2014 ENHANCED CRISIS INTERVENTION TRAINING

TRAINING USEFULNESS, IMPLEMENTATION AND MONITORING OF TRAINING OBJECTIVES, AND FUTURE TRAINING NEEDS

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Executive Summary

In 2013, the Portland Police Bureau began a program evaluation of its Enhanced Crisis Intervention Team (ECIT) training. This program evaluation plan utilizes all 4 levels of the Kirkpatrick model\(^1\); examining the student’s reaction to the training, student learning, application of skills on the job, and organizational level outcomes. This paper provides an overview of the results to date, with an emphasis on the evaluation results for the 2014 ECIT training. Data and feedback for this evaluation was obtained from the ECIT training program coordinators and several of the instructors, training participants, the Behavioral Health Unit Advisory Committee’s recommendations, the Enhanced Crisis Intervention Team Advisory Council, the Professional Standards Division, the coordinator of in-class learning assessments, and the Behavioral Health Unit.

Overall, it appears that the ECIT trainings are enhancing officers’ skills, expanding their knowledge base, and increasing their confidence in managing situations involving a behavioral health crisis. There were no sections of the training program identified as failing to meet the students’ needs. However, the evaluation process did identify areas where the program could be strengthened in order to reinforce some of the training objectives and best utilize training time. The results also supported several changes that program coordinators and instructors made since the first ECIT training was conducted in 2013. The program coordinators and several of the instructors are in the process of refining class curriculum and developing follow-up training plans, based on their observations and findings from the evaluation results.

To date, the feedback from ECIT officers and the Enhanced Crisis Intervention Team Advisory Council, and the analyses from the Behavioral Health Unit demonstrate the utilization of the ECIT program and several of the main learning objectives. There were 609 ECIT dispatched calls from May 10, 2014\(^2\) to December 31, 2014. Among these calls, 130 included transports to a hospital, 40 resulted in a physical arrest, 3 resulted in a cite-in-lieu, and one case involved force (which entailed the pointing of a firearm, no physical force was applied)\(^3\). In a follow-up survey of training participants, ECIT officers are reporting utilizing the mental health facilities used as site visits in the ECIT training, regularly responding to ECIT calls, and utilizing their training experience in responding to suicide calls.

\(^1\) The Kirkpatrick Model, created by Dr. Donald Kirkpatrick, was developed in 1954 and has become a distinguished standard for training evaluation. More information about the Kirkpatrick Model and related books can be obtained at http://www.kirkpatrickpartners.com/.

\(^2\) The ECIT Dispatch Protocol was enacted on May 10, 2014. Thus, this is the start date for these data.

\(^3\) It is important to note that these counts are not intended to reflect exact program expectations. It is the expectation that officers will have encounters which necessitate the use of force and arrest, including during ECIT calls. These counts may vary from year to year based on many factors, such as the quantity of ECIT calls.
In closing, the evaluation results support that the ECIT training is providing valuable information, resources, and skills for the ECIT officers; and the utilization of many of the key training objectives is increasing and improving over time. In order for employees to be successful applying training skills on the job, it is critical that organizational support compliments and reinforces training goals. The Behavioral Health Unit has a multipronged approach for ensuring that the ECIT officers and program are successful. Further details around its strategies are highlighted in the Behavioral Health Unit Feedback section of this document.
# Table of Contents

INTRODUCTION ..................................................................................................................................... 5

TRAINING EVENT AND STUDENT LEARNING ................................................................. 7

Day One ................................................................................................................................................... 8

Day Two ................................................................................................................................................. 19

Day Three ............................................................................................................................................. 27

Day Four ................................................................................................................................................ 33

Training Event and Student Learning Summary ............................................................................. 41

ON THE JOB APPLICATION AND POST-TRAINING OFFICER FEEDBACK ............ 44

ON THE JOB APPLICATION: BEHAVIORAL HEALTH UNIT FEEDBACK ............... 59

FUTURE TRAINING NEEDS ............................................................................................................. 67

CONCLUSION ......................................................................................................................................... 69

APPENDIX A: 2014 ECIT TRAINING INITIAL DAILY SURVEY QUESTIONS ............ 72

APPENDIX B: BHU ADVISORY COMMITTEE RECOMMENDATIONS ....................... 80

APPENDIX C: POST-TRAINING ECIT OFFICER SURVEY QUESTIONS .................. 83

APPENDIX D: ECIT CALL REPORT FORM ................................................................. 86
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. These include 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. This 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.4

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 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.

The training builds upon the initial CIT training that all Portland Police Bureau patrol officers have received to prepare them for these primary roles. The training was developed by members of the Portland Police Bureau’s Behavioral Health Unit and Dr. Liesbeth Gerritsen, who specializes in developing crisis intervention strategies and training for law enforcement.

The initial two ECIT trainings were conducted in May 2013. Fifty-three officers, all of whom had volunteered and successfully passed a selection process, participated in this training to become ECIT officers. The training was conducted over four 10-hour training days that consisted of multiple training modules involving classroom work, site visits to local mental health facilities, panels of family members and people with lived experience (consumers/peers), and scenario-based practical exercises. The training included topics on crisis response and de-escalation techniques, historical perspectives on mental illness, stigma, local mental health systems and resources, and suicide intervention.

In April of 2014, an additional ECIT training was held in order to train another 25 officers for the Enhanced Crisis Intervention Team. This report focuses on the evaluation results for the 2014 ECIT training as well as feedback and outcomes which apply to the program as a whole. This report includes an evaluation of the training event itself, student learning, job application of

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4 More information about the Behavioral Health Unit can be obtained at http://www.portlandoregon.gov/police/62135.
the training objectives, additional future measurement goals, and future training needs. Data and feedback for this review was obtained from the ECIT training program coordinators and several of the instructors, training participants, the Behavioral Health Unit Advisory Committee’s recommendations, the Enhanced Crisis Intervention Team Advisory Council, the Professional Standards Division, Jody Halia who coordinates the documentation and monitoring of learning assessments, and Frank Silva who provides analysis to the Behavioral Health Unit regarding on-the-job outcomes of the ECIT program.

This report is designed for program coordinators, auditors, and others who want a more comprehensive view of the evaluation process and results for the Enhanced Crisis Intervention Team training. For those desiring an overview of the evaluation process and results, reading the Training Event and Student Learning Summary beginning on page 39, the On The Job Application and Post-Training Officer Feedback Summary and Discussion on page 55, the Behavioral Health Feedback Summary on page 64, and the Conclusion starting on page 67 may suffice.
This section focuses primarily on evaluation of the training event itself and related student learning. These levels of training evaluation are particularly important for improving future instruction, course quality, and curriculum. They often provide more specific feedback pertaining to refining curriculum and more immediate feedback regarding whether the training event is on track for contributing to the organizational goals. For instance, if there are major issues found in student satisfaction and learning at the level of the training event, then the potential impact of the training event on meeting organizational goals is substantially lowered. This provides some early check points for training managers, and the ability to make timely corrections if needed.

The information for this section was obtained from daily feedback surveys provided to students during the training week, program coordinator observations, in-class learning assessments, recommendations from the Behavioral Health Unit Advisory Committee, and feedback from the main instructors for this program. The daily feedback survey questions are presented in Appendix A and the recommendations from the Behavioral Health Unit Advisory Committee are presented in Appendix B.5

5 Most of the Behavioral Health Unit Advisory Committee recommendations and related Behavioral Health Unit responses are incorporated throughout this paper. The Behavioral Health Unit has already incorporated most of the training recommendations. A couple of them were still under review during the time of this report.
DAY ONE OF ECIT TRAINING

The following are the class sessions provided to students during day one of the ECIT training, and the corresponding training evaluation results.

Behavioral Health Unit Overview

Lt. Cliff Bacigalupi and Sgt. Bob McCormick co-facilitated this session, which introduced the Behavioral Health Unit (BHU) to students and provided a broad view of the ECIT officer role within the unit and Bureau. This class outlined the various components of the Behavioral Health Unit and their function and put the overall ECIT course into the context of the BHU’s mission. Even though the unit was in place for approximately one year, it was still a relatively new endeavor and this introduction served to clarify what might be misinformation in the field. A representative from the Chief’s Office spoke to the class to frame the mission of the unit within a larger Bureau and community context and was also able to answer questions students had about the continued rollout and development of this program.

ECIT Dispatch Protocols and Referral Process

This class focused on outlining the primary role of the ECIT officer, the dispatch protocols for ECIT officers, and procedures for using the Behavioral Health Unit (BHU) electronic referral system. It included criteria used by BHU personnel to prioritize referrals, examples of cases that illustrate the intersection of patrol, and the limitations of sharing HIPPA-related information when working with the BHU social workers. Officer Amy Bruner-Dehnert, from the Behavioral Health Unit, instructed this class.

In-Class Learning Assessments

No learning assessments were conducted during this class session. However, two scenarios on day four of this training week provided an opportunity for students to apply knowledge pertaining to this class.

It is important to note that each student does not perform in each scenario. Only one group of two officers actually carries out each scenario, while the rest of the students observe. Therefore, results from the scenario training do not necessarily reflect the performance of each student. For the purpose of training program evaluation, these results should be reflected upon with other forms of feedback, such as student self-assessments and additional instructor observations.

One of the scenarios on day four of the training program was a learning assessment for the ECIT Dispatch Protocols and Referral Processes class. In this scenario ECIT officers were dispatched to assist with an “unwanted” person in a house who appeared to be experiencing delusions. This call was already in progress with a patrol officer and sergeant when the ECIT officer was called in to assist. Among other aspects of the call, the lead instructors and Dr. Gerritsen assessed the

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6 The documentation and monitoring of in-class learning assessments is under the purview of Jody Halia, Training and Development Analyst, in the Training Division.
students’ abilities to act in a supportive role and make suggestions to the sergeant regarding slowing down, taking time, and evaluating the progress of the communication with the person.

In contrast to student performance in the 2013 scenario, student performance was higher in 2014. The lead instructors and Dr. Gerritsen reported that students had a more nuanced understanding of their role as ECIT officers as evidenced by the fact they consulted with the sergeant and successfully bargained for additional time by calmly outlining how they perceived the call to be progressing and that additional time would likely resolve the situation. The ECIT officers also offered to continue communicating with the person in crisis when the sergeant requested that the initial responding officer (non-ECIT) go to another call. They found it clear from the debriefing that students appropriately understood that their role was to support the sergeant to resolve the call and provide additional options (e.g. communication strategies and using time as a tactic).

