Training

Training: Supporting Skills and Competencies Beyond First Responders

2016 marked a year of increased dialogue around law enforcement, first responders and their interaction with people in mental health crisis. High profile incidents that resulted in the shooting deaths of individuals in mental health crisis took place in California and called attention to the complex challenge of identifying what could have been done better in our perspective roles (criminal justice and behavioral health) to prevent such tragedies. Questions regarding whether there is adequate support of community correctional officers to provide effective response and supervision for the justice-involved with mental illness repeatedly surfaced with constituencies and stakeholders. Considering the growing interactions taking place with individuals with mental illness, are we aiding officers to get the support and care they need to manage their own stress and the potential impact of trauma experienced on the job? COMIO explored these questions this year, some with more capacity than others. In this section of the report the categories of *investigate, identify, and promote* are used to examine these challenges, recognize existing opportunities, and encourage future adoption or exploration of promising strategies. Above all COMIO found that investments in training are only as effective as the commitment to culture change – one where stigma has no place in determining action rather, action is guided by skills and reasonable empathy.

In California there is an existing commitment to improving law enforcement's interactions with individuals, and often their families and loved ones, who are experiencing a mental health crisis. In 2015 legislation was signed by Governor Brown requiring the following:

- Field Training Officers (FTO) must have 8 hours of behavioral health crisis intervention training,
- FTO must have 4 hours of crisis intervention behavioral health training as part of the Field Training Officer Course,
- The Commission on Peace Officer Standards and Training (POST) must conduct an evaluation of the required competencies of the FTO program and Police Training Program,
- The Regular Basic Course taught in the academy - Learning Domain 37 Mental Health - must be at least 15 hours, and
- POST must develop and make available three hours of training to law enforcement personnel as it relates to behavioral health.[80]

COMIO was pleased to participate in the process of implementing these new requirements and contributed to updates and new learning objectives that will meet these new requirements. Despite this, COMIO maintains that these additions are only minimum requirements and that more can be done to support law enforcement with having multiple opportunities for enhanced training and skill building. In addition to support for enhanced crisis intervention training, the Investment in Mental Health Wellness (IMHW) Act of 2013 has provided significant opportunities to improve crisis response infrastructure in California. As reported in Text Box E the act supports counties to develop or enhance crisis response strategies. The following section investigates how to best maximize these opportunities.

Investigate: Study the Problem and Assess Challenges

Finding: Seize opportunities to expand crisis intervention training and models, learn more about what works and does not work

Intercept one, crisis response strategies, are essential to effectively preventing incarceration. Law enforcement and mental health encounters are numerous (roughly 1 in 10 calls) and among the most complex and time-consuming calls for law enforcement to respond to. In the last decade, especially in California with the addition of resources from MHSA, several different models of police-mental health collaborations have emerged to provide crisis response skills and services for pre-booking diversion strategies. In October the BJA launched a toolkit to support law enforcement entities around the country to plan and implement public safety responses to people who have mental illness. As part of this project Los Angeles and Pasadena serve as "learning sites" that host site visits for officers from other departments nationwide. According to the toolkit, there are five general models of crisis response as described below:[81]

- Crisis Intervention Team (CIT) – According to CIT International, CIT is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates. It is a first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions, access medical treatment rather than place them in the criminal justice system due to illness related behaviors. It also promotes officer safety and the safety of the individual in crisis The CIT Model was first developed in Memphis and has spread throughout the country. It is known as the "Memphis Model." The model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system, and creates the context for sustainable change.[82] (e.g. San Mateo)
- Co-Responder Team – A team where a specially trained officer and a mental health crisis worker respond together to mental health calls for service. The expertise of the officer and the mental health professional combine to effectively link people with mental illness to services or provide other efficient responses as appropriate. (e.g. Sacramento)
- Mobile Crisis Team – A team of mental health professionals respond to calls at the request of officers, family members or the general public. These teams work to help stabilize encounters and assume responsibility for securing mental health services. (e.g. San Diego)
- Case Management – Officers work in collaboration with mental health professionals to carry a caseload of consumers who engage in frequent interactions with law enforcement. Case managers work to develop solutions that are specific to individual needs to reduce repeat interactions. This approach aims to encourage individuals to stay connected to mental health services, adhere to a treatment plan, and to fulfil other responsibilities such as work, school or training. (e.g. LAPD)
- Hybrid Approach – A law enforcement agency intentionally selects various response options to build a comprehensive and robust program. The agency begins with the expectation that every patrol officer must be able to respond effectively to mental health calls and enhances their patrol force with officers or detectives whose primary responsibilities are to liaise with stakeholders and to coordinate criminal justice and mental health resources.[83] (e.g. LAPD)

