PORTLAND POLICE BUREAU
TRAINING DIVISION

ENHANCED CRISIS INTERVENTION TEAM EVALUATION REPORT

MENTAL HEALTH PARTNERSHIP EFFECTIVENESS

FEBRUARY 2018

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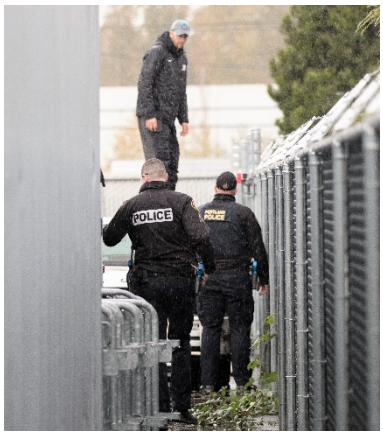
INTRODUCTION

The Portland Police Bureau created the Enhanced Crisis Intervention Team (ECIT) training in 2013 to train a select group of volunteer officers to assist with specific calls involving a behavioral health crisis. This included calls with a mental health component and at least one of the following: a violent subject; a subject with a weapon; the call location is at a designated residential mental health facility; the call involves someone who is threatening suicide by jumping; or an ECIT officer is requested by an officer or citizen. On July 27, 2016, the directive was updated to include all calls where a subject is threatening or attempting suicide, in addition to the previous criteria. The ECIT team is a component of the Portland Police Bureau's Behavioral Health Unit (BHU), which was established in 2013 to manage and coordinate the increasing demands related to police contacts involving behavioral health crises.[1] A description of the Portland Police Bureau's complete mental health response model is provided in Appendix A.

The ECIT officers have three primary roles when responding to behavioral health crisis calls:

1. Identify risk factors and provide additional crisis intervention strategy considerations to the primary officer and/or supervisor on scene.
2. Provide specific mental health system and community resource knowledge to officers, supervisors, providers and family members involved in crisis calls.
3. Make referrals to the Portland Police Bureau's Behavioral Health Unit and community providers to help solve both immediate and recurring issues.



Officers practicing de-escalation skills in scenario training

The ECIT Evaluation Process

The Training Division and Behavioral Health Unit utilize multiple research methodologies within the Kirkpatrick Model of training evaluation for evaluating the effectiveness and impact of this training. For the ECIT training, the evaluation process includes examining the quality of the training event, student learning, the relevancy of the material, on-the-job barriers, on-the-job outcomes, and organizational level goals.

The organizational level goals pertaining to this program are:

- To have police and community member interactions involving a behavioral health crisis result in the safest possible outcome for the police and community member.

[1] More information about the Behavioral Health Unit can be obtained at http://www.portlandoregon.gov/police/62135.

- To be a partner with the local mental health system in public safety issues related to behavioral health crises.

This particular report focuses on the portion of the ECIT evaluation process assessing the partnership between the mental health system and the Portland Police Bureau, examining what is working well and what challenges still exist. It assesses how much alignment there is with the program goals, mental health and law enforcement management, mental health management and mental health direct care workers, and law enforcement management and patrol (Figure 1). This part of the program had not yet been formally assessed and is a critical indicator for the program's success and sustainability over time. How much alignment there is in these areas impacts how successful the interactions will be between law enforcement and mental health personnel during calls for service, and ultimately the quality of service provided to those with mental health issues.

