weekends
8. In a juvenile situation where the parents are not interested in a referral but the juvenile is the officer should
- Never make a referral
  - Separate the juvenile from his parents and then refer
  - Admonish and release
  - Contact the referral agency himself and ask them to make contact with the juvenile
  - Proceed with the referral
9. One of the most critical issues in referral is to
- Comment on dirty fight tactics
  - Be specific in your referral
  - Assess the motivation of the disputants
  - Leave immediately after presenting the referral information so that the fight does not re-escalate
  - Remain vague so that the citizens will be encouraged to go to the agency to seek clarity
10. Forcing referrals upon citizens is generally a waste of time, therefore the officer should
- Convince people that referral was really their idea
  - Judiciously employ the implicit threat of jail
  - Refer only when appropriate
  - Present citizens with partial information and make them beg for the rest
  - Use pressure only with those people that have quite specific problems (drugs, alcohol, sex, etc.)

CRISIS INTERVENTION TRAINING

EXAM: REFERRAL (B)

1. One important purpose of referral is:
- To get back to your radio car quickly.
  - To point out to citizens that their problems are much larger than they themselves had realized.
  - To get people to agencies specializing in working with particular problems.
  - To encourage people to arrive at their own solutions to their own problems.
  - To start citizens on a never ending chain of buck passing and additional referral.
2. An officer is doing well if his referrals actually arrive at the agency
- At all.
  - 90% of the time.
  - 50% of the time.
  - 10-25% of the time.
  - In one piece.
3. If an officer finds that a couple has a specific sexual problem he should probably:
- Mediate.
  - Consolidate.
  - Refer.
  - Offer suggestions from his own experience.
  - Convince the man to leave for the night and continue to work on the problem with the woman.
4. In a juvenile situation where the juvenile is not interested in a referral but the parents are, the officer should:
- Try to mediate.
  - Proceed with the referral.
  - Admonish and release.
  - Encourage the parents to declare the child 'out of control'.
  - Refer the parents and mediate the child.

5. In making an effective referral one of the specific agreements which the officer should obtain from the citizens is:
  - a. What the citizens will do differently in the future.
  - b. When and how the citizens will contact the agency.
  - c. How long the citizens will continue with the treatment.
  - d. Which additional agencies the citizens will try to contact.
  - e. What fee the citizen will pay the officer if the referral is effective.
6. The first step in referral is:
  - a. Obtain agreement that referral makes sense.
  - b. Consolidate.
  - c. Summarize.
  - d. Convince citizen that you yourself have no intention of helping them at all.
  - e. Run a 10-29 on all involved parties.
7. When people acknowledge they have a serious and longstanding problem then referral:
  - a. Is not as good as mediation.
  - b. Will seldom work well.
  - c. Should be made only to the husband.
  - d. Has an excellent chance of working.
  - e. Is good when used in combination with arrest.
8. The critical point in referral is:
  - a. To send people to agencies in Southern and Taraval.
  - b. To convince the citizens that referral was their idea.
  - c. To send people to the most appropriate agency available.
  - d. To send almost everyone to the nearest mental health center.
  - e. To contact the agency for the citizen.
9. The process of reviewing the agreements made by the citizens and reassuring them about the agency is called:
  - a. Reiteration.
  - b. Summarizing.
  - c. Happy talk.
  - d. Consolidating the referral.
  - e. The art of positive thinking.

10. In deciding whether or not to make a referral, one thing that an officer should look for is:
  - a. Stable financial status.
  - b. Co-operation during brief interviewing.
  - c. The heartbreak of psoriasis.
  - d. Motivation.
  - e. Maturity on the part of the citizens.



CRISIS INTERVENTION TRAINING

EXAM: LEGAL ISSUES

1. An officer should have a knowledge of legal issues
  - a. So that the citizens will think he is smart.
  - b. Because an officer gives legal advice anyway.
  - c. To familiarize him with the type of questions he may be asked in 415 situations.
  - d. So he can defend himself in case of criminal or civil litigation.
  - e. So he can refer the citizen to a good lawyer.
2. An officer should use his knowledge of legal issues
  - a. Whenever he is asked for a legal opinion.
  - b. Right after brief interviewing.
  - c. To get citizens to pay attention to him.
  - d. After all conciliatory techniques have been exhausted.
  - e. To save citizens the cost of going to a lawyer.
3. An officer should
  - a. Give the citizens a complete list of all available legal options.
  - b. Always sound like he knows the proper legal remedy even if he is uncertain.
  - c. Encourage other courses of action rather than legal ones.
  - d. Encourage legal courses of action rather than other available remedies.
  - e. Make an arrest whenever possible.
4. All divorce and custody complaints are handled by
  - a. Domestic Relations Bureau of the D.A.
  - b. Complaint Division of the D.A.
  - c. General Works Division, S.F.P.D.
  - d. Private attorneys in the Superior Court.
  - e. The responding officer.
5. If a citizen is in violation of a temporary restraining order, an office should
  - a. Make an arrest immediately under P.C. Sec. 166(4).
  - b. Make an arrest immediately under another P.C. section which is applicable, e.g., trespass.
  - c. Leave, it's a civil matter.
  - d. Refer the citizen to the Domestic Relations Bureau.
  - e. Refer the citizen back to the court which originally issued the temporary restraining order.

6. In a common-law living arrangement
  - a. The man can order the woman out any time he wants.
  - b. The person paying the rent can make a citizen's arrest of the non-paying party (602.5 P.C.).
  - c. The officer can arrest the non-paying partner for trespassing (602.5).
  - d. One can make a citizen's arrest of the other, even if both signed the rental agreement.
  - e. Each person has an equal right to remain on the premises, no matter who pays the rent.
7. If a husband is absent from the premises and a wife consents to a search for a weapon, the officer
  - a. May search areas of common usage only.
  - b. May search every place where a weapon might be hidden.
  - c. Cannot make a search at all without the husband's consent.
  - d. Must call the Municipal Court Clerk for a search warrant.
  - e. Must get his supervising officer's approval.
8. A landlord may evict a tenant
  - a. By serving him a three day notice.
  - b. By serving him a thirty day notice.
  - c. By locking him out of the premises if he owes over one month's rent.
  - d. By getting a court to issue an eviction order.
  - e. By having the sheriff move the tenant out.
9. If repairs are needed in order to make the premises habitable
  - a. The tenant may, after notifying the landlord and waiting a reasonable time, make the repairs himself and deduct the cost from next month's rent.
  - b. The tenant should move.
  - c. The tenant may withhold his rent if the landlord refuses to make the needed repairs.
  - d. The landlord can be arrested under 415 P.C. if he refuses to make the necessary repairs.
  - e. Either a or c above.
10. When a motel or hotel owner has a guest who has failed to pay, the owner should
  - a. Personally place a lien on the person's possessions.
  - b. Ask the officer to take control of the person's possessions as an agent of the law.
  - c. Obtain a court order to attach the guest's possessions.
  - d. Chalk it up to creeping radicalism.
  - e. Ask his attorney to file a tort claim.