With such a variety, what does the evidence say is the most effective and why? This is a critical assessment which COMIO did not have the capacity to conduct this year but strongly argues that it needs to be done in the near future. For the purposes of this report, COMIO was able to begin this assessment. According to an analysis presented to COMIO from the University of California (UC) Davis which is currently *in press*, the evidence for the effectiveness of police-based pre-booking diversion programs in reducing arrests of people with mental illness is limited.[84] The analysis conducts a systematic literature review to examine the state of knowledge regarding the effectiveness of police-based pre-booking diversion programs in addressing the criminalization of mental illness. Two of the above types of interventions were examined, CIT and mobile crisis units. While there are limitations to the study, the authors concluded that while CIT and mobile crisis units did significantly increase the probability of people accessing mental health services, it was not associated with reduced arrests.[85] The authors believe one of the reasons why is due to the nature of the reason for police contact, which is law enforcement fulfilling their role to arrest in hopes of accessing treatment.

An alternative that may have impacts on arrests noted in the study is a program called Neighborhood Outreach Scheme (NOS), a model consistent with the case management and hybrid models discussed above. The program is designed to preempt crisis and police contact by using a community psychiatric nurse who accepts referrals from police and mental health specialists to follow-up on vulnerable people from the neighborhood. These are individuals who do not meet the criteria for crisis response but could be a risk of future police contact. [86]In other words, while training police and having crisis response models is important to accessing mental health services, if the goal is to reduce arrests then mechanisms that build capacity for non-police response to mental health crisis need to be considered.

Recommendation 1c. Encourage the Center for Behavioral Health Excellence at UC Davis who has already begun to assess the effectiveness of police-mental health collaborations, to identify the critical ingredients for the most measurable impacts among various crisis response programs. Such an analysis could be helpful to direct investments in training and programs statewide and locally.

These findings also raise the issue of what else might be out there, and who else should be trained to be as effective as possible in reducing outcomes. Are outcomes being achieved such as reduced use of force and unnecessary arrests, or improving referrals to services and rates of successful crisis resolution? There are dozens of entities, particularly those that represent the viewpoints of consumers of services and their family members, which provide additional training ranging from recovery and wellness to suicide prevention and crisis management. What if a full 40 hours of CIT is not plausible or as relevant as other skill building opportunities, do we know what should absolutely be available beyond crisis management and de-escalation techniques? Could additional critical elements to training include addressing stigma and bias and teaching empathy and respect? How can such opportunities for additional training be made available to other key first responders including fire, emergency medical services, emergency psychiatric services, and beyond?

Recommendation 2c. COMIO can work with partners in the field and researchers to develop recommendations regarding what competencies are critically needed for which populations (i.e. dispatcher vs emergency room technician) and help identify how training and skill-building can be resourced.

Finding: More could be done to understand the challenges law enforcement and community corrections professionals face in the field

Today there is general acknowledgment that law enforcement and correctional officers experience a significant amount of stress and trauma in the workplace. COMIO's intent is not to investigate research on this subject in detail, but to address an observation. COMIO observed that the impact of stress and trauma does not appear to be well-known or understood among stakeholders in diversion practices. To support the well-being of individuals with mental illness, we cannot ignore the well-being of those they interact with in the criminal justice system. Furthermore, an improved understanding of what officers' experience can support the kind of empathy needed to facilitate common ground and collaborative criminal justice-behavioral health partnerships.

