



The Portland Committee on Community Engaged Policing (PCCEP)

Behavioral Health & Racial Equity Subcommittees Joint Forum

November 19, 2020 Transcript

Marcia Perez:

Good evening, and thank you all for being here. You're going to see me move my eyes around because I got a new cool computer setup and so I'm slipping and taking notes. My name is Marcia Perez and I am the Chair of the Racial Equity Subcommittee here with PCCEP. Other PCCEP members can please introduce yourselves and say what your role is on PCCEP? Also, just so everybody is aware, this meeting will be recorded and posted on a website. If there's somebody super opposed to being recorded, please let us know in the next five minutes. Thank you.

Kea Meyers Duggan:

Hi, I'll go. This is Kea Meyers Duggan. I am a PCCEP at number.

Ann Campbell:

Hi, I'm Ann Campbell. I'm a PCCEP member. Welcome.

Alana Nayak:

Hi, I'm Alana Nayak. I'm a PCCEP member, and I use she, her pronouns.

Yolonda Salguiero:

Hi, this is Yolonda Salguiero. I'm a PCCEP member and new to this committee.

Marcia Perez:

Amy, do you want to introduce yourself?

Amy Anderson:

Oh, I thought I did but I'll do it again.

Marcia Perez:

I think you kind of did.

Amy Anderson:

Amy Anderson. I am the Chair of the Behavioral Health Subcommittee and I welcome everyone here. Thank you all for sharing your time and your space. We definitely are interested in what you have to say.



And if you can't get your voice heard tonight, there is a email link, you can send your information to that. Claudia and everyone will provide for you, and you can send us your thoughts. So if you don't feel like speaking tonight, you can please join us through email.

Marcia Perez:

Thanks, Amy. I'm just going to frame a little context. The reason this group exists is through the settlement agreement that was done with the Department of Justice and the Portland Police Bureau back in 2014. Anyone correct me if I'm wrong in any of these information, but as many of you may know, the Portland Police Bureau has a pattern of disproportionately using excessive force against people with mental health issues and people of color. So, Amy and I have been talking for a long time about having a joint meeting to learn about the intersections and how the community is impacted and listen to what's going on in regards to the responses by community organizations and the Portland Police Bureau.

Marcia Perez:

The OIR group has a longstanding relationship with the Portland Police for about nine years and has worked with seven different chiefs of police. On the agenda, you all should have see or have gotten a link to the OIR report. We've reviewed the summary of the seventh report, which really just talks about the ... I'm going to pull up the summary here. You guys should have this. Goes into an in depth review of in-custody and use of force incidents with the Portland Police. Overall in the last nine years, I think they note about 57 different incidents.

Marcia Perez:

What we wanted to talk about today is really hearing from the Bureau of Emergency Communications, I almost said something else, and TIP, which is the Trauma ... I'm losing my acronyms.

June Vining:

Intervention Program.

Marcia Perez:

Trauma Intervention Program. I want to say trauma informed. We're really here to just learn and hear from the two different organizations and really be able to have a better understanding of their involvement during an after a use of force incident. A couple of reasons why this is important is because we would like to support some of the recommendations that came out of the Ohio report, and getting some more community support and buy in from PPB to adopt these recommendations, particularly recommendation number 20 and 27 if you all have been able to look at the report.

Marcia Perez:

I'll give a brief summary of both of those which is, the Bureau to develop a standard practice for meeting with family members and convening community just within days of an officer-involved shooting. Obviously increasing community trust would be part of that goal. And then, the timeliness of interviews of officers who are involved in use of force incidents. That they be interviewed before the end of their shift.



Marcia Perez:

Back in 2019, this subcommittee, the Behavioral Health Subcommittee, previously known as the Subcommittee for People with Mental Illness released a recommendation to do an apology letter or a letter of condolence, and that did not pass. We'd like to revisit that with the content that's shared tonight and figure out if we can come up with a recommendation that encapsulates all of these things together. Do any PCCEP members have questions or comments to add in addition to just the overview of how we're going to get started today?

Amy Anderson:

Sorry.

Ann Campbell:

I just wanted to add that the recommendation that was put forth, it was not passed by the whole board of PCCEP at that time. And when was that? That was last fall it was?

Marcia Perez:

It was July of 2019. I'm going to see if I can send that to you all. One of the biggest barriers to a recommendation like that, both from the perspective of the OIR group and I think members of PCCEP, was that there is barriers with the union lawyer mitigating risk and admitting fault by submitting a letter like that. I'm trying see if I can find that recommendation for you, so you can see it.

Marcia Perez:

While I look for that, what I would like to do since we are on track for time, is figure out how to navigate this, is open the floor for our guests. We'll be hearing from June Vining, who is the Executive Director of Trauma Intervention Program, Northwest. I've sent some questions just guiding you all to see if that would be helpful. Please feel free to just share about your program and how it relates to the content that we're discussing this evening, and then give us some time for question and answers please. We'll be listening in for about 30 minutes, and then we'll hear from BOEC.

June Vining:

Okay. I'm June Vining, and as she said, I'm the Director of the Trauma Intervention Program. I'm going to start by just telling you a little bit about TIP because it sounds like people don't even understand or are aware of it. TIP is a nonprofit organization of specially trained citizen volunteers that respond to citizens in crisis. We are activated through the 911 centers at the request of police, fire, medical examiner, somebody on scene. That's the biggest distinction I want to make is we don't just show up, somebody has to ask for us.

June Vining:

We have been serving the Greater Portland metro community, September 1st was 28 years. We go on just about any kind of call on that you can imagine. SIDS, suicide, homicide, drug overdose, auto wreck, house fire, drowning, shooting, but our biggest call is natural death. For a lot of people, they don't think that when that little old lady wakes up and her spouse of 50-plus years doesn't, that that's a trauma to



the city. It might not even be traumatic to the neighborhood but to her personally, her world's been turned upside down.

June Vining:

So police or fire call for us, we show up and we're with them in that immediate part of the crisis. We're not counselors, we are a citizen helping a citizen. All of these volunteers are background checked, fingerprinted, and go through 60 hours of classroom training. Then they go into a three-month field training program where they respond with a veteran volunteer on scene. Every volunteer is debriefed for lack of a better word, and I hate that word for all of my behavioral health people on here because it insinuates it's a professional thing. But, every volunteer is debriefed after every single call.