CRISIS INTERVENTION TRAINING

EXAM: COMMUNITY RESOURCE MANUAL AND CULTURAL ISSUES

1. An unemployed man and woman wanting a divorce should be referred to:

- a. Lawyers Reference Service
- b. Neighborhood Legal Assistance Foundation
- c. Public Defender
- d. Small Claims Court
- e. Southern Station

2. An organization for children of alcoholics is:

- a. The Youth Drinkers Association
- b. The Days of Wine and Roses
- c. Alateen
- d. Alcoholics Anonymous
- e. The Center for Special Problems

3. Emergency food and lodging agencies can be found:

- a. At the end of the referral section
- b. At the beginning of the referral section
- c. Approximately in the middle of the referral section
- d. Immediately prior to the fold-out sheet
- e. All along Mission Street

The agency which provides the broadest range of services for juveniles is:

- a. Teenage Hotline
- b. Energy
- c. Youth Guidance Center
- d. Youth Health and Counseling House
- e. Youth for Service

In the space below, write down the name of any agency offering specialized services to the Chinese Community.

5. In the Chinese community, the extended family is:

- a. Unheard of
- b. A group spilling over into the Sunset
- c. Relatively unimportant
- d. Very important
- e. An important gang concept

7. In the Chinese community when the individuals involved in a dispute refuse to discuss the issue, an officer should:

- a. Persist with brief interviewing
- b. Mediate
- c. Refer
- d. Leave
- e. Attempt to convey hurt feelings

8. Family structure among poor black families is often described as:

- a. Extended and matriarchal
- b. Extended and patriarchal
- c. Nuclear and matriarchal
- d. Nuclear and patriarchal
- e. Consciousness III

Currently the most acceptable term to use for homosexuals is:

- a. Fruit
- b. Queen
- c. Queer
- d. Swish
- e. Gay

In the Chinese community suicide threats:

- a. Are almost unheard of
- b. Are widespread and common
- c. Are primarily a youth problem
- d. Are primarily a problem with women
- e. Should be subtly encouraged during mediation

CRISIS INTERVENTION TRAINING

FINAL WRITTEN ASSIGNMENT

1. A. Write an evaluation of the Crisis Intervention Training Course as a whole. It should be a minimum of three pages long. These evaluations will be used by the instructors to review their work and indirectly by the Department to gauge the officers' reaction to courses like these.
  - B. Comment on the following areas: the quality of instruction; the quality of the course content; the effectiveness and competence of the instructors; the relevance and applicability of the course material to the officers functioning on the streets; the relative value of specific teaching techniques or instructional devices; the learning atmosphere of the classroom; the willingness of the instructors to integrate the officers' contributions; the interest, enthusiasm, effort, and degrees of involvement of the officers; the interest, enthusiasm, effort, and degree of involvement by the instructors; whether there was sufficient control and direction in regard to the class activities; which lessons stand out in your mind and what distinguished them; whether you would recommend training in this area to other officers; whether you would recommend more of this type of training in other areas of police work; how this training compares to the other police training you have had. Write at least a paragraph on negative aspects of the course.
  - C. Feel free to elaborate on any other areas that seem important to you.
2. In one statement, state your overall reaction to the course. Keep this statement separate (that is, in a paragraph of its own) from the preceding statements.

APPENDIX C

(PROCEDURES MANUAL AND RELATED ISSUES)

VIOLENCE PREVENTION PROJECT

Case Feedback Worksheet Guide

- CASE I.D. Enter subject name, date, responding officer and department.
- ENTRY Includes technique for getting to and into the situation. Was dispatch complete? Problems with backup response? Did officer overlook any potential danger? Was officer(s) stationed properly in room?
- DEFUSING How did officer handle? How did officer utilize authority? Did officer handle impersonally? Use of positive reinterpretation? Physical separation? Humor? Distraction?
- INTERVIEWING Were officer's questions open? Did officer listen effectively? Estimate percent of officer talking. All parties heard? Control maintained? Arguments avoided? Officer's neutrality maintained? Listening responses used? Paraphrase? Echoing? Clarification? Did officer summarize effectively?
- DISPOSITION Evaluate officer's alternatives after interviewing. Review the advantages/disadvantages of alternatives.
- Mediation - specific course of action agreed upon? All parties in agreement? Did officer remain neutral? What technique used?
- Referral - Specific problem identified? Proper agency chosen? Closure by reaffirming agreement?
- Physical separation of one disputant - Why chosen? Will this just delay the solution? Does the person have an acceptable place to go?
- Arrest - Have other alternatives been tested sufficiently? What is arrest expected to accomplish?
- No action - Specifically why was this the chosen disposition? What does the officer expect will happen in the future?
- LEAVING Did officer end the conversation properly? Did all parties understand the disposition? Did the officer leave too soon? Too late?
- AGENCY CONTACT Proper contact with agency. Attitude of agency personnel. Other comments on interaction between officer and agency?
- GENERAL Overall critique of intervention process - ideas, suggestions, comments?

