

June 2, 2014

Lieutenant Cliff Bacigalupi

Behavioral Health Unit

Portland Police Bureau

1111 SW 2nd Avenue

Portland, OR 97204

Dear Lieutenant Bacigalupi,

As the Chair of the Portland Police Bureau's Behavioral Health Unit Advisory Committee (BHUAC), I am honored to formally submit the ECIT Training Recommendations for 2013. This report outlines our committee's recommendations related to the first ECIT Training that took place last Spring.

As you know, these recommendations were given to your team less formally as part of our ongoing discussions and the in-depth debriefing we conducted in the months that followed the original ECIT Training. It is heartening to the committee to see our recommendations included in this year's ECIT Training.

We look forward to providing formal feedback regarding the 2014 ECIT Training and continuing our ongoing dialogue.

Sincerely,

Shannon Pullen

Chair, Behavioral Health Unit Advisory Committee

Portland Police Bureau
Behavioral Health Unit Advisory Committee
ECIT Training Recommendations 2013

The Behavioral Health Unit Advisory Committee (BHUAC) was established in conjunction with the creation and development of the Portland Police Bureau's Behavioral Health Unit (PPB BHU). The BHU was formed in response to the US Department of Justice's investigation of the City of Portland and findings that the PPB had demonstrated a pattern or practice of using excessive force involving persons with actual or perceived mental illness. Although the proposed Settlement Agreement between all parties involved has not been finalized, the PPB moved forward with the DOJ recommendation to form a special Behavioral Health Unit to include a voluntary group of specially trained officers in Enhanced Crisis Intervention techniques.

Behavioral Health Unit Advisory Committee Mission

In accordance with the proposed Settlement Agreement between the US Department of Justice (DOJ) and the City of Portland, the purpose of the Behavioral Health Unit Advisory Committee is to provide guidance to the City of Portland and the Portland Police Bureau in the development and expansion of Enhanced Crisis Intervention Team (ECIT), Mobile Crisis Unit Team (MCUT), Service Coordination Team (SCT), Bureau of Emergency Communication (BOEC) crisis call triage, and utilization of community-based mental health services.

The Behavioral Health Unit Advisory Committee will analyze and recommend appropriate changes to policies, procedures, and training methods regarding police contact with persons who may be mentally ill or experiencing a mental health crisis, with the goal of de-escalating the potential for violent encounters. Members of the BHUAC believe in the power of relationships and hope the work we do together leads to increased community trust.

Behavioral Health Unit Advisory Committee Membership

The BHUAC membership includes representation from: Portland Police Bureau's Behavioral Health Unit, Multnomah County Mental Health and Addiction Services Division (MHASD), Bureau of Emergency Communications (BOEC), civilian leadership of the City Government, representation from persons and family members with lived experience with mental health services, the Multnomah County's Sheriff's Office, advocacy groups for consumers of mental health services, mental health service providers, and coordinated care organizations.

Enhanced Crisis Intervention Team Training

The BHUAC met for the first time in February 2013. Our first priority was to focus on the Enhanced Crisis Intervention Team training. Our goal was to understand current CIT training practices and then review and provide feedback to the proposed ECIT Training scheduled for May 2013. Members were invited to attend the ECIT training, which is the first time a specific non-sworn group has been included in police training. Following the May training, we thoroughly debriefed each class or training session with the goal of making recommendations to the next round of ECIT Training. Following are the formal recommendations made by the BHUAC along with the PPB's response to these suggestions:

Recommendations to ECIT Training

#1 Mental Health Facilities Overview

Committee Recommendation: The BHUAC recommended all policies and training should be consistent across the board for mental health facilities.

#2 ECIT Dispatch Protocol and BHU Referral Process

Committee Recommendation: THE BHUAC reviewed and approved the ECIT Dispatch Protocol and BHU Referral Process with no substantive changes.

#3 ECIT Resources

Committee Recommendation: The ECIT Resource Guide is comprehensive and may include more information than officers will regularly use. Training should review current mental health resources so that officers are familiar with what is available in the community. Resource use / referrals should be tracked.