Police and corrections work is challenging and "officers often experience potentially traumatic incidents that may jeopardize their own lives or the lives of their fellow officers."[87] Similar to other professions there are operational and organizational stressors, but the level of traumatic stressors exceeds the average job. Traumatic stress differs in a number of ways, including the event being unexpected, causing distress, possibly overwhelming coping capacity, and having the potential to alter the way one views the world. [88] Examples of primary traumatic stress range from witnessing violent incidents like motor vehicle fatalities, child abuse, and suicide to being assaulted or threatened repeatedly. Symptoms from traumatic stress are physical (muscle tension), cognitive (numbness, rumination), emotional (irritability, depression), and behavioral (alcohol/ drug use, sleep disturbance). In addition, secondary traumatic stress is experienced and often referred to as "compassion or corrections fatigue." On a daily basis, these professionals are exposed to interacting with victims, conducting pre-sentencing investigations, or having to observe violence or witness co-workers harmed in the line of duty. Vicarious trauma, which is exposure to someone else's trauma, can cause a change in how one views the world, most often increasing suspicion, cynicism and intrapersonal relationship problems while reducing empathy.[89] In the most extreme cases, repeat and prolonged exposure to trauma can result in post-traumatic stress disorder. In short, police and corrections work can result in psychological distress, burnout, and maladaptive coping mechanisms, all of which have a personal and professional toll.

Recommendation 3c. COMIO will seek opportunities to raise awareness about the impact of trauma and stress on law enforcement and correctional professionals to increase understanding and support collaborative criminal justice-behavioral health partnerships.

Finding: More resources are needed for law enforcement and community corrections professionals to support their wellness and improve outcomes for those they interact with who have mental illness

A recent survey of the membership of the American Probation and Parole Association (APPA) found that nearly a third of respondents reported four or more primary traumatic events in their career, but only a third felt "somewhat" supported by their agency after the primary traumatic event.[90] There are several things that can be done to support law enforcement and community corrections professionals from the impact of trauma and any potential unintended impact on those they interact with. Education and training can be provided, even at the cadet and academy training level, so that officers are aware of the possible impact of trauma and how to identify signs and changes in behavior that may signify a potential problem. It is also critical to have a work culture that promotes healthy coping and self-care practices.[91] Peer support programs have been growing in

popularity and have several benefits such as providing help to those who might be reluctant to access external resources. Peer support programs can focus on meeting the needs of employees experiencing secondary and vicarious trauma and the offer of peer support services should be procedural following incidents associated with high stress.

But others argue that while peer support officers are dedicated, caring and giving people, "many programs are voluntary and lack support in areas such as budget, training, and compensatory time or detail."[92] Many departments have dedicated police psychologists and Employee Assistance Programs (EAP), although these typically focus on resolving issues once they develop, not on preventing them.[93] EAP programs receive mixed reviews from officers for reasons that range from distrust of the licensed therapist due to being an outsider, to challenges finding and maintaining a consistent therapist. Officers often experience unique and complex issues, and even the most skilled counselors determine they need to develop a basic understanding of law enforcement culture.[94]

Some advocate that it is time to move beyond peer support and EAPs and move towards proactive efforts, like the Indianapolis Metro Police Department (IMPD) who support officer wellness by:

- Improving the screening and application process,
- Recruiting for physical, behavioral and mental health,
- Providing formal mentoring from day one on the job,
- Providing spouse and family education and support programs,
- Providing career development support, and
- Providing financial and retirement planning.

With support from the union and police leadership, IMPD created a full-time confidential officer advocacy program that encourages officer development through formal mentoring, education on stress management, and identification of available resources.[95] The IMPD wellness and development program oversees physical and mental health referrals through a network of prescreened resources—medical, professional, clinical, and educational. The program is credited with helping officers strengthen family relationships and careers. The National Law Enforcement Officers Memorial Foundation and U.S. Attorney General Loretta Lynch have honored the program, which in a 4-year period reduced disciplinary referrals by 40 percent.[96]

Recommendation 4c. Invest in a comprehensive review of best practices in Officer Wellness and Peer Support Programs, including models from other states and countries. Investigate whether there is evidence to suggest that officer wellness is linked to improved outcomes for the justice-involved, like reduced critical incidents, use of force, and improved behavior.