CMHC CRISIS UNIT

ADMITTING PROCEDURE FOR LAW ENFORCEMENT

- RESERVE PARKING A specially marked parking space in the upper parking lot near the 24 hour entrance to CMHC will be reserved for the use of law enforcement officers.
- AWAIT STAFF When a person is brought to the CMHC crisis unit by a law enforcement officer, a member of the staff will approach the officer just inside the door to Unit B. The staff member will identify himself and escort the officer and subject to the intake area.
- PLACE HOLD The officer should automatically place a W & I Code 5150 hold on the subject. This frees the officer from civil liability and assures that the subject will be evaluated by a psychiatrist.
- ARRIVAL FORM Complete the Law Enforcement Arrivals form provided at the intake area. In the Officer Comments section, be as specific as possible in summarizing the reasons for bringing the person to the Crisis Unit. If you wish notification of the subject's release from CMHC, check the appropriate place on the form.
- CASSETTE REPORT Using the cassette recorder available at the intake area, record in as much detail as possible the information you have on the subject -- prior contacts, circumstances leading to the decision to bring the subject to the crisis unit, behavior of the subject, relation of the subject to family members as friends, etc. This recording will be heard by the psychiatrist prior to his observation and evaluation of the subject. If other staff members work with the subject, they will also have access to your taped report. After a patient is released from the unit, the tape will be erased. A general format for the taped report will be available at the intake area to provide a guide for the reporting officer.
- CONFERENCE WITH STAFF If circumstances permit, either before or after the recording of your observations, it would be useful to discuss your impressions of the subject and particularly to describe your observation of his behavior to assist staff in their treatment.

PROCEDURES FOR HANDLING THE MENTALLY DISTURBED.

A. WELFARE AND INSTITUTIONS CODE 5150 - 72-HOUR HOLDS:

Most of the State laws regarding the handling of mentally disturbed persons are contained in the Lanterman-Petris-Short Act (L-P-S), sections 5000-5599 of the W & I Code. Only peace officers, or staff members of designated county evaluation facilities may place a 5150 hold. A hold places a person in a facility for observation, evaluation and treatment for up to 72 hours. The decision to place a 5150 hold is based on the officer or staff member's judgement that a person, as a result of mental disorder, is a danger to himself or to others, or is gravely disabled (unable to provide for his basic personal needs for food, clothing or shelter.)

Designated Evaluation Facilities:

1. Marin Community Mental Health Center, Crisis Unit
2. Marin General Hospital, Unit A
3. Ross General Hospital
4. Any Veteran's Administration Hospital

For all 5150's, take persons to the CMHC Crisis Unit. They will refer patient to other facilities if required.

B. THE CMHC CRISIS UNIT is a 7-day, 24-hour emergency services unit.

It provides evaluation, brief treatment and referral services for persons with acute emotional stress such as panic, fear, depression, confusion, disorientation, etc. Staff on the crisis unit is prepared to offer advice to officers who phone in requesting advice on handling crisis situations, appropriate referral resources or other general information.

CMHC Crisis Unit - Admitting Procedure for Law Enforcement Use:

- RESERVE PARKING** A specially marked parking space in the upper parking lot near the 24-hour entrance to CMHC will be reserved for the use of law enforcement officers.
- AWAIT STAFF** When a person is brought to the CMHC crisis unit by a law enforcement officer, a member of the staff will approach the officer just inside the door to Unit B. The staff member will identify himself and escort the officer and subject to the intake area.
- PLACE HOLD** The officer should automatically place a W & I Code 5150 hold on the subject using a form provided by the intake worker at CMHC. This frees the officer from civil liability, assures that the subject will be evaluated by a psychiatrist, and transfers responsibility from the officer to CMHC.

Removal of restraints is by CMHC authority only. CMHC may refuse to admit a person. The officer will then either seek another facility, arrest the person, or release him.

**ARRIVAL FORM**

Complete the Law Enforcement Arrivals form provided at the intake area. In the Officer Comments section, be as specific as possible in summarizing the reasons for bringing the person to the Crisis Unit. If you wish notification of the subject's release from CMHC, check the appropriate place on the form.

**CASSETTE REPORT**

Using the cassette recorder available at the intake area, record in as much detail as possible the information you have on the subject -- prior contacts, circumstances leading to the decision to bring the subject to the crisis unit, behavior of the subject, relation of the subject to family members as friends, etc. This recording will be heard by the psychiatrist prior to his observation and evaluation of the subject. If other staff members work with the subject, they will also have access to your taped report. After a patient is released from the unit, the tape will be erased. To provide a guide for the reporting officer, an outline for use in making the report is available at the intake area.

**CONFER WITH STAFF**

If circumstances permit, either before or after the recording of your observations, it would be useful to discuss your impressions of the subject and particularly to describe your observation of his behavior to assist staff in their evaluation and treatment.

Walk-Aways from CMHC:

CMHC staff will complete a newly designed form requesting a pick-up of the walk-away. (W & I Code 7325)

Release from 72-Hour Hold:

This is based on the judgement of the attending CMHC staff psychiatrist. Only he may release a patient before 72 hours have elapsed if he feels the patient no longer requires evaluation or treatment. Most recent statistics on 5150's placed by police agencies indicate that only 8% are released within the first 24 hours of the hold.

What Happens after 5150 Hold Released?

At the discretion of a CMHC Psychiatrist, the patient may be (a) released, (b) referred for voluntary treatment, (c) certified for intensive treatment, or (d) certified for a conservatorship. Certification for intensive treatment is for a maximum of 14 days. This may be extended for up to 14 days if the subject is suicidal, or for up to 90 days if the person is imminently dangerous. See below for discussion of conservatorship.

C. COURT-ORDERED EVALUATIONS (W & I Code 5200 - 5230)

Any person who believes that there is someone who, as a result of mental disorder, is a danger to himself, to others, or is gravely disabled, may apply to the CMHC for a petition requesting an evaluation of the disordered person. CMHC staff has the responsibility to investigate and determine if there is probable cause to petition the Superior Court for an evaluation. If CMHC staff finds probable cause and if the person refuses to submit to an evaluation voluntarily, the petition is forwarded to the Superior Court. If the Judge is satisfied with the petition, he will issue an order notifying the person to appear for evaluation at a time and place designated by the Judge. The evaluation may take up to 72 hours. At the discretion of the evaluator, after the evaluation the person may be released, kept for treatment for the full 72 hours, referred for voluntary treatment, certified for intensive treatment or recommended for conservatorship.

