EXHIBIT V

Cleveland Division of Police
40 Hour CIT Curriculum
Developmental Disabilities Lesson Plan (version: reviewed)

Title of Lesson: Developmental Disabilities

Assigned Course Number: TBD

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Approving Authority: PENDING

Overview:

The Developmental Disability module of the 40 Hour Curriculum is a 90 minute module designed to provide participants with an overview of the behavioral and social aspects of Developmental Disabilities and the ways in which those can present challenges to the community at large and to police officers in particular. Special emphasis is placed on striking a balance between dispelling myths around those with Developmental Disabilities while also highlighting commonly seen features which can present a particular challenge to law enforcement. The module uses video examples, class discussion and lecture, factual knowledge, and identifies specific techniques which can assist officers in resolving crisis situations involving those with a Developmental Disability. Key resources available from the Cuyahoga County Board of Developmental Disabilities are also shared.

1. Understanding what a Developmental Disability is and the various forms that it takes.
2. Identify the national emphasis on serving people with Developmental Disabilities in the community as opposed to institutions and the ways in which this both enhances quality of life, but the emphasis on serving individuals with Developmental Disabilities in the community can also expose individuals to new dangers.
3. Discuss specific techniques for officers to use when called to a scene involving a crisis with a person with a Developmental Disability
4. Discuss Autism Spectrum Disorders in terms of key diagnostic features, increased likelihood of involvement with law enforcement and unique challenges which affected individuals can present to law enforcement
5. Provide a brief overview of law enforcement-relevant resources available through the Cuyahoga County Board of Developmental Disabilities

Course Goal(s):

The goal of the Developmental Disabilities module is to provide participants with knowledge of behavioral features and associated interactional techniques to facilitate crisis intervention techniques that are effective while minimizing the use of force.

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Course Objective(s):

Upon completion of the Developmental Disabilities module participants will be able to:

1. Understand the nature of developmental disabilities
2. Learn of the challenges in supporting people with developmental disabilities in the community
3. Review key points in interacting with people with developmental disabilities
4. Know Key Resources: Cuyahoga County DD Board

Methodology:

Participants will be taught by a pair of instructors: a Developmental Disability professional and a law enforcement officer. A power point presentation will serve as an instructional aid and will include multiple short video examples as well as key facts. The instructors will also use class discussion to increase participant interest and involvement.

Target Audience:

Cleveland Division of Police Officers selected to serve as a Specialized CIT Officer

Class Size:
TBD

Evaluation Process:

Participants will complete a post-test which will examine acquisition of key points. Participants will be required to answer at least 70% correct. The exam will focus on the application of key points to the officers duties when responding to a crisis events. Officers will be provided with brief written or video-based scenarios involving a person with a developmental disability. The officers will then be presented with questions designed to assess their ability to apply the key points to the scenario.

Logistical Information:

Site: TBD

Training Equipment:

Computer, projectors, screen and speakers
Power point presentation (electronic)
Power point presentation (handout)
Post-test (handout)

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Staffing Requirements:

Instructors: One Developmental Disability Professional and one Law Enforcement Officer.

Training Summary:

All assigned participants will arrive at the designated time and go to the designated facility. Participants will receive an overview of the training, performance and learning objectives, and an introduction to the material.

Training Schedule:

Time	Slide#	Activity
0030-0000	1	Instructors on site
0000-0003	2	Introduction to the Developmental Disabilities and brief discussion of objectives
0003-0010	3-5	Definition of a developmental disability, different forms of dd, and lead example
0010-0012	6	Developmental Disability is contrasted with Mental Illness and learn of the greater likelihood of a mental illness with a Developmental Disability
0012-0015	7	The societal expectation for people to live and work in a community setting as opposed to an institution and the new challenges that this can present to law enforcement is presented
0015-0022	8	A brief video depicting people with Developmental Disabilities with common myths and prejudices superimposed over their images. The video highlights both the myths surrounding Developmental Disabilities and the challenges that people with a Developmental Disability face as a result. Follows with a brief discussion of video.
0022-0025	9	Review of some of the events that precipitate a call to the police
0025-0030	10-11	A discussion of the importance of recognizing the impact of prolonged stress on law enforcement officers and the need for developing awareness of personal emotional triggers as well as the seeking out of support as needed.
0030-0035	12-13	Considerations when Law Enforcement is called to a scene
0035-0045	14-16	Overview of general techniques and ways to communicate effectively with people with Developmental Disabilities
0045-0055	17-20	Autism Spectrum Disorders are introduced along with core symptoms and a brief discussion of the increase in prevalence is discussed
0055-0105	21	Brief video of a young man discussing his autism followed by brief discussion of the features displayed
0105-0115	22	Video of police interacting with people with autism and brief follow up discussion
0115-0125	23-24	Techniques in responding to calls for people with autism
0125-0130	25-27	Law enforcement-relevant resources offered by the Cuyahoga County Board of Developmental Disabilities and contact information