Identify: Recognize and Examine Existing Opportunities

Finding: By building relationships and providing resources, current opportunities to strengthen skills for law enforcement and community corrections can achieve outcomes

This year COMIO became aware of a significant number of enhanced training activities across the state, but for these opportunities to be capitalized on, strong relationships and resources are needed. Law enforcement and community corrections expressed support and eagerness for more skills to effectively communicate, de-escalate, supervise and support individuals with mental illness

who are justice-involved. In addition to the implementation of new mental health training requirements under POST, BSCC has begun a comprehensive process to review and propose updates to core training requirements for Adult Corrections Officers (ACO), Juvenile Corrections Officers (JCO), and Probation Officers.[97] The training requirements are specific to each classification and are based on a job analysis that identifies what skills and abilities are needed to perform job duties. Currently there are specific courses and hours dedicated to mental health training issues, as well as, mental health training woven into related classes like interpersonal communication. A group of subject matter experts from both behavioral health and criminal justice has been convening to advise such revisions and COMIO has been pleased to participate. Some of the key issues experts noted:

- Start by making it clear that it is an expectation of the job to work appropriately and support the well-being of people with mental illness,
- Consider including mechanisms during screening to support selecting individuals that will work appropriately with individuals with mental illness,
- Move beyond teaching people about the myths and misperceptions of what mental illness is and instead work with peers of the trainees to disclose personal experiences with mental illness. Hearing from individuals about their experiences is the most effective way to erode stigma, and
- Use scenario-based and role-play learning so there are multiple opportunities to practice skill sets.

In addition to the dozens of counties with CIT programs for law enforcement, several counties also are providing or developing additional mental health training specifically for custody staff such as Santa Clara who is offering an additional 16-hours and the LA Sheriff's Department that is providing an additional 32-hours.

Recommendation 5c. Request that CDCR share lessons learned from the Commission on Correctional Peace Officer Standards and Training (C-POST) revision of curriculum to include 24 hours of crisis de-escalation into existing training with the BSCC or other community correctional systems that are in the process of strengthening this type of training.

Recommendation 6c. Encourage POST and/or BSCC to explore the use of an application process for cost reimbursement to law enforcement and community correctional entities for enhanced crisis intervention and mental health training that can document a need and commitment to maximize training opportunities.

By building relationships between mental health (consumers, family members, providers and administrators) and criminal justice (law enforcement, community corrections professionals, courts) constituencies a better understanding of community resources and perspectives can be gained and exchanged. Many law enforcement entities participate in community service planning meetings, such as MHSA stakeholder meetings or host their own community forums to receive feedback regarding community needs. Organizations like the NAMI (http://namica.org), Mental Health America of California (MHAC), (www.mhac.org), and the California Association of Mental Health and Peer run Organizations (CAMHPRO) (https://camhpro.org) offer their own trainings and may be available to support skill building on understanding cultural and generational differences, working with families effectively, and strategies to foster recovery and wellness for individuals with mental illness.

Recommendation 7c. COMIO will encourage criminal justice constituencies to visit mental health programs and vice versa for mental health constituencies to better understand each other's perspectives and leverage resources. COMIO can use workshops and educational site visits to support such cross-system collaboration.

Finding: Invest in the criminal justice and behavioral health workforce, especially the nexus between the two

While more work is needed to understand and implement effective integrated correctional and behavioral health programs as discussed previously in this report, in the interim supporting the use of evidenced-based practices and building a workforce that can implement them, can be a priority. Below are a few examples of effective programs that COMIO identified in 2016:

- Specialty Mental Health Probation – Justice-involved individuals with mental illness are assigned to be supervised by a specialty trained probation officer with a relatively small caseload. Practices include establishing a fair, firm, and caring relationship with probationers and avoiding heavy reliance on negative compliance strategies. Researchers report that this form of supervision results in better officer's practices (e.g. problem solving and boundary spanning), greater rates of treatment involvement, and lower rates of violations.[98]
- Cognitive Behavioral Interventions Comprehensive Curriculum (CBI-CC) – This curriculum has been developed to include justice-involved individuals with mental illness to participate in structured interventions that target all criminogenic needs and is designed to manage risky, difficult, or challenging situations by developing more prosocial thoughts, attitudes, and behaviors. The model was piloted both in custody and in community-based mental health programs for men and women.[99]
- Cognitive Behavioral Interventions for Offenders Seeking Employment (CBI-EMP) – This curriculum addresses thought patterns and behaviors that would be barriers to sustain employment for those with significant employment needs. Through the five modules, individuals learn how to manage challenging situations in the workplace. Reentry, custody and community corrections staff can all be trained to provide these interventions.[100]
- Correctional Program Checklist (CPC) – Is a set of tools that evaluate the extent to which correctional programs adhere to the principles of effective interventions. The CPC assists agencies (e.g. Probation Departments) to develop and improve the services provided to justice-involved populations, monitor contracts for performance and fidelity, and support research on the effectiveness of correctional treatment programs. San Diego County has implemented the CPC and identified six common issues that lead to success: never mix high and low risk, target criminogenic needs 4:1, consistently practice and rehearse prosocial responses, use validated assessment tools for measuring RNR, don't mix genders, and formal training and protocols and necessary.[101]