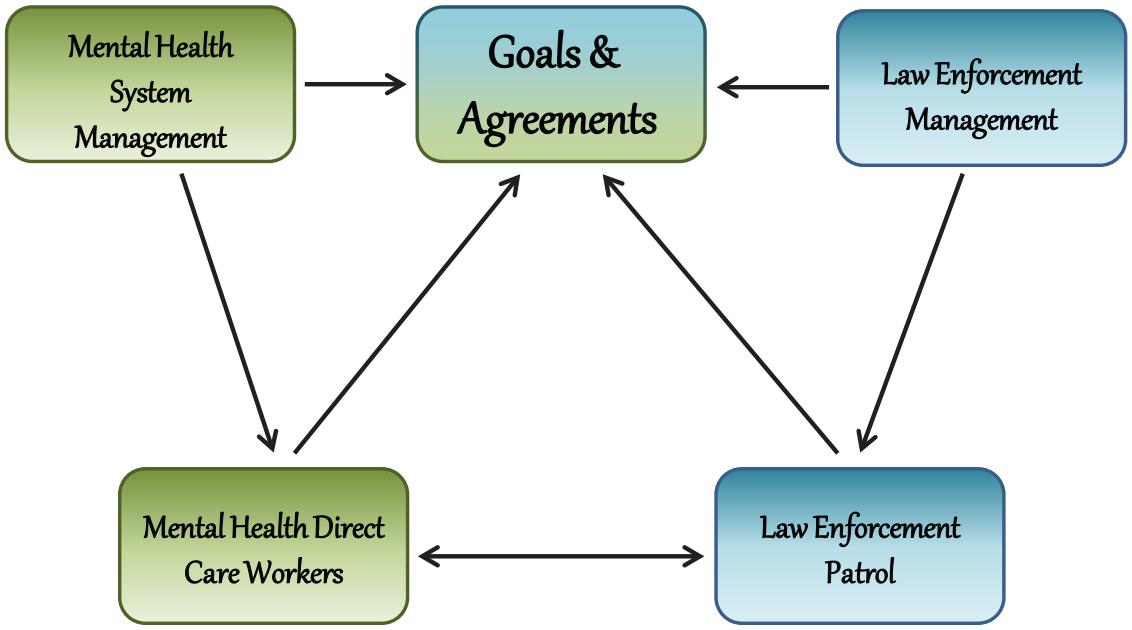


Figure 1. Partnership Alignment

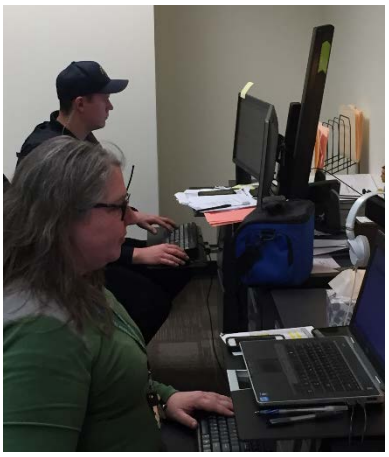
This portion of the evaluation was conducted in partnership with Dr. Yves Labissiere, from Portland State University. It included a series of interviews with employees from the mental health system and the Portland Police Bureau (at the managerial and direct provider/officer levels), literature reviews, focus groups with employees from both fields, and a survey to employees at a select group of local mental health facilities. Initially, this study focused on conducting a very broad environmental scan of the intersection between law enforcement and mental health. In the latter stages of this study, it focused more specifically on this intersection within the context of calls for service to mental health facilities. This was due in part to the amount of different mental health system components being too numerous for one study and the earlier parts of the study finding the partnership with mental health facilities being an area in more immediate need of attention.

The findings were numerous and more than could be discussed comprehensibly in one report. This report focuses on those identified as most critical to successful interactions between mental health facilities and law enforcement during facility calls for service. Throughout the study, these areas were repeatedly brought up by both mental health direct care workers and police patrol as areas most helpful to address for enhancing collaboration during crisis calls. Other findings will continue to be tracked and utilized during the full Enhanced Crisis Intervention Team training evaluation and the training needs assessment process. They will also be available for any additional work done in follow-up to this study, for addressing system issues pertaining to the intersection of law enforcement and mental health during calls for service.

MAIN FINDINGS ON CURRENT COLLABORATION

Overall, those that worked more closely with the Portland Police Bureau (PPB) were extremely supportive of the skills and partnership provided by both individual PPB members and the Behavioral Health Unit's (BHU) programs. One example that was repeatedly mentioned was the Behavioral Health Unit's Coordination Team meeting which started approximately five years ago in order to address some of the most difficult cases intersecting both the mental health and law enforcement fields. During interviews and focus groups this collaboration was often cited as one of the examples of "what is working". This meeting includes professionals from both the mental health and law enforcement fields. These professionals meet to resolve the most complex cases intersecting with multiple systems. Having this space has allowed for better communication and collaboration pertaining to addressing individual cases and getting people with multiple system challenges the assistance they need.