Slide 1 – Title

- Welcome the participants and introduce yourself,

Slide 2 – Objectives For Today's Training

- Note that police officers regularly encounter individuals with developmental disabilities.
- We will be identifying common types, common features, and instruction related to interacting with individuals with developmental disabilities,
- We will discuss changing expectations around supporting people with Developmental Disabilities and how those changes can impact the demands that are made on police officers.
- We will briefly cover the role and available resources of the County Board of Developmental Disabilities that can be of help to law enforcement.
- Key points to make:
    - You will routinely encounter people with various special needs including mental health problems, addictions, developmental disabilities,
    - Understanding those special needs will help you to respond safely and effectively,
    - Understanding mental health and other special needs populations requires some study, practice and discussion – it cannot be done just on instincts.

Slide 3 – What is a Developmental Disability?

- Ask officers what they think of when they hear developmental disabilities?
- What is it that makes someone developmentally disabled?
- Mention that Developmental Disability is defined in Federal Law.
    - Emphasize that it requires a diagnosed condition that is due to a physical or neuro-developmental impairment (it cannot be due to just a mental illness such as schizophrenia, or depression),
    - Must start before age 22 (hence "developmental") and may be due to something genetic, something that happened at birth, or even an injury during childhood,
    - To be considered a disability, there needs to be impairments in daily living and an expectation of lifelong impact resulting in a need for treatment and/or services.
- To be considered a disability, there needs to be impairments in daily living.
    - Review likely impairments that are part of a developmental disability.
- To be considered a disability, there needs to be an expectation of lifelong impact resulting in a need for treatment and/or services.

Slide 4 – Different Forms of Developmental Disabilities

- Note that there are many different forms of Developmental Disabilities.
- Mention that problems with learning and intellect are very common, but in some cases people will have normal intellect or possibly even a superior level of intellect.

- What we used to call "Mental Retardation" is now referred to as "Intellectual Disability,"
- It is not uncommon for some people to have uneven abilities.
    - For example, a person may be an accomplished computer scientist or mathematician, but have very real problems in understanding how to interact with people so as to have satisfying relationships.
- Some people will have very obvious physical challenges.
    - For example, with cerebral palsy (which impacts the use and control of muscles), the person may be wheelchair bound. The person's body and limbs may have become contorted due to chronic problems with musculature.
- People with Developmental Disabilities are also at a higher risk for a mental illness.

Slide 5 – Lead Exposure

- Discuss research showing that atmospheric levels of lead correspond to violent crime 20 years later
- Homes built prior to 1978 are likely to have lead paing
- Freddie Gray at 22 months old had lead levels about 7-8x that which CDC says requires more testing.
- Important for officers to understand this community problem as well as the ways in which those exposed might show higher risk behaviors that impact community safety

Slide 6 – Mental Illness vs. Developmental Disability

- The distinction is often confusing for people.
- Emphasize that in general, there are separate but somewhat overlapping funding and support systems for individuals with Mental Illness and Developmental Disabilities in our community.
- Go through the items in the table on slide 7.
- Emphasize that with mental illness, the disorders can and do arise at many points in the lifespan whereas Developmental Disabilities by definition is before age 22.
    - For example, a person with no history of mental illness develops a severe depressive (mood) disorder at age 30.
- Emphasize that with a few exceptions (for example Attention Deficit, Seizure Disorders) medications that are given to people with Developmental Disabilities do not treat the main (core) symptoms, rather they treat behaviors that can result from the individuals experience of the developmental disability, such as outbursts.
- In mental illness the medications are intended to treat the disorder directly and some of the causes of the disorder. That is if you are depressed your medication is meant to improve your mood symptoms and reduce some of the underlying causes of the disorder.
- Note that one source of the confusion is that many of the same medications may be prescribed for individuals with mental illness or developmental disabilities. However, the purpose of the medication is different for mental illness and developmental disabilities.

