

## **Portland Police Bureau**

### **Response to BHUAC Recommendations**

### **ECIT Training 2013**

In conjunction with the formation of the Behavioral health Unit (BHU), in 2013 the Portland Police Bureau created the first iteration of Enhanced Crisis Intervention Team (ECIT) Training. Members of the BHU and the Training Division, worked together to create a comprehensive 40 hour training curriculum built on the blocks of Basic Crisis Intervention Training (CIT) and other crisis related training provided to sworn members of the PPB.

Subsequently members of the Behavioral Health Unit Advisory Committee were invited to attend the ECIT training and to make formal recommendations based upon their collective observations. The Portland Police Bureau acknowledges receipt of the BHUAC's recommendations and made changes to the 2014 ECIT Training based on those recommendations. Below is a summary of the BHUAC recommendations and the Portland Police Bureau's response to said recommendations:

#### **#1 Mental Health Facilities Overview**

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

**PPB Response:** Revised Directive 850.25 Mental Health Facility with input from BHUAC. Added information to Spring 2014 ECIT Training that included the revised Directive 850.25, defined governmental interest in a mental health crisis at a Mental Health Facility and articulated the role of PPB and ECIT officers at a Mental Health Facility. Training also emphasized use of Project Respond.

#### **#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.

**PPB Response:** No action needed.

### **#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.

**PPB Response:** Added a review of the ECIT Resource Guide and Mental Health leave behind to Spring 2014 ECIT Training. Training also emphasized use of Project Respond. Newly hired crime analyst will be tracking information re: ECIT interactions.

### **#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.

**PPB Response:** The Forensic Diversion and Mentally Ill Offenders content was combined and added to the Mental Health and Criminal Justice Overview.

### **#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.

**PPB Response:** There are a many medication apps available in the marketplace which are discussed in ECIT training. Additionally there are apps available regarding behavioral health. No action needed.

### **#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.

**PPB Response:** The Spring 2014 ECIT Training included a more personal, hands-on focus and looked at getting over personal inhibitions and biases. It included principles of suicide intervention, the interpersonal-psychological theory of suicidal behavior and a CNT briefing on the St. John's Bridge Incident. It focused on intervention and encouraging people to talk about suicide.

## **#7 Mental Health Civil Holds**

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

**PPB Response:** No action needed.

## **#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.

**PPB Response:** The Spring 2014 ECIT Training included a presentation on the recovery movement and current peer involvement and empowerment in the mental health system. The presentation was delivered by a peer with extensive background in recovery and peer support.

## **#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.

**PPB Response:** Twice a month, the PPB BHU attends the Mental Health Coordination Team Meetings. These meetings include all system partners and the purpose is to work on very difficult cases. In addition, the BHU Lieutenant sits on various system-advising committees, such as Multnomah County's Adult Mental Health System Advisory Council (AMHSAC), Multnomah County's Children's Mental Health System Advisory Council (CHMSAC), Metro EASA Advisory Committee, Multnomah Crisis and Treatment Center (CATC), the Local Public Safety Coordinating Council (LPSCC) Subcommittee, the Portland Business Alliance. Finally, the BHU Lieutenant and Service Coordination Team Manager have spoken at City Club.

## **#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.

**PPB Response:** In the Spring 2014 ECIT Training, the Consumer and Family Member Panels were extended to two hours (one hour each). The speakers spoke of their lived experiences with the PPB and offered information on what hurts and what helps in crisis situations. The BHU hosted lunch for the panelists with the officers.

## **#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.

**PPB Response:** In the Spring 2014 ECIT Training, each group of officers went to one location and came back and shared with the other officers in training about the organization, the people served and the services offered. Additionally, groups like NorthStar have come down to the Central Precinct for a tour of the BHU.

## **#12 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.

**PPB Response:** ECIT officers are using CNT consults very effectively. The consults provide strategic information and resources to the ECIT officers without the need for a full call-out of CNT services.

### **#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.

**PPB Response:** In November of 2013 Sergeant McCormick and Officer Amy Bruner-Dehnert taught at BOEC In-Service. Under the “Role of the ECIT Officer” block of training, dispatchers were educated on the CNT response model in which intelligence gathering and specific communication techniques can help deescalate a person crisis.

### **#14 Patrol Tactics**

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

**PPB Response:** As a result of these disengagements discussions, the PPB is re-examining and defining what disengagement means in a crisis situation. The Bureau is revising Directive 850.20 to further define the disengagement / re-engagement portion, articulate the follow-up piece after disengagement and clarify the governmental interest in these situations.

### **#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.

**PPB Response:** PPB BHU incorporated minor scenario suggestions.

### **#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.

**PPB Response:** The Spring 2014 ECIT Training included a presentation by EASA regarding mental health issues affecting young people and the services they provide. It also included a

presentation by NAMI Multnomah, the local Portland chapter of the National Alliance on Mental Illness, regarding the education, support and advocacy services available to people living with mental health issues and their families at no-cost.

#### **#17 ECIT Officer Feedback**

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

**PPB Response:** The PPB Training Department reviewed officer evaluations of the 2013 ECIT Training with BHUAC.