The value of the collaboration with officers during calls involving a mental health crisis was also clear. One example of this type of partnership is between the Portland Police Bureau and Project Respond, where officers and mental health providers often attend calls involving a mental health component together. Being able to collaborate with an officer during these calls often provides an increase in safety, access to situations such as police calls involving a person in crisis (which have historically been off-limits to non-police personnel), ability to provide service on higher risk calls, and greater priority when working with other agencies, than mental health providers are able to achieve on their own. The Portland Police Bureau officer's skills[2] in building rapport and abilities to creatively problem solve with those with mental illness, also enable some with mental illness to be connected with services or receive help they would not otherwise receive[3]. In turn, collaborating with Project Respond often brings additional mental health expertise for officers to rely on, knowledge about clients can help with planning successful approaches to a call, and building rapport with people who are uncomfortable talking with a police officer.



Project Respond Clinicians and Officers work together in the BHU

Although the importance of collaboration between these two systems was clear, as was the substantial progress towards greater collaboration being made over the last few years, several areas

[2] It was specifically noted on multiple occasions that overall the Portland Police Bureau officers have substantially higher skillsets in working with those with mental illness compared to emergency medical personnel and some other law enforcement agencies.

[3] While some people with mental illness are fearful of law enforcement due to various reasons, others are more comfortable talking with a law enforcement officer than a mental health worker. Both law enforcement and the mental health system play a critical role in assisting those with mental illness.

for strengthening collaboration were also noted. In particular, there appears to often be a disconnect between the policies and procedures for law enforcement and mental health, a need for more information on current law enforcement procedures for mental health direct care workers, more safety resources needed for many mental health facilities[4], more availability of resources, and information on the mental health system's limitations. While the impact of these challenges are frequently manifesting in confusion and conflicts for officers and mental health care workers in the field, often during calls for service, it was apparent that the cause was more attributable to system level challenges, rather than individual level.

Law Enforcement and Mental Health Facility Policy and Procedures

During this study, it was evident there are some discrepancies between the guidelines for law enforcement and many mental health facilities.

One of the largest sources of frustration during calls for service pertained to lower level safety calls for police assistance. These are often calls where a client is exhibiting some aggressive or unusual behaviors in a facility, but the behaviors do not rise to the level of requiring police action. In many of the facilities, mental health workers have been instructed by their state and local guidelines to call the police during these situations. Over the past few years, the Portland Police Bureau has increased its expectations of members to develop and use skills and abilities (such as de-escalation) that allow them to regularly resolve confrontations while minimizing the use of force in cases of perceived behavioral or mental health crisis. Current policy instructs Portland Police Officers to avoid or minimize the use of force in cases of perceived behavioral or mental health crisis and direct such individuals to appropriate mental health services[5]. Therefore, difficulties naturally arise when the mental health worker and the law enforcement officer come to the scene with these conflicting role expectations. Another call type frequently mentioned with some similar challenges pertained to client elopement from facilities.

Some facilities have alternative resources and procedures for lower level situations that do not rise to the level of law enforcement interaction, but many do not. When the latter occurs, the mental health worker is sometimes left in a difficult situation with no alternative and the officer is left in the uncomfortable situation of having to explain current policy. In some cases, the mental health workers reported, these situations actually lead to an increase in problematic behavior from the client when they see that law enforcement will walk away from the situation. It was also evident that finding out about this discrepancy in policy and procedure during a crisis often led to more disarray than necessary. Again, this finding reflects a systems issue in this case, not an individual issue. This misalignment in policy causes strain for both law enforcement officers and mental health workers.

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[4] The safety resources among mental health facilities varied greatly. However, many are lacking the resources to manage lower level safety issues.

[5] See Portland Police Bureau Directive 1010.00 for further information.

Information on Current Law Enforcement Procedures for Mental Health Direct Care Workers

Although not true across all participants, it was apparent during this study that many mental health workers were largely unaware of the Portland Police Bureau's specialized mental health response programs, mental health related training for law enforcement, and current law enforcement policy and procedures when responding to a call involving mental health. This information gap was most prevalent among direct care workers, compared to the managerial level participants, who were significantly more aware of Portland Police Bureau's mental health response programs due to their close collaboration with the BHU. However, some direct care workers were familiar with the ECIT program and made specific compliments to the high skills of ECIT officers. In the survey results approximately half of the respondents reported they were at least somewhat familiar with the ECIT program (21 percent reporting they were "very familiar"), approximately 27 percent reported they were only "a little familiar", and 21 percent marked that they were "not at all familiar".

Many participants expressed interest in having a greater understanding of current policy and mental health training for law enforcement and believed it would be beneficial when working collaboratively with law enforcement. As mentioned above, many appear to be becoming aware of portions of the policy and procedures during an interaction, which frequently causes disruption. Becoming more aware of the substantial training and program efforts may help foster a greater sense of trust and collaboration with law enforcement as well.