Slide 7 – New Settings Bring Opportunities and Challenges

- The way society supports those with Developmental Disabilities has changed radically.
- In the past, a parent with a child with Developmental Disabilities was often advised to place them in an institution.
- Schools did not have to educate kids with serious Developmental Disabilities.
- Today, institutions have mostly closed. People largely raise children in their own homes, education is usually at the local school. Public funding for childhood institutionalization is gone except for those with the most severe of needs.
- Many people we see in the community would have been institutionalized in the past.
- Realize that there are strong rules for preserving the rights of people with disabilities.
- Many with Developmental Disabilities are their own guardians - they cannot be forced into institutions or to give up basic freedoms without a very strong case for serious and relatively immediate threats to safety.
- This greatly improves lives, but in some cases also makes it more challenging for those who must help to preserve their basic safety – including police officers.
- With the greater freedom and rights comes greater exposure to danger.
- This can be frustrating to communities in some extreme cases if behavioral problems of an individual or group of individuals is present and difficult to control
    - For example – frequent calls to a group home for aggression or other disturbances
- Supports in the community (homes and many day programs) are provided by private providers, not county workers.
- The Cuyahoga County Board of Developmental Disabilities can still be a resource for these problems.
    - The CCBDD monitors and helps to fund the supports in the community settings.
    - CCDBB will partner and consult with police departments and others.
    - CCBDD does not, however, have the power to simply remove someone from their home but can have influence as to how a person is served.
    -

Slide 8 - Life With a Developmental Disability (video)

- A brief video highlighting some of the negative beliefs and stereotypes that people with Developmental Disabilities often face.
- Following the video, ask for reactions.
- Discuss some of the myths presented (no sexual feelings, can't be safe in the community, must not work, should always have a worker with him/her).
- Discuss how as a result of stereotypes, limited resources, and in some cases the difficulties the individual does have in forming relationships, loneliness can be a major problem for some people.

- Much of today's support effort, however, is to combat these stereotypes and get people increasingly integrated into the community.
- You will continue to see an ever-greater number of people with Developmental Disabilities living, working and spending their leisure time out in the community.

Slide 9 - Calls to Police

- Remember that all are individuals and histories will vary accordingly.
- Some people will have had traumatic backgrounds – abuse, neglect, foster care.
- Others will have come from very advantaged and/or intact homes.
- Behavior problems can result from many things, but in many cases, may be related to some combination of frustration, no known or better way to get basic needs met, inadequate or ineffective supports, traumatic stress histories, mental illness, problems in thinking, and loneliness and isolation.

Slide 10 – Interacting With A Person With A Developmental Disability

- Moving on to how to interact

Slide 11 – Self Awareness

- Emphasize that the work of a police officer is inherently stressful.
- Officers are not immune to the biological and emotional impact of prolonged stress.
- The dangers and stressors faced by officers parallel those of our military.
    - Exposed to sudden and extraordinary dangers, perhaps with little or no warning.
    - You may be the first at a scene involving injury and death.
    - There may be little time between one crisis and the next.
    - There may be a culture of not seeking out support.
    - You are expected to make sudden life and death decisions and may be blamed if the wrong decision is made.
    - Even when you have made all the right decisions per your training, there will be some who may seek to find fault with you.
    - Review each point in the slide and emphasize its importance for the officer.

Slide 12 – When You Are Called To A Scene

- Remain calm and confident.
- Introduce yourself.
- Communicate that you are there to help and that you want to make sure everyone is safe.
- Be aware that a person with a developmental disability may not respond to the situation as you might expect.

Slide 13 – When You Are Called To A Scene

- Check for immediate dangers and do not trust that the person is going to act appropriately for the situation.
- Check for injuries and keep in mind that communication barriers, shock, or differences in pain perception, may make the person's self-report less reliable than you'd otherwise expect.
- Patience, when possible, will allow you to better understand what is happening, will be less threatening to those involved, and may help to resolve a situation without the need for force.
- Odd responses may include no eye contact, wanting to touch your badge or gun, not responding to questions, walking or running away, rocking or hitting oneself…
- Be aware that there may be a history of trauma, extreme fear and/or confusion, or a failure to really grasp the nature of the situation – any of which can contribute to a seemingly odd reaction.
- The person may suffer from other medical issues (for example: seizures, bone density problems, insatiable appetite/food seeking, sensory sensitivities).