June Vining:

I'm right in the middle of a training right now. We just finished week one, we're halfway through week two and I feel like what I say more than anything is, "Shut up, this isn't about you." Because we're walking into a complete strangers life, probably the worst day of their life, and how to be helpful. So, we do a lot of untraining in the academy, because all of those things that all of us bring with our history and our helping attitude to calls is really lots of times not helpful, because it's about them and we can't talk people through their grief, or their crisis or their trauma. It's about listening and meeting them where they're at.

June Vining:

Right now, we have with this group that'll graduate, it'll put us just over 200 volunteers and we are going out about 160, 170 times every month. Last year, I just pulled my stats, we averaged a 21-minute response time. From the time the comm center sends us out at that request, we're on scene within 20 minutes. Last year we responded to over 3,214 scenes, we assisted over 15,000 citizens. We spent 13,000 hours face-to-face with people in crisis. I think those are the big things, the number of volunteers, the number of calls we're going on and how we get called out. With that 200-plus volunteers, there are four full-time staff. Everything is run volunteer wise.

June Vining:

We have a diverse group of volunteers. Not as diverse as I'd like or that I'm aiming for, but we speak nine languages and we represent the BIPOC community, the LGBTQ+ community. We respond to anybody, anywhere, for any reason. Saturday, we were in the middle of training, we got called because there was a death of one of the people who lived in the houseless community down on Water and Main. Even though he didn't die there, he died in the hospital. The rest of the people there were obviously grief stricken and upset, so we send volunteers there.

June Vining:

Right now with all the COVID procedures, we're actually getting called into COVID when people die in these COVID centers and working with them. Into businesses after the death of an employee. We did a lot of work with the fires and in the community resource centers. We go on all of those big calls that you see on the news. All the school shootings and the domestic violence, and helping. But like I said, our biggest call is a natural death. I think right now, the way we're set up to get called out works, we're set



up for immediacy. We help somebody, and then we're about resources and making sure they're connected to the resources that are already out there in a community.

June Vining:

We have a citizen resource guide. It's electronic on our website and I have it printed. We go through about 15,000 of those every year. We update it every year, call every phone number. We're at the process ... The new one will be printed in December. That has a lot of articles about grieving and coping, dealing with the media, what to do after a death, who cleans up after a homicide or suicide. Everything the funeral home asks you when you go to make funeral arrangements. A page on every phone number you need when somebody dies. How to talk to children age appropriate when there's been a death or tragedy. Then the last part of the book is an alphabetical listing of every funeral home in the Greater Portland, Vancouver surrounding metro area with their website, their address and their phone number so people can make some good decisions. I'm trying to look at what else here.

June Vining:

Even though we are not counselors, people refer to us as counselors all the time and some of those 200 are professional counselors. But when we show up on scene, we're a citizen helping a citizen. And keep in mind that in the immediacy of the crisis when we're there, right at that impact stage, there is no counseling or therapy to be done. We don't want to be rushing that, so we are teaching people hands on skills to deal with that and to get them through the first few hours.

June Vining:

A natural death call for us is about two and a half or three hours. I was on a suicide in Troutdale the other night, so let me tell you. One woman comes home and finds her fiance had hung himself, so we have two volunteers on scene helping there. One with the police who are giving notification to the mom in another city, and then one the next day at the workplace of the gentlemen who died. With that many volunteers, we have the ability to be in different places and help people.

June Vining:

We do one follow up call on normal calls about a day later to make sure that they are connected with who they need to. 30 days after the call, we make another phone call to make sure because by this time, everything has sunk in and they're actually having to feel. Those calls actually end up being a little bit more significant than just a check in because now they want to tell their story and process through. That's the extent of our interaction. We are not long term. We make sure that they are connected with the resources that are going to help them process through. So, I am open for questions.

Marcia Perez:

June, thank you so much for that overview. I have my camera off because I think my internet connection is poor right now, I apologize. But, one of the questions that popped up for me immediately, and I think probably others on PCCEP are interested to know, what number of calls are those that include officer involvement, officer use of force?

June Vining:



You know, I don't know if I would be able to give you an answer on that because that's not how we log the calls. If we get called out from BOEC, for example, we show up on a call. We know that a tragedy has happened, we might know there's a shooting, but we wouldn't know when we're there who shot. And if somebody dies, we wouldn't know whether it was because of the ... Unless we were told right there, we wouldn't know. We help whoever we're told to be with, and sometimes those are the bad guys and we don't know it. We go in with no judgment to help anybody, at any time.

Marcia Perez:

Great, thank you. I want to leave time for folks if people just want to either write in the chat or pop in to ask some questions. I see Amy.

Amy Anderson:

I have a question real quick. First I want to say, I really, really appreciate what you do. It is hard work and it is very heartfelt, and thank you. It's hard for me to believe that in all my years of advocacy, I've never heard of your program, which just stumps me because of the incredible work you do. My question is, is your program I'll say, or are your program successes documented anywhere in any of the major reports that the people put out? We heard a report last night about police and I was just wondering, does your information end up in any reports that are available online?

June Vining:

If they document that they activated a TIP volunteer, it would be there.

Amy Anderson:

Okay, but the details wouldn't be, right? It's just that you were called.

June Vining:

Correct.

Amy Anderson:

Okay, so we could see the number of calls made over a period of time, like say six months or a year?

June Vining:

Mm-hmm (affirmative).

Amy Anderson:

Okay. And would that be through BOEC?

June Vining:

Probably the best is to go through BOEC. If you're wanting just city of Portland, yes.

Amy Anderson:



Yeah, because that's what we're focused on even though I'm interested in all counties. Our focus is Portland and I think given the number of calls you're receiving and the variable with COVID, it just would be nice if we could talk about it in some of our subcommittees that this is-

June Vining:

Okay, yeah.

Amy Anderson:

Okay. Barb has a question too. We're sharing a computer, so I'll let her go ahead and ask.

