

**Portland Police Bureau**  
**Behavioral Health Unit Advisory Committee**  
**Status Report April 2015**

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.

According to the Settlement Agreement signed on August 29, 2014 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.

Specifically, the BHUAC will analyze and recommend appropriate changes to policies, procedures, and training methods regarding police contact with persons who may have mental illness or may be experiencing a mental health crisis. The goal will be de-escalation, to ensure the safety of all individuals involved when reasonable, practical, and consistent, so incidents may be resolved in as constructive and humane a manner as possible.

Following is a status report on the BHUAC's work to date regarding the implementation of the BHU and the BOEC Crisis Triage System:

Behavioral Health Unit

The BHUAC began meeting monthly in February 2013. Our main focus was to advise, attend and review the BHU Enhanced Crisis Intervention Team Training, which took place over two week-long sessions in May 2013. We reviewed the proposed ECIT Training course and made appropriate suggestions and recommendations. During this process, members of the BHUAC organized two separate panel discussions, one including people who have experienced serious mental illness and one including family members of those who have experienced serious mental illness. (Panelists came from a number of organizations such as Empowerment Initiatives, NAMI Multnomah, Depression and Bipolar Support Alliance, and included experiences of people who had encountered police during a mental health crisis and those who had not.)

In May 2013, all BHUAC members were invited to attend the training and most took this opportunity; some attended essentially the full training week. Additionally, some members participated directly in the training as panelists or panel facilitators.

Following the training, the BHUAC reviewed each session of the ECIT Training course as well as the post-training evaluation survey for recommendations and feedback for the next ECIT Training course planned for the spring of 2014.

In broad terms, our recommendations included increasing the amount of time in the training officers have to interact and engage with people with mental health issues and their families and loved ones. We also encouraged adding information regarding the mental health recovery movement as we want ECIT officers to understand that recovery is not only possible but should be expected. We also strongly urged for all presenters to demonstrate deep respect for people with mental health issues and use language to convey that respect. Finally, we strongly supported the use of the scenario-based training and how to make that part of the training as authentic and realistic as possible.

For the full list of recommendations, please refer to the report entitled, "ECIT Training Recommendations 2013" which was submitted on June 2, 2014.

The BHUAC was pleased to see our recommendations were incorporated into the second round of ECIT Training which took place in April 2014. Again, BHUAC members were invited to attend the training as observers and some participated as panelists or presenters. Our recommendations following this training included offering a class on Suicide and Psychosis. We suggested bringing in a peer who has been placed on a Hold to discuss his or her experience during the section of the training regarding Holds. We also made suggestions for more interactive teaching formats.

For the full recommendations, please refer to the report entitled, "2014 Enhanced Crisis Intervention Team Training Recommendations" which was submitted on August 19, 2014.

After considerable efforts on the ECIT Training, the BHUAC began reviewing all of the programs within the BHU. For context, BHU and other PPB staff gave presentations including:

- Mobile Crisis Unit (now Behavioral Health Response Team)
- Service Coordination Team
- The Role of the Crime Analyst
- ECIT Training Evaluation

We reviewed all the Directives and Standard Operating Procedures (SOPs) related to the BHU, including:

- Directive 850.20 Mental Health Crisis Response
- Directive 850.25 Police Response to Mental Health Facilities

- SOP #1-1 BHU SOPs
- SOP #1-2 BHU
- SOP #1-3 Crisis Intervention Training
- SOP #1-4 BHU Crime Analyst
- SOP #2-1 Behavioral Health Unit Electronic Referral System
- SOP #3-1 Service Coordination Team
- SOP #3-2 Mobile Crisis Unit (now Behavioral Health Response Team)

Through a review of the Directives and SOPs we looked at systems, policies and staffing. On the whole, our committee had only minor recommendations. (Please see the monthly reports and minutes for a full list of recommendations and the discussions held on each topic.)

In the year ahead, we plan to set-up a system to track when the Directives and SOPs should be reviewed again in order for any new feedback to be incorporated in a timely fashion that coincides with the PPB's Directive and SOP review timeline.

#### Bureau Of Emergency Communications Crisis Triage

In October 2013, the BHUAC reviewed changes to the Dispatch Criteria for calls with a Mental Health Component. The new ECIT dispatch protocols were part of an In-service Training at BOEC given by the BHU. In December 2014, the BHUAC went to the Bureau of Emergency Communication (BOEC) for a presentation regarding the BOEC Crisis Triage system and a tour of the facility. This presentation included information regarding the partnership with the Multnomah County Crisis Line. Our committee did not have quorum at this meeting and did not make any formal recommendations regarding the information presented.

The BHUAC needs to determine if more information is needed or any further recommendations need to be made re: BOEC. We hope to address this issue in the year ahead.

#### Conclusion

The BHUAC has reviewed and made recommendations on a considerable body of work over the last two years. With the signing of the Settlement Agreement, we understand the imperative to take action on the specific items outlined in the agreement that relate to the BHUAC, the BHU and BOEC. We also have raised issues of our own for review.

In the coming year, the BHUAC plans to focus on the following areas:

- 1) Review Directives
- 2) Review Standard Operating Procedures
- 3) Make recommendations for the CIT Refresher for the 2016 In Service Training
- 4) Review and make recommendations to BOEC related to Crisis Call Triage, including systems, policies, procedures, staffing or training
- 5) Community mental health system issues

- 6) Transparency and feedback both externally and internally
- 7) Updated presentation on data

We appreciate working closely with the PPB on the implementation of the BHU and working with BOEC and the County Mental Health Crisis Line to make appropriate changes to the Crisis Triage system. We look forward to our continued partnership.