Slide 14 – Possible Communication Issues

- People with developmental disabilities will in many cases have some degree of challenge relating to communication.
- There may be a tendency to want to agree with you to get your approval. This can lead to inaccurate information being provided to you.
- Many people have learned to simulate understanding when in fact they may not. We will have some information on how to check that later in the presentation.
- The person may have a very limited vocabulary or may have difficulty expressing the words that they do know because of problems with using their vocal apparatus to form words. This can make it hard for you to understand them – a potential frustration for the person.
- In some cases, the person may have a device such as an IPAD or other sound producing device to help them to communicate with you.

Slide 15 – Effective Communication

- Again, your ability to project confidence, calm, and respect as appropriate can help to avoid further escalation.
- It is important to speak in a very clear and literal way – no jargon or slang. In general, fewer words, shorter, more focused sentences will be best.
- Communicate just one concept at a time.
- Allow plenty of time for the person to respond – A person with a Developmental Disability will in some cases need more time to process the question and/or formulate a response. The pace of conversation that you are accustomed to may not apply.

- Be sure to listen carefully, if you cannot understand the response, ask the person to repeat themselves. In some cases, you will be able to better understand words that may not be clearly articulated better with some repetition.
- In many cases, as when you are called to a group home or day program, or in some cases even when out in the community, the individual may have a support staff person or family member either with them or who is supposed to be with them (as if the person ran off). Ask if a friend, helper relative is nearby or looking for them.
- Remember, just because a person may have difficulty forming/speaking words clearly, or may have to use a communication device, it does not follow that they may be of a low intellect – the deficit may be more related to the muscular/vocal aspects of speech production.

Slide 16 – Effective Communication (continued)

- To the extent that you can develop rapport (comfort) in communicating with the person, it will help you to gather the information that you need as well as put the person at ease.
- In addition to being calm, projecting a sense of wanting to help, having patience, it can be helpful to look for clues in the environment as to the person's interest. For example, if in a person's home you may notice sports related posters, pictures of animals, a computer, action figures etc. If appropriate, make notice of those, express interest, ask the person if they are a fan or have a hobby in that area. When successful, this can put a person into a place of comfort and familiarity and that can extend to further communication with you.
- When collecting information, you will often want to use more open-ended questions rather than yes/no. Remember that there may be a bias towards responding always "yes" or less commonly "no" to all questions. When you need a yes/no answer and suspect some bias, ask the question in two ways so that a different response is required to be logically consistent: For example:
    - "Does you arm hurt?" and then later "Does your arm feel ok?"
    - "Did you come here alone?" and later "Did you come here with someone?"

Slide 17 – Autism Spectrum Disorders

- Ask participants what they have heard about Autism?
- Do they know someone with autism? What was their impression or nature of the contact?
- What have you heard about Autism?
- Autism is a highly visible diagnosis today.
- There is great concern over the dramatic increase in identified cases in recent years.

Slide 18 – The Increase in Autism

- The Center for Disease Control estimates 1 in 68 live births
- In contrast, in 2002 it was 1 in 150 and in decades prior it was lower still.
- The reason for the increase remains an area of study.

  - Most believe that it is at least partially due to changing diagnostic criteria and more awareness of the disorder by mental health professionals.
  - Multiple large-scale studies have concluded that the increase is not due to problems with childhood vaccinations.
- This is particularly relevant for police. There is a 7x increase in likelihood of contact with law enforcement.

Slide 19 –Latest Prevalence Data (2012)

- Point out some of the differences in prevalence for different groups,
  - 1/42 for boys
  - 1/189 for girls
  - 1/65 Caucasian
  - 1/76 African American