Officers practice building rapport and managing situations involving a mental health crisis in scenario training

Safety Resources and Planning Needed for Many Mental Health Facilities

Many facilities appeared to have limited resources, planning, and training pertaining to managing safety situations. Most facilities, even secured ones, do not have security personnel on staff and many do not have an alternative resource to call in cases of managing behavioral issues that have not risen to the level of needing police interventions. Many mental health direct care workers in the study expressed a desire to have more of these resources available to them and took great interest in hearing about the resources and procedures one's facility provides to its employees. It was frequently mentioned that there is no one else to call other than law enforcement. Having more in-house resources would likely reduce police contact at facilities and increase desired outcomes for these lower level situations. Depending on the facility needs, it was also brought up that law enforcement may be a valuable partner in safety planning and procedures.

Availability of Mental Health Resources

The challenges regarding the availability and allocation of mental health resources were frequently mentioned from both mental health and law enforcement participants. Two main themes pertained

to facilities not being set up to effectively manage higher risk clientele and there being limited mental health resources during the late afternoon and night shifts.

The more respondents talked about the need for more resources, the more clear it became that they were making more than a numerical argument. Yes, more beds are needed. However, participants wanted to convey a more nuanced point about resources, specifically, that attention needed to be paid to allocations and deployment of the resources. For example, while a facility may have the resources and be equipped to handle a good number of less acute patients, they may have little to no support or resources for higher risk clientele. This reinforced another refrain from the focus group and interviews: the more acute are not well served.

Another example had to do with the way resources were deployed: Respondents mentioned mental health resources were more limited during the late afternoon and night shifts. In this example, when resources are available determine the likelihood the resources would meet a given need. A major takeaway from the reflection on resources is that it is not simply a matter of more but to also have a more nuanced and dynamic assessment of resource needs as they emerge and for the system to be flexible enough to direct resources in more tailored and directed fashion.

In terms of reducing the amount of law enforcement contact to manage mental health crises (both within and outside of facilities) and mental health acuity in general, many shared the need for more outreach, transitional, and follow-up services. Many explained how there are too many revolving doors in the mental health system that reduce the chances of individual's mental health improving or stabilizing. For example, it was expressed repeatedly that more mental health services needed to be provided outside of facilities for those that are more acute or have difficulties following up with their care protocols. Another theme in this area was the difficulty getting some people into services. Both police officers and mental health care workers had many experiences attempting to get people to the appropriate services, but ran into barriers with either entry into services or keeping them there. These barriers appear to often be tied to insurance, bed availability, facility funding criteria, and proficiency level in mental health care.

Information on the Mental Health System's Limitations

It was apparent throughout the study the local mental health system is very siloed, varied, and complex in many aspects. This has some benefits as it allows programs the flexibility to specialize in various areas, as well as some challenges in collaboration with more varied practices and procedures. There are some similarities between the mental health and law enforcement culture, but there are also many differences. Having a greater understanding of the local mental health system and its limitations was mentioned several times as something thought to be beneficial for enhancing collaboration. Given the study findings as a whole, this may be particularly important for those in law enforcement (sworn and non-sworn) who are working most closely in managing, coordinating, and evaluating the Behavioral Health Unit's programs, conducting facility outreach, advising on mental health response policy, and designing and instructing on mental health response training.

MAIN FINDING SUMMARY AND FOLLOW-UP NEEDS

Overall, the findings support substantial improvements have been made in the collaboration between the Portland Police Bureau and the local mental health system. It was clear this success was achieved by the dedication and passion of both those in law enforcement and those in the local mental health field. The findings were supportive of the Enhanced Crisis Intervention Team and other Behavioral Health Unit programs. They also highlighted the critical need for these programs and further work to be done to enhance these collaborative efforts.

The findings demonstrate some areas in need of attention in order for the program to fully reach its program goal of having an effective partnership with the mental health system and for the program to be sustainable over time. From the evaluation perspective, this is not viewed as a program failure but rather a natural evolution and growth of a developing program. Successful complex programs often go through several iterations of assessing what is working and where additional focus is needed for program development in order to achieve the program goals.