Training Program Evaluation

Two survey items pertaining to the ECIT Dispatch Protocols and Referral Process class were included in the daily ECIT training survey. Both items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students’ overall satisfaction with the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

The following are the findings from these survey items:

- Thirty-six percent (9) of the students strongly agreed, forty-four percent (11) agreed, sixteen percent (4) slightly agreed, and four percent (1) slightly disagreed that the ECIT Dispatch Protocols and Referral Process class was a good use of their training time.
- Twenty-four percent (6) of the students strongly agreed, forty-four percent (11) agreed, twenty-four percent (6) slightly agreed, four percent (1) slightly disagreed, and four percent (1) disagreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

Overall, the ECIT Dispatch Protocols and Referral Process class appears to have been well received and most of the students’ reported an increase in knowledge. The program coordinators reported good student engagement from their observations. While we might anticipate slightly higher survey ratings for other classes, we expect to find this class to be more of a review for some of the students which may contribute to slightly lower ratings on student learning. In 2013, during the first ECIT training, these protocols were brand new to officers. Officers have since received exposure to this information through in-service training, roll-call updates, and field experience. As officers become more familiar with these protocols, this session is expected to shift to include more discussion regarding how these protocols are working in the field and answering related questions.
History of Mental Health Treatment & the Peer Recovery Movement

This session included two sections that focused on various approaches to mental health treatment. The first section was conducted by Dr. Liesbeth Gerritsen and focused on the historical treatment of people diagnosed with mental illness and how this history influences stigma around mental illness, the trans-institutionalization (the movement of people out of state hospitals and into jail) of people diagnosed with mental illness, and how these factors related to police interactions. The second section was presented by Ann Kasper, a Peer Support Specialist. This portion introduced officers to the peer recovery movement and how peers and Peer Specialists can be a resource to the police.

In-Class Learning Assessments

No learning assessments were conducted during the class; however, program coordinators looked for evidence of concept comprehension during the Consumer and Family Member Panel discussions. Some examples were discussions pertaining to the impact of various treatments, hospitalization, and the effect of stigma.

Training Program Evaluation

Four survey items pertaining to this class were included in the daily ECIT training survey. All items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students' overall satisfaction with each section of the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

The following are the findings from these survey items:

History of Mental Health Treatment Section

- Forty-four percent (11) of the students strongly agreed, forty-eight percent (12) agreed, and eight percent (2) slightly agreed that the History of Mental Health Treatment section was a good use of their training time.
- Thirty-two percent (8) of the students strongly agreed, fifty-two percent (13) agreed, eight percent (2) slightly agreed, and eight percent (2) disagreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

Peers and the Peer Recovery Movement Section

- Thirty-two percent (8) of the students strongly agreed and sixty-four percent (16) agreed that the Peers and the Peer Recovery Movement section was a good use of their training time (1 person did not respond to this survey item).
- Forty percent (10) of the students strongly agreed, forty-eight percent (12) agreed, and twelve percent (3) slightly agreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
Overall, the History of Mental Health Treatment and the Peer Recovery Movement class was well received and increased the students’ knowledge. The two people who disagreed that the history section increased their knowledge base had agreed it was a good use of their training time. Given their survey responses in general, it would appear that some of the topics may have been more of a review for these two people. The peer recovery section was a new addition to this training program in 2014 and was added as a result of feedback from the Behavioral Health Advisory Committee. Based on the survey data and feedback from the program coordinators, the peer recovery section was well received and a good enhancement to the program.

**Consumer Panel Discussion & Family Member Panel Discussion**

During this training day, the training participants were provided two panel discussions, one with consumers of the mental health system and another with people who are family members of people with lived experience. These facilitated discussions provided an opportunity for all parties to share their perspectives and gain additional insights into the complex dynamics of responding to people and their families during a mental health crisis. Both people with lived experience and family members shared personal stories to highlight various aspects of the crisis experience. One panel consisted of three people with lived experience and the other of three family members, with each member sharing different experiences related to various mental health diagnoses. A peer representative introduced each panel member and facilitated the discussion.

**In-Class Learning Assessments**

After the panel had the opportunity to present, officers were invited to ask questions. The officers were provided some example questions that they could use, or they could come up with their own questions. Some examples of the questions provided were: 1) “Can you discuss some of your experiences you’ve had being placed on an involuntary hold?” and 2) “How could police have interacted with you differently?” (when a negative police interaction is raised as an issue). The primary purpose of this interaction was not to be a learning assessment; however, the program coordinators were often able to see where learning was occurring from this session or previous sessions based on the discussions.

On day four of the training week, the students were also assessed in an integrated scenario addressing the material presented in the Consumer and Family Member Panel Discussions.

It is important to note that each student does not perform in each scenario. Only one group of two officers actually carries out each scenario, while the rest of the students observe. Therefore, results from the scenario training do not necessarily reflect the performance of each student. For the purpose of training program evaluation, these results should be reflected upon with other forms of feedback, such as student self-assessments and additional instructor observations.

In this scenario an officer responded to a welfare check after a husband called concerned about his wife who was diagnosed with bipolar disorder. Among other factors, the lead instructors and Dr. Gerritsen were assessing the students’ ability to develop rapport and empathize with the husband. It was reported that the students did an excellent job of building rapport and explaining
the process to the husband, discussing whether the situation meets hold criteria, the desire to prevent the use of force, and the follow-up plan.

**Training Program Evaluation**

Eight survey items pertaining to the Consumer and Family Member Panels Discussion were included in the daily ECIT training survey. These items focused on gaining information on students’ overall satisfaction with each panel, whether the sessions built upon their previous knowledge base and understanding regarding various aspects of mental health issues, whether they would have liked more people on the panels, and the most valuable thing that they learned from this experience.

*The following are the findings from these survey items:*

**Family Member Panel Discussion**

- Sixty percent (15) of the students strongly agreed, thirty-six percent (9) agreed, and four percent (1) slightly agreed that the Family Member Panel Discussion was a good use of their training time.
- Sixty percent (15) of the students strongly agreed, twenty-eight percent (7) agreed, eight percent (2) slightly agreed, and 4 percent (1) disagreed that the session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
- Sixty percent (15) of the students strongly agreed, thirty-two percent (8) agreed, four percent (1) strongly disagreed, and one person marked both slightly disagree and slightly agree that this section of the training gave them a greater understanding of the challenges families have when a member has a mental illness.

**Consumer Panel Discussion**

- Fifty-two percent (13) of the students strongly agreed, forty percent (10) agreed, and eight percent (2) slightly agreed that the Consumer Panel was a good use of their training time.
- Fifty-two percent (13) of the students strongly agreed, forty percent (10) agreed, four percent (1) slightly agreed, and four percent (1) slightly disagreed that the session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
- Forty percent (10) of the students strongly agreed, thirty-six percent (9) agreed, sixteen percent (4) slightly agreed, and eight percent (2) disagreed that this section of the training gave them a greater understanding of how mental health issues can be overcome.
- Twenty-four percent (6) of the students strongly agreed, twenty-four percent (6) agreed, twenty-eight percent (7) slightly agreed, eight percent (2) slightly disagreed, twelve percent (3) disagreed, and four percent (1) strongly disagreed that it would have been helpful to have more people on the panel to represent a greater variety of challenges related to mental health.
In addition to the above survey items, the students were provided an open-ended question to write the most valuable thing they learned from the Family Member and Consumer Panel Discussions. Twenty-two of the twenty-five students replied to this question. The respondents expressed a variety of meaningful insights and experiences they gained from the session. The main themes in the comments consisted of how law enforcement interactions can impact those with mental illness, the amount of effort which is sometimes made prior to calling for police assistance, how family members themselves are struggling with the circumstances, available resources for families, helpful advice on how to effectively interact with someone in crisis, and that recovery is possible. The officers commented on how impactful it was to hear the personal experiences of both the people who need and use mental health services and their family members. They reported that it gave them a greater understanding of how the family itself is in a crisis of sorts and can forget to take care of themselves while taking care of their family members. They also expressed being impacted by hearing how much effort family members may put into solving a situation prior to calling the police and that compassion was critical when responding to these calls. Some of the officers reported that the advice provided regarding how to speak to a person in crisis and what may trigger reactions was helpful.

Overall, these sessions appeared to help increase understanding of the following: what resources may be helpful for the families that officers are working with; how to be more effective in interacting with family members and those experiencing a mental health crisis; and the importance of time and compassion during calls pertaining to mental health. The people who disagreed with the survey items related to the family member and peer/consumer panel increasing knowledge and understanding were the same two people who did not report having an increase in knowledge in the history of mental health section. As mentioned above, these officers rated the training sessions highly and overall appeared to have found the training experience valuable in general, despite possibly being very knowledgeable in certain topics.

One of the questions, which was added to the survey upon request, was whether it would be helpful to have more people on the panel. This survey item received very mixed results and in conversation with the program coordinators, there is concern that this may decrease the impact of the session by decreasing the amount of time and potentially depth of discussion. However, the program coordinators have been working on increasing the diversity represented on the panels. They are also working on methods to further increase interaction during the discussion portion of these sessions, such as having the panel discussions on two separate days and preparing the participants to know that personal questions and dialogue are appropriate during the session.

**National Alliance on Mental Illness (NAMI)**

This training session was taught by the former interim director of NAMI Multnomah. The session introduced officers to the services that the National Alliance on Mental Illness provides to consumers and their family members, and how NAMI can be a resource to the police. This
session was new in the 2014 ECIT training program, based on feedback from the Behavioral Health Unit Advisory Committee.

**In-Class Learning Assessments**

No learning assessments were conducted during this class session.

**Training Program Evaluation**

Two survey items pertaining to this class were included in the daily ECIT training survey. Both items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gathering information on students' overall satisfaction with the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

The following are the findings from these survey items:

- Thirty-two percent (8) of the students strongly agreed, forty-eight percent (12) agreed, sixteen percent (4) slightly agreed, and one person marked agree and strongly agree that the NAMI class was a good use of their training time.
- Forty-four percent (11) of the students strongly agreed, forty percent (10) agreed, twelve percent (3) slightly agreed, and four percent (1) slightly disagreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

Overall, the NAMI training session went well and the majority of the students reported an increase in knowledge from the experience. No learning assessments were conducted during the class; however, program coordinators looked for evidence of understanding of this organization's services based on the discussions during the Family Member Panel and site visits. Given that this is a new class, there may be value in the program coordinators and the instructor reviewing the curriculum to see if there are opportunities for further strengthening the class although there were no major concerns identified.

**Early Assessment and Support Alliance (EASA)**

This training session introduced officers to the services that Early Assessment and Support Alliance (EASA) provides to people with lived experience and their family members, who is eligible for its services, and how EASA can be a resource to police. This class was presented by an EASA staff member and an adolescent with lived experience who utilizes EASA’s services.

**In-Class Learning Assessments**

No learning assessments were conducted during this class session.