Slide 20 -Autism Spectrum Disorder Symptoms

- Spectrum = shared symptoms. Point out that severity of ASD varies tremendously.
  - Ranges from people with superior IQs and high level, often technical jobs, to those with co-occurring intellectual disability and little or no speech.
- The symptoms become evident in early childhood.
- Key symptoms are problems with social interaction and communication as well as a pattern of repetitive behaviors and restricted interests.
- Speech/communication varies significantly – Some will have highly developed even "professorial" speech – others have little to no ability to communicate verbally.
- Even with strong speech, the non-verbal aspects of communication tend to be off – this can make the person seem robotic.
- This problem with two-way, effective social communication can add to people being isolated and socially frustrated – This in turn can contribute to aggressive outbursts or other types of behavioral incidents in some cases.
- The repetitive behaviors may be motor behaviors (such as flapping hands in front of face, rocking) and can also be expressed as a very limited range of interests which can also limit the person and make them appear odd. For example, a person may have a highly focused interest in one particular type of car, or in a television show and may only want to talk about that when with others. They might be very attracted to a bright shinny object (such as your badge) or the buttons on your radio.
- There is often a need for a high level of predictability – people with autism are often supported by giving them clear schedules for the day's events. When expectations are violated, the person can experience significant distress and may not be able to accept why the change has happened.
- For some there will also be sensory (such as sights, sounds, smells) sensitivities which are experienced by the person as stressful. For example, something such as the frequency of a particular light bulb, or the sound of a humming air conditioner might be quite distressing for a person. Support staff seek to understand these features and plan accordingly.

Slide 21 – An Example

- Depicts a young man in a car discussing himself and his autism
- After the video ask:
- What did you notice about him?
    - simplified understanding of himself, identifies himself as having autism, has clearly been told that he is "special" and has adopted this understanding, has a normal physical appearance, speaks relatively well but it is clear that he is concrete and may be repeating things that he has been told without a full grasp of the meaning, identifies some childlike interests

Slide 22 Video: Police Assistance for Persons with Autism

- Reactions to the Video?
- What unusual behaviors did you notice?
    - (poor eye contact, wandering away, rocking, hitting self, running away, distressed parents)
- What did the officers do okay?
    - Patience – avoided power struggle (most did)
    - Calm voice, simple statements, warm and respectful
    - Emphasized wanting to help
- What did some not do correctly?
    - Convenience store - went right to loud voices and commands
    - In the end, the officer was speaking about his son as though he was not present – well-meaning but always to be avoided
- Other issues: Do not argue with illogical statements – fixated ideas will not change.
- Avoid restraining the person if at all possible.
- See last slide for phone numbers at CCBDD
- For some, distraction can be effective.

Slides 23 Assisting People with Autism

- Many of the same techniques for anyone with a developmental disability.
- Understand that the bulleted actions such as not making eye contact, wandering off, echoing your words, are not signs of disrespect.
- Do not attempt to interrupt self-stimulating behaviors (such as flapping hands in front of face or rocking) unless the person is injuring himself.
- Avoid putting hands on the person if at all possible.
- The "meltdowns" are probably the most common problem that will lead to a call – these are prolonged aggressive outbursts that staff or parents are unable to control.
    - The need for sameness/predictability, lack of social understanding, difficulty communicating needs, unidentified medical issues and failures in appropriate supports can all contribute to extreme swings of emotional arousal/loss of control.

Slide 24 – Once Calm is Restored/Following a Crisis

- In some cases, the crisis will be resolved by the time you arrive.
- Do not intervene once calm is restored.
    - Staff should be seeking to support a basic sense of safety predictability and familiarity.
    - As noted in the slides, a person's reaction in the aftermath will vary considerably across individuals.
    - This is not a time to attempt to discuss what happened or debrief with the person – in some cases the issue which precipitated the event may be once again brought to their awareness (re-open a wound) and it might start over.
    - This may be a good time to get additional information from the staff or parents in terms of the individual which can be shared with dispatch for future issues – but do not discuss the person in front of the person or within earshot.

Slide 25 – Roll of the Developmental Disability Board

- Many functions ranging from getting funding set up, to identifying needs and making plans, to monitoring safety.
- In emergencies, where there is a question of a person having a Support Administrator or other service from the board, you can call to inquire (see phone numbers on the last slide).
- The Forensic Liaison service is unusual among county boards – five full time staff are available to become involved when individuals become involved in the criminal justice system.
    - Will attend hearings
    - Consult with probation, court and attorneys to determine an appropriate response to the event
    - Will help facilitate planning for return to the community following judicial decisions

Slide 26– CCBDD Investigative Unit

- The Major Unusual Incident Unit maintains a hotline and is charged with investigating incidents which put the person at risk of harm in health and safety.
- They can coordinate with police departments and other board departments to help anticipate problems.
- They can assist when a residence is being developed which may require a greater need for police interaction and assistance.
- They can also provide a direct contact in the Unit to police administration for any law enforcement issues with any of the CCBDD community residences.
- The Unit can also offer assistance to police when a possible crime has occurred with a DD individual as the victim; will set up and assist in the interview if desired; will collaborate with law enforcement to prevent future occurrences.

