

To: Lieutenant Tashia Hager
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Captain Mike Marshman
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Chief Ken Johnson
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Chair, Bureau of Emergency Communications User Board (BOEC)

From: Shannon Pullen
Chair, Behavioral Health Unit Advisory Committee (BHUAC)

On: April 29, 2015

Re: Recommendations to Directives 850.20 and 850.25

On behalf of the BHUAC, I am pleased to submit our committee's recommendations related to Directives 850.20 and 850.25. We reviewed these directives and made suggestions as part of the Second Universal Review 4/13/15 – 5/2/15. We understand we are one part of a larger process of gathering input and look forward to reviewing the changes made by the PPB based on the recommendations received.

Please let me know if you have any questions or require any further information regarding this report.

Portland Police Bureau
Behavioral Health Unit Advisory Committee
Recommendations to Directives 850.20 and 850.25
April 2015

As part of our mission, the Behavioral Health Unit Advisory Committee (BHAUC) regularly reviews and recommends appropriate changes to policies, procedures, and training methods regarding police contact with persons who may have a mental illness or may be experiencing a mental health crisis. At our April 2015 meeting, the BHUAC reviewed Directives 850.20 and 850.25 in response to the Second Universal Review: 4/13/15 – 5/2/15. We did not have time to review Directives 850.21 and 850.22 at this meeting.

Following are the formal recommendations made by the committee:

Recommendations to Directive 850.20 Police Response to Mental Health Crisis

#1 Definitions:

Committee Recommendations:

Please add the words in bold and remove the any words that are struck through:

Mental Health Crisis: An incident in which someone with an actual or perceived mental illness is experiencing intense feelings of personal distress (e.g., anxiety, depression, anger, fear, panic, hopelessness), **a thought disorder (e.g., visual or auditory hallucinations, delusions, sensory impairment or cognitive impairment)**, obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior) and/or catastrophic life events (e.g., disruptions in personal relationships, support systems or living arrangements; loss of autonomy or parental rights; victimization or natural disasters), which may, but not necessarily, result in an upward trajectory of intensity culminating in thoughts or acts that are dangerous to self and/or others.

Mental Health Providers: Mental health providers are professionals who evaluate, diagnose, and treat mental health conditions. Providers have advanced education, training, **and/or** licensure. Common types of mental health providers include psychiatrist, psychologist, physician assistant, social worker, ~~and~~ professional counselor, **and qualified mental health professional**. Providers may specialize in certain areas such as depression, substance abuse, or

family therapy. Providers may work in different settings such as private practice, hospitals, or community agencies.

#2 About Mental Health

Committee Recommendations:

Please add the words in bold and remove the any words that are struck through:

4. Mental illness is ~~not to be confused with~~ a **distinct disorder from** intellectual or developmental disabilities.

If there is a related Intellectual or Developmental Disabilities Directive, please add a reference to it under bullet 4.

Please remove:

5. Mental health crisis is an incident in which someone with an actual or perceived mental illness is experiencing intense feelings of personal distress (e.g., anxiety, depression, anger, fear, panic, hopelessness), obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior) and/or catastrophic life events (e.g., disruptions in personal relationships, support systems or living arrangements; loss of autonomy or parental rights; victimization or natural disasters), which may, but not necessarily, result in an upward trajectory of intensity culminating in thoughts or acts that are dangerous to self and/or others.

If it is necessary to keep Bullet 5, then please make same changes listed above in Definitions section.

#3 Policy

Committee Recommendation:

Committee members were pleased with the language in the policy that referred to compassionate approaches and humane treatment as they appeal to the common humanity of everyone in our community, regardless of their mental state.

#4 Procedure

Committee Recommendations:

Please add: **1.3.3 All ECIT members will receive ongoing training.**

2.1.1. Continually assess risk to members, the involved person, and others in determining the course of action. ~~Many persons~~ **Individuals** who are in mental health crisis ~~are not dangerous;~~ ~~some individuals~~ may only present dangerous behavior under certain circumstances or conditions.

4.1. ECIT members will not be dispatched by ~~the Bureau of Emergency Communications~~ (BOEC) as the primary member on a mental health crisis call, unless the call is in the member's assigned district.

6.1. Supervisors will manage the dispatch and use of ECIT members and coordinate with ~~the Bureau of Emergency Communications~~ (BOEC) as appropriate.

Recommendations to Directive 850.25 Police Response to Mental Health Facilities

The BHUAC reviewed this Directive and has no formal recommendations to make.

Conclusion

Although we did not have time to formally review Directives 850.21 and 850.22, we suggest the PPB should make consistent across the Directives any changes made to definitions in 850.20. We also reminded the committee that individual members could make additional suggestions online. Finally, we will plan to review the Directives annually from their adoption date.