**Training Program Evaluation**

Two survey items pertaining to the EASA class were included in the daily ECIT training survey. Both items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These
items focused on gaining information on students’ overall satisfaction with the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

The following are the findings from these survey items:

- Thirty-two percent (8) of the students strongly agreed, fifty-six percent (14) agreed, and twelve percent (3) slightly agreed that the EASA class was a good use of their training time.
- Forty-four percent (11) of the students strongly agreed, forty percent (10) agreed, twelve percent (3) slightly agreed, and four percent (1) slightly disagreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

Overall, the EASA training session was well received. The program coordinators reported having a class session devoted solely to EASA was a new addition from the 2013 training. They found this to be a positive change to the ECIT program. In some of the open-ended survey areas, one person commented that they did not know NAMI and EASA existed prior to the ECIT training and they were both programs they could envision recommending to families looking for assistance around mental illness. As with any new class, there may be value in the program coordinators and instructors reviewing the curriculum for opportunities to strengthen the class, however, there were no major concerns identified at this time.

**Criminal Justice System and Mentally Ill Offenders**

This class session was taught by the county director of forensic diversion programs. The focus was on the forensic diversion process, identifying people who may be eligible for the Forensic Diversion Program, referring mentally ill offenders to Mental Health Court, and the steps involved in the involuntary commitment process.

**In-Class Learning Assessments**

No learning assessments were conducted during this class session.

**Training Program Evaluation**

Three survey items pertaining to this class were included in the daily ECIT training survey. All items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students’ overall satisfaction with the class, whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health, and whether at the end of the day the students had a clear understanding of the process for referring offenders to the Forensic Diversion Program.
The following are the findings from these survey items:

- Thirty-two percent (8) of the students strongly agreed, forty percent (10) agreed, twenty-four percent (6) slightly agreed, and four percent (1) slightly disagreed that the Criminal Justice System and Mentally Ill Offenders class was a good use of their training time.

- Forty-four percent (11) of the students strongly agreed, forty percent (10) agreed, four percent (1) slightly agreed, and twelve percent (3) slightly disagreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

- Eight percent (2) of the students strongly agreed, thirty-two percent (8) agreed, forty-eight percent (12) slightly agreed, and twelve percent (3) slightly disagreed that they had a clear understanding of the process for referring offenders to the Forensic Diversion program.

Overall, the Criminal Justice System and Mentally Ill Offenders class was well received by most of the students. The results do suggest this training session may be able to be strengthened. Most of the students did not have strong agreement that they understood the process for referring offenders to the Forensic Diversion Program, one of the key objectives. The program coordinators observed that the amount and type of information presented in this session may have been more than one could expect participants to retain. The program coordinators are reviewing the curriculum for this class to re-evaluate what information is most pertinent at the officer level.

**ECIT Resources**

This class focused on identifying community resources for people with mental illness and their families, how to interact with case managers, and how to document and share information with community service providers. This focus included providing participants with community resource cards patrol officers can leave with consumers or family members as well as instruction on how to access a comprehensive guide of local mental health resources. This class was instructed by Officer Amy Bruner-Dehnert, from the Behavioral Health Unit.

**In-Class Learning Assessments**

No learning assessments were conducted during this class session.

**Training Program Evaluation**

Two survey items pertaining to this class were included in the daily ECIT training survey. Both items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students’ overall satisfaction with the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
The following are the findings from these survey items:

- Sixty percent (15) of the students strongly agreed and forty percent (10) agreed that the ECIT Resources class was a good use of their training time.
- Forty-four percent (11) of the students strongly agreed, forty-eight percent (12) agreed, and eight percent (2) slightly agreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

The ECIT Resources class was very well received and according to the student and program coordinator feedback, it appears to have met the needs of the students. The instructor for this class will continue to update the resource information for this class prior to each ECIT training to ensure the materials remains relevant for the officers.

Service Coordination Team Overview

This class session was presented by Billy Kemmer, the program manager for the Service Coordination Team. It provided officers with an overview of the purpose and services of the Service Coordination Team, the roles and responsibilities of the Service Coordination Team Officer, the eligibility criteria for the Service Coordination Team program, and how to refer someone to these services.

In-Class Learning Assessments

No learning assessments were conducted during this class session.

Training Program Evaluation

Two survey items pertaining to this class were included in the daily ECIT training survey. Both items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students’ overall satisfaction with the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

The following are the findings from these survey items:

- Approximately forty-one percent (9) of the students strongly agreed, forty-one percent (9) agreed, and eighteen percent (4) slightly agreed that the Service Coordination Team Overview session was a good use of their training time.
- Approximately thirty-two percent (7) of the students strongly agreed, thirty-two percent (7) agreed, twenty-seven (6) percent slightly agreed, and nine percent (2) slightly disagreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

Overall, the data and input from the program coordinators suggest the Service Coordination Team Overview session was well received. However, six people responded with only slight agreement and two with slight disagreement that the training expanded upon their previous
knowledge base. This is likely due to this service already being known to many officers who volunteer for the ECIT program. One person even made a comment next to this survey item that they had already received this information during a roll call brief. The majority of officers did report an increase in learning and all of the officers reported some level of agreement that the session was a good use of their training time, which supports the value in continuing to include this class although some officers will already be familiar with the material. In addition, this program is a critical service for ECIT officers to be aware of given its unique role in addressing drug addiction as a primary concern and driver of criminal behavior. The program coordinators will review this curriculum to assess whether some adjustments can be made to increase the value for officers that are already familiar with the program.
DAY TWO OF ECIT TRAINING

The following are the class sessions provided to students during day two of the ECIT training, and the corresponding training evaluation results.

Mental Health Threat Assessment

ECIT officers will be dispatched to calls having a mental health component where the person is violent and/or has a weapon. ECIT officers serve as an on-scene resource and may help determine the threat posed to the community. Information presented in this class by Dr. Liesbeth Gerritsen is designed to increase ECIT officers’ skill level in assessing the factors that contribute to threat, and then formulate threat assessment concerns to determine appropriate on-scene planning and follow up. Throughout this class, instructors remind students that in general, people diagnosed with mental illnesses are not more violent than the general public.

In-Class Learning Assessment

After exposing students to a “risk assessment matrix”, a tool with four quadrants (low to high mental illness on one axis and low to high threat on another axis) to help demonstrate decision making involving mental illness and potential risk for violence, the students were asked to name examples of call characteristics and behaviors that would fit into each quadrant. The instructor provided a couple of examples at the beginning of the exercise. Dependent on the student responses, the instructor spent more or less time reviewing each quadrant until the group responses corresponded with the intended learning objectives.

Training Program Evaluation

Five survey items pertaining to the Mental Health Threat Assessment class were included in the daily ECIT training survey. These items focused on gaining information on students’ overall satisfaction with the class, whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health, whether the students found the case studies helpful, whether the students felt confident in their abilities to apply the threat assessment matrix, and suggestions for class improvement.

The following are the findings from these survey items:

- Approximately fifty-five percent (12) of the respondents strongly agreed and forty-six percent (10) agreed that the Mental Health Threat Assessment class was a good use of their training time.
- Approximately forty-six percent (10) of the respondents strongly agreed, forty-one percent (9) agreed, and fourteen percent (3) slightly agreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
- Approximately forty-six percent (10) of the respondents strongly agreed, forty-one (9) agreed, nine percent (2) slightly agreed, and one person marked “slightly agree” and
“agree” that the case studies were helpful for practicing the practical application of the threat assessment matrix.

- Approximately forty-one percent (9) of the respondents strongly agreed, forty-six percent (10) agreed, and fourteen percent (3) slightly agreed that they felt confident they would be able to apply the threat assessment matrix on the job.
- In the open-ended area for suggestions on making this class more relevant for officers, one person provided a suggestion. They remarked that it was a good class and that “even more case studies would be great”.

The Mental Health Threat Assessment class was very well received and all of the students reported some level of agreement that the class increased their knowledge base. Three students marked only slight agreement that they were confident in being able to apply the threat assessment matrix on the job. It would have been helpful to have a little more information regarding why they did not feel more confident. Future surveys will include a place to capture more feedback regarding this topic. In the open-ended area for suggestions, one person recommended increasing the amount of case studies for future trainings. The instructor for this class agrees this may further increase student engagement and is following up with this suggestion.

**Mental Status Indicators**

This class was presented by Kay Peterson, a psychiatric mental health nurse practitioner from Cascadia Behavioral Health Services. It focused on reviewing indicators which suggest the presence of mental illness, strategies for communicating with people diagnosed with a mental illness, and the influence of medication on mental health indicators (this information is also provided in the basic CIT course). Recognizing mental health status indicators is important because officers may consider altering their communication strategies and tactical approaches based on their observations. Knowledge about medication can help explain behaviors that might otherwise be interpreted as suspicious, e.g. slurred speech due to side effects of medication. This session includes an informational lecture on mental status indicators, a related handout on indicators, and classroom practice applying knowledge to a video scenario.

**In-Class Learning Assessment**

A video scenario was used to provide the students an opportunity to apply mental status indicator observations. For instance, the video was stopped in order to have a group discussion regarding their current observations in the video (e.g. What did you notice about the person’s ability to follow commands? What did you notice about the person’s speech?), what officers’ observations may indicate, and decision making regarding potential actions (e.g. What are you going to do? Place a hold? Why or why not?). The students were assessed based on their ability to observe behavior, accurately identify mental status indicators, and suggest reasonable options for addressing the situation in the video. It is important that students are able to recognize these indicators in order to consider the person’s mental status when determining the best course of
action. This video was chosen because it focuses primarily on a mental health incident where the signs and symptoms of mental illness are clearly indicated.

On day four of the ECIT training, officers also practice applying their mental status indicator skills, along with their tactical skills, in scenario training.

*It is important to note that each student does not perform in each scenario. Only one group of two officers actually carries out each scenario, while the rest of the students observe. Therefore, results from the scenario training do not necessarily reflect the performance of each student. For the purpose of training program evaluation, these results should be reflected upon with other forms of feedback, such as student self-assessments and additional instructor observations.*

In one of the scenarios, the ECIT officers were dispatched to a homeless shelter where a person suffering from psychosis became increasingly angry and refused to leave. Among other factors, the lead instructors and Dr. Gerritsen assessed the students’ abilities to use crisis communication skills and patience to attempt to de-escalate the situation and build rapport with the person in crisis, use time as a tactic, and recognize the subject may be experiencing a mental health crisis. In terms of communication, using time as a tactic, and recognizing that the person may be experiencing a mental health crisis, it was reported that the students made reasonable attempts. However, they did not recognize that their attempts to de-escalate were failing. This resulted in the students not recognizing the appropriate time to use reasonable force and risking their own safety by approaching the person, who had started aggressively yelling at the officers and approaching them with raised fists, too closely.

