# CIT Newsletter







Portland Police Bureau's Crisis Intervention Team

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# Police Bureau sends three to CIT convention

The second national Crisis Intervention Team convention was held on September 25-27 in Orlando, FL., and it was attended by Portland Police Bureau officers Martin Padilla, Scott Klinger and Paul Ware, CIT coordinator. The theme of the convention was: "CIT and Beyond: Community Collaborations Making a Difference for People with Mental Illness."

It was hosted by the Orange County Sheriff's

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Department, University of South Florida-Florida Mental Health Institute and the U.S. Department of Justice-Bureau of Justice Assistance.

This year's three-day convention was at-See CONVENTION on Page 2

# Study: More than half of inmates suffer mental problems

WASHINGTON – More than half of all prison and jail inmates, including 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of local jail inmates, were found to have a mental health problem, according to a new study released in September 2006 by the Justice Department's Bureau of Justice Statistics (BJS).

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The findings represent inmates' reporting symptoms rather than an official diagnosis of a mental illness. The study determined the presence of mental health problems among prison and jail inmates by asking them about a recent history or symptoms of mental disorders that occurred in the last year.

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# Officers receive CIT recognition

Sgt. Roger Axthelm (CIT), Ofcs. Officer Mitchell Orellana, Nicholas Ragona (Central Precinct)

On May 13, 2006, at 3 a.m., a call came in of a possible suicidal person at the Waterfront Park riverwall. A woman climbed over the railing and was sitting on the ledge crying hysterically, saying she wanted to be in the water. All three responding officers reached through the railing and managed to grab her arms and legs, which prevented her from going over.

After several minutes, officers got her to stand up and pulled her to safety. It took more time to get her to tell them her name, and she was taken to OHSU on an involuntary hold. The officers' tenacity and focus should be commended, as it resulted in getting much needed help to the woman.

#### Sgt. Deborah Steigleder (CIT) and Officer Dan Thompson (East Precinct)

On May 21, 2006, at 10 p.m., East Precinct officers were sent to a call involving an argument between a husband and wife, which resulted in the man assaulting the women, then stabbing himself in the stomach and abdomen.

As Sgt. Steigleder and Ofc. Thompson approached the house, they saw a van speed past and stop directly in front of the call location. A woman got out and tried to run into the house, but Steigleder and Thompson managed to stop her. It turned out the driver of the van was a relative of the woman inside the house, and was trying to save her.

As the officers entered the house, they knew from the call that a man and woman were still inside, and that the man was still armed with a knife. The man had been released from the Veterans Medical Center. He had been diagnosed with post traumatic stress disorder and schizophrenia,

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by about 900 law enforcement officials, mental health professionals and consumers. They came from all corners of the country, as well as a police constable and psychiatrist from Melbourne, Australia.

The opening ceremony had nationally recognized



Pete Earley

experts in CIT, including Dr. Randy DuPont from the University of Memphis, Major Sam Cochran of the Memphis Police Department, as well as the local sponsors of the Orlando convention.

The keynote presentation was by journalist Pete Earley, who wrote a book, "CRAZY: A Father's Search through America's Mental Health Madness." During his address, Earley told about his

college-aged son who was diagnosed with a major mental illness, and the problems that happened when his son went off his medications. On more than one occasion Earley had to call the police to either help locate or control his son.

Earley praised the concept of CIT spreading on a national level, and applauded the participants for being involved in CIT.

Here are summaries of a few of the sessions:

The National CIT Organization and the CIT Model: A panel discussed the merits of federal or national certification to regulate how CIT training is taught across the nation.

The general consensus was "No" due to the fact that different agencies want to mold CIT to fit their needs. The panel also said there is no trademark on CIT, so agencies can use as they see fit. The panel also said a nationwide directory on CIT was being put together by the University of Memphis to be used as a resource for any department that wanted to develop and maintain the training.

Suicide by Cop: Decoding the Fatal Formula through Firsthand Perspective: This seminar featured a man who eight years ago provoked an officer into shooting him by threatening him with a broken beer bottle.