Service of Court Order:

The Sheriff's Office is responsible to personally serve the order to appear for evaluation. In cases where the person is suspected of escaping or offering resistance, the Judge may order an immediate evaluation and the person is served and taken directly into custody. Even without this provision, the Deputy may, if the person served gives cause, take the person into custody and place a 5150 hold on him.

D. CONSERVATORSHIP (Probate Code 1701 ff., W & I Code 5350 - 5368)

Conservatorship is the Superior Court determined care of and responsibility for a person and/or a person's properties when the person is found to be gravely disabled. Conservatorship extends for up to one year and may be renewed. The County Service Officer is the only agency able to file a conservatorship petition. Recommendation for conservatorship is the responsibility of the psychiatrist in charge of a designated evaluation facility.

Records of Active Conservatorships are maintained both at the County Service Office (479-1100, extension 2021) and at the Civic Center Dispatch Desk in the Sheriff's Office (479-2311). An officer apprehending a suspected conservatee can then verify the facts of an active conservatorship. An officer need not personally see the conservatorship papers to take a suspect into custody, but may rely on the telephone conversation.

Escaped Conservatee may be pursued anywhere within the state. When a conservatee is picked up he should be taken to a designated evaluation facility in the same manner as other mentally disturbed persons, except that a 5150 hold is not required for an escaped conservatee.

Notice of Apprehension should be made to the head of the institution from which a conservatee escaped and to the conservator.

Violent Persons present problems which neither CMHC nor the other designated facilities are presently designed to handle. Alternatives for officers are delivery to a high security facility (Napa State Hospital) or arrest for

violent behavior. After placement in the County Jail, a person may be sent for evaluation under a 5150 hold if recommended by the jail supervisor and a physician (P.C. 4011.6). In the event of a 5150 hold placed on a person in custody, CMHC will notify the Sheriff's Office to pick up the person when their evaluation is completed. This same procedure is followed for any jail inmate requiring examination for mental disorder.

E. PATIENT CONFIDENTIALITY (W & I Code 5328)

Limited exchange of information between CMHC and law enforcement is clearly permitted pursuant to court-ordered evaluations, evaluations conducted on prisoners under P.C. 4011.6, evaluation of escaped conservatee, persons taken to CMHC rather than jail and booked in absentia and walk-aways reported by the evaluation facility. Confidentiality problems occur where none of the above conditions apply to a person placed under a 5150 hold by law enforcement.

Exceptions to 5328 which permit information on a patient's whereabouts are:

- a. persons sought for non-support of children (11478.5, P.C.)
- b. mentally disordered sex offenders (5328.2, W&I)
- c. to protect state and federal elective officers and families (5328g, (W&I))
- d. convicted arsonists (11151 P.C.)
- e. convicted sexual psychopaths (290, P.C.)
- f. illegal aliens (4118, W&I)

More clarity, legislatively and judicially, is expected in the remaining gray areas of information exchange. In the meantime, it is permitted for CMHC to inform law enforcement that a person is not present at their facility (such as a reported missing person).

WORK EXPERIENCE EVALUATION SUMMARY

1. ADMITTING PROCEDURE:

A. How can the physical arrangements be improved? (Location, staff identity, designated intake personnel, etc.)

Comments:

1. Seems adequate.
2. Separate intake room for initial information transfer between CMHC and police. Weapons lockers.
3. After being present on the crisis unit, I feel that the staff made itself available to incoming patients and officers who escort same. The idea of a tape set for the officers' observations has been brought up and is a very good one.
- 4.a. The restraint bed could be improved by adding seat-belt type straps.  
b. A mirror could be placed at the front desk so that the recreation area and back door are easily visible to the person on the desk.
5. Installation of locked weapons locked outside ward for police officers' side arms.
6. Although the staff is not uniformed and difficult to distinguish at times from patients, I believe if it were S.O.P. for staff to immediately approach new faces in the unit and identify themselves properly, things would go a great deal more smoothly.
7. Staff identity has been a problem in the past, possibly the wearing of name tags would be a help.
- 8.a. Identification of all staff personnel.  
b. Restriction of patients from intake area.

B. How can the admitting forms be improved? (Revision, identical with report form, etc.)

1. Seems adequate.
2. Tape recorder to help alleviate the police duplicating reports (one for CMHC, one for police - double effort). Tape would simplify for CMHC.
3. The idea of a simplified admitting form is now in the works and will be of advantage to all parties concerned.
4. This could be improved to give more data; however, it will take a lot of consideration in order to avoid overburdening staff or other related individuals.

Work Experience Evaluation Summary --2

5. No changes.
  6. Retain the same 5150 form, but in addition, make available a cassette tape recorder in the unit so that officers can completely relate the circumstances resulting in the subject's commitment.
  7. Identical with present forms with an added space for officer's observations and comments.
  8. No change needed.
- C. How should law enforcement input be introduced? (Cassette, discussion with CMHC staff, etc.)

Comments:

1. More discussion with officers seems in order.
2. Cassette discussion.
3. The staff at CMHC, I feel, has realized from the participation of officers on the unit that there is a real concern for the patient and a need and desire to learn more about each other's job and how they can be coordinated to a common goal, for the benefit of the patient.
4. A cassette tape recorder should be available at the desk and also if possible a trained technician or doctor to interview officer if need be.
5. More discussion with CMHC staff regarding officer's observations of patient.
6. Quarterly meetings with staff.
7. Cassette would be excellent, enabling officer to communicate with psychiatrist and explain observations in more detail.
- 8.a. By discussion with CMHC worker who will talk with the subject.  
b. Cassette tape is an excellent idea -- Training should include what type of information CMHC is looking for.

D. Other suggestions for admitting procedure:

Comments:

1. Possibly fewer people at a time behind admitting desk.
2. Intake personnel quickly identify himself to officer.
3. Identification cards should be issued to staff members and shown upon request, for identification of staff member by police officer.
4. Isolation of a new patient until after he/she has been interviewed.