In another scenario, ECIT officers were called out to a medical school where a student had a gas can and lighter and was hearing voices telling her to light herself on fire. Among other factors, the lead instructors and Dr. Gerritsen assessed the students’ abilities to build rapport and communicate with someone in a psychotic state. They reported that initially the officers were appropriately focused on safety issues. As those issues were addressed, they transitioned slightly to the communication and building rapport aspects of the call. However, more focus on communication specific to building rapport with a person in a psychotic state would have been helpful. During the debrief, the instructors focused on the communication aspects of the scenario, particularly the importance of finding a communication strategy to help the suicidal person be less focused on hallucinations and more focused on attending to the officer and following directions.

*Training Program Evaluation*

Two survey items pertaining to the Mental Status Indicators class were included in the daily ECIT training survey. Both items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students’ overall satisfaction with the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
The following are the findings from these survey items:

- Fifty percent (11) of the respondents strongly agreed, approximately forty-six percent (10) agreed, and approximately five percent (1) slightly agreed that the Mental Status Indicators class was a good use of their training time.
- Approximately thirty-six percent (8) of the respondents strongly agreed, fifty-five percent (12) agreed, and nine percent (2) slightly agreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

Overall, the data and program coordinators’ observations suggest that the Mental Status Indicators class was well received and increased the officers’ knowledge base. During the in-class video scenario, officers accurately described the mental status indicators of the person in the video and could articulate a reasonable decision-making process for how to handle the call based on the person’s symptoms and demeanor. In the scenario training on day four, officers struggled a bit more in toggling between managing the mental health and tactical aspects of a situation. The program coordinators noted that devoting more classroom time to building rapport with a person in a psychotic state may be helpful. Given the complexity of these situations, this may also be a topic for consideration for the ECIT follow-up trainings.

**Suicide Intervention**

Over the last six years, the Portland Police Bureau has received over 1,000 calls pertaining to suicide attempts or suicidal threats per year. ECIT officers assist on calls involving people in mental health crises and threatening suicide. In this class, Dr. Liesbeth Gerritsen and Officer Amy Bruner-Dehnert presented Dr. Thomas Joiner’s theory of “why people die by suicide” so that students become more adept at recognizing a suicidal mindset. Active listening communication techniques, time, and patience are emphasized as strategies which may help de-escalate people in crisis and help them access their ability to problem solve and recognize they have options other than suicide.

**In-Class Learning Assessment**

No in-class learning assessments were conducted within this class session. However, two scenarios involving a suicidal person are provided on day four of the training week.

> It is important to note that each student does not perform in each scenario. Only one group of two officers actually carries out each scenario, while the rest of the students observe. Therefore, results from the scenario training do not necessarily reflect the performance of each student. For the purpose of training program evaluation, these results should be reflected upon with other forms of feedback, such as student self-assessments and additional instructor observations.

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7 In 2014, 1,660 calls were coded by dispatch as attempted or threatened suicide calls. The volume of suicide related calls to the Portland Police Bureau has also increased substantially over the years. From 2001 to 2006, the yearly counts for attempted or threatened suicide calls ranged from 617 to 794 per year. These data were obtained from vCAD on April 20, 2015.
During one of these scenarios, the instructors assessed how well the students used active listening skills, specifically refraining from attempts to solve the person’s problems or “cheerlead” them into coming down from a ledge, but to explore the person’s reasons for wanting to die and reasons for wanting to live. It was reported that the students did an excellent job at identifying topics that would engage the person and adapting their communication accordingly.

During the other scenario, the instructors assessed how well students communicate with a person who is suicidal as a result of their delusional thinking. This scenario was more of a challenge as it involved a high safety risk and symptoms of psychosis; however, in terms of learning objectives specific to this class, the instructors and Dr. Gerritsen reported the officers demonstrated effective responses.

**Training Program Evaluation**

Four survey items pertaining to the Suicide Intervention class were included in the daily ECIT training survey. All items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students’ overall satisfaction with the class, whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health, whether they believed the class would increase their effectiveness interacting with people who are suicidal, and the value of one of the classroom exercises.

The following are the findings from these survey items:

- Approximately sixty-eight percent (15) of the respondents strongly agreed, twenty-seven percent (6) agreed, and five percent (1) slightly agreed that the Suicide Intervention class was a good use of their training time.
- Approximately forty-one percent (9) of the respondents strongly agreed, fifty percent (11) agreed, and nine percent (2) slightly agreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
- Approximately sixty-four percent (14) of the respondents strongly agreed, thirty-two percent (7) agreed, and five percent (1) slightly agreed that the material covered during this class would increase their effectiveness interacting with people who are suicidal.
- Approximately seventy-seven percent (17) of the respondents strongly agreed, eighteen percent (4) agreed, and five percent (1) slightly agreed that the brainstorming exercise where they discussed responses to potentially suicidal statements was valuable for them.

The data and program coordinators’ observations suggest the Suicide Intervention class was very well received and increased the officers’ knowledge base. Officers reported some of the strongest agreement around this class session being a good use of their training time. In addition to the closed-ended survey items, a couple of people added additional comments in the open areas of the survey regarding the suicide intervention class being very beneficial. The instructors for this
course are still considering some slight changes to further increase classroom engagement, such as the use of audience response systems in one of the exercises.

**Mental Health Facilities**

ECIT officers are often dispatched to calls at designated mental health residential facilities. These calls frequently do not involve a criminal custody but rather involve a request by staff for a Peace Officer or Director’s Custody (civil) on one of the facility’s clients. Police responses to mental health facilities are multifaceted and sometimes involve competing interests. ECIT officers need to consider the requests of the mental health facility staff and balance this with officer safety concerns and Portland Police Bureau response directives. ECIT officers are encouraged to familiarize themselves with the various mental health facilities within their precincts, in addition to those visited as part of the ECIT training.

**In-Class Learning Assessment**

No in-class learning assessments were conducted within this class session. However, one of the scenarios on day four has officers dispatched to a call of a known residential mental health facility.

*It is important to note that each student does not perform in each scenario. Only one group of two officers actually carries out each scenario, while the rest of the students observe. Therefore, results from the scenario training do not necessarily reflect the performance of each student. For the purpose of training program evaluation, these results should be reflected upon with other forms of feedback, such as student self-assessments and additional instructor observations.*

During this scenario the lead instructors and Dr. Gerritsen were able to assess the students’ abilities to communicate with staff, develop and implement a crisis plan involving staff, and utilize crisis communication skills to evaluate for a mental health-related custody. They reported that the students did well meeting these performance objectives. During the debrief, the instructors focused on the students’ abilities to articulate the civil criteria for a mental-health related custody and working with facility staff to develop a plan. The instructors noted the scenario resulted in an engaged conversation that brought up a lot of “What if……?” questions, which mostly fit under Portland Police Bureau Directive 850.25 Police Response to Mental Health Facilities, and questions around issues of guardianship. The questions demonstrated to the instructors that the students were applying the information and considering how to apply the information on patrol in the future. The officers noted that on similar past calls, facility staff often have expectations of officers to take action which fall outside of policy.

**Training Program Evaluation**

Two survey items pertaining to the Mental Health Facilities class were included in the daily ECIT training survey. Both items utilized a 6-point Likert-type scale from strongly disagree to strongly agree. These items focused on gaining information on students’ overall satisfaction with the class and whether the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.
The following are the findings from these survey items:

- Approximately fifty-nine percent (13) of the respondents strongly agreed, thirty-two percent (7) agreed, and nine percent (2) slightly agreed that the Mental Health Facilities class was a good use of their training time.
- Approximately forty-six percent (10) of the respondents strongly agreed, thirty-six percent (8) agreed, and eighteen percent (4) slightly agreed that this class session expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health.

**Site Visits**

After the classroom portion of the mental health facilities class, the students visited various mental health facilities and community service agencies. Site visits to mental health service facilities assist in breaking down communication barriers between police officers and members of the mental health community. During the site visits, ECIT officers became familiar with various mental health facilities in order to better assist patrol officers when responding to persons in crisis at these facilities. Officers visited a residential facility, a community-based crisis resource, or an advocacy/peer support site. This activity also greatly increased community engagement.

**In-Class Learning Assessment**

Upon returning from the site visits, the students provided a brief to the class on the facility they visited. They reported on the following topics:

- What type of facility is this?
- What is the organization mission and types of services provided?
- Who can access these services?
- How can someone be referred to these services?
- What are their procedures when they need police assistance?
- What types of events have required police assistance?
- What has happened before police are called for assistance?
- What is the staffing level at the facility?
- How many clients a day, on average, do you assist?
- What are some challenges staff face serving your clients?
- How is the program funded?

The students’ abilities to provide a presentation (based on the designated questions) to the class on the facility they visited allows the instructors to assess whether the students obtained the key objectives of the facility visit. When needed, the instructor added resource information.

The mental health facilities class and site visits went well. The program coordinators reported that the students were engaged and provided thorough briefs at the end of the day.
Over time the facilities used for the site visits have changed due to student feedback. The facilities utilized for this training were a Cascadia secure residential treatment facility, NAMI’s North Star Club House, Central City Concern’s Golden West hotel, Cascadia’s Urgent Walk In Clinic, Lines for Life, and the Multnomah County Crisis Line. The program coordinators reported that the site visits and the change in time designated for this section of the training worked out well. In future trainings, they may add one question to the information students gather from the site visits, in order to obtain more information regarding what type of clients the facility is best set up to serve.
DAY THREE OF ECIT TRAINING

Day three of the ECIT training provides students with a full day of Crisis Response Resource training.

Crisis Response Resource

ECIT officers have volunteered to respond to high intensity calls involving people in a mental health crisis. Since the Crisis Negotiation Team (CNT) has specific expertise and experience with these types of calls, modified CNT strategies and techniques can be used as a framework for how to manage the planning, teamwork, and communication pertaining to ECIT calls. This class was led by Sergeant Troy King, a full-time sergeant assigned solely to the Crisis Negotiation Team. This class introduced ECIT officers to elements of the CNT model of responding to crisis calls. The class provided a specific focus on intelligence gathering on high risk mental health crisis calls, organizing on-scene resources for effectively managing crisis calls, and crisis communication and de-escalation techniques. The class utilized lecture, film, case studies, discussion, and video exercises to learn these new skills and how to apply these skills during ECIT calls.

In-Class Learning Assessment

The main learning assessments for this training day were conducted on day four of the training week, during scenario training. Two of the scenarios provided opportunities for practicing coaching skills related to the CNT response model and communicating under particularly high risk situations involving a mental health crisis.

It is important to note that each student does not perform in each scenario. Only one group of two officers actually carries out each scenario, while the rest of the students observe. Therefore, results from the scenario training do not necessarily reflect the performance of each student. For the purpose of training program evaluation, these results should be reflected upon with other forms of feedback, such as student self-assessments and additional instructor observations.