The most pressing area brought to surface pertained to addressing the discrepancies between the guidelines, policy, and procedures for law enforcement and many mental health facilities. This appears to be causing substantial confusion and frustration for both law enforcement officers and mental health care workers; it puts both parties in a difficult position during a stressful situation. Developing strong alignment in these areas is critical for enabling collaboration and program stability over time. It would appear that resolving these discrepancies successfully would require the input of both managers and direct workers in law enforcement and the mental health field. Ideally, the mental health and law enforcement field could collaborate in reviewing and resolving system level challenges that impact their combined efforts, starting with the discrepancies in policy and procedure. This was another concern repeatedly brought up during this study; there was collaboration formed around training and case work, but not for doing more in-depth evaluation and problem solving at a systems level. System level challenges frequently rise to attention during these other efforts; however, they are put aside in order to remain focused on the task at hand. There was also hopelessness around these situations, related to the system issues being so vast and difficult they were somewhat insurmountable. Due to this and some of the factors below, an approach which focuses only on one or two areas at a time would likely be more productive.

Additional Findings for Consideration in Follow-up Planning

These additional findings may be important to consider during any follow-up planning processes, such as developing alignment between law enforcement and mental health system policy and procedures.

The Mental Health System is Siloed

One recurring theme across the interviews and focus groups was that the mental health system and services are very fragmented and siloed. Often this was due to law mandates, various funding streams, privacy and protection of individual rights, and maintaining public trust. While there were some clear benefits of having a siloed system such as the ability to collect and protect various data and more independence in program design; it also brings additional challenges to examining system issues and related intervention strategies. For example, there appeared to be substantial differences among facilities in regards to procedures and resources for addressing safety issues and/or what types of resources would be most beneficial. This was found to be true between and within mental health organizations (some organizations, such as Cascadia Behavioral Healthcare, have several individual facilities). In addition, the sharing of information between agencies can be very limited or delayed. This has very important, protective benefits of individuals' personal information, however; it can also delay or prevent important information from being shared in a crisis situation.

Not only is much of the mental health system siloed, there are numerous components. In the Portland area there are over fifty mental health facilities. This can make the coordination of outreach or distribution of information more challenging. Therefore, for some system challenges, it may be beneficial to collaborate with a set amount of facilities at a time, to make the process manageable.

Trauma and Crisis Oriented Environments

Both the mental health and law enforcement systems serve a disproportionate amount of people struggling with trauma and/or the most stressful times of their lives. Employees are often exposed to a lot of crises and secondary trauma. Many of these positions require a keen focus on resolving short-term immediate problems and finding quick solutions under varied unexpected circumstances.

During this study, several examples arose where crisis exacerbates crisis or has become a part of the cultural identity of the organization. An issue may be well known for long periods of time, however, it will not be dealt with until it reaches a level of crisis. When it reaches the level of crisis, it is then managed in a crisis mode, often missing critical components for a sound long-term solution and leading towards another crisis down the road. It repeatedly came up that not enough time and resources were devoted to evaluation and planning processes. It also appeared that what evaluation and planning processes existed frequently were not thorough and did not include enough input from the people most involved in carrying out the work, leading to unnecessary difficulties.

Many participants expressed how the evaluation process itself provided them a valuable opportunity to reflect on their practice and process various aspects of the collaboration between mental health and law enforcement. On several occasions people made their own new realizations of what would aid in the collaboration, connected with information that was previously unknown to them, and gained ideas from listening to others speak on the topic.

These findings reiterate the likely importance of taking a staged approach to resolving system issues (focusing on only one or two issues at a time) and the need for thoughtful evaluation and planning processes that are inclusive of those conducting the work. If done well, these processes save an organization time, money, liability, and employee burnout.

Consistency in Mental Health and Law Enforcement Staff

The large amount of employee turnover in mental health facilities was a repeated theme in the study. On the law enforcement side, there is high stability of sworn staff within an organization; however, there can be frequent changes in roles and assignments. Staff turnover was mentioned as a contributing factor that interrupts successful collaboration between mental health and law enforcement. Having individual familiarity with one another was a critical factor to successful partnerships. Staffing turnover puts employees in a position of constantly establishing relationships; it was also reported to negatively impact knowledge and skill level (such as familiarity with the ECIT program and how best to manage crisis situations).

The survey findings reiterated these differences in years of experience. Those with fewer years of experience working with people with mental illness were less confident in recognizing safety threats, less familiar with the ECIT program, and felt less sufficiently trained and adequately prepared in de-escalating or managing a crisis situation. Mental health employees with less experience were much more likely to be working afternoon and evening shifts which was reported during the interviews and focus groups to have less support and resource availability.

