

## **Behavioral Health Unit Timeline**

Created by: The Subcommittee for People with Mental Illness (Portland Committee on Community-Engaged Policing)

### **Behavioral Health Unit: Timeline**

- 1993 – Portland Police Bureau / Project Respond Partnership
- 1995 – Voluntary CIT Program (Memphis Model)
- 2006 – All Officers receive 40 hours CIT training \*
- 2010 – Pilot Mobile Crisis Unit – Officer and Clinician
- 2013 – Behavioral Health Unit Created
- 2013 – First ECIT Class
- 2018 – Expansion to 5 BHRT teams
- 2019 - Added 2 additional teams (After care follow up through the BHRT)

### **CRISIS INTERVENTION TRAINING (CIT)**

#### *Phase 1 – (State academy)*

- Mental health diagnosis
- I/D disabilities
- Alcohol and drug
- Veterans affairs
- ADA
- Civil commitment
- Crisis cycle
- Scenarios

#### *Phase 2 – PPB Advance academy*

- History of MH treatment
- Mental Health diagnosis
- Signs and symptoms
- Barriers and stigma
- Peer interaction
- Crisis cycle
- Suicide prevention
- Crisis communication
- Local resources
- Scenarios

#### *Phase 3 ( PPB In-Service)*

Crisis intervention refresher  
 Policies and procedures  
 Scenarios

**ECIT TRAINING** (in addition to CIT training)

<b>Resources</b>	<b>Risk Assessment</b>	<b>Crisis Response</b>	<b>Patrol Tactics</b>
Mental Health Diagnosis	Assessing Risk Level	Crisis Communication	Tactical Options
Peer Support	Mental health Observations	Verbal Containment	Table top exercises
Consumer/Family Panel		Intelligence Gathering	Scenarios
Trauma Informed Care	Suicide intervention		
Mental Health Resources	Response to facilities		
	Site Visit		

**BHRT TRAINING** (in addition to ECIT training and CIT training)

Enhanced crisis intervention team training  
 Trauma informed care  
 Applied suicide intervention skills  
 Threat assessment for student and community threats  
 Involuntary civil commitment proceedings

# CRISIS RESPONSE MODEL

## DURING CALL

*Bureau of Emergency Communications (dispatch 911 call)*

They receive crisis intervention training

Trained to triage mental health calls (transfer to Multnomah County Crisis Line)

Police not engaged at all

*Patrol Officers (over 800 officers / about 300 on patrol)*

Crisis intervention training

Consult with ECIT Officers

Mult. County call Center (Crisis Line)

24/7 access to mental health clinician

Mental health resource guide

Can make a referral for follow up (BHRT team)

*Enhanced Crisis Intervention Team (ECIT) (currently 130 people / adding 20 more November)*

Advanced crisis intervention

Expanded resource knowledge

Situational risk management

Crisis communication skills

Resource for complex crisis calls

Volunteer positions and vetted

### **How to access ECIT**

Upon request of community member

Upon request of responding officer

Subject is threatening or attempting suicide

Subject is violent or has a weapon

Crisis call at designated mental health facility

## **POST CALL**

### *Behavioral Health Response Teams (BHRT)*

BHRT receive referrals from patrol. Their mission is to reduce risk and frequency of police contact by connections through to community mental health resources. They have knowledge of the mental health system.

BHRT consists of 5 teams

North Precinct

East Precinct

Central Precinct

Home/House-Less

Follow Up

### *Service Coordination Team (SCT)*

Police officer and non-sworn program manager

Referrals from patrol officers

Supportive housing/treatment resources for chronic offenders with addictions

Reduce drug-related crime and recidivism

Breaks the cycle of addiction and criminality

**BHU has an advisory committee:** They will analyze and recommend appropriate changes to policies, procedures and training methods regarding police contact with a person who may be mentally ill or experiencing a mental health crisis, with the goal of de-escalating the potential for violent encounters.

### **BHUAC Representation**

NAMI

Consumers and advocates

Mental health providers

Multnomah County Health Services

Coordinated Care Organizations

City Government Representatives

Bureau of Emergency Communications (911)

Mult. County Sheriff's Office

Public Defenders

Disabilities rights Oregon

### **Behavioral Health Response Teams (BHRT) DATA**

Receives approximately 1,000 calls a year

Of those, roughly 50% are assigned to the BHRT

Average time spent on a BHRT caseload is around 25 days

About 50% of outcomes facilitated by BHRT are due to behavioral health system coordination (i.e coordinated service, civil commitment)

Approximately 250 suicide and attempted suicide reports per year

Approximately 1,570 suicide related calls per year

67% of mental health facilities surveyed “agree: or “strongly agree” that the Portland police bureau was professional when responding to their facility.

### **COMPLIANCE OFFICER AND COMMUNITY LAISON (COCL)**

#### **Quarterly Report**

PPB and BHU are in compliance with all paragraphs contained in the settlement agreement. This does not mean there is no room for improvement.

Use of Force (Pars. 69,70,71)

Training (Par. 84)

Community Based Mental Health Services (Pars. 88,89 90)

Crisis Intervention (Pars. 91-115)

Employee Information System (Pars. 118,119,120)

Officer Accountability (Par. 121)

Community Engagement - Formation of PCCEP (Pars. 142, 145,1446,150)

## **2018 force numbers as they pertain to calls with a mental health influence/nexus**

In 2018, PPB was on the scene of **292,754 CAD calls** for service in which an officer indicated whether the subject was suffering from an actual or perceived mental illness or not.

Of those calls, in **25,876 (9%)** instances an officer responded affirmatively that the subject was suffering from an actual or perceived mental illness.

Of the 25,876 calls that an officer responded affirmatively, **189 (0.7%)** indicated that a force incident occurred.

Of the 189 calls that an officer responded affirmatively that the subject was suffering from an actual or perceived mental illness and a force incident occurred, **135 (71%) were a Category IV level of force** (i.e. control against resistance, resisted handcuffing, controlled takedown, pointing of a firearm).

### **REALTED LINKS**

Directive (policy) that lists expectations around Police Response to Mental Health Crisis (850.20): <https://www.portlandoregon.gov/police/article/701129>

Use of Force policy can be found here: <https://www.portlandoregon.gov/police/article/647779>

Force DATA Summaries can be found here: <https://www.portlandoregon.gov/police/64544>