In one of the scenarios, ECIT officers were dispatched to a call where there is a suicidal person who is contemplating jumping off an eight story apartment building. Among other factors, the lead instructors and Dr. Gerritsen assessed the students’ abilities to use time as a tactic, stay engaged in communication with the person who was suicidal, effectively use available intelligence, and practice coaching skills. It was reported that overall, the students did an excellent job in utilizing time as a tactic, techniques to promote de-escalation, and asking questions to gather intelligence on the suicidal person’s history in police databases, place of residence, friends and associates. They used patience and articulated that they could take as much time as needed to resolve the crisis, since no other community members were at risk. During the debrief, the students were guided to reflect on what seemed to agitate and escalate the person and when the person appeared to calm down, what factors may have contributed to the person’s behavior, and how officers may adapt communication to an individuals’ behavioral cues.
In the other scenario, ECIT officers were called out to a medical school where a student had a gas can and lighter and was hearing voices telling her to light herself on fire. Among other factors, the lead instructors and Dr. Gerritsen assessed the students’ abilities to manage scene safety, build rapport, and safely take the student into custody. They reported that the officers performed well from a tactics perspective, such as securing the area and having Portland Fire Bureau on standby. Initially the officers were appropriately focused on safety issues. As those issues became addressed, they transitioned slightly to the communication and building rapport aspects of the call. However, more focus on communication specific to building rapport with a person in a psychotic state would have been helpful. During the debrief, the instructors focused on discussing communication skills, particularly the importance of finding a communication strategy which will help the suicidal person be less focused on her hallucinations. The instructors also noticed that none of the students volunteered to serve as a communication coach, even though it was a response option discussed during the Crisis Response Resource class.

**Training Program Evaluation**

A feedback survey was provided to students at the end of the Crisis Response Resource training day. All twenty-five of the students filled out the survey. The survey included twenty-one closed-ended items and two open-ended feedback areas. The survey focused on their overall satisfaction with the main sections of the class; whether the training increased their skills, confidence and knowledge in various areas; and suggestions for improving the class.

*The following are the findings from the survey items:*

**The first ten survey items asked the respondents to mark their level of agreement on a 6-point scale (strongly disagree to strongly agree) regarding whether “The following Crisis Response training sessions were a good use of my training time”:**

**Overcoming Adversity Video**
- Fifty-two percent (13) of the students strongly agreed, forty percent (10) agreed, four percent (1) slightly agreed, and four percent (1) slightly disagreed that the Overcoming Adversity video was a good use of their training time.

**The Parallels Between CNT and ECIT**
- Fifty-six percent (14) of the students strongly agreed, forty percent (10) agreed, and four percent (1) slightly agreed that the parallels between CNT and ECIT section was a good use of their training time.

**The Big Picture**
- Sixty-eight percent (17) of the students strongly agreed and thirty-two percent (8) agreed that the “Big Picture” section was a good use of their training time.
Crisis Communication
- Seventy-two percent (18) of the students strongly agreed, twenty-four percent (6) agreed, and four percent (1) slightly agreed that the crisis communication section was a good use of their training time.

Intelligence Gathering
- Sixty-four percent (16) of the students strongly agreed, thirty-two percent (8) agreed, and four percent (1) slightly agreed that the intelligence gathering section was a good use of their training time.

Tools and Techniques
- Sixty percent (15) of the students strongly agreed, thirty-six percent (9) agreed, and four percent (1) disagreed that the “Tools and Techniques” section was a good use of their training time.

Information on BOEC Capabilities
- Seventy-two percent (18) of the students strongly agreed, twenty percent (5) agreed, and eight percent (2) slightly agreed that the information on BOEC capabilities section was a good use of their training time.

Verbal Containment
- Fifty-two percent (13) of the students strongly agreed, forty-four percent (11) agreed, and four percent (1) slightly disagreed that the “Verbal Containment” section was a good use of their training time.

Form Your Team
- Sixty-four percent (16) of the students strongly agreed, twenty-eight percent (7) agreed, four percent (1) slightly agreed, and four percent (1) slightly disagreed that the “Form Your Team” section was a good use of their training time.

St. John’s Debrief on a Suicidal Person
- Fifty-two percent (13) of the students strongly agreed, thirty-two percent (8) agreed, four percent (1) slightly agreed, and four percent (1) disagreed that the St. John’s debrief section was a good use of their training time (2 students left this survey item blank).

In general, students reported that each of the ten class sections were a good use of training time. Only one student had several ratings at “slightly agree” or below. There was not enough information to provide an indication of whether that student already had a lot of knowledge in this area or if there was something about the presentation of some of the materials that was not meeting his or her needs. This student did mark several of the survey items highly as well, including some of the items below aimed at assessing an increase in skills and confidence as a result of the training.
The next five survey items asked the respondents to mark their level of agreement regarding whether “This training day enhanced my:”

De-escalation Skills
- Fifty-six percent (14) of the students strongly agreed, forty percent (10) agreed, and four percent (1) slightly agreed that the training day enhanced their de-escalation skills.

Intelligence Gathering Skills
- Fifty-two percent (13) of the students strongly agreed, thirty-six percent (9) agreed, and twelve percent (3) slightly agreed that the training day enhanced their intelligence gathering skills.

Confidence in De-escalating People Who Are in a Behavioral Health Crisis
- Fifty-two percent (13) of the students strongly agreed, thirty-two percent (8) agreed, twelve percent (3) slightly agreed, and four percent (1) slightly disagreed that the training day enhanced their confidence in de-escalating people who are in a behavioral health crisis.

Confidence in Effectively Managing Situations Involving People in a Behavioral Health Crisis
- Fifty-two percent (13) of the students strongly agreed, forty percent (10) agreed, and eight percent (2) slightly agreed that the training day enhanced their confidence in effectively managing situations involving people in a behavioral health crisis.

Understanding of How I Can Assist on Calls as an ECIT Officer
- Sixty-four percent (16) of the students strongly agreed, twenty-four percent (6) agreed, and twelve percent (3) slightly agreed that the training day enhanced their understanding of how they can assist on calls as an ECIT officer.

Overall, the students reported gaining an increase in skills, confidence in skills essential to behavioral health crisis calls, and an understanding of how they can assist as an ECIT officer. Every student marked “agree” or “strongly agree” on at least one of these items and nineteen of the students expressed this level of agreement on all of them.

The remaining survey items and results were as follows:

I found the CNT model helpful for framing my response as an ECIT officer.
- Fifty-six percent (14) of the students strongly agreed, thirty-six percent (9) agreed, four percent (1) slightly agreed, and four percent (1) slightly disagreed that they found the CNT model helpful for framing their response as an ECIT officer.

Assisting the on scene police officers with maintaining a broad view of a situation is a role I can envision doing.
- Forty-eight percent (12) of the students strongly agreed, forty-four percent (11) agreed, and eight percent (2) slightly agreed that they could envision assisting on scene police officers with maintaining a broad view of the situation.
I have a clear understanding of how to set up a negotiation cell that includes a communicator, coach and intelligence gatherer.

- Sixty-four percent (16) of the students strongly agreed and thirty-six percent (9) agreed that they had a clear understanding of how to set up a negotiation cell that includes a communicator, coach and intelligence gatherer.

I can envision assisting in the role of a coach during a behavioral health crisis call.

- Fifty-six percent (14) of the students strongly agreed, forty percent (10) agreed, and four percent (1) slightly agreed that they could envision assisting in the role of a coach during a behavioral health crisis call.

I found the St. John’s debrief helpful for framing my role as an ECIT officer.

- Forty-eight percent (12) of the students strongly agreed, thirty-two percent (8) agreed, eight percent (2) slightly agreed, and four percent (1) slightly disagreed that they found the St. John’s debrief helpful for framing their role as an ECIT officer (2 students left this survey item blank).

Did you find any of the Crisis Response class sessions too basic for your training needs? Yes/No

If yes, please provide more information about that here:

- Eighty-four percent (21) of the students marked no and sixteen percent (4) marked yes.

- Two of the four people who marked yes may have misread the question. Their comments focused on the class being “great training” and providing “real life case application”. Of the other two, one person stated they had heard a lot of the material in the Advanced Academy and In-service and how CNT could be its own 40 hour course and the other person expressed they would have liked more clarity on the role of the ECIT officer.

- Three additional people made comments in this section. One comment was regarding the class covering a lot of information and any more possibly being too much, another was related to enjoying the “Overcoming Adversity” video but not finding it was critical, and lastly that the vast majority of the information was new to them and “extremely helpful”.

If you need to clarify any of your responses above or have suggestions for improving this training day, please feel free to provide further information here:

- Eight of the students made comments in this section. Five of the comments were focused on complimenting the class. These included appreciation of the case studies used for instruction and practical application, and how this training day was the most helpful for equipping them for attending calls. Two additional students recommended giving more training time to this class and/or practical application. One person would have liked paper to have been provided for notes and commented that there was a lot of good information.
Day Three Summary

Overall the training day was very well received according to the students’ survey feedback as well as their verbal feedback to the program coordinators. Several students emphasized their appreciation of this class in their written feedback.

In general, each of the training sections were rated highly as a good use of training time and it appears the training increased the students’ de-escalation and intelligence gathering skills, and confidence in de-escalating people and managing situations involving a behavioral health crisis. In order to use the limited training time most efficiently, the instructor and program coordinators are considering two main changes to this training day based on the survey results, verbal feedback from the students, performance on the in-class learning assessments, and their own observations. One change would involve removing the “Overcoming Adversity” video so more time can be utilized for role playing activities; providing officers more practice in communication coaching, utilizing intelligence, and maintaining a broad perspective prior to the scenario training. The other would be changing the case study at the end of the training day (St. John’s Debrief) to a case where ECIT officers attended and participated in managing a call, to better illustrate how ECIT officers can best utilize their skills. In addition, the instructor is reviewing the curriculum to see where adjustments may be made to further tailor the material to the role of an ECIT officer and increase learning around the role of a coach and maintaining a broad view of an incident. This review includes exploring additional role plays in the crisis communication portion of the training day, developing a link between the ECIT Dispatch Protocols and Referral Process class to reinforce the role of ECIT officers, and including what information would be most helpful to CNT if they are consulted or called to the scene.
DAY FOUR OF ECIT TRAINING

Day four of the ECIT training provides students with a full day of Enhanced CIT Patrol Tactics training.

Enhanced CIT Patrol Tactics

The ECIT Patrol Tactics class was led by Officer Leo Harris and Officer Derrick Foxworth. The class provided officers training on how tactics used in patrol and critical incidents can help lead to de-escalation of people in a mental health crisis, how to conduct a pro/con analysis to determine priorities when dealing with individuals who have been involved in criminal activity and are in a mental health crisis, and legal considerations. The main tactics discussed were: 1) disengagement or a delay of custody, 2) area containment, 3) utilizing surveillance to aid in determining risk and gain intelligence, 4) using time when advantageous, 5) utilizing reinforcements and specialized units, and 6) identifying and fulfilling a person’s need (e.g. hunger) when possible. This training day included three main sections: a classroom portion on tactical options for responding to calls involving a mental health crisis, a case study table top exercise, and six interactive scenarios. During the scenario portion of the training, officers applied and demonstrated skills using the tactics discussed in class. These scenarios provided opportunities for officers to practice applying their skills in a safe training environment and discussing their decision making process.