2. USE OF CRISIS UNIT STAFF:

A. How can CMHC staff assist officers in field? (Consultation, response, etc.)

Comments:

1. Be available and assist officers in determining if a subject should go to CMHC.
2. Be open to aid officers with questions regarding information on persons police are considering admitting (5150 W&I) or referring.
3. By instituting of outpatient clinics, I feel that when the officers and staff get to know each other, advice and assistance will be transmitted freely regarding persons in need within certain locations of the county.
4. Consultation is great. In some cases I feel response to the scene would be of great service. Eg. when an officer feels the person should be admitted to an institution or on a 72-hour hold but just cannot justify it from observation.
5. Keeping in mind the need of confidential information of patient, some form of communication between trained staff members and untrained police officers should be opened up. The value of this communication, I feel, is obvious to all.
6. Get a clarification of the laws relating to the rights of subjects in relation to what may and what may not be released to the committing agency.
7. Most beneficial help would be some feedback as has been discussed previously.
8. By alerting a P.D. when a patient "leaves" -- Feedback as to how the officer can help a particular individual with his problem.

B. What suggestions do you have for improved procedures on Unit B to assist Officers?

Comments:

1. Try to help officers understand CMHC procedures.
2. I feel it works rather well as is.
3. I feel that the staff is not given enough credit for the job that they are doing.
4. Clear away all of the ideas that we are opposed to each other. Cross train each and every person so there is a mutual understanding and the understanding that we are working toward the same goal.
5. Some standard procedures for additions.

6. Identification of the workers from the patients. Establish some structure and definitely get a book of procedure written -- Forget about "loving" the patients --

C. What suggestions do you have for additional or expanded services on Unit B?

Comments:

1. Seems adequate at this time.
2. Possibly consolidate CMHC with Suicide Prevention. Appears to be possible double effort when together it would appear that they could be more effective.
3. Again I feel that expanded communications between staff and police officers in the field would expand the services at Unit B.
4. Establish some type of a lock-up facility within the building -- Include a detoxification center on the premises with a mandatory holding period, e.g., 4 hours.

3. USE OF LAW ENFORCEMENT STAFF:

A. How can officers assist CMHC staff on Unit B?

Comments:

1. Be more understanding about the way the staff comes to the final evaluation of patients.
2. Relate all possible information on subject to be admitted or released.
3. Have a working knowledge of the job and requirements and restrictions placed on the staff. Be prepared to spend some time in the unit when bringing in a patient to give a clear outline of the reasoning for evaluation and commitment.
4. Furnish more detail on the 5150 forms and during the initial contact when a commitment is made.
5. Officers in the field will be advised to provide as much information to staff members as possible regarding actions of patient.
6. By taping a complete report of what had occurred prior to commitment.
7. Giving background information on admitted patients -- working with the patient, relatives and community. Assist in job-finding activities.



B. What suggestions do you have for improving the services provided by law enforcement to mentally disturbed subjects?

Comments:

1. We need a lot more services provided.
2. Education on entire department level.
3. An ongoing semi-annual class to bring officers up to date on new methods of handling disturbed persons, detecting the disturbed person, and protecting oneself when apprehending same.
4. Build and maintain files on subjects from the initial contact so that a history is available to the doctors and courts when necessary.
5. Occasional training class given to police officers in the field by staff members of CMHC.
6. Allowing officers to take persons who are known to have organic (brain) damage to Marin General when it is apparent they are suffering from infections, diseases, etc.
7. If the Mental Health facility is upgraded, Law Enforcement will refer more people, therefore actually helping more people.

4. GENERAL COMMENT:

A. What has been your most positive experience from this training?

Comments:

1. Can now understand some things I was very vague on before.
2. Awareness of services available at CMHC.
3. The ice is slowly being broken, people are talking to each other. Many problems have to be ironed out, but just having the opportunity to be with the staff at CMHC and relate to them my ideas and problems, letting them know my desire to learn and help, and getting their ideas and what they face, has been of great help.
4. Gaining a little more insight into the difficulties of the overall problem and those faced by both law enforcement and mental health.
5. The knowledge of actual operations of Unit B, and staff.
6. Seeing the overall picture from the viewpoint of the CMH staff.
7. An awareness of the duties and responsibilities of CMHC staff which was unknown before.
8. That there really is a place for disturbed people to go.

B. What has been your most negative experience from this training?

Comments:

1. I really did not have any.
2. Administering drugs (Thorazine) to patients and allowing them to leave when they want -- should be a minimum time limit to check for reactions.
3. I feel that some of the staff at CMHC are reluctant to put themselves out-- there is evident mistrust directed toward the officers on the unit. Possibly if there is more direct contact and communication between agencies, this problem can be done away with.
4. There seems to be a feeling of deep mistrust among many of the staff and law enforcement as well.
5. Long hours caused by working regular shifts, and attending training class.
6. The staff's belief that an officer's main concern or wish is to "bust" someone -- DISTRUST.
7. No participation when I was at Unit B for 8 hours.
8. The lack of supervision, control & structure while dealing with the patients-- The non-use of the trained people in their particular talents.

C. What specific thing have you learned which is of greatest value to your job?

Comments:

1. How the staff meets to go over all patients at beginning of shift.
2. A more specific understanding of the way in which CMHC functions.
3. What is required of the staff at the crisis unit, how they evaluate and what is required to hold a person, and the limits placed upon the staff worker.
4. It's a little early to make any comment either way.
5. The knowledge of the services provided to people in need of help by Unit B and staff members.
6. That Marin Mental Health is a crisis unit, not a mental institution (long range in-patient institution).
7. Can't really answer this as yet.
8. The actual reception and treatment of an admitted patient -- Since seeing the process, I am hesitant to refer future individuals.

D. What suggestions do you have to improve the cooperation between Law Enforcement and Mental Health?

Comments:

1. More meetings between both groups.
2. Short term ride-along program and rap sessions, followed by long-term monthly meetings to discuss procedure or specific problems -- identify and resolve.
3. It's in the works. Continued awareness of what each other is doing, and an attempt to get the activity together for a common goal. (How's that for a mouth full.)
4. A hell of a lot of hard work and effort.
5. Direct panel discussions, or at least more contact, between police officers and members of the staff at CMHC.
6. Get a clear definition of the laws barring CMH staff from relating information to police agencies.
7. Bring more personnel into this type of program.
8. Establish liaison officers who will sit with the Board Members at Mental Health -- Liaison officers to have voting power.

1. OFFICER REFERRAL SLIP AND PROCESS.

Place 3-part forms in the back of the referral manual. Hold last 3-part form against the back cover and print information. Use pressure to insure that 3rd copy is legible.