Interestingly, employees with fewer years of experience reported greater satisfaction with the local mental health system and their experiences with law enforcement. This study did not include exploration into the reason for these findings. It may be a reflection of improvements in both systems and not having the burden of past experiences, or it could be due to age or having less exposure to some of the challenges in the field.

Efforts that reduce turnover caused by burn out or other preventable causes will assist goals surrounding successful mental health and law enforcement collaborations. Regardless of whether or not greater retention in employees can be achieved, understanding this factor is important to developing effective partnership strategies. For instance, if the environment is known to have high turnover, more extensive and ongoing resources may need to be provided in any training and relationship building efforts in order to achieve the desired outcomes.

APPENDIX A: THE PORTLAND POLICE BUREAU'S MENTAL HEALTH RESPONSE MODEL

The City of Portland's mental health response model starts at the moment a person calls 911. The Bureau of Emergency Communications (BOEC) dispatchers are triaging mental health calls to determine if police response is necessary or if the person can be referred to another resource. BOEC transfers appropriate calls to the Multnomah County Crisis Line to assist the person instead of dispatching an officer to the location.

All of Portland Police Bureau (PPB) Patrol officers have crisis intervention training and basic knowledge in responding to mental health related calls. All patrol officers have access to the following resources on any call:

- 24 hours a day and 7 days a week access to Project Respond
- The ability to have Enhanced Crisis Intervention Team Officers respond to calls
- Access to the Multnomah County Crisis Line
- The ability to make a Behavioral Health Unit referral for follow-up
- The ability to consult with the Crisis Negotiation Team
- Mental Health Resource Guide for distribution

The Portland Police Bureau's Enhanced Crisis Intervention Team (ECIT) officers provide additional skills and resources to assist on behavioral health calls. The volunteer ECIT officers have an additional 40 hours of Crisis Intervention Training. They have expanded resource knowledge, coupled with the ability to assess risk and additional communication skills training.

Post call, the Behavioral Health Response Teams (BHRT) are partner cars with police and Project Respond clinicians that provide follow up to connect people to community resources. BHRTs follow up on referrals from patrol officers that are determined to be high risk to others or who experience a high frequency of police contact resulting from mental illness.

The Service Coordination Team (SCT) provides treatment and supportive housing services to the City's most frequent drug and property crime offenders, addressing their drug and alcohol addictions, mental health issues and criminality.

APPENDIX B: SURVEY RESULTS

The survey was distributed to seven local mental health facilities. Six of the facilities were selected based on having more frequent police calls for service. One of the selected organizations also chose to include one of their additional facilities. Only a small selection of agencies were selected for the survey due to the siloed nature of the mental health system and in order to make any needed follow-up work manageable. The idea being to start with a few facilities and gradually expand to others, until the Police Bureau and Mental Health partner goals have been met. Therefore, some of the below findings may not be generalizable to all facilities. For instance, some of the facilities included in the selection were known to have more emergency/safety resources and procedures for their staff compared to what appears to be more common (based on the interviews and focus group findings).

The surveys were collected between January 2 and 22, 2018. Twenty of the surveys were fully completed and thirteen of the surveys were partially completed to a reasonable amount. Four surveys were excluded from the analysis due to early survey termination from the respondent.

What type of mental health facility do you work at?	
Secure Residential Treatment	78.8%
Non-secure Residential Treatment	3.0%
Secure Supportive Housing Residence	9.1%
Non-secure Supportive Housing Residence	9.1%
Other	0.0%
n = 33	0 missing

How many years have you worked with people with mental illness?	
0-3 years	33.3%
4-7 years	33.3%
8-11 years	15.2%
12-15 years	3.0%
16-19 years	15.2%
n = 33	0 missing

Which shift do you work?	
Day	33.3%
Afternoon	12.1%
Evening	21.2%
It varies frequently	33.3%
n = 33	0 missing

Yes or No Questions n = 33			
	Yes	**No**	**Missing**
Do you regularly work with people experiencing mental illness in your main role at your facility?	97.0%	3.0%	0
Do you have security personnel at your facility?	100.0%	0.0%	0

How familiar are you with the Portland Police Bureau's Enhanced Crisis Intervention Team (ECIT)?	
Not at all familiar	21.2%
A little familiar	27.3%
Somewhat familiar	15.2%
Familiar	15.2%
Very familiar	21.2%
n = 33	0 missing