In-Class Learning Assessment

During the training, student learning was assessed through one table top discussion and six scenarios. These scenarios also served as learning assessments for many of the classes presented in the first three days of the training. The following provides a brief description of the table top exercise and scenarios.

It is important to note that each student does not perform in each scenario. Only one group of two officers actually participated in each scenario, while the rest of the students observed. The instructors did, however, incorporate all of the officers in the debriefs and some additional exercises surrounding the scenario training. Therefore, the results below are not necessarily representative of the class performance. For the purposes of training program evaluation, these results should be reflected upon with other forms of feedback, such as student self-assessments and additional instructor observations.

Table Top Exercise: Lukus Glenn Case Study

At the beginning of the week the class was provided with a 9th Circuit Court case ruling from an incident involving deadly force and a person in mental health crisis. The students are broken up into small groups and given discussion questions. The questions are designed to apply the information presented in the class to the 9th Circuit ruling. Examples of the questions included:

- Could the communication have been better between Lukus Glenn and the officers? If so, how?
• Could the communication have been better between the officers? If so, how?
• Should police try to anticipate the reaction of a subject, and why?
• What are the advantages and disadvantages of having a ridged “line in the sand?”
• What tactics were discussed in the class that might have been tried in this incident, understanding that these tactics may not have affected the outcome in anyway?
• According to the 9th Circuit Court, what is the standard that police will be judged by when dealing with people in crisis?

The instructors and Dr. Gerritsen observed the students for their engagement and understanding of how the various tactical options discussed in class could be applied to calls involving people in mental health crises, analysis of priorities when dealing with both criminal activity and mental health crises, and legal considerations. They reported that the students did a great job of applying the class material to the case, as evidenced by the content of the robust discussion in both the small groups and the larger group.

The questions were modified from the 2013 ECIT class to include more open-ended formats, in order to promote more meaningful discussion. This change appeared to be effective and the students were very engaged in thoughtful discussion throughout the exercise. The instructors also changed the format of the exercise to have the smaller groups rejoin into a large group discussion. This was viewed as an improvement based on the level of participation and idea sharing.

**Scenario 1**

In the first scenario, ECIT officers were dispatched to a call where there is a suicidal person who is contemplating jumping off an eight story apartment building. The lead instructors and Dr. Gerritsen assessed the students’ abilities to accurately assess threat, use time as a tactic, stay engaged in communication with a person who is suicidal, use active listening, and effectively use available intelligence. This scenario also provided an opportunity for students to practice using the Crisis Negotiation Team model of responding (introduced on day three) when there is a primary communicator and a “coach”. The instructors and Dr. Gerritsen found the students accurately assessed the seriousness of the suicidal threat and, in the debrief, could articulate the risk factors which contributed to the person’s suicidal mindset. Students used patience and articulated that they could take as much time as needed to resolve the crisis, since no other community members were at risk. The students asked pertinent questions to gather intelligence on the suicidal person’s history in police databases, place of residence, friends and associates. During the debrief, the students were guided to review at which points the person became agitated, when the person appeared to de-escalate, what factors may have contributed to their behavior, and how officers might adapt their communication strategies to the individual’s behavioral cues.
Scenario 2

In this scenario, the ECIT officers were dispatched to a call of a known residential mental health facility. The lead instructors and Dr. Gerritsen assessed the students’ abilities to communicate with staff, develop and implement a crisis plan involving staff, and utilize crisis communication skills to evaluate for a civil custody related to the person’s mental health status. Based on feedback from the 2013 ECIT training, this scenario was altered to include more aspects regarding who has guardianship over those residing in mental health facilities, as it pertains to civil custody procedures. The instructors and Dr. Gerritsen reported that overall, the scenario went well and the students met the performance objectives. During the debrief, the instructors focused on the students’ articulation of the civil custody criteria and working with facility staff to develop a plan. The officers noted that on similar past calls in the field, facility staff often expected officers to take action that is outside of policy and the scope of officer authority. The instructors noted the scenario resulted in an engaging conversation that brought up a lot of “What if……” questions, which mostly fit under Portland Police Bureau Directive 850.25 Police Response to Mental Health Facilities and issues of guardianship. The questions demonstrated to the instructors that the students were applying the information and thinking through the problem, and considering how to apply the information on patrol in the future.

Scenario 3

ECIT officers were dispatched to a homeless shelter where a person suffering from psychosis was becoming increasingly angry and refusing to leave. The lead instructors and Dr. Gerritsen assessed the students’ abilities to use crisis communication skills and patience to attempt to de-escalate the situation and build rapport with the person in crisis, use time as a tactic, recognize the subject may be experiencing a mental health crisis, and recognize the appropriate time to use reasonable force to control the person and defend self or others. In the debrief, the officers were asked to articulate observations related to mental status indicators, the Use of Force Directive 1010.00, the ECW Directive 1051.00, and de-escalation tactics. In terms of communication, using time as a tactic, and recognizing the person may be experiencing a mental health crisis, it was reported that the students made reasonable attempts. However, they did not recognize that their attempts to de-escalate were failing. This resulted in the students not recognizing the appropriate time to use reasonable force and risking their own safety by approaching the person, who had started aggressively yelling at the officers and approaching them with raised fists, too closely. In the debrief, the officers were able to articulate the Use of Force policy in relation to being confronted with “active aggression” and recognized the potential threat of getting too close to the subject.

Scenario 4

In this scenario, an officer responded to a welfare check after a husband calls concerned about his wife who was diagnosed with bipolar disorder. When officers arrived at the house, the woman was quilting with a pair of scissors, a potential weapon. She had not been taking her medication and had not had anything to eat or drink for several days. The lead instructors and Dr. Gerritsen
assessed the students’ abilities to recognize the mental health indicators in which the woman meets the criteria for a civil mental-health-related custody, was not a danger to others, was not in immediate danger, and to develop rapport with the husband to create a plan.

The instructors and Dr. Gerritsen found that the students did an excellent job meeting the performance objectives of delaying the custody as a disengagement strategy. They were able to articulate the mental health signs and symptoms that supported the husband’s concern, but also articulated the need to delay custody to avoid precipitating force and were able to make a plan with the husband to get his wife into custody at a later time. The students successfully applied de-escalation techniques such as time as a tactic, recognizing the subject was not an immediate threat and were able to bring resolution to the situation through developing a follow-up plan.

While the officers were able to meet one of the learning objectives regarding interaction with someone experiencing a manic episode, the program coordinators and instructors are considering some slight changes to the scenario for future trainings. They noticed that having two role players divided the officers’ attention and diluted one of the primary goals of the scenario, which was to interact with a family member of someone in a behavioral crisis. The instructors would like to put a greater emphasis on applying the information from the Consumer and Family Member panels, which emphasized the difficulties family members may experience when trying to support their loved ones, and hope to develop an empathic response from the officers when responding to these types of calls.

Scenario 5

In this scenario, ECIT officers were dispatched to assist with an “unwanted” person in a house who appeared to be experiencing delusions. A patrol officer and sergeant were already on-scene and the ECIT officer was called to assist. The lead instructors and Dr. Gerritsen assessed the students’ abilities to build rapport with the subject, assess the threat, and make suggestions to the sergeant regarding slowing down, taking time, and evaluating the progress of the communication with the person.

The instructors and Dr. Gerritsen reported that overall, the students did a good job recognizing and articulating that the person was not a danger to himself or others, did not meet the criteria for a “Peace Officer Custody of an Allegedly Mentally Ill Person”, and represented a low governmental interest with regards to using force. During the debrief, the officers were required to articulate the use of time as a tactic, as well as articulate how and why it is necessary to build a plan with the sergeant on scene who is managing multiple competing calls. Officers were also asked to articulate the mental health indicators and other observations that informed their actions, leading to the ultimate outcome of either voluntarily transporting the person to another location, or disengaging from the call.

In comparison to student performance from the 2013 scenario, it was reported that the student performance improved in 2014. The students had a more nuanced understanding of their role as ECIT officers as evidenced by the fact that they consulted with the sergeant, successfully
bargained for additional time by calmly outlining how they perceived the call to be progressing, and that additional time would likely resolve the situation. The ECIT officers also offered to continue communicating with the person in crisis when the sergeant requested the initial responding officer (non-ECIT) go to another call. From the debrief it was clear that students appropriately understood that their role was to support the sergeant to resolve the call and provide additional options (e.g. communication strategies and using time as a tactic).

Scenario 6
In the final scenario, ECIT officers were called out to a medical school where a student had a gas can and lighter and was hearing voices telling her to light herself on fire. In this scenario, the lead instructors and Dr. Gerritsen were assessing the students’ abilities to manage scene safety, build rapport, communicate with someone in a psychotic state, and safely take the student into custody. They found the officers performed well from a tactics perspective, such as securing the area and having Portland Fire Bureau on standby. Initially the officers were appropriately focused on safety issues. As those issues became addressed, they transitioned slightly to the communication and building rapport aspects of the call. However, more focus on communication specific to building rapport with a person in a psychotic state would have been helpful. During the debrief, the instructors discussed the communication aspects of the scenario, particularly the importance of finding a communication strategy which would help the suicidal person be less focused on hallucinations and more focused on attending to the officer and following directions. The instructors also noticed that none of the students volunteered to serve as a communication “coach” during the scenario, a strategy which was discussed on day three of the training and practiced in scenario one.

Training Program Evaluation
A feedback survey was provided to the students at the end of the ECIT Patrol Tactics training day. All twenty-five of the students filled out the survey. The survey included sixteen closed-ended items and three open-ended feedback areas. Four of the questions were for general feedback regarding the ECIT training and their future training needs. The remaining items were focused on the students’ overall satisfaction with the main sections of the class, whether the training increased their skills and confidence in various areas, feedback regarding the scenarios, and suggestions for improving the training day. The survey items pertaining specifically to this training day are presented below.

The first three survey items asked the respondents to mark their level of agreement on a 6-point scale (strongly disagree to strongly agree) regarding whether “The following Patrol Tactics training sessions were a good use of my training time.”

Classroom on Behavioral Crisis Calls Tactical Options
- Fifty-two percent (13) of the students strongly agreed and forty-eight percent (12) of the students agreed that the classroom portion was a good use of their training time.
Lukus Glenn Table Top Exercise
- Sixty percent (15) of the students strongly agreed, twenty-eight percent (7) agreed, and twelve percent (3) slightly agreed that the case study table top exercise was a good use of their training time.