Slide 27 – Cuyahoga County Board of Developmental Disabilities Contact Information

- For assistance with law enforcement issues

- For help in determining if a person is being served by our board
- For help in getting evaluated for possible CCBDD services
- For training/education needs

UNDERSTANDING DEVELOPMENTAL DISABILITIES: AN OVERVIEW FOR POLICE OFFICERS

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OBJECTIVES FOR TODAY'S TRAINING

- The nature of developmental disabilities
- Challenges in supporting people with developmental disabilities in the community
- Interacting with people with developmental disabilities
- Resources at the Cuyahoga County DD Board

WHAT IS A DEVELOPMENTAL DISABILITY?

- Per Federal Public Law 100-146: a severe, chronic disability of a person that:
  - Is from a mental or physical impairment
  - Occurs before age twenty-two
  - Continues indefinitely
  - Substantial functional limitations in 3+ areas: a) self-care, b) receptive and expressive language, c) learning, d) mobility, e) self direction, f) capacity for independent living, and g) economic self-sufficiency;
  - Requires a combination of lifelong treatment/services that are individually planned and coordinated.
  - 2011 study: about 15% of children in the US affected (C.A. Boyle, et. al., National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention)

DIFFERENT FORMS OF DD

- Learning/intellectual limitations are common
  - Yet, average or better IQ for some
- May have uneven abilities
  - Ex. Strong computer skills, poor social skills
- Physical issues
  - Ex: mobility, seizures, bone density
- Greater chance of mental illness

EXAMPLE: LEAD EXPOSURE

- Cleveland has a well-documented lead problem
- Lead is a neurotoxin. It directly impacts brain development and functioning
- Research – community lead levels correlate with later community violence
- Exposure is associated with lowered IQ, impulse control problems, learning problems, medical issues.
- Death will occur at high enough levels
- Freddie Gray Case

MENTAL ILLNESS VS. DEVELOPMENTAL DISABILITY

Mental Illness	Developmental Disability
Onset at any age	Evident before age 22
Symptoms change over time.	Symptoms persist
The cause is generally unknown	The cause is often a known condition
Medications are aimed at core symptoms	Medications are usually aimed at associated symptoms
Dual Diagnosis is common. People with a developmental disability are about twice as likely to also have a mental illness	

NEW SETTINGS BRING OPPORTUNITIES AND CHALLENGES

- Recent Decades: Transition from institutions to community living
  - Inclusion, rights, independence
  - Balance rights with safety
- Many adults live with parents
- Others in group homes or an apartment
  - County Board: help plan, fund, monitor safety, and train private support staff

LIFE WITH A DEVELOPMENTAL DISABILITY

- https://www.youtube.com/watch?v=C0OuIYjnEpw

CALLS TO POLICE

- Prolonged aggressive outbursts
  - Probably the most common type of call
  - Property destruction
  - Running into streets or a neighboring property
- Going missing - often impulsive with no clear plan
- Indiscriminate use of 911, law enforcement, hospitalization seeking

INTERACTING WITH A PERSON WITH A DEVELOPMENTAL DISABILITY

SELF AWARENESS

- Understand that:
  - The work you do is demanding at many levels
  - You are human and not immune from the impact repeated exposure to stress, danger and fatigue
- Seek to know your own "triggers" and work to maintain perspective and calm
- Seek out supervision and support of peers or trusted others as appropriate
  - You are called into the most difficult and dangerous of situations
  - It is critical for both yourself and others that you take care of yourself

WHEN YOU ARE CALLED TO A SCENE

(ADAPTED FROM OSU - NISONGER CENTER VIDEO ON COMMUNICATION FOR 1ST RESPONDERS)

- Check for immediate danger in environment
  - Person may not appreciate dangers or act impulsively
    - Running into street or similar action placing self in danger
- Awareness of possible sensory issues – siren, radio?
- Check for injuries
  - Pain perception may be atypical
- Explain what is happening
  - Take a moment to communicate your concern for them
    - Are you OK? I'm here to help…