June Vining:

Okay.

Barb:

Hi there. I love what you guys do. I've been around when you guys have been called and it was an awesome thing. And I know you could just see the top of my head. My question is with COVID now, are you guys seeing people face to face? Because I know for a while, you guys were only handling things over the phone, which was I'm sure not as comforting.

June Vining:

Right. So, yes. When we were in shut down, we went to TELETIP. But we have been back and just really done a lot of reminders when we're in this free section because people still need help. We're still reminding about masks, and face shields, and hand sanitizer and washing hands, and the volunteers are still responding.

Barb:

Awesome, thank you. I appreciate what you guys do.

Marcia Perez:

I see a question from Karen, and then I'll read the question in the chat.

Karen:

Hi, June. Yes, I haven't heard about you either. Now, you say you do trauma intervention. Do you handle mental health crisis, too?

June Vining:

Sometimes when we're on scene, there are people that are in the middle of a mental health crisis and we are processing the best we can to get them the help that they need. But we are specifically not called out because somebody is having a mental health crisis.

Karen:

Okay, so mostly the natural deaths?



June Vining:

Yeah. I mean everything, but not specifically a mental health crisis. Like I said, infant death, suicide, homicide, drug overdose, auto wreck, house fires, drownings, shootings. When you show up in that, sometimes, and it has happened, we encounter people who are in the middle of a mental health crisis, maybe because of what just happened or maybe they have a history of mental health issues, and they need support.

Karen:

Okay. And are you involved with Care Not Cops at all?

June Vining:

No.

Karen:

No? Okay. They obviously see you as a different type of care than ... Yeah, okay. Thank you.

June Vining:

You're welcome.

Marcia Perez:

The question in the chat is, what if any, is law enforcement's presence in TIP training?

June Vining:

On the second half of training, we just had this last night. Police get an hour, fire gets an hour, medical examiner gets an hour. Basically what we ask them to do is, "How do we show up if you call us on scene? Who do we check in with? And, how do we get to where you need us? How do we know who it is you want us to help?" Does that answer?

Marcia Perez:

[Zenab 00:23:15], this is your question. Did you like to respond? I don't know if he's still on here.

Zenab:

Yeah. Hi.

June Vining:

Hi.

Zenab:

Yeah, that actually does answer it. It comes from a point of just wanting ... There are many folks and there's obviously a movement where people want to be able to make sure that there's resources that can be tapped into that would almost even sometimes be independent of law enforcement's authority.



But it sounds like you guys are called specifically by law enforcement. You don't appear at the scene unless you're actually contacted by a law enforcement agency or some officiating agency.

June Vining:

Exactly. We get most of our calls from fire and end up interacting with police because fire calls us and then they leave. Police are on scene, city, county police. The medical examiner calls us a lot. Paramedics, AMR.

Zenab:

Not to take up too much space here, but just one question linked, apologies to everybody. When it comes to responding to a call are ... And this feeds into the mental health question that was asked earlier, but just trying to drill a little bit and be more specific in this area. Are you ever called specifically for a mental health crisis, or is it typically something that's a lot more critical?

June Vining:

More critical. You know, I've been here since the beginning. I'm the founding volunteer and I can't remember one time where we were called specifically for a mental health crisis.

Zenab:

Are you trained for mental health crises?

June Vining:

No.

Zenab:

Okay.

June Vining:

Nope. We're trained for immediate emotional and practical support.

Zenab:

Okay. Thank you so much, June.

June Vining:

You're welcome.

Marcia Perez:

And I think we had ... That was a great question, thank you. We have Judith, I think you have your hand up.

Judith:



Thank you very much. I just really couldn't miss this opportunity, June, to thank you for the work you do. When my father died very suddenly of a heart attack and we ... The paramedics had come but he did not survive, and they don't take the body under that circumstance. So when my brother and I arrived after the call from my stepmother at the house, his body was still on the living room floor and we didn't know what's going to happen. Soon after, the TIP volunteers showed up and just made all the difference in helping us navigate what was already a very stressful, confusing situation. I really felt I had to throw in a thank you for [inaudible 00:26:14].

June Vining:

Thank you, too. We've become really good advocates in what we call the death system because a lot of people don't know ... Nobody woke up this morning thinking they were going to have to plan a funeral by the end of the day. We walk people through that process, so thank you for that.

Marcia Perez:

I just have a clarifying question. It sounds like you mostly respond to death incidents, to incidents of death.

June Vining:

Mm-hmm (affirmative). 98% of our calls are because somebody died.

Marcia Perez:

Okay. I don't see anybody else's hand up, but I apologize if I ... Oh, Ann, go ahead.

Ann Campbell:

June, thank you so much for the work that you do. When you respond to a death of any kind, it could be a shooting, it could be ... I do hear you saying that a lot of times it's a sudden death, but you do do a wide range of volunteering within that. Is that correct?

June Vining:

Oh, absolutely. Yes. This just came up in training the other night about domestic violence and it's like, we might not get called specifically for that domestic violence, but we're called to deal with all the people who were there when the death happened and processing that, and where they work, and where they go home, accidents at the workplace. We've gotten called out after there's been shootings and helping the people when they've been given that death notification.

June Vining:

Just this year, I think ... We had our big fundraiser in October and when I was putting my talk as the director together, I had put some stats together and I said, "Just in the last 100 days, we have responded on over 500 calls." On top of COVID, all these other things were still happening and there was a lot of shootings happening in one area in ... When you have an apartment manager calling and saying, "I've got kids who witnessed this and they're traumatized. How do we help?" So, we send people there. And when school was in, we would go to the school.



Ann Campbell:

Thank you. And just to clarify as well, you said that BOEC calls you, but primarily fire. Is that correct?

June Vining:

Anybody who requests us, Ann, it goes through the comm center. All the counties that we work in, it goes to that comm center and then they call us out, so it comes through there.

Ann Campbell:

And sometimes officers call you as well?

June Vining:

Right, yeah.

Ann Campbell:

Thank you.

June Vining:

You're welcome.

Marcia Perez:

Does anyone else have questions? If not, I do have another couple of questions that perked up for me.