Scenario Training
- Eighty percent (20) of the students strongly agreed and 20 percent (5) agreed that the scenario training was a good use of their training time.

The next three survey items asked the respondents to mark their level of agreement regarding whether “The following Patrol Tactics training sessions expanded upon my previous knowledge base regarding responding to calls involving a behavioral health crisis:”.

Classroom on Behavioral Crisis Calls Tactical Options
- Thirty-two percent (8) of the students strongly agreed, fifty-six percent (14) agreed, and twelve percent (3) slightly agreed that the classroom portion expanded upon their previous knowledge base regarding responding to behavioral health crisis calls.

Lukus Glenn Table Top Exercise
- Thirty-six percent (9) of the students strongly agreed, fifty-two percent (13) agreed, and twelve percent (3) slightly agreed that the Lukus Glenn table top exercise expanded upon their previous knowledge base regarding responding to behavioral health crisis calls.

Scenario Training
- Sixty-eight percent (17) of the students strongly agreed, twenty-eight percent (7) agreed, and four percent (1) slightly agreed that the scenario training expanded upon their previous knowledge base regarding responding to behavioral health crisis calls.

The next four survey items asked the respondents to mark their level of agreement regarding whether “This training day enhanced my:”.

Communication Skills
- Fifty-two percent (13) of the students strongly agreed, thirty-six percent (9) agreed, eight percent (2) slightly agreed, and one person marked “slightly agree” and “agree” that the training enhanced their communication skills.

De-escalation Skills
- Fifty-six percent (14) of the students strongly agreed, thirty-two percent (8) agreed, and twelve percent (3) slightly agreed that the training enhanced their de-escalation skills.

Ability to appropriately weigh the totality of the circumstances related to behavioral health crises
- Forty-eight percent (12) of the students strongly agreed, forty-eight percent (12) agreed, and four percent (1) slightly agreed that the training enhanced their ability to weigh the totality of the circumstances related to behavioral health crises.
Confidence in effectively managing situations involving people in a behavioral health crisis

- Fifty-two percent (13) of the students strongly agreed, forty percent (10) agreed, four percent (1) slightly agreed, and one person marked “slightly agree” and “agree” that the training enhanced their confidence in effectively managing situations involving a behavioral health crisis.

The remaining survey items and results were as follows:

The facts of the scenarios were plausible.

- Sixty percent (15) of the students strongly agreed, thirty-six percent (9) agreed, and four percent (1) slightly agreed that the facts of the scenarios were plausible.

I found the scenarios appropriately challenging.

- Sixty-four percent (16) of the students strongly agreed, twenty-eight percent (7) agreed, and eight percent (2) slightly agreed that the scenarios were appropriately challenging for themselves.

I learned a lot from watching others go through the scenarios and debriefs.

- Sixty percent (15) of the students agreed, thirty-two percent (8) agreed, and eight percent (2) slightly agreed that they learned a lot from watching others go through the scenarios and debriefs.

A critical scenario was missed and should be included in future trainings.

- Sixteen percent (4) of the students strongly agreed, eight percent (2) agreed, four percent (1) slightly agreed, eight percent (2) slightly disagreed, forty-four percent (11) disagreed, and twenty percent (5) strongly disagreed that a critical scenario was missed.

If you need to clarify any of your responses above or have suggestions for improving this training day (including scenario ideas), please feel free to provide further explanation here:

- Seven people wrote comments into this section.
- Two people commented on the training day being beneficial and one of them mentioned that it was helpful for defining their role as an ECIT officer.
- Two people commented on the Lukus Glenn exercise. One person mentioned it was a valuable exercise and both commented that including the dispatch tapes would have been helpful.
- Three people commented on the scenario training. One person mentioned that using smaller groups for the scenarios would be helpful, another wrote that everyone experiencing the role of the negotiator in a scenario would be beneficial, and one person suggested utilizing more involved and complex scenarios involving more officers would make the scenarios more realistic.
Day Four Summary

Overall, the ECIT Patrol Tactics training day was very well received and appears to have expanded upon the students’ previous knowledge base. The student ratings were particularly high for the scenario training. The students reported the training day enhanced their communication skills, de-escalation skills, ability to weigh the totality of the circumstances related to behavioral health crises, confidence in effectively managing situations involving people in a behavioral health crisis, and it expanded upon their previous knowledge base regarding responding to calls involving a behavioral health crisis.

The program coordinators’ observations confirm students’ survey responses, in regards to student engagement and learning. The instructors and Dr. Gerritsen’s observations during the table-top exercise and scenario training further confirm that student learning was achieved, although it may be strengthened in a few areas. The instructors and Dr. Gerritsen reported the students performing well in the use of time as a tactic, active listening, application of civil custody criteria, recognizing mental health indicators, developing rapport under most circumstances, developing a follow-up plan, reasonably assessing governmental interest, tactics for securing scene safety, and understanding the ECIT officer’s supportive role to the on-scene sergeant. Their observations also indicated that it may be beneficial to strengthen the training program in terms of accurately assessing threat, adapting their approach based on which techniques appear to be ineffective for a particular individual, coaching skills, communicating with a person suffering from psychosis and preventing personal safety risks.

Again, it is important to note that only two officers performed in each scenario. Therefore, the instructors and program coordinators are reflecting upon these results against additional classroom performance observations, field experience, and knowledge of the strengths and weaknesses of the scenarios themselves. The instructors are exploring options for reinforcing several of the above skills for future trainings. In addition, the program coordinators and instructors will be reviewing the scenarios prior to the next ECIT training to ensure they incorporate all of the key newly taught skills and explore opportunities for all students to practice the role of the negotiator sometime during the training week. Some of their observations have also emphasized some potential logistical changes to the scenario training in order to increase the realism for officers and the likelihood that the students are approaching the scenario scene as though they are on the job.
Training Event and Student Learning Summary

In order for a training event to contribute to on-the-job results, it is critical the training event itself is effective. Some of the main elements examined to determine how effective a training event is are student satisfaction, student engagement, curriculum relevance, student learning, student confidence, and student commitment. Ideally, a training is designed and delivered in a manner that increases student engagement for the particular group(s), meets the student’s learning styles, has learning objectives that meet the students’ training needs, and curriculum content tailored to maximize relevance for the training audience. We want to see that the training event is increasing student learning, increasing confidence or that the students have confidence in applying the skills, and that training participants can envision themselves successfully applying the skills or knowledge in their jobs.

Overall, the evaluation results to date would suggest that the Enhanced Crisis Intervention Team training event is effective. Ultimately, the students were satisfied, engaged, found the training relevant, and increased their knowledge, skills and confidence in core learning objectives for this program. There were no sections of the training program which were identified as failing to meet the students’ needs. There were some areas where supportive evidence was lower than others. The program coordinators and some of the instructors are working on strengthening these areas and developing strategies to further enhance this training program in general. The current main findings for future ECIT training preparation are:

ECIT Dispatch Protocols and Referral Process Class
- As the Behavioral Health Unit and Enhanced Crisis Intervention Team become more established, less time will be needed for protocol instruction and more time can be spent discussing how these processes are working for them out in the field, and answering questions.

History of Mental Health Treatment Class
- The peer recovery section was a new addition in 2014. The feedback from students and the Behavioral Health Unit Advisory Committee support continuing this portion of the training. This is the current plan.

Consumer Panel and Family Panels
- The program coordinators are working towards increasing diversity among panel members and further increasing interaction during the discussion portion of these sections.

NAMI Class
- This session was a new addition in 2014. The feedback from students and the Behavioral Health Unit Advisory Committee support continuing this portion of the training. The program coordinators will conduct a general review of the curriculum for opportunities to strengthen the class prior to the next ECIT training.
EASA Class
• This session was a new addition in 2014. The feedback from students and the Behavioral Health Unit Advisory Committee support continuing this portion of the training. The program coordinators will conduct a general review of the curriculum for opportunities to strengthen the class prior to the next ECIT training.

Criminal Justice System and Mentally Ill Offenders Class
• The program coordinators will review this curriculum for opportunities to increase learning the process for referring offenders to the Forensic Diversion Program.

ECIT Resources Class
• The instructor will continue to update the resource information as needed.

Service Coordination Team Class
• The program coordinators will review this curriculum to assess whether some adjustments can be made to increase the training value for the officers who are already familiar with the Service Coordination Team program.

Mental Health Threat Assessments Class
• The instructor is exploring additional case studies for promoting engagement and student learning.

Mental Status Indicators Class
• Some of the results from the learning assessments and instructor observations suggest more time may need to be devoted to building rapport with someone in a psychotic state. The program coordinators will follow up to see if more time may be provided for this learning objective. They are also considering adding instruction related to communication techniques for someone who is psychotic, based on feedback from the Behavioral Health Unit Advisory Committee.

Suicide Class
• The instructors are exploring utilizing audience response systems for the suicide attitude self-assessment survey to increase student engagement and self-reflection.

Mental Health Facilities and Site Visits
• The changes made to the site visit section appeared to be effective. The instructor may also add one more question to the information officers gather from their site visits, pertaining to what type of clients the facility is best able to serve.

Crisis Response Resource Class
• Based on student feedback, personal observations, and some of the scenario learning assessment results, the instructor is considering removing one video from the presentation to allow more time for role playing activities, communication coaching skills, utilizing intelligence sources, and maintaining a broad perspective of the entire call when possible.
• The instructor is considering changing the case study at the end of the third training day (St. John’s Debrief) to a case where ECIT officers attended and participated in managing a call, to better illustrate how ECIT officers can best utilize their skills.

• The instructor from day three is also reviewing the curriculum to see where adjustments may be made to further tailor the material to the role of an ECIT officer, methods for increasing learning around the role of a coach and maintaining a broad view of an incident. This review includes exploring additional role plays in the crisis communication portion, developing a link between the ECIT Dispatch Protocols and Referral Process class to reinforce the role of ECIT officers, and including what information would be most helpful to CNT (Crisis Negotiation Team) if they are consulted or called to the scene.

Enhanced Crisis Intervention Team Patrol Tactics Class

• Based on instructor and program coordinator observations and some of the learning assessment results, the instructors are considering strengthening some of the scenario training objectives such as coaching skills and accurately assessing threat. They are also exploring whether there is value in providing more opportunities to practice intelligence gathering in the scenarios.

• The program coordinators and instructors will explore opportunities for all students to practice the role of the negotiator sometime during the training week.
Having a successful training event increases the potential for on-the-job application but does not guarantee it. The next two sections of this report focus on whether officers are able to apply the training objectives on the job, any barriers they are facing to implementing their skills/knowledge, and how the organization monitors and reinforces some of the key objectives. This section will focus on feedback from officers.

In 2014, feedback regarding on-the-job application of the training objectives and the ECIT program was collected with a follow-up survey of the 2014 training participants and through the internal Enhanced Crisis Intervention Team Advisory Council. In addition, the Behavioral Health Unit continues to receive informal feedback from officers working patrol.