A common concern expressed was that the existing behavioral health workforce had not been exposed to evidence-based correctional interventions and might not be familiar with and even harbor their own biases towards individuals who have been justice-involved. Curriculum for skill building in the area of servicing the justice-involved could be made more available through entities that provide continuing education credits for licensed professionals. Considering the extensive need for such skills, educational institutions that are training and producing future behavioral

health professionals should consider the addition of learning modules into core curriculum about working with the justice-involved into core curriculum or as an area of elective study.

Recommendation 8c. COMIO will share the findings from the 2016 report with key professional guilds and educational institutions, and request further dialogue about strategies that can support the need for skill building for core correctional services among behavioral health providers.

Promote: Training and Officer Wellness

Throughout the year COMIO was honored to hear testimony, visit, or research efforts to support skill-building and officer wellness. This section of the report provides brief highlights from several of the programs reviewed.

California Highway Patrol (CHP) Mental Illness Response Program (MIRP)

In response to a growing emphasis on law enforcement interactions with mental health consumers and to ensure the appropriate competencies were provided to officers, CHP established the MIRP unit in early 2014. The unit has strong support from CHP leadership, and is a piece of a much larger commitment to a cultural shift supported by policy change that measures improvements in CHP officer interactions with individuals in mental health crisis. The MIRP unit coordinates and is responsible for the Crisis Intervention Behavioral Health training for both uniformed and non-uniformed CHP employees. The MIRP unit created its curriculum by drawing on expertise from other law enforcement officers as well as mental health advocates and consumers. To meet departmental training needs, the MIRP unit has developed a 4-phase approach to training:

- Eight-hour training for all CHP employees,
- Additional four-hour training for all uniformed managers,
- Additional 12-hour training at local level for Sergeants and Officers, and
  Additional 20-hour advanced skill training for Sergeants and Officers.

Additional training includes:

- Academy Basic Course for Cadets - 15 hours
- Field Training and Evaluation Program – 4 hours
- Middle Management Training Course – 2 hours
- First-Line Supervisors – 2 hours
- Drug Evaluation and Classification Program – 2 hours
- CIT for Public Safety Dispatcher – In development
- Non-uniformed “Professional Staff” – In development
- 32-hour allied agency CIT Instructor course, this will allow CHP to instruct the CIT curriculum to allied agencies throughout California. This allows for standardized statewide training curriculum as well as provides assistance to agencies which may not possess the resources necessary to develop and implement CIT training.

COMIO honored CHP Commissioner Farrow and the MIRP with a Best Practices Award in November for efforts to implement best practices and supportive partnerships with critical constituencies such as NAMI, CBHDA, DHCS, and POST.[102]

Los Angeles County Police Department Mental Evaluation Unit (MEU)

COMIO was graciously hosted twice by various staff from this unit, as well as, partnering staff from LADMH. The collective goals of the program include:

- Preventing the unnecessary incarceration and/or hospitalization of individuals with mental illness,
- Providing alternative care in the least restrictive environment through a coordinated and comprehensive system-wide approach,
- Preventing the duplication of mental health services, and
- Facilitating the speedy return of police patrol units to patrol activities.

There are several elements of the overall program which include:

- Multi-layered approach that includes co-response teams, follow-up case managers, and triage/dispatch operators,
- Embedded mental health professionals,
- Comprehensive data collection and information sharing procedures,
- Robust training strategy that includes 40-hour mental health intervention training, and
- Mental Health Crisis Response Program Advisory Board to support community outreach and engagement.