#4 Forensic Diversion and Mentally Ill Offenders

Committee Recommendation: The BHUAC agreed the content of these two presentations was valuable however, the committee suggested looking at a different format or presentation style. The presentations did not work well as 'stand-alone' classes.

#5 Mental Illness Indicators

Committee Recommendation: The BHUAC agreed the information in this class was well presented and could be made available in an app. Information regarding medications and side effects could also be useful.

#6 Suicide Intervention

Committee Recommendation: The BHUAC commended the VA presentation, however, we suggested the information provided could be more practical/hands-on and less analytical. Training should focus on making officers feel comfortable engaging and having a discussion with a suicidal person. Silence as a tool should be considered. Training could include real life examples from PPB officers and scenarios.

#7 Mental Health Civil Holds

Committee Recommendation: BHUAC noted and appreciated support from top leadership.

#8 Mental Health System

Committee Recommendation: The BHUAC recommended including information on current peer involvement in the mental health system and an emphasis on the recovery movement. The committee stressed the importance of seeing people with serious mental health issues in a non-crisis context and to see that recovery is not only possible but expected.

#9 Mental Health Risk Assessment

Committee Recommendation: Educate clinicians, mental health and other system providers regarding what officers can and cannot do to alleviate misconceptions about the role of the police in a mental health crisis or other behavioral health situation.

#10 Consumer and Family Member Panels / Discussions

Committee Recommendation: The BHUAC agreed the peer and family panels were very important and impactful and should be allotted more time in future trainings. We also recommended the consumer and family panels be separated on the agenda to allow for the officers to absorb and process the different experiences of all the speakers. We suggested refinements to how the presenters could be briefed prior to the presentation for maximum

impact and engagement with the officers. Finally, the BHUAC appreciated the opportunity for more informal discussions over the hosted lunch with the officers. We recommended inviting all the panelists to lunch at the next training.

#11 Site Visits

Committee Recommendation: The BHUAC commended the site visits and provided feedback from their respective organizations that the officers were well received. We recommended the officers periodically visit the site visit organizations to further build trust and strong relationships with the officers. We also suggested soliciting officer feedback about which sites they thought were most helpful.

#12 Crisis Negotiation Team (CNT) Model

Committee Recommendation: The BHUAC agreed this topic was well trained. We recommended that future trainings could highlight use of skills and resources on hand and empower officers that a full CNT call-out may not always be available.

#13 CNT / In-Service for BOEC

Committee Recommendation: The BHUAC agreed the portion of CNT training that reviewed 911 calls was valuable and suggested this training could be given to BOEC staff since they hear the radio portions of the calls but never get to see what is actually happening.

#14 Patrol Tactics

Committee Recommendation: The BHUAC recommended the importance of disengagement as a tactic that historically has not been used as frequently.

#15 Scenarios

Committee Recommendation: Overall, the BHUAC members were impressed with the scenarios. Members offered minor suggestions to specific scenarios. A few members felt strongly that peers could play the roles of the person in a mental health crisis in these scenarios. After a robust discussion of this issue, the BHUAC agreed to not make a formal recommendation regarding using peers in the scenarios.

#16 EASA

Committee Recommendation: Invite Early Assessment and Support Alliance (EASA) to present at future ECIT trainings. EASA provides information and support to young people (18 – 25 years old) experiencing symptoms of psychosis for the first time.

#17 ECIT Officer Feedback

Committee Recommendation: The BHUAC recommended receiving feedback from the officers regarding the ECIT Training.

Conclusion

First and foremost, the BHUAC wants to commend the PPB and the BHU for the incredible amount of work they have done in the last year to significantly and substantively improve the quality of the interactions between PPB officers and people dealing with serious mental health issues. We have been impressed with the quality of the ECIT Training, the commitment of the officers and the support of the Bureau. We have enjoyed the openness of the BHU to engage with the BHUAC in meaningful discussions and to incorporate our feedback wherever possible. We look forward to the work ahead in 2014.