Amy Anderson:

Yeah, Barb has a question here. She had her hand up, but I didn't have my screen on. Go ahead.

Barb:

I don't remember what it was right now.

Amy Anderson:

Okay, we'll get back to you.

Marcia Perez:

Okay. A couple of things that came up for me was, one, I think it would be helpful, June, are your stats that you've talked about available to us to share?

June Vining:

Yeah. If you go on our website, on the top it says ... At the bottom of the page it has our annual stats for the year.

Marcia Perez:

Okay, perfect. I'll try to get that.



June Vining:

It might be called Annual Report.

Marcia Perez:

Okay. And then as you were talking, you mentioned just the interactions with other programs. That came up for me before you said that, but it sounds like ... We've had other forums and discussions around the tons of shootings that have happened. We hit record numbers in a really long time. So I'm curious, how do you interact with programs through like, Healing Hurt People who have the trauma responses and the contracts with the different trauma rooms at like Emanuel and OHSU? It sounds like because you mostly respond to deaths that maybe you don't do that so much, but I'm just curious.

June Vining:

Right. Keep in mind that we're there for the people who are left behind. I'm thinking about earlier this year when we had three shootings really close in the same area, and we responded to that apartment complex three times. Now, the people who are transported to the hospital, they're going to get activated with the Healing Hurt People and the advocates there. We're dealing with the people who are left. The people who live in that complex who are worried or scared, the kids who witnessed it and helping them process what they just saw or witnessed.

Marcia Perez:

I have just a follow up question to that. I mean, I just left my job at the county working at Juvenile Services and so I'm curious, because this was coming up a lot. Many of the youth were impacted by the effects of gun violence and have lost loved ones or neighbors, so I'm probably pretty familiar with where you are responding to. But in that case, are you ... Is there a partnership with the county to ... It sounds like you have a really great resource that's packed with information, and so I'm just curious if there's a partnership that acts a little bit more proactively so that the Juvenile Services or other programs have access to those [inaudible 00:32:06].

June Vining:

Yes, the answer is yes. I work really close with behavioral health at [inaudible 00:32:13] County, the TCS [inaudible 00:32:15] in Multnomah County. I have a counterpart in Clackamas County, [Galli Marie 00:32:20], especially with suicide post-vention when we respond to those to make sure they're getting follow up. I just met [Canada 00:32:29] Parker, who's working with Multnomah County now in the Suicide Prevention Post-vention Intervention. We make sure they're aware so they can take it from us. We're handing off, because they're the experts.

Marcia Perez:

Great, thank you. Any other questions that folks might have? We have about eight minutes before we're going to move on to our next guest.

Barb:

Give it a little time just to see if [inaudible 00:32:56].



Amy Anderson:

Yeah, Barb had finally figured out her question so I'll put her on real quick.

Barb:

Actually, I had two questions because I live in one of those apartment buildings, or fearfully around us. Do you have people that you recommend that can come in after you guys who are right there on the spot if somebody calls you?

June Vining:

Yeah, we work with a lot of people. I work with the county, I work with the crisis line, the walk-in clinic, 211, The Dougy Center, so we're reaching out to make the best connection we have. You know, I'm always amazed at how many times we get called and I realized after how many years we get called because we show up, and that's what they want. They want somebody to show up.

Barb:

Yeah. Then my other question was, you talked about death notifications. Are you ever there when that happens, or are the cops ... Yeah, okay, I can tell from your face.

June Vining:

I hate being there when the notification's given because I feel personally like I'm standing in somebody's bedroom. It's that personal. But yes, we are there a lot of times when people ... It's a very common call for the medical examiner's office to call us and say, "Will you meet us at this address when we give notification?"

Barb:

Thank you very much. I appreciate your frankness.

June Vining:

Yes.

Karen:

June, I'm just wondering, are you in Washington County?

June Vining:

No.

Karen:

Okay. Thank you.

Marcia Perez:



Great. Any other questions coming up for folks that they want to ask June? This is really great information.

Zenab:

Right here if-

Marcia Perez:

Jump in.

Zenab:

This might not even relate, but just would be informational for PCCEP as a group in a whole. I haven't heard of TIP Northwest and part of my work is to hold police accountable and with a few officer-involved shooting deaths over the past few years, I don't know of any families that have heard of TIP. That's something I want to follow up with and reach out to Maria Cahill at Pacific Northwest Family Circle, as well as Peace and Justice Works and just to follow up with some of the families and the victims. But so far I feel fairly certain, so it's a bit concerning.

June Vining:

You know, it's surprising because people say we're the best kept secret out there. And here's what we can do is, because we're set up for that immediacy, we show up right away, we can hold space or actually make a warm handoff to the people who can care for them long term. A lot of agencies are not set up to be on-scene immediately. Like last night after midnight, we were out four times. We are really good at making that handoff or referral if we know that somebody is waiting for it, or would be a good connection.

Marcia Perez:

I appreciate, Zenab, your comment because that's part of ... This has come up for me in other meetings in the past where we've talked about families and people who have been impacted by use of force incidents or been killed by police. Unfortunately, they're not seen as victims so they don't have any due process, and they're robbed of that. They don't have access to resources, they don't have people sitting with their families and immediately, the Portland Police Bureau or any law enforcement agency is mitigating risk. They're not holding that space and creating that moment for the families to process what happened, and their family member's treated like a suspect and a bad guy immediately, and for the duration of however long it takes to resolve the case.

Marcia Perez:

That sparked my interest personally on PCCEP because I think we'd like to explore, what would that look like for families to actually not get boxed out of the process? Having experience losing a family member to police violence, personally experiencing that firsthand I know that it's really difficult to get support because the person's not considered a victim, and the family just is not involved in the process. Our hope is to figure out what's out there and what can be developed, because at the end of the day, despite whoever's role, somebody lost a loved one. So, I'm glad to hear about the great work that you're doing and what can be hopefully developed out of this.



June Vining:

Right. And if we were asked, we would go, but we have to be asked.

Marcia Perez:

Great. Prepare yourself.