Some of the lessons learned, shared by staff of the various programs within the MEU, including the System-wide Mental Assessment Response Team (SMART), the Case Assessment Management Program (CAMP), Triage and Training are:

- Cultural change begins with leadership establishing goals rather than minimum standards. Policies and procedures shift behavior towards goal attainment. Training can sustain and reinforce change but never propel it,
- Outreach, education, and partnership with the community is essential to making crisis response programs work,
- Skills are important but attitude is essential. Focus on the attitude of the officer and support him or her to see people with disabilities as deserving respect and empathy,
- Use data at every opportunity as it can tell a story about where efforts are needed to reach leadership's goals,
- Use technology to identify people and support partnerships with other first responders like fire and emergency medical services,
- Operate within a much larger system recognizing that effective crisis response can only work if other elements are in place, such as triage services and drop-off locations, and adequate housing and service alternatives to incarceration, and
- Consider alternatives to police for crisis response, such as using nurse practitioner response units that can provide medical clearance for diversion to a mental health alternative.

The BJA has acknowledged LAPD MEU as a distinguished training site and with such a resource COMIO strongly supports agencies in need of training or technical assistance to reach out to LAPD MEU.[103]

CDCR 28-Hour Communication and De-Escalation Techniques Curriculum

In 2015 CDCR adopted a revised 28 hours of curriculum for all basic correctional officer academy cadets to support skill sets to resolve conflict at the lowest and least invasive level as possible. Some sample learning objectives include:

- Use of active listening skills,
- Strategies to prevent the escalation of conflict,
- Understanding techniques that assist in communicating with inmates who have a mental illness,
- Identification of adaptive support services,
- Understanding of conflict resolution,
- Use of the 4 stages of de-escalation,
- Understanding of common mental health disorders, and
- Understanding of when to make mental health referrals.

These skills are in addition to skill building, specific to inmates with mental illness while at the academy, such as use of force training, understanding services provided by the correctional mental health, the role of rehabilitation and rehabilitative services, services prevention, etc. CDCR's intensive experience with inmates who have serious mental illness could be helpful to community corrections professionals providing custody services who may not have had the same exposure to such inmates for a significant duration of time. COMIO encourages an exchange of lessons learned.[104]

CDCR Peer Support Program (PSP)

This program ensures that staff involved in work related critical incidents are provided with intervention and available resources to cope with the immediate effects of a traumatic incident. Local PSP teams are available at each CDCR location and consist of volunteer trained custody and non-custody staff who will listen, answer questions, and offer resources to help the employee deal with his/her situation in a confidential environment. The PSP also has a Suicide Prevention/Intervention Program and a Military Peer Support Program for military service employees. There are over 1,200 CDCR trained peer supporters.

The program is located within the Office of Employee Wellness that produces a monthly series of educational events to support the health of employees, including emotional well-being. The office hosts events in support of Mental Health Awareness Month and Suicide Prevention week and provides weekly tips and resources to achieve and maintain positive health.[105]

Los Angeles Sheriff's Bureau of Psychological Services

The bureau provides accessible and confidential psychological services to staff of the Sheriff's department and is one of the largest law enforcement psychology services in the country. The bureau uses psychology and the behavioral sciences to enhance the welfare of its employees, its organizational efficiency, and its law enforcement mission. It provides therapy and support services but also training and evaluation services. Most of the bureau staff participate in the 24/7 on-call emergency response service. The Department has started making a number of these services available, through a Memorandum of Understanding (MOU), to the Los Angeles County Department of Probation.