The man said the officer did nothing tactically wrong, and that he was determined to die that day. The man had military experience, and knowledge about the 21-foot rule. The message was that even if you do everything right, you still may need to shoot

someone to defend yourself.

**Bright Ideas – Troubleshooting your CIT Program:** This workshop was where participants

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### LAPD creates psych teams

By Ofc. Paul Ware CIT Coordinator

On the CIT convention's last day, I attended a seminar taught by a Los Angeles Police Department lieutenant in charge of LAPD's Mental Illness Project, and an L.A. County psychiatric nurse who works with LAPD.

The class was called, "CAMP: The Next Step," and it covered how LAPD's Mental Evaluation Unit (MEU) deals with the mentally ill.

In Los Angeles, an officer and a clinical nurse respond to some 9-1-1 calls in unmarked vehicles. But the bulk of their work involves follow-ups with high-risk patients who may be actively suicidal or have been violent in the past (similar to our DVRU).

These units are called the psych field teams, and their goal is to reduce the number of mental health clients who repeatedly call 9-1-1, become barricaded subjects or attempt suicide-by-cop. The computer program tracking these clients and those who have police, fire or EMS contact is called CAMP, or Case Assessment Management Program.

Since the LAPD had more than 46,000 contacts with the mentally ill from January to August 2006 (Portland averages 2,000 a year), they need to use this system to keep up with the volumes of information. Also, it was determined that because 40 percent of callouts involved someone in a psychiatric crisis, field psych teams must now respond to every SWAT callout.

The officers in these teams receive 40 hours of CIT training, a 40-hour crisis negotiation (HNT) class, a 16-hour critical incident responder (Patrol Tactics) class, and have eight hours of quarterly in-service training.

All 9,100 LAPD officers have had four-hour crisis de-escalation training. The lieutenant expected to expand the field psych teams to more divisions of the LAPD in the near future.

Among the inmates who reported symptoms of a mental disorder:

- 54 percent of local jail inmates had symptoms of mania, 30 percent major depression and 24 percent psychotic disorder, such as delusions or hallucinations.
- 43 percent of state prisoners had symptoms of mania, 23 percent major depression and 15 percent psychotic disorder.
- 35 percent of federal prisoners had symptoms of mania, 16 percent major depression and 10 percent psychotic disorder.

Female inmates had higher rates of mental health problems than male inmates – in state prisons, 73 percent of females and 55 percent of males; in federal prisons, 61 percent of females and 44 percent of males; and in local jails, 75 percent of females and 63 percent of males.

Mental health problems were primarily associated with violence and past criminal activity. An estimated 61 percent of state prisoners and 44 percent of jail inmates who had a mental health problem had a current or past violent offense. About a quarter of both state prisoners (25 percent) and jail inmates (26 percent) had served three or more prior sentences to incarceration.

Inmates with a mental health problem also had high rates of substance dependence or abuse in the year before their admission:

• 74 percent of state prisoners and 76 percent of

- local jail inmates were dependent on or abusing drugs or alcohol.
- 37 percent of state prisoners and 34 percent of jail inmates said they had used drugs at the time of their offense.
- 13 percent of state prisoners and 12 percent of jail inmates had used methamphetamines in the month before their offense.

Among inmates who had mental health problems, 13 percent of state prisoners and 17 percent of jail inmates said they were homeless in the year before their incarceration. About a quarter of both state prisoners (27 percent) and jail inmates (24 percent) who had a mental health problem reported past physical or sexual abuse.

About one in three state prisoners with mental health problems, one in four federal prisoners and one in six jail inmates had received mental health treatment since admission. Taking a prescribed medication was the most common type of treatment – 27 percent in state prisons, 19 percent in federal prisons, and 15 percent in local jails.

The findings in this report were based on a nationally representative sample of prisoners (in 2004) and jail inmates (in 2002). About 14,500 state prisoners, 3,700 federal prisoners and 7,000 jail inmates completed face-to-face interviews.

The report, "Mental Health Problems of Prison and Jail Inmates" can be found at: www.ojp.usdoj. gov/bjs/abstract/mhppji.htm.