WHEN YOU ARE CALLED TO A SCENE

(ADAPTED FROM OSU - NISONGER CENTER VIDEO ON COMMUNICATION FOR 1ST RESPONDERS)

- Remove audience if possible
- Avoid touching
- Be ready for a possibly odd response to you
- Slow things down and be patient when possible

POSSIBLE COMMUNICATION ISSUES

- Difficulty/simulation of understanding
- Speech/articulation/vocabulary
- Difficulties with reading or writing
- Action vs. Words
- Technological assistive devices

EFFECTIVE COMMUNICATION

- Remain confident, calm and respectful
- Speak directly and clearly
  - No jargon or slang
  - Avoid complex sentences and lesser known words
- Speak to the person and listen carefully
  - People often need a bit more time to respond – Give them time!
- Seek out family or provider on the scene
  - They often have much knowledge as to the individual and the circumstances

EFFECTIVE COMMUNICATION

- Getting information
  - Develop rapport
  - Clues in the house as to interests?
- Use open-ended questions as opposed to "yes/no"
- Rephrase when the person doesn't understand
- Check for comprehension
  - May desire to please or just agree with all said

AUTISM SPECTRUM DISORDERS

THE INCREASE IN AUTISM

LATEST PREVALENCE DATA (2012)

Prevalence of Autism Spectrum Disorder Data Courtesy of CDC				
		Prevalence	**Percent**	**About 1 in every "x" children**
Overall		14.6 per 1,000	1.50%	1 in 68
Sex	**Boys**	23.6 per 1,000	2.40%	1 in 42
	Girls	5.3 per 1,000	0.50%	1 in 189
Race/Ethnicity	**White**	15.5 per 1,000	1.60%	1 in 65
	Black	13.2 per 1,000	1.30%	1 in 76
	Asian/Pacific Islander	11.3 per 1,000	1.10%	1 in 88
	Hispanic*	10.1 per 1,000	1.00%	1 in 99

AUTISM SPECTRUM DISORDER SYMPTOMS

- Social Impairment and/or Communication Deficits
- Repetitive Behavior Patterns and/or Sensory Processing Difficulties
- Cognitive Limitations (for some)

AN EXAMPLE

VIDEO:
POLICE ASSISTANCE FOR PERSONS WITH AUTISM

ASSISTING PEOPLE WITH AUTISM

- Have patience
- Poor eye contact or ignoring is not disrespect
- Offer choices
- Limit sensory stimulation (sirens, flashing lights)
- Keep it simple and emphasize keeping safe
- Short, direct phrases, explain what happens next
- Respectful, non-threatening tone of voice
- Potentially helpful statements
  - "Help me to understand - what has happened?"
  - "Who we can contact to help you?"
  - "I want to help you to feel safe"

ONCE CALM IS RESTORED/FOLLOWING A CRISIS

- May be exhausted or even go to sleep
- May be apologizing or denying
- May withdraw
- Do not intervene or attempt to re-hash or debrief – it's not a teachable moment
- Providers should be providing structure and predictability

ROLE OF THE DEVELOPMENTAL DISABILITY BOARD

- Eligibility Determination
- Planning for services and supports
- Securing funding for supports
- Vocational and job services
- Behavioral Support
- Transportation
- Offender liaison services
- Investigation of Major Unusual Incidents

CCBDD INVESTIGATIVE UNIT

- The CCBDD operates a Major Unusual Incident (MUI) Health and Safety Reporting line in our investigative unit for reporting all MUIs.
- A MUI (Major Unusual Incident) is an alleged, suspected or actual occurrence of an individual's health and safety being adversely affected or placed at a reasonable risk of harm.
- Examples include *abuse* (physical, verbal, sexual), *neglect*, *exploitation*, *misappropriation*, and *death*. All reports of MUIs are investigated and managed by certified Investigative Agents of CCBDD and recorded by the Ohio Department of Developmental Disabilities.

CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES CONTACT INFORMATION

- After hours on call: (216) 694-7077 (phone-based only – All immediate needs after hours should go to this line)
- CCBDD Front Desk (216) 736-2719 (8:30am – 4:30pm, m-f)
- Major Unusual Incident (MUI) Health & Safety Reporting Line 440-333-6841.

- CCBDD serves more than 10,000 infants, children and adults with developmental disabilities in Cuyahoga County and provides support to families. For more information, visit:

www.cuyahogabdd.org