Ann Campbell:

And if I can just add one thing. I know that I've spoken with Mary Claire. I don't know if she's on the call this evening from the Portland Police Bureau. She was not aware of this service and I thought it would be great to share that with the larger bureau and maybe have it a roll call, and so that discussion is ongoing. Thank you so much for your great work.

June Vining:

Thank you. Thank you for inviting me.

Karen:

June, just a quick question.

June Vining:

Yeah.

Karen:

Now, you said paramedics call you. Is it correct to say that agencies call you more than individual citizens?

June Vining:

Yes, absolutely.

Karen:

Okay, all right. You need to get the word out to individual citizens. But no, this is wonderful. Thank you so much.

June Vining:

You're welcome.

Karen:

Wonderful service.

Marcia Perez:



Thank you so much, June. I hope you have some time to stay with us. We're going to get her now from BOEC. Melanie, if you'd like to introduce yourself and tell us a little bit about your role and if you can put it all together, how maybe TIP even comes from BOEC.

June Vining:

Hi, Melanie.

Melanie Payne:

Hi, June. My name is Melanie Payne. My pronouns are she, her, hers. I want to reassure everyone that we absolutely know about TIP and responders do too. In fact, some of our employees are also TIP volunteers. Because they don't get enough at work, they want to help the community in more in depth ways. We're very familiar, and I'm so happy she's here too because it is an amazing service and we have a very close relationship. I'm sure a lot of responders know about TIP and may not be utilizing them, but we love working with them.

Melanie Payne:

So, I am here to represent 911. My role at work, I'm the Training and Development Manager. I've also been working on the DOJ settlement for the ... There are some items that specifically relate to 911, so I'm the liaison for our bureau. I've been working with BOEC for 15 years now and it's ... My background is not in emergency communications. They didn't really think about it when they hired me. They wanted to have a training manager and they were okay that I didn't have an emergency communications background. They took a lot of time to train me, and now I'm finally able to follow their jokes. And I'll try to avoid using all the acronyms that I hear all day long when I tell you a little bit about 911.

Melanie Payne:

911 is one of those services that is ubiquitous, and I think that's actually one of our highest compliments, people don't think about us. They can pick up a phone, dial three digits, and someone is going to be there and answer their question. Questions that you can't imagine, situations you can't imagine. There is somebody there trained to help. We answer 911 calls, we also answer nonemergency calls, and we dispatch police responders, fire responders and ambulance. That all comes out of one shop.

Melanie Payne:

Although we work for the City of Portland, we actually dispatch for the entire county, so we also dispatch for and volunteer fire services. So, Multnomah County Sheriff's Office and Sauvie Island and Corbett, all of the places where you have emergency responders, we are the dispatch center for them. We have both ends of an emergency call. We have the initial intake, and we also have the call as it's ongoing. But it's our job to take what we know, what we learn, what we observe and pass that like a baton to the responders.

Melanie Payne:

The question that we're gathered here tonight to talk about is about, what happens after an officer-involved shooting? We have little to no role at all. We are the entry point. We're the first responders,



and we are actually the first advocates for those callers. But once we move them to the responders, we move on to the next call. Yesterday alone, we took 3,300 calls in our center. Last month in October, we took 101,000 calls and that's higher than normal. This year we've had higher activity than normal, but it's important to note that not all of those calls lead to responders.

Melanie Payne:

We had 3,300 calls yesterday, almost 3,400. Of those, only 25% of those calls were dispatched for police response, only 2% of those calls were dispatched for fire, and only 8% of yesterday's calls were dispatched for medical. We spend all day long trying to identify and triage who is going to be the best service to help our callers. Many of our callers have nonemergency situations or they have civil situations and they need to be referred out to maybe the court or other services. 211 is another place that we refer people to. A good part of our day is actually identifying and helping people get to the right help, so it's not always a responder.

Melanie Payne:

We also transfer calls. People who are suicidal but don't have the means or a plan to kill themselves, we transfer those people, we warm transfer to the Multnomah County Behavioral Health Call Center, what used to be called the Crisis Line, so we also try to facilitate calls to those folks. Sometimes people call us, they don't really know quite what they want and they might be experiencing a mental health crisis. Often callers who can communicate that do so willingly. If they just know they need help and it's related to their mental health crisis, if we can connect them to Multnomah County, we do so, and again, by warm transfer.

Melanie Payne:

We find out basic information and we connect to the counselor with the caller still on the phone, do a brief introduction, and then turn the call over to Multnomah County so that the caller doesn't have to hang up and start all over again. That's just the teeniest snapshot. We're first responders, but we don't have crystal balls. We can't see through the phone. In most cases, we really appreciate that we can't see through the phone. We take calls, we also take text messages at our center, and that's to create accessibility for people who are hard to hearing or speech impaired. Also, anymore people don't talk on the phone, so they're more comfortable texting.

Melanie Payne:

But, it's really our goal to get people to call us because we find out so much information by what's not being said and by what's happening in the background, the rate of speech, the word choice. We found out a lot of information, and it's our job to objectively capture that information and write that up, and we ... The dispatcher reads it over the air or sends it via computer to the responders. So, listening to voices is really important. Listening to background, people yelling in the background or just sounds that are maybe inconsistent to what people are saying, it's really an important aspect of what we do.

Melanie Payne:

Our training process takes about two years from date of hire until someone who's working independently as a call taker or a dispatcher. We have 13 weeks in the classroom alone and then the



rest of that time is spent training on the operations floor talking to callers, talking over the radio. We have a coach plugged in with our trainees so the trainee is never left alone, which is safer for you and it's also just more caring for our trainees until they build some competency. I have so much stuff to go over. I will just share a little bit more, then I'll open it up to you.

Melanie Payne:

One of the questions you ask here is about cultural or racially responsive ... Is our service culturally and racially responsive? This is a great question and it's a question that we are actually struggling with. If you remember, earlier this year there was a caller in New York City in Central Park. She was calling because a birdwatcher made her feel threatened, at least that's what she said. If you didn't have a chance to look at that video, I encourage you to do so because that caller went from calm, to immediately amped up and she sounded like she was in crisis.