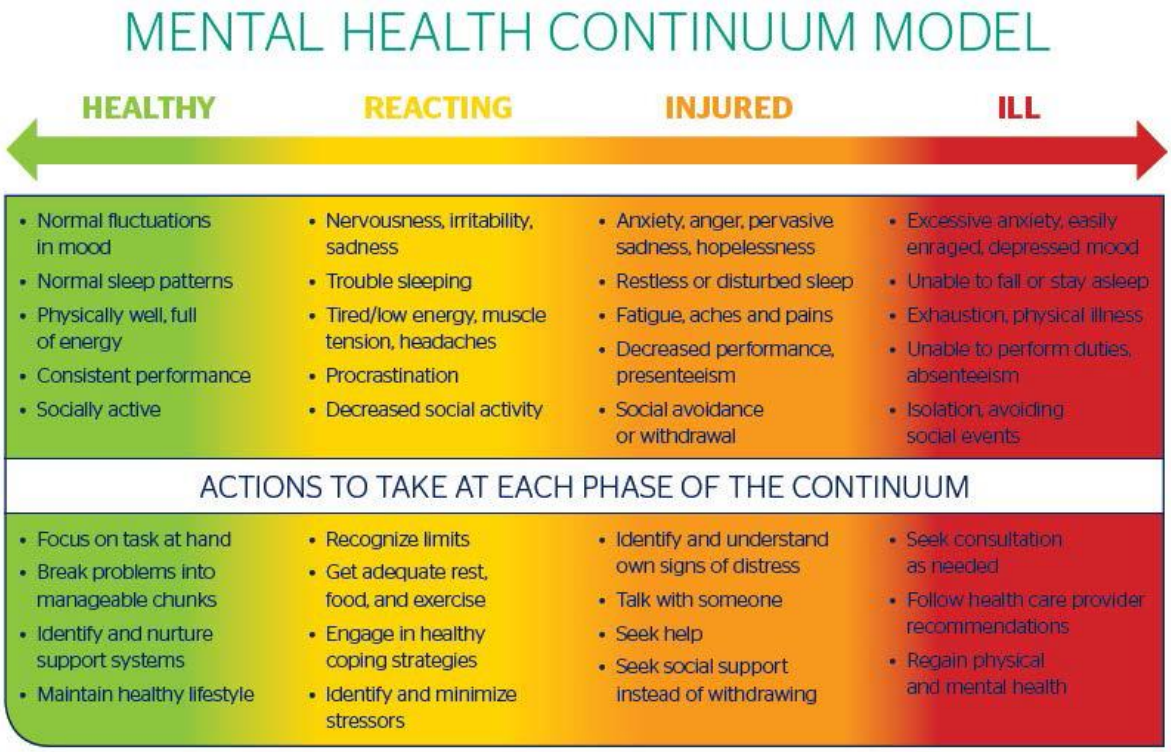
COMIO felt the work of the bureau was unique in that it offered support above and beyond what can be provided through PSP and EAP. The bureau also maintains a commitment to addressing stigma by deploying staff to institutions to provide lunch-time seminars and conduct other forms of outreach and engagement.[106]

Road to Mental Readiness (R2MR) for law enforcement, first responders, and correctional staff – The Mental Health Commission of Canada

The R2MR is a unique program designed to both reduce the stigma associated with mental illness and to address and promote the mental health and resiliency in the law enforcement/first responder/and correctional workplace setting. The program began as an initiative of the Canadian Department of National Defense and has been adapted for several additional workplaces. Training modules are centered on the mental health continuum model see Figure 3 which is a self-assessment tool to teach participants indicators of positive, declining, or poor mental health. The program aims to create health workplaces and workers where staff and supervisors are trained not only to monitor their own wellness, but identify behaviors in others who might be in need of further support. Cognitive behavioral techniques are taught to help manage stress and resiliency with the goal of creating a healthy worker and therefore a healthy approach to conducting work in crisis response.

The program has demonstrated success with returning military with pre-post tests showing medium to large positive effects on attitudes towards mental health and help-seeking and feeling of self-efficacy.[107] R2MR is currently being evaluated by health economists to measure cost effectiveness over a three-year implementation period. If the program demonstrates reduced days of lost work and productivity, in addition to, improved health and well-being measures, examining applicability to California would certainly be warranted.[108]

Figure 3



Source: Mental Health Commission of Canada, November 2016

---

[80] For more information visit POST at: https://www.post.ca.gov/crisis-intervention-behavioral-health-training.aspx

[81] Council of State Governments Justice Center (2016). *Police-Mental Health Collaboration Programs – A Different Way of Policing* available at: https://csgjusticecenter.org/law-enforcement/webinars/police-mental-health-collaboration-programs-a-different-way-of-policing/

[82] For more information please see http://citinternational.org/

[83] Council of State Governments Justice Center (2016). *Police-Mental Health Collaboration Programs – A Different Way of Policing* available at: https://csgjusticecenter.org/law-enforcement/webinars/police-mental-health-collaboration-programs-a-different-way-of-policing/

[84] Dewa, C. (2016). Evidence for the Effectiveness of Police-Based Pre-Booking Programs in Decriminalizing Mental Illness: A Systematic Literature Review. IN PRESS

[85] For more information see: http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/Sept14/PrebookingDiv_091316FIN.pdf *Ibid*, UC Davis Study