- A. Give original to client
- B. Immediately mail 2nd copy to : Mental Health Educator  
Community Mental Health Services  
Marin General Hospital  
San Rafael, California  
94904

If your department makes a daily run to Civic Center deliver to:

Room 400  
Community Mental Health  
Civic Center

- C. Immediately mail third copy to: Criminal Justice Planning Agency  
Civic Center, Room 180  
San Rafael, California  
94903

OFFICER REFERRAL SLIP

\_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Street Address) (City)

is referred to: \_\_\_\_\_  
(Name of Resource Agency)

\_\_\_\_\_  
(Address of Agency) (City) (Phone)

CONTACT PERSON: \_\_\_\_\_  
(Date to Report) (Time)

Services or Department to ask for: \_\_\_\_\_

Referred by: \_\_\_\_\_  
(Officer) (Department) (Date)

REFERRAL FOLLOW UP

Date of Follow Up \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Subject Name \_\_\_\_\_

Subject Ident. No. \_\_\_\_\_

Orig. Responding Officer \_\_\_\_\_

Referral Agency \_\_\_\_\_

Date of Orig. Incident \_\_\_\_\_

Brief Description of Incident \_\_\_\_\_

COMMENTS FROM REFERRAL AGENCY:

Agency Staff Contact \_\_\_\_\_

COMMENTS FROM SUBJECT:

Follow Up Conducted By \_\_\_\_\_

Name and Title \_\_\_\_\_

COMMENTS:

APPENDIX D

(REVIEW OF CONFIDENTIALITY ISSUE)

A REVIEW OF COUNTY COUNSEL'S OPINION CONCERNING LANTERMAN-PETRIS-SHORT ACT

AS WELL AS THE ISSUE OF CONFIDENTIALITY

TO: SID STINSON  
Undersheriff

DATE September 24 19 77

FROM: THOMAS G. HENDRICKS  
Chief Deputy County Counsel

Re: Confidentiality of Mentally-Disturbed Persons.

You have recently submitted to this office a series of 40 questions raised by peace officers in connection with the administration of the Lanterman-Petris-Short Act. Some of the questions were orally answered at the meeting sponsored by Bella Aaron in the Sheriff's Squad Room held recently.

Of the questions submitted numbers 3, 6, 8, 3 on the handwritten list, 15, 26, 27, 29 and 30 on the typewritten list are out of the realm of our knowledge and I have taken the liberty of referring them by this memorandum to Dr. Fleckles of the Community Mental Health Center.

Some of the questions which are within our area of supposed knowledge do not have easy answers, and for that reason I have set forth a lengthy exposition with our best opinion as opposed to our usual attempt to tell you what we think the law is.

You have asked several questions relating to confidentiality of patient information with respect to persons being treated for mental disorders or chronic alcoholism. Specifically in this area you have asked the following questions:

1. Why can't mental health give out the name of a person who was taken there under the name of John Doe by a police agency to the agency which brought him in?
2. When a police agency has a missing person report (possible mental case) why won't the hospital tell the agency if said person is there or not?
3. (20 on typewritten list) How can a peace officer check the progress of a patient once that patient is delivered to a hospital?
4. (25 on typewritten list) Is it possible for an officer to call Marin Mental Health and determine if a person is in their care?

Before this memorandum becomes bogged down in a mass of trivia, it should be noted that it is clear that Section 5328 of the Welfare and Institutions Code (all statutory references herein shall be to the Welfare and Institutions Code unless otherwise noted) has no application, in the opinion of this office, to

Sid Stinson  
Undersheriff  
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9-24-73

5328 HAS NO APPLICATION TO:  
ordered evaluations 4011.6 of the Penal Code situations or the situation where an individual is arrested for a violation of law, but rather than being booked into county jail is taken to a mental health facility. The points of law which follow then, are limited to the situation where the officer places the person with an evaluation facility pursuant to 5150 (72-hour hold) or has no official connection with the patient other than a need to know.

All of the above enumerated questions relate in one fashion or another to the proper interpretation of Section 5328, a copy of which section is attached for your convenience.

Basically Section 5328 provides with certain exceptions all information and records obtained in the course of providing services to involuntary or voluntary patients shall be confidential. The basic issue then is whether the whereabouts of an individual is information obtained in the course of providing services rendered, which information may be given to peace officers. A common sense approach would be to say that the mental condition of the patient is what is protected by Section 5328 but not his whereabouts, since that is something that can be learned by anyone without providing a service.

On the other hand, the Attorney General who is the legal advisor of the State Department of Health, which to a large degree supervises local mental health programs, has concluded that whereabouts of patients is rendered confidential absent a court order pursuant to Section 5328. 53 A.G.Ops.151(1970). The only exceptions to this sweeping opinion are as follows:

- A. Person sought for non-support of children.(11478.5 Penal Code).
- B. As necessary to protect federal and state constitutional elective officers and their families.(5328(g)W & I Code).
- C. Mentally disordered sex offenders indefinitely committed. (5328.2 W & I Code)
- D. Convicted arsonists. (11151 Penal Code)
- E. Convicted sexual psychopaths. (290 Penal Code)
- F. Illegal aliens. (4118 W & I Code)
- G. Through the gaining of the information by the Veterans Administration from the State Department of Health which information is presumably not confidential between the Veterans Administration and the peace officers. (4124 W & I Code)

H. From the State Department of Justice with respect to an application for explosives permit, concealable weapons, machine guns and destructive devices. (8104 W & I Code)

In the opinion of this office, the Attorney General's opinion is the proper one under existing statutes absent a court order requiring the information to be released. The Legislature has, in our opinion, been too specific in setting exceptions to the general confidentiality requirement for an exception to be implied. Of course, aside from the court order there are ways to get at the information set forth in 5328(b) (doctor releases with consent of patient), 5328(j) (from attorney of patient), 5328.1 (from patient's family), or 5328.3 (when voluntary patient is dangerous to self; others or gravely disabled and disappears and information is necessary for protection of patient or others).

In light of the foregoing authorities then the brief answers to your questions are:

1. The provisions of Section 5328 prevent the release of such information except in the circumstances outlined above.

2. Hospitals can only inform the police if the person is not there (presumably if he were told they can't answer the question, he is probably there).