Contact with the Police n = 33			
	Yes	**No**	**Missing**
During the past 12 months, have you personally had contact with a Portland Police Officer at your facility?	87.9%	12.1%	0

Please rate your most recent experience with Portland Police at your facility. n = 33								
	No, not at all	Yes, to a small extent		Yes, moderately		Yes, to a large extent	N/A	Missing
Did the officer(s) respond in a timely manner?	3.7%	18.5%	14.8%	14.8%	29.6%	14.8%	3.7%	6
Were the officer(s) professional?	7.4%	18.5%	7.4%	22.2%	11.1%	33.3%	0.0%	6
Were you comfortable asking the officer(s) questions?	14.8%	7.4%	14.8%	14.8%	18.5%	29.6%	0.0%	6
Did the officer listen to your input?	22.2%	3.7%	14.8%	14.8%	14.8%	29.6%	0.0%	6
Did the officer attempt to understand your point of view?	22.2%	7.4%	22.2%	14.8%	7.4%	25.9%	0.0%	6

How would you describe the outcome of the call? n = 33											
Worst possible outcome										Best possible outcome	
0	1	2	3	4	5	6	7	8	9	10	Missing
0.0%	0.0%	0.0%	0.0%	3.8%	7.7%	19.2%	15.4%	26.9%	11.5%	15.4%	7

In your experience at your facility, how well do you feel Portland Police Officers use de-escalation techniques to resolve potentially dangerous situations? n = 33											
Not well at all										Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	Missing
0.0%	0.0%	13.6%	4.5%	9.1%	9.1%	22.7%	4.5%	9.1%	22.7%	4.5%	11

How well do you believe mental health and law enforcement professionals collaborate with one another?

Twenty-one individuals provided open-ended responses. Seven of them indicated that mental health and law enforcement professionals collaborate well with one another, eight said it was okay or it depends, and six of them said that there was little to no collaboration, or that the collaboration was poor. Of the things that seemed to be working well, some respondents commented on the positives

of working with ECIT officers or others that appeared to have related training experiences, the dynamics improving over time, how law enforcement helps them secure their safety, and law enforcement helping to bring peaceful resolution. Some respondents included difficulties when officers do not take the desired action, are less empathic either to the client or mental health worker, do not understand the mental health workers' needs, and that they only meet during times of a crisis. Some also expressed they thought the success of the collaboration depended on the officer and/or mental health worker involved.

From your perspective, what barriers make it difficult to collaborate with a police officer during a mental health crisis at your facility?

Twenty individuals provided open-ended responses. Eight respondents indicated difficulties when the officer seems disinterested, less empathic or patient, not familiar enough with certain mental health diagnoses (such as schizophrenia), or do not remain calm. Six indicated there is sometimes role confusion and/or a lack of understanding of the facility's limitations in regards to security. Four individuals mentioned another barrier is that police officers are sometimes unwilling to assist for fear of negative repercussions or backlash. Other factors mentioned were when the officer doesn't know the background of the individual they are working with, when safety is not a priority, and there are time limitations for more communication.

From your perspective, what types of support do you find most helpful from police officers?

Twenty individuals provided open-ended responses, many of which listed multiple types of support that they find, or would find, helpful from police officers. Eleven individuals mentioned listening to the mental health professionals, asking questions, being flexible to different strategies for varied situations, and/or working collaboratively. Seven individuals mentioned security, or the ability to prevent or resolve any violent situations. Five individuals said that the presence of a police officer can sometimes be helpful in and of itself; however, one person said that the presence of a police officer can actually make the situation worse. One said when the officer has some background on the person they are dealing with. One person simply said crisis intervention. One person said that police support was not helpful.

In general, how well do you believe the Portland Police Bureau does in handling situations involving individuals with mental illness? n = 33											
Not well at all										**Extremely Well**	
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Missing**
0.0%	0.0%	4.2%	8.3%	4.2%	4.2%	20.8%	16.7%	25.0%	16.7%	0.0%	9

Time at Facility n = 33			
	Yes	No	Missing
Have you worked in this facility for 5 years or longer?	20.8%	79.2%	9

If the respondents responded yes, to working in their facility for five years or longer, these two additional items were included: 1) Compared to five years ago, my satisfaction with my interactions with the Portland Police Bureau has…., and 2) Compared to five years ago, my satisfaction with the Portland Police Bureau managing situations involving a person in crisis has… (both on a 7-point scale ranging from substantially decreased to substantially increased).