[86] Earl et al 2015

[87] Anderson, J.P., and Papzoglou, K. (2015). Compassion Fatigue and Compassion Satisfaction among Police Officers: An Understudied Topic. *International Journal of Emergency Mental Health and Human Resilience, Vol. 17, (3), pp.661-663.*

[88] Surviving the Trenches: The Impact of Trauma Exposure on Corrections Professionals (2015) Council of State Governments, available at: https://csgjusticecenter.org/nrrc/webinars/surviving-the-trenches-the-impact-of-trauma-exposure-on-corrections-professionals/?utm_source=CSG%20Justice%20Center%20Primary%20List

[89] Steed, L. G. & Downing, R. (1998). A phenomenological study of vicarious traumatization amongst psychologists and professional counselors working in the field of sexual abuse/assault. *The Australasian Journal of Disaster and Trauma Studies,* 1998-2.
[90] Lewis, K. (2016). *Surviving the trenches: The impact of trauma exposure on correctional professionals*. A webinar hosted by the National Reentry Resource Center and the American Probation and Parole Association February 17, 2016.
[91] *Police-Mental Health Collaboration Programs – A Different Way of Policing* available at: https://csgjusticecenter.org/law-enforcement/webinars/police-mental-health-collaboration-programs-a-different-way-of-policing/…
[92] Nanavaty, B.R. (2015). Addressing Officer Crisis and Suicide: Improving Officer Wellness. Federal Bureau of Investigation Law Enforcement Bulletin. Available at: https://leb.fbi.gov/2015/september/addressing-officer-crisis-and-suicide-improving-officer-wellness
[93] U.S. Department of Health and Human Services, Federal Occupational Health, "Employee Assistance Programs," available at: *http://www.foh.dhhs.gov/services/EAP/EAP.asp*.
[94]Nanavaty, Addressing Officer Crisis and Suicide: Improving Officer Wellness
[95] Police One, "Police Wellness Program," BLUtube website *http://blutube.policeone.com/health-physical-and-mental-fitness-videos/2805777683001-police-wellness-program/*.
[96] http://www.wfyi.org/news/articles/nations-top-cop-lauds-impd-for-officer-wellness-program;Bureau of Justice Assistance and the National Law Enforcement Officers Memorial Foundation awarded IMPD the 2015 Destination Zero award for law enforcement safety and wellness programs.
[97] For more information see materials shared with the COMIO training committee on August 17, 2016 at http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/Aug17/BSSC%20Training%20and%20Mental%20Health%20.pdf
[98] Manchak, S.M., Skeem, J.L., Kennealy, P.J., & Eno Louden, J. (2014). High-Fidelity Specialty Mental Health Probation Improves Officer Practices, Treatment Access, and Rule Compliance. *Law and Human Behavior.* http://dx.doi.org/10.1037/lhb0000076
[99] For more information: https://www.uc.edu/corrections/services/trainings/changing_offender_behavior/cbi-cc-training-overview.html
[100] For more information: https://www.uc.edu/corrections/services/trainings/changing_offender_behavior/cbi-emptrainingoverview.html
[101] Information about the CPC was presented to COMIO on August 17 2016 and is available at: http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/Aug17/The_CPC_and_Promoting_Effective_Practices_for_JI_Youth_and_Adults.pdf
[102] MIRP presentation to COMIO is available at: http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/CHP_MIRP_Training_Speaking_Points_for_COMIO.pdf
[103] Please see materials from the April 13th COMIO meeting at: http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/April20/MEU%20Program%20Outline%20updated%20UPDATED%204-13--2016.pdf and https://csgjusticecenter.org/wp-content/uploads/2015/05/LAPDOverview.pdf
[104] For more information about CPOST visit: http://www.cpost.ca.gov/
[105] For more information visit: http://www.cdcr.ca.gov/Wellness/psp.html
[106] Please see materials from the April 13th COMIO meeting at: http://www.cdcr.ca.gov/COMIO/meetings-2016.html
[107] Zamorski, M.A., Guest, K., Bailey, S., & Garber, B.G. (2012). Beyond battlemind: evaluation of a news mental health training program for Canadian forces personnel participating in third-location decompression. *Military Medicine, 177(11), 1245-1253.*
[108] For more information visit: http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page and http://www.mentalhealthcommission.ca/sites/default/files/1%252520PG%252520R2MR%252520Police%252520Backgrounder%252520ENG_0_0.PDF