3. (20 typewritten list) None of the exceptions noted above except with respect to the situation where the consent of the patient is obtained allow the officer to follow the mental condition of the patient, only his physical whereabouts.

4. (25 on typewritten list) See answer to No. 2 above.

Questions and Answers Continued;

1. (4 on handwritten list) Why is the order of evaluation served on a real dangerous person giving him time to either run or fortify himself before pickup?

Section 5206 regarding the order for evaluations signed by the Judge specifies the time and place to report for evaluation. Obviously if the person serving the order is a member of the attending staff or a peace officer and the person served is acting in a bizarre fashion, at the time of service the patient can be detained pursuant to Section 5150. In like fashion, if the Judge is satisfied there is need for immediate evaluation, the order can so provide.

2. (5 on handwritten list) Why is the Sheriff's Department called to transport subjects from halfway houses or other hospital

units back to Unit "B"? Doesn't the problem at this time belong to mental health?

Section 6800, among other sections, makes the Sheriff an available resource for the transportation of the mentally disordered. However, the situation you describe would seem more appropriately handled by Community Mental Health Center except for the question of cost. I would suggest that you attempt to work this out with the staff and administration of Community Mental Health Center.

3. (7 on handwritten list) Who's responsible for making up a standard form for walkaways pursuant to Section 7325 W & I Code?

The facility according to Section 7325 must clearly make "the written request".

4. (1 on typewritten list) Where does an officer take a person who is apparently mentally disturbed and a danger to himself or others or is gravely disabled?

The facilities designated by the Board of Supervisors of the County of Marin for evaluation where a person can be taken pursuant to Section 5150 are as follows:

- a. Marin Community Mental Health Center
- b. Marin General Hospital, Unit-A
- c. Ross General Hospital
- d. Any Veterans Administration Hospital

5. (2 on typewritten list) Does a person so taken into custody have any special rights? How do they differ from the rights of a criminal suspect?

The person taken into custody has several rights specified by statute in addition to those of a criminal suspect. A person involuntarily detained no matter how noble the motive behind the detention is entitled to due process of law according to recent decisions of the courts as well as statutory rights specified in Article 7, Chapter 2, Part 1, Division 5 of the Welfare and Institutions Code. For the most part these rights do not go into effect until the involuntary detention begins, at which point the peace officer is usually not legally involved so they will not be detailed here. The rights differ from those of a criminal suspect in many respects, but again detail would seem to serve little purpose.

6. (4 on typewritten list) Facility other than a designated hospital be used for detention?

Answer: no.

7. (5 and 6 typewritten list) What is a conservatorship? Who handles conservatorships in Marin County? What is a conservatee? How is one determined? - D4 -

The Probate Code provides for conservatorship of persons and/or estates when a person (herein after called the conservatee) is unable to take care of his person or business affairs. The Lanterman-Petris-Short Act provides that for persons who are found to be gravely disabled by a court, a person (grave disability is defined by Section 5008(h) as a person who as a result of mental disorder or chronic alcoholism is unable to provide for his basic personal needs such as food, clothing or shelter) may be involuntarily hospitalized or otherwise placed for a period of up to one year, subject to the conservator's right to petition for renewal. Petition for conservatorship may be filed only by the County Service Office in Marin County upon proper application by the head of a designated evaluation or intensive treatment facility or his designee. County Counsel represents the County Service Officer.

8. (7 on typewritten list) After receiving a bulletin concerning the escape of a conservatee, can an officer of the law apprehend the suspected conservatee, how certain must he be, what actions does he take?

Section 5358.5 provides (for once) a clear answer to this question. It provides as follows:

5358.5 W & I Code:

"When any conservatee placed into a facility pursuant to this chapter leaves the facility without the approval of the conservator or the person in charge of the facility, the conservator may take the conservatee into custody and return him to the facility. A conservator, at his discretion, may request a peace officer to detain the conservatee and return such person to the facility in which he was placed, pursuant to Section 7325 of the Welfare and Institutions Code. Whenever possible, persons charged with apprehension of persons pursuant to this section shall dress in plain clothes and shall travel in unmarked vehicles."

Obviously the officer must be satisfied that a conservatorship exists for the individuals involved and that the person making the request is in fact head of the facility or the conservator.

9. (8 on typewritten list) Who does the officer notify concerning the apprehension of a suspected conservatee?

The officer notifies the head of the facility from which the escape was made and the conservator.

10. (9 on typewritten list) How does the peace officer determine the suspect is in fact a conservatee?

Examination of the court order and the physical description given the officer just as in the criminal cases.

11. (10 on typewritten list) How does the handling of a conservatee differ from the handling of any other mentally disturbed person taken into custody?

From a legal standpoint there is no difference save that the officer need not place the individual in a facility pursuant to Section 5150.

12. (11 on typewritten list) Once taken into custody, how soon must the person be delivered to the appropriate hospital?

As soon as is reasonably possible.

13. (12 on typewritten list) How does a crisis situation change the requirement?

If by crises is meant that the patient is acting violently and the hospital is unable to handle the situation or refer you to a medical facility where he can be handled, the officer would appear to have little alternative other than to place in the county jail, pursuant to arrest for the violent behavior and deliver to the medical facility pursuant to 4011.6 of the Penal Code when the patient has cooled down, or release him.

14. (13 on typewritten list) When does police responsibility end and hospital responsibility begin? What about responsibility for removal of restraints?

Section 5150 would seem to provide guidance here. As soon as the officer has completely filled out the application and has contacted a member of the attending staff the responsibility would seem to be that of the hospital. Restraints should be removed by hospital authority only.

15. (14 on typewritten list) How does the peace officer handle the 5150 form?

An application must be filled out according to Section 5150 either at the time of admission or some time previously. These forms should be carried by the officers and should also be present at the facility.

16. (16 on typewritten list) What if the hospital officer refuses to admit the patient?

Pursuant to Sections 5150 and 5151 the facility may refuse to admit the patient. Section 5151 provides in pertinent part:

"If the facility for 72-hour treatment and evaluation admits the patient..." (Italics added).

The officer would appear, in the event of such refusal to

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have to seek another facility, arrest and place in the county jail, or release the person.

