

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

Captain Mike Marshman
Portland Police Bureau, Compliance Coordinator

From: Lieutenant Tashia Hager
Portland Police Bureau, Behavioral Health Unit

On: May 12th, 2015

Re: Response to BHUAC 2015 Directive Recommendations

The initial reconciliation process included a group of internal police members from Central Precinct, the Behavioral Health Unit, and the Strategic Service Division. During that meeting the recommendations from the Behavioral Health Unit Advisory committee were discussed. Following are the formal responses to the recommendations submitted on behalf of the BHUAC to the Portland Police Bureau Behavioral Health Unit.

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.

RESPONSE: The BHU concurs with the above recommendation of the BHUAC and supports making the recommended changes. These changes were accepted during the initial reconciliation process.

#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.

RESPONSE: The BHU concurs with the above recommendation of the BHUAC and supports making the recommended changes. These changes were accepted during the initial reconciliation process.

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.

RESPONSE: The BHU understands this recommendation primarily deals with redundancy. In order to ensure the members clearly understand what policy is trying to communicate there are occasions where redundancy will occur. In this instance the decision was to leave the

statement in as it has a place both under definitions and about mental health. BHU did concur with the recommendation to make the same changes that occurred in definitions and this change was accepted during the initial reconciliation process.

#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.

RESPONSE: No action needed.

#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.

RESPONSE: The BHU concurs with the above recommendation of the BHUAC and supports making the recommended changes. These changes were accepted during the initial reconciliation process.

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.

RESPONSE: The BHU understands that Police Bureau personnel and the BHUAC understand the acronym BOEC however this document will also be read by members of the public who do not know what the acronym stands for. Due to this, the language "Bureau of Emergency Communications" was left in the policy during the initial reconciliation process.

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.