Only five respondents indicated they had worked at their facility for five years or longer, therefore the results are difficult to determine much meaning. However, for satisfaction with interactions, two marked slightly decreased, two said the same, and one said moderately increased satisfaction. For satisfaction with crisis management, one said slightly decreased, two marked the same, and two indicated a slightly increase in satisfaction.

What training have you received to handle crisis incidents with a safety challenge/component and where have you received this training? Please list or provide examples.

Seventeen individuals provided open-ended responses. Fifteen of them said that they received training from their organization. One individual mentioned receiving training through years of experience doing social work. One said that the received training through their master's program. Other individuals mentioned receiving training through their previous employers. Specific examples of the type of training received include:

- Verbal de-escalation techniques
- Pro-ACT
- Manual restraint
- Identifying and handling dangerous situations

Training on Calling Law Enforcement n = 33			
	Yes	No	Missing
Have you been trained at your facility on when to call law enforcement?	95.0%	5.0%	13

What is your understanding of when to call the police?

Nineteen individuals provided open-ended responses. All of them said that they call the police when the person in crisis poses a safety threat to themselves or others. Three of them also mentioned that they call the police when directed to.

Alternatives to Law Enforcement n = 33			
	Yes	No	Missing
Do you have someone other than law enforcement to call when you need help managing a crisis situation?	100.0%	0.0%	13

If yes, please describe what additional resources you have:

Eighteen individuals provided open-ended responses, many of which listed more than one resource. Thirteen individuals mentioned having an administrator, supervisor, or nurse on call. Eight said that they utilize Project Respond. Four mentioned using a crisis line, one specifically mentioning the Multnomah county crisis line. Two mentioned AMR.

Training and Preparedness: n = 33							
	No, not at all	Yes, to a small extent		Yes, moderately		Yes, to a great extent	Missing
Do you feel sufficiently trained to de-escalate a crisis situation with a mental health component?	0.0%	5.0%	0.0%	25.0%	25.0%	45.0%	13
Do you feel adequately prepared to deal with a person in a mental health crisis?	0.0%	10.0%	0.0%	15.0%	30.0%	45.0%	13

Describing Level of Confidence: n = 33							
	Not at all Confident	Moderately Unconfident	Slightly Unconfident	Slightly Confident	Moderately Confidant	Extremely Confidant	Missing
How confident are you in your ability to collaborate with a police officer on a crisis call?	0.0%	5.0%	10.0%	10.0%	35.0%	40.0%	13
How confident are you in your ability to recognize a safety threat at an early stage?	0.0%	0.0%	5.0%	10.0%	25.0%	60.0%	13

What is your general level of satisfaction with the following:							
n = 33							
	Very Dissatisfied	Generally Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Generally Satisfied	Very Satisfied	Missing
Current mental health system locally	5.3%	26.3%	21.1%	21.1%	26.3%	0.0%	14
Law enforcement in Portland	5.3%	15.8%	15.8%	31.6%	31.6%	0.0%	14
Your facility's capacity in dealing with persons with a mental illness in crisis	5.0%	0.0%	5.0%	10.0%	55.0%	25.0%	13

What is your gender?	
Female	45.0%
Male	40.0%
Transgender	0.0%
Gender variant - non conforming	0.0%
Prefer not to answer	15.0%
n = 33	13 missing

How would you describe your ethnicity?	
No, not of Hispanic, Latino, or Spanish origin	78.9%
Yes, Mexican, Mexican American, Chicano	5.3%
Yes, Puerto Rican	0.0%
Yes, Cuban	0.0%
Yes, another Hispanic, Latino, or Spanish origin	0.0%
Unavailable / Unknown	0.0%
Prefer not to answer	15.8%
n = 33	14 missing

How would you describe your race?

Sixteen individuals provided an open-ended response. Nine of them said either white or Caucasian. One said Mexican-Caucasian mix. Three said African American or Black. One said Native American, but one of the people who said white also mentioned being Cherokee. One said human, and one person said they wouldn't describe their race.

What is your highest level of education?	
8th grade completion	0.0%
High School Diploma / GED	10.0%
Associate Degree	15.0%
Bachelor's Degree	45.0%
Master's Degree	20.0%
Ph.D.	0.0%
Other	10.0%
n = 33	14 missing

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