Melanie Payne:

We get those calls and we can't ... We don't have the ability, nor do we think it's safe for us to determine whether or not this caller is telling us the truth. You can hear the call taker ask, "So what's happening again?" And she, the caller responds back and gets even more excited, and it would be really difficult for someone to not set that call up for a responder to go on. So to watch it happen and to see the clear bias that's happening is really disturbing and it's really what we identify as weaponizing police. They are using our service to weaponize police.

Melanie Payne:

There are times when people are overtly racist, and we can challenge those callers. They may say they're calling because there's a suspicious person and we ask, "What's happening? What's suspicious?" And they'll say, "Well, this is a black person and we don't have any black people who live here." You can be a black person pretty much anywhere, so that's not a call for service. Those things we can challenge, but it's also our ... The public to this point still requires and demands someone to respond.

Melanie Payne:

I think that's an area as we're looking at our policies and our procedures right now, we need to be really careful that we distinguish between a suspicious person versus suspicious behavior. It's the behavior that we document and we objectively describe, not the person. We might give personal description, and we're even trying to consider how to do that more thoughtfully. Oftentimes, people don't know the race of the person they're calling about and we set the call up with unknown race, and responders still get there. So we're trying to figure out really what is necessary and how we can be more culturally sensitive. But I admit that this is an area that we need to do much more.

Melanie Payne:

Right now, we form our training around being objective and listening. The part that I have had a very active role in specifically relates to mental health and a potential mental health crisis, so it's even more important that we listen for clues that there may be a mental health crisis and when in doubt, we send them out. We send out our ECIT officers if we think that there could be a mental health crisis where an ECIT officer would be beneficial. We're listening for changes in behavior.



Melanie Payne:

If someone's calling about a loved one and they are no longer eating, or bathing, or taking their medication, that might be an indication of someone's in mental health crisis. If someone's speech is slurred, that could be any number of things. It could be a stroke, it could be someone is using substances, or it could be codependent. They could be comorbid so they're using substances, and perhaps self-treating for mental illness. We don't judge, we just note that the speech slurring sounds extreme and we might need help. We might need medical, we might need police who are trained or ECIT officers.

Melanie Payne:

Hallucinations and delusions, those are things that we commonly listen for. We listen for how people describe. We have a lot of terms for describing someone who is in mental health crisis, like they're just a little off. What does that mean? Or even, they're acting crazy. Well, that might mean something different for me in my own experience in my life, versus the caller. So, we ask more questions so we can give our responders a more complete picture, and I suppose I left that part out.

Melanie Payne:

Really a big part of the work we do is creating a narrative, creating a picture based on incomplete, sometimes inaccurate, sometimes partial information. It's our job to set the stage, create a narrative, provide as much information as we can. We ask about weapons. That's a very important question that we ask. We ask about location. Many of our callers don't know where they are, so we try to find where they are, try to triangulate ... Cell phones are wonderful, but they've replaced our ability to critically think about where we are.

Melanie Payne:

We take what they give us, we observe and we document, and we call for help and we send the responders out. Responders arrive on scene and they realize that they may need more help so they talk to the dispatcher, and the dispatcher sends up more help or different help, or TIP, or Project Respond. So, we coordinate that. As the scene changes, as it evolves, we might send out more help or help the police officers set up a perimeter. They decide where the perimeter is, but we are there for help and we are there to capture what they say. Sometimes officers can hear our voices.

Melanie Payne:

Definitely on the fire side, they can hear our voices more clearly than they can hear the transmissions between themselves, so we repeat back what we hear and we check for what we hear. We also document and run ... We do research for people. If they pull over a car, we'll check the plate and attach what we find in the records. It's so much more than what people realize happens in our agency, and we're very proud to provide service to our community. It's also very challenging.

Melanie Payne:

This summer with protests, we had people calling from around the nation to comment on their opinions of what was happening, what they were looking at live streaming. They'd call us and then tell us what things they were seeing as if we didn't know. We had calls waiting 30 minutes on 911, and that is the



last thing we want because in the calls that people are complaining about, or observing or being helpful, someone's loved one is having a heart attack and we are desperately trying to get through that call so we can get to people who might need other kind of help.

Melanie Payne:

I think the last point is we work very quickly, and that can be off putting for our callers, because again, calls are holding and we want no one to ever have to hold when they call 911. We want to get help started as quickly as possible and so we have to balance that. And sometimes quite honestly, that's not culturally sensitive either because we do need to give people the space to form their thoughts to communicate perhaps. We work with a translation service. LanguageLine might not be what it's called, but that's what it used to be called and those callers ...

Melanie Payne:

Members of our community, I can't imagine how frustrated they are because we have to wait for the translation service to connect with us. A lot is happening in real time and there's a lot we need to know, but the thing that we don't get is what happens after. Once we transfer that call, once officers go on scene, you can see if you looked at the report, you can see oftentimes officers aren't even updating us even when shots are fired. We are there for the duration of what they need us, and then we move on to the next call, so we are not engaged or involved with families after the fact and we aren't likely to be included. Since everything we do is documented, we're not likely to be included in any after action. On occasion, we are invited to do some debriefing for major events, but generally speaking, we're not included in that either. I'm going to stop speaking so I can answer your questions.

Marcia Perez:

Wow Melanie, that was really thorough. Thank you so much. I have 1,000 questions, but I will not prioritize my questions. Barb says, "Thank you for no longer using 12-34, it's dehumanizing." Do you want to comment on what that is for purposes of those of us who don't know?

Melanie Payne:

Oh, absolutely. And Barb, you are 100% welcome. One of the things that happens in our agency, and I think all emergency services is we find shortcuts and we forget sometimes that there are people on the other side of those calls, on the other side of our shortcuts. So, one of the ways that we would communicate between responder and dispatcher is we would diminish people to 12-34, which said this person might have a mental health issue. We don't know for sure. Sometimes we did.

Melanie Payne:

Sometimes people would tell us their diagnoses, but really it was shorthand and it was utilized so liberally, that it was no longer even helpful. It should never have been used in the way that it was. We use codes all the time, 10-codes. If an officer is going to lunch, we have a 10-code for that. It's just a shortcut, but that shortcut lived its usefulness and we decided to stop using it and to use plain language to explain what was happening on scene or what was happening with the caller.