Mental illness in our jails, prisons  Statistical highlights  Selected characteristics		Porcontago	of inmates in:	
	State prison		Local jail	
	With mental problem	Without	With mental problem	Without
Criminal record			· ·	
Current or past violent offenses	61	56	44	36
3 or more prior incarcerations	25	19	26	20
Substance dependence or abuse	74	56	76	53
Drug use in month before arrest	63	49	62	42
Family background				
Homelessness in year before arrest	13	6	17	9
Past physical or sexual abuse	27	10	24	8
Parents abused alcohol or drugs	39	25	37	19
Charged with violating facility rules*	58	43	19	9
Physical or verbal assault	24	14	8	2
Injured in a fight since admission	20	10	9	3
*Includes items not shown	SOURCE: Department of Justice			

#### CONVENTION2 (Con't. from Page 2)\_

shared ideas. A mental health professional from Arizona reported that the Tucson area needed a crisis triage center-type facility to help the police. Tucson passed an \$18 million bond to build it. It was also proposed that because CIT and hostage negotiation teams are similar, the units could be merged in some smaller departments.

**Training, Partnership & Response to the Mentally III – An Australian Perspective:** This workshop was the most entertaining of the day. It featured the Australian senior constable and a psychiatrist who help train the police to communicate with the mentally ill. They had to stop and list and translate their slang words into American English.

Both work in the State of Victoria, and reported on how the training for 10,000 State of Victoria constables is accomplished. They began with the fact that about 10 years ago, the police in that state did not carry firearms most of the time. Now they do.

The speakers told us about the same type of problems they have in committing a person to a hospital. The agency has to wait until the person is a danger to self or others, but there is a focus on keeping the mentally ill out of jails, preferring instead to place them into treatment.

The police also conduct a semi-annual in-service class on de-escalation techniques and use-of-force/firearms training.

How to Tackle an Excessive Force Complaint:

This workshop was incorrectly titled. It was a sales presentation on how to buy and use a triage assessment checklist for law enforcement.

The concept is to use a checklist of officers' observations, such as behavior, thoughts and feelings. The checklist articulates their assessment, and places it into a report, which can be used as a use-of-force report attached to an investigation report.

The 2007 CIT convention will be held in Memphis, TN. More information about that event will be provided in future CIT Newsletter editions.

### **New CIT training classes**

Mayor Tom Potter has proposed new changes for CIT.

I have been told to prepare 40-hour CIT classes for the first six months of 2007. This allows 30 students in each class, with 25 from the Portland Police Bureau and five from outside agencies.

At the end of the six months, the Police Bureau will have about 150 more CIT-trained officers in the precincts. The Bureau will focus on training the Operations Branch officers first, followed by the other branches. If you have any questions, please feel free to call me at 503-823-0183.

- Ofc. Paul Ware

## KUDOS (Continued from front page) \_

and was now suicidal.

The officers found the woman and evacuated her. The man was inside the kitchen and still had a steak knife. As the officers approached, they told him to drop the knife numerous times, but he responded by stabbing himself in the stomach. The officers deployed the Taser, and it worked on the first deployment. They ended up taking him into custody and had an ambulance take him to OHSU. The officers used a lot of courage and skill to ensure the safety of the assault victim, and then take the suspect into custody to save his own life.

#### **Next issue of the CIT Newsletter**

The next issue of the CIT Newsletter will be distributed in January 2007 (January/February issue). Please contact Ofc. Paul Ware (503-823-0183) in the Training Division with suggestions for articles.

The newsletter is published six times a year by the Portland Police Bureau's Training and Planning and Support Divisions, Chief Rosanne M. Sizer and Mayor Tom Potter. Our address is: 1111 SW 2nd Ave., Room 1180, Portland, OR 97204. FAX: 503-823-0399.

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### CIT Mission

The mission of the Crisis Intervention Team is to use understanding and skills gained through specific training to identify and provide the most effective and compassionate response possible to police situations involving people in a mental health crisis.