17. (17 typewritten list) What if an escaped conservatee crosses the county line: How is the peace officer notified? What action can officers of another county take? Can you pursue into another county?

So long as the conservatee remains in the state, Section 5358.5 would appear to be applicable even if a county line is crossed. Pursuit to another county would appear legally proper.

PLEASE NOTE: (remainder of questions as numbered on typewritten list correspond with numbers hereinafter shown) (Unless otherwise stated)

18. When a person is taken to a designated hospital in Marin County, what happens to him? How long is he initially held? How and under what circumstances is he held for a longer period?

Involuntary hospitalization depends entirely upon the diagnosis. If the individual is admitted involuntarily as gravely disabled, dangerous to self or others as a result of a mental disorder, he may be detained for up to 72 hours. If at any time during the 72 hours the evaluation takes place and it is found that one of the three conditions exists and the person has been advised but has not accepted voluntary treatment and the facility providing intensive treatment is qualified and equipped to render intensive treatment, such individuals may be certified for an additional 14 days of treatment. Further 14 day periods of intensive treatment may be imposed on suicidal persons under certain conditions and an additional 90 day period or periods may be imposed on persons dangerous to others and a person who is gravely disabled may be hospitalized for up to one year.

19. What procedure does a police official take to get a person already in jail and exhibiting bizarre behavior to a mental health facility?

Section 4011.6 of the Penal Code provides the answer here. The officer should take him to the mental health facility and admit him exactly as in the situation described by Section 5150.

20. (21 on typewritten list) Must a peace officer actually physically view conservatorship papers before taking action or may he act by information received on the phone?

The officer must be, of course, satisfied that conservatorship exists. If through long experience the officer recognizes the voice of the County Service Officer or someone connected with that staff, he would appear to be able to rely upon the telephone conversation.

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21. (22 on typewritten list) Who has the duty of service of conservatorship papers?

Such papers are served by staff of the evaluation facility.

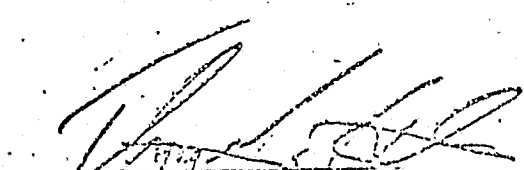
22. (23 and 24 of typewritten list) If while being served initial notice of conservatorship proceedings, the proposed conservatee exhibits strange or unusual behavior or demonstrative of grave disability; may he be taken into custody at that time? If so, where can he be taken and will he be accepted there?

Answer: Yes, pursuant to Section 5150 he may be taken to an evaluation facility and should be accepted there. It should be noted that this situation would seem to be extremely rare.

23. (28 typewritten list) Is there a minimum holding time to ensure thorough appraisal of patient so he won't be released too soon?

The decision to release or not release is vested in the discretion of the head of the mental health facility providing evaluation at the particular time. The law says the individual may be held for up to 72 hours and if the appropriate medical evaluation is made the patient can be released after two minutes, the law so allows.

Please let us know if we may be of further service in this matter.



May 30, 1974

(See below)

Bella H. Aaron

Senate Bill No. 607 passed the Legislature and was signed by the Governor on February 15, 1974.

I am enclosing a copy of this Bill for your information.

HIA:ng

TO: All Superior Court Judges  
All Municipal Court Judges  
Sheriff's Dept.  
Community Mental Health  
Attn: Balan Arakoni

cc: Dr. Robert Taylor  
Nick Lazszero  
Jay Shinohara  
Betty Prasley  
Chuck Gompertz  
Brian Dodd  
County-Counsel (Tom Hendricks)

Senate Bill No. 607

CHAPTER 22

*An act to amend Section 4011.6 of the Penal Code, relating to mentally disordered persons.*

[Approved by Governor February 15, 1974. Filed with Secretary of State February 15, 1974.]

LEGISLATIVE COUNSEL'S DIGEST

SB 607, Petris. Mentally disordered persons.

Requires specified confidential reports to judge or person in charge of jail concerning condition of prisoner appearing to such judge or person to be mentally disordered and caused by such judge or person to be taken to facility for treatment and evaluation.

Requires such judge or person in charge of jail to inform the facility in confidential writing of the reason that prisoner is being taken to such facility.

Makes legislative finding regarding nature of duties, obligations, responsibilities under act and provides that neither appropriation is made nor shall there be reimbursement of any local agency for any costs incurred by it pursuant to the act.

*The people of the State of California do enact as follows:*

SECTION 1. Section 4011.6 of the Penal Code is amended to read: 4011.6. In any case in which it appears to the person in charge of a county or city jail or any judge of a court in the county in which the jail is located that a person in custody in such jail may be mentally disordered, he may cause such inmate to be taken to a facility for 72-hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code and he shall inform the facility in writing which shall be confidential of the reasons that such person is being taken to the facility. Thereupon, the provisions of Article 1 (commencing with Section 5150), Article 4 (commencing with Section 5250), Article 4.5 (commencing with Section 5260), Article 5 (commencing with Section 5275), Article 6 (commencing with Section 5300), and Article 7 (commencing with Section 5325) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code shall apply to the prisoner.

If the prisoner is detained in, or remanded to, a facility pursuant to such articles of the Welfare and Institutions Code, the facility shall transmit a report, which shall be confidential, to the person in charge of the jail or judge of the court who caused the prisoner to be taken to the facility, concerning the condition of the prisoner. A new report shall be transmitted at the end of each period of confinement provided for in such articles.

2 607 25 101



If the prisoner is detained in, or remanded to, a facility pursuant to such articles of the Welfare and Institutions Code, the time passed therein shall count as part of the prisoner's sentence. When the prisoner is so detained or remanded, the person in charge of the jail shall advise the professional person in charge of the facility of the expiration date of the prisoner's sentence. If the prisoner is to be released from the facility before such expiration date, the professional person in charge shall notify the person in charge of the jail, who shall send for, take, and receive the prisoner back into the jail.

SEC. 2. Notwithstanding Section 2231 of the Revenue and Taxation Code, there shall be no reimbursement pursuant to such section nor shall there be any appropriation made by this act because the duties, obligations or responsibilities imposed on local government by this act are minor in nature and will not cause any financial burden to local government.

**END**