Marcia Perez:



I don't see anyone hands up. Does anybody have ... Oh, Karen. Anybody else have their hand up? All right, so let's go with Karen. Karen, you are muted. And I just want to be mindful of time, we have about 20 minutes for ... Just a little less than 20 minutes. 15 minutes for questions and answers. Go ahead, Karen.

Karen:

There I am. Thank you, that was wonderful. As I said earlier, I'm involved with looking at these issues in Beaverton and Washington County, and you said that you, Melanie, you don't debrief a lot. I would think that a lot of, especially the cultural specific, BIPOC, LGBTQ issues and things that they are calling about specific to their cultures, that would be a wealth of information for the smaller communities. I mean, they're hiring consultants to figure this stuff out and you're getting that information on a daily basis because you're engaging with these people and communicating with them to get down to the nitty gritty of what the call is about. So, this sounds like that would be a wealth of information to me. That's all I really wanted to say. I think it should be utilized and you should be debriefed about this.

Melanie Payne:

Yeah, we agree. There is a certain ... I agree with you. We should be involved in debriefing, really from ... And to reflect what June said, really what we need to do to maintain our mental health is to understand our role, and to I think, release some of the responsibility that we hold for every call, or every incident. I guarantee you, every single officer-involved shooting, there's a dispatcher behind that call wondering if they did the right thing, wondering if they shared the right information or if they shouldn't have shared something, or if they didn't hear a key bit of information.

Melanie Payne:

So when I talk about debriefing, I'm really talking about some mental health care, some self-care for us, and also some training and awareness about things to listen for the next time. It's a shortcoming and I hope as we move forward, we're going to be using more different triage systems and get more feedback about each call. I'm hoping that we can expand and do more understanding and training, and self-care when it relates to our own mental health as well as serving people in our community.

Marcia Perez:

I know Barb had a question, and then-

Amy Anderson:

I have a question as well. I just can't get to the hand raise feature yet.

Marcia Perez:

That's okay. Do you want to let Barb ... You or Barb want to go? I want to be mindful of whoever's turn it was.

Barb:

Go ahead.



Amy Anderson:

Yeah. This is incredible work you guys do and I know it's really hard. I work on the ground floor, street routes, I mean the street level side of the work with the populations. What I'm wondering is, would there be a way to really dive into some of the agencies now that you guys refer people to? Because, please don't take this disrespectfully but 211 right now, I would say is overwhelmed and really unable to keep up. Folks are frustrated, information highway has stopped and blocked because everyone's working from home.

Amy Anderson:

I just really feel maybe this is a time to look at all the agencies and see who does what the best, and then maybe create another list of resources that are current based on the COVID situation. Because, just about everybody I know is online now we're on the phone, and that's really hard for people to solve some of these issues because there isn't anyone around to talk to, except the people in the ERs and so they're taking their time in the emergency rooms. I'm just letting you know what I see.

Melanie Payne:

Amy, I agree. I agree and we are continually updating. 211 was the thing that popped in my mind, but I agree with you. We are sometimes the last to know about how services are being changed. One program that I'm sure you're all aware of is going to be Portland Street Response. We will be coordinating and dispatching for Portland Street Response as well. There are so many agencies, and we are continually surprised to find out what people can and can't do, but it is a great suggestion, Amy, and I'm going to remind us to go back and call. Our trainees actually do that. As a part of our training, we have them call a referral. We want them to know when they are referring somebody, what those agencies do. But we should really update and make sure that what we think they're doing is actually what they're doing, so thank you. I think Barb had a question somewhere in there.

Barb:

Barb always has several questions, she was a scientist. And she's also, she being me. I've been a scanner junkie for about three years ever since somebody was murdered underneath my window and you have some amazing, amazing operators that really seem to keep their cool in funky situations. I have girl crushes on two of them just because they have dry, dry senses of humor. But one of the things, and maybe I missed it, but in having this meeting now, we were talking about the officer-involved shootings. Are you guys always dispatching TIPs when that happens? Because, somebody said you were. I don't remember who said ... This is like third hand to me, but I really want to make sure that we get that answered in this.

Melanie Payne:

Yeah. Based on request, that's how we contact TIP. So,

Barb:

So if there's an officer-involved shooting, is there SOP to ask you to call TIP?

Melanie Payne:



I'm not aware if that is on PPP or any of the other agencies we serve? I'm not aware if that is their direction.

Barb:

Okay. Thank you. Oh, and I guess what I wanted to ask was because I know you guys have the same operators for nonemergency and 911. So the numbers and stuff that you were giving as far as calls and dispatch, was that a mixture or was that 911 called out?

Melanie Payne:

No, that's our total workload yesterday and total workload for last month.

Barb:

Thank you.

Melanie Payne:

Mm-hmm (affirmative).

Marcia Perez:

There's a question in the chat by Ruthie. It says, "Is there a list of agencies maybe in groups or a mapping?"

Melanie Payne:

Yes, maybe? You know how, and maybe it's just our organization, how we collect things and they live in a couple of different places? We have an info file that we continuously update, but it wouldn't ... I think list feels a little bit too formal. I'll go find out for sure and update you. There are just things we know. I have coworkers that have been there for 25 years, and so they know about this and that. I'm certain we do because we certainly refer to the same organizations over and over again, but I think sometimes it's a little informal and our info file needs to be updated.

Ruthie:

Thank you very much. I think a lot of our organizations need to do this. I know within our behavioral health area, it's hard to know who's out there and who's doing what. We find things that we didn't know were happening, and I think it's really wonderful that we're able to start getting together and doing it. Thanks so much.

Melanie Payne:

Thank you.

Marcia Perez:

Another question. Can you unpack what training and traditions to handle PSR calls have been like? Can you just clarify what PSR is for folks who are not familiar?



Melanie Payne:

PSR is the Portland Street Response. This is a new program that is modeled off of a program in Eugene called CAHOOTS. This is an alternative response program for people who are perhaps having a mental health crisis, but don't need police. This is something ... We often send police for acute situations, and these folks that have subacute, someone who may need assistance but we're not entirely sure, someone who's standing on the street corner yelling. A passer by or a neighbor might call and say, "I think they should be checked," but they're not doing anything that police response is appropriate. So, it will be a Portland Street responder who will go out.

Melanie Payne:

Those responders will also have someone who's a medic or medic trained, and I think they're going to have a third person that is a peer. They'll go out and visit with people, see if they can help. They'll be able to do some first aid, minor first aid care. Really, the CAHOOTS program in Eugene is amazing. It's connected to the White Bird Clinic. It has been around for 30 years, and it is incredible, and we're just starting. We don't have the same foundation. Of course, our community is so much different than it is in Eugene, so we're just dipping our toe into this kind of response.

Melanie Payne:

That will start February and March, and we're going to start in ... Portland Street Response is affiliated with the Fire Bureau, so it's not police responders at all even though we will be dispatching. That will start in February. It will just be in the Lents neighborhood to start and then they have the funding to grow, but it's probably going to take us a little while to figure out the most efficient way to get responders out. I would love to unpack more, but we are actually still figuring it out. I have a meeting tomorrow as we're trying to figure out the nuts and bolts. I know that the community is prepared and looking forward to it, and again, just like TIP, a lot of the calls we send for a response is based on community interest, or responders know, "Hey, could you call them to get some help?" So, join in along for the ride.

Melanie Payne:

I see a question about attrition rate. This is also in my wheelhouse because I'm the recruiter for our bureau. Our attrition is about 15 to 17% a year. That is consistent with the industry nationwide. We see the most turnover in the first two years when people are in training. Our training program is extremely rigid, rigorous, rigid is too hard, rigorous. So people join us, it's very difficult to describe our work. And right now we can't bring people in to do a sit along because of COVID, so we do the best we can and we share it we can.

Melanie Payne:

I just had a trainee who has been with us for a month. When we could finally get her out to the operations floor to sit with a coach, she realized how fast paced and how complex the job was and she just couldn't see yourself there, so she resigned after a month. I have folks like that. I also have folks who after 10 years are ready for a new challenge. If we get them to two we can get them to three, if we can get them three we can get them to 10, but people who experience stress. We work very hard to help support and encourage good self-care. We have a treadmill on the floor, we have all sorts of exercise equipment on the floor. We have an exercise room in our building.



Melanie Payne:

Back when we could we also had a massage therapist who kept hours in our building. We have a quiet room, we have a barbecue grill. We now have therapy dogs that come in. We got to meet the therapy llama in our back parking lot. We encourage people taking care of their mental health from day one. I encourage people to get a mental health provider when they don't need one so when they do, they're already an established patient. We take that very seriously, but still some people reach a point where they can't take calls anymore, so we see about 15 to 17% a year who leave us.

Marcia Perez:

Great, thank you. I don't see any more questions in the chat. We have about six minutes left, and I do have ... I have a couple of questions, but I have a feeling we can maybe ... I can ask those questions later, but one of the questions I think is important just right now and has a quick answer, are there multilingual staff? You talked about using LanguageLine or whatever it's called today, but do you have bilingual or multilingual callers that make that easier for non-English speaking caller?

Melanie Payne:

We do. Right now we can't utilize that skill, so we have to have a translator on the call so we can have an English translation recorded. But we do have many people who speak multiple languages, and that helps for the initial setup so they know they can perhaps give a little calm and care while we're waiting for the translation service to be on the phone.

Marcia Perez:

That's helpful to know. Melanie, thank you so much for your thoughtful and thorough responses. This was really helpful. I want to take the last five minutes just to wrap up and listen to people's thoughts. I have many, but I want to ... It's important to hear from you all if you have some thoughts or feedback related to this forum. What was helpful? What was not helpful for the future of collaborative meetings like this? And then again, I will follow up with June and Melanie, and talk about what comes up from this so that we can hopefully develop some really great recommendations to the Portland Police Bureau. I'll let folks just jump in if you have thoughts, questions, feedback.

Amy Anderson:

Well, my thoughts are this. As the chair of the Behavioral Health Subcommittee, I would very much enjoy having you ladies come maybe on a regular basis and fill us in with some of your needs. You hear a lot about what we need, but I think it's important that we learn what you might need from the community so we could be better supporting the work that you're doing as well. I like to go both sides, like what can we do to help you make things better and be part of the conversation?

Amy Anderson:

Because, there's a lot of people here who love that education, and with COVID, it's making things hard to keep up. We really don't know what the major needs of the community are because not a whole lot of folks have access to these service features, online Zoom. I mean, each of us meet monthly at different times. Maybe we could set up like every quarter or something, you can come and let us know if there



are any major issues that you need us to know about, and then we can go back and forth. So, think about it.

Marcia Perez:

Any other questions, thoughts, feedback?

Karen:

I just have a question.

Marcia Perez:

Go ahead.

Karen:

All right. I'm just wondering, Melanie, how we would stay in touch or keep up to find out updates about the Portland Street Response and how that's going.

Melanie Payne:

It's going to be well publicized in the news. They just hired a new manager. Her name is Robyn Burek. I highly recommend contacting Robyn, and she ... Oh, and you can contact Barb. I think it'll be pretty easy to get some information, but what we can share, I'm happy to circle back when we learn more.

Karen:

Thank you.

Marcia Perez:

Cool. Any other thoughts before we wrap up? We've got about two minutes. My last thought is just that they ... It sounds like there's a real opportunity to have more ongoing dialogue just like Amy said. You said something that was really important, which was, somewhere there might be a dispatcher out there wondering if they made the right decision and I think that that's really critical. Because of the number of incidents that involve police violence in this community, I do think that there's an opportunity to include you in the debrief and understanding what could've been different.

Marcia Perez:

And the fact that there's not that coordination or collaborative connection makes me wonder that there might be opportunities to increase that, especially for those who are suffering with mental illnesses, so I do think that there are some opportunities for the future. This was really great. June and Melanie, thank you so much for your time. I am so grateful for you to take your time. It's 7:30, it feels like it's 10:30, but I'm glad you all made it today. And that concludes the meeting tonight.

Melanie Payne:

Thank you so much for inviting us.