On September 1, 2014, a follow-up survey was dispersed to the twenty-five officers who had attended the 2014 ECIT training. Officers were provided the option to take the survey online or by paper. Nine officers responded to the online survey and eight responded by paper, providing a total response rate of sixty-eight percent. The survey consisted of fourteen initial closed-ended survey items and three open-ended questions/response areas (a copy of the survey is presented in Appendix C). Depending on how the officer responded to some of the initial survey items, some follow-up questions were also included.

The following section focuses mostly on the survey results and incorporates some additional feedback from the internal ECIT Advisory Council in the discussion. The survey results are presented in the following main sections, although some results may overlap multiple categories:

- Usefulness of the Enhanced Crisis Intervention Team Training
- Supervisor and Peer Support
- Responding to Calls

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8 The Behavioral Health Unit facilitates quarterly internal Enhanced Crisis Intervention Team Advisory Council meetings for the purpose of gathering continual feedback regarding how the ECIT program is operating in the field. This council consists of ECIT and non-ECIT officers from each precinct, supervisors from each precinct, the Behavioral Health Unit management and analyst, the Training Division analyst, and Project Respond workers. In 2014, they met in March, June, and September.
Section One: Usefulness of the Enhanced Crisis Intervention Team Training

1. The ECIT training expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis.

- In 2014, approximately 88 percent of officers agreed or strongly agreed that the training expanded upon their previous knowledge base regarding individuals experiencing a behavioral health crisis.
  - Out of seventeen respondents, eight strongly agreed, seven agreed, one slightly disagreed, and one strongly disagreed.

2. Since the ECIT training, I feel more confident in my ability to handle situations involving people in a behavioral health crisis.

- In 2014, approximately 82 percent of officers agreed or strongly agreed that since the training they felt more confident in their ability to handle situations involving people in a behavioral health crisis.
Out of the seventeen respondents, seven strongly agreed, seven agreed, one slightly agreed, one neither agreed nor disagreed, and one strongly disagreed that since the training they felt more comfortable in their ability to handle situations involving people in a behavioral health crisis.

3. The ECIT training has improved my ability to effectively engage with family members and/or care providers during a mental health crisis.

- In 2014, approximately 76 percent of the respondents either agreed or strongly agreed that the ECIT training improved their ability to effectively engage with family members and/or care providers during a mental health crisis.
  - Five of the officers strongly agreed, eight agreed, three slightly agreed, and one strongly disagreed. The person who strongly disagreed was the same person who strongly disagreed on the previous two survey items.
4. What aspects of this training have you found to be the most useful as you returned to patrol?

Officers were able to choose an unlimited number of training aspects that they have found to be the most useful on patrol from the following categories: communications / de-escalation, systems information (e.g. information about mental health systems such as resources, the crisis system map, mental health court, etc.), group discussions with consumers, site visits, risk assessment training (e.g. analyze dispatch calls, key questions and continuous assessment), tactical training (e.g. disengagement techniques, developing a plan, determining a safe time, place and location), all of the above (roughly equal in value), and other.

- As a group, the 2014 respondents appear to be finding some aspect of all of these training categories useful in practice. All but one respondent marked at least one of the categories and twelve respondents marked three or more categories.
- Communications / de-escalation training and risk assessment training received the highest amount of responses. Approximately seventy-seven percent of the respondents choose communication / de-escalation training and seventy-one percent chose risk assessment training.
- Approximately fifty-three percent of the respondents chose tactical training and systems information, forty-one percent chose group discussions with consumers, twenty-four percent selected site visits and “all of the above”, and approximately twelve percent marked “other”. Of the two people who marked “other”, one referred to the instruction regarding staying engaged with the person and another mentioned Sergeant King’s class.
5. In hindsight, I have found that the site visits were productive.

In 2014, all but one of the respondents reported that they found the site visits productive in hindsight.

Please mark which site visits you attended during the ECIT training, which ones you have taken someone to since the training, which ones you have referred someone to since the training, and which ones you thought were helpful to learn about.

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Attended this site visit</th>
<th>Brought someone to site</th>
<th>Referred someone to site</th>
<th>Helpful to learn about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cascadia Urgent Walk In Clinic</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Golden West</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Lines for Life</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Multnomah County Crisis Line</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>North Star (NAMI)</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

*These results are only for the 2014 students.

- Since the ECIT training, five of the officers brought at least one person to the Cascadia Urgent Walk In Clinic and one brought at least one person to North Star.
- Since the training, three officers referred at least one person to the Cascadia Urgent Walk In Clinic, one referred to the Central City Concern Golden West Hotel, two to Lines for Life, four to Multnomah County Crisis Line, and four referred at least one person to North Star.
- One of the two officers who had attended Cascadia reported that it was helpful to learn about, one of the three who attended Lines for Life reported it was helpful, and all three of those who attended the Central City Concern Golden West Hotel, Multnomah County Crisis Line, and North Star marked it as being helpful.
If you did not find the site visits helpful or you have experienced obstacles in utilizing these site visits as a resource, please provide more information here:

Two people responded to this area. One person wrote that they were already familiar with the site location and the visit was brief. The other person utilized this section to comment on the site visit experience providing a learning opportunity, about the location as an information resource.
Section Two: Supervisor and Peer Support

6. My supervisor(s) are very supportive of the ECIT program.

- In 2014, approximately eighty-two percent of the respondents agreed or strongly agreed that their supervisors are very supportive of the ECIT program.
  - Four of the officers strongly agreed, ten agreed, two slightly agreed, and one strongly disagreed with this statement.

7. My supervisor(s) allow me the needed time and resources to implement the ECIT training.

- In 2014, approximately seventy-one percent of the respondents agreed or strongly agreed that their supervisors allow them the needed time and resources to implement the ECIT training.
  - Four of the officers strongly agreed, eight agreed, one slightly agreed, 2 neither agreed nor disagreed, one strongly disagreed, and one marked not applicable.
8. My peers are very supportive of the ECIT program.

- In 2014, approximately forty-one percent of the respondents agreed or strongly agreed that their peers are very supportive of the ECIT program.
  - Two of the respondents strongly agreed, five agreed, five slightly agreed, two neither agreed nor disagreed, two slightly disagreed, and one strongly disagreed.

9. Most officers understand the role of the ECIT officers and what services they provide.

- In 2014, there was still a fair amount of variability in the level of agreement about whether most officers understand the role of the ECIT officers and what services they provide. Approximately twenty-nine percent agreed or strongly agreed with this statement.
  - One officer strongly agreed, four agreed, eight slightly agreed, one neither agreed nor disagreed, one slightly disagreed, one disagreed, and one strongly disagreed.
Section Three: Responding to Calls

10. Approximately how often are you responding to calls as an ECIT officer under the following circumstances?

**Dispatched as an ECIT officer**

- In 2014, approximately seventy-one percent of the respondents reported being dispatched as an ECIT officer at least once per week.
  - Three of the officers reported being dispatched as an ECIT officer rarely, two responded couple times a month, three estimated once a week, eight marked at least twice per week, and one reported daily.

**Another officer requested an ECIT officer**

- In 2014, approximately forty-seven percent of the respondents reported responding to an ECIT call based on another officer’s request at least once per week.
Five of the officers reported responding under these circumstances rarely, four reported a couple times a month, two marked once a week, four reported at least twice per week, one estimated at least five times a week, and one reported daily.

**Self-initiated response as an ECIT officer**

- In 2014, approximately forty-seven percent of the respondents estimate that they self-initiate responding to calls as an ECIT officer at least once per week.
- Four of the officers reported responding under these circumstances rarely, five estimated a couple times a month, two marked once a week, three responded at least twice per week, two estimated at least five times a week, and one reported daily.

11. When I attend a call as an ECIT officer, there is confusion as to whether I or the primary officer should lead the call.

- In 2014, there was still a fair amount of variation in the level of agreement regarding whether there is confusion as to whether they or the primary officer should lead the call when they respond as an ECIT officer.
Approximately twenty-four percent of the respondents disagreed or strongly disagreed to this statement.

One officer strongly agreed, two agreed, four slightly agreed, three neither agreed nor disagreed, three slightly disagreed, two disagreed, and two strongly disagreed.

12. I am reluctant to respond to a call as an ECIT officer without being requested.

- In 2014, approximately seventy-one percent of the respondents disagreed or strongly disagreed that they were reluctant to respond to a call as an ECIT officer without being requested.
- One officer slightly agreed, two neither agreed nor disagreed, two slightly disagreed, eight disagreed, and four strongly disagreed.

For those who responded in agreement to the above question, the following additional question was provided:

I am reluctant to respond to call because (select all that apply):

1) The officers already present may not be familiar with the ECIT program.
2) The officers already present may not be supportive of the ECIT program.
3) The officers already present may feel insulted by an ECIT officer showing up to the call.
4) I do not want to encroach on district integrity.

One person responded to this item. They responded that they are reluctant to respond to calls because 1) The officers already present may not be familiar with the ECIT program and 2) The officers already present may not be supportive of the ECIT program.
13. I have responded to calls related to suicide since I attended the ECIT training.

- In 2014, sixteen of the officers reported that they had responded to calls related to suicide since attending the ECIT training (one reported that they had not).

For those who responded yes to responding to suicide calls since the ECIT training, the following two additional questions were provided:

I found the information presented during the suicide intervention class helpful in responding to at least one of these calls.

- In 2014, approximately ninety-four percent of the responding officers agreed or strongly agreed that they found the information presented during the suicide intervention class helpful in responding to at least one of these calls.
  - Four of the respondents strongly agreed, eleven agreed, and one slightly agreed.
The suicide scenario provided during the training was a helpful exercise for responding to at least one of these calls.

• In 2014, approximately seventy-five percent of the respondents agreed or slightly agreed that the suicide scenario provided during the training was a helpful exercise for responding to at least one of these calls.
  - Four of the respondents strongly agreed, eight agreed, one slightly agreed, and three neither agreed nor disagreed.

14. Please provide feedback regarding any obstacles you are facing with the ECIT program in the field and any suggestions you have for making the process of responding to calls related to mental health crisis more efficient.

Eleven of the seventeen officers wrote responses. Two of the officers mentioned that it was not applicable for them. The rest of the officers’ responses included the ECIT officer being dispatched when not needed, the desire to have more training, and confusion around the ECIT role when responding to calls.

One person mentioned that ECIT officers are sometimes being dispatched when they are not needed. Two people made comments pertaining to additional training. One mentioned more training would be appreciated and the other person wrote that they would like more information on suicidal juveniles.

The remaining six comments pertain to the role of ECIT officers. It would appear there is still some confusion regarding the role of ECIT officers in general and whether or not it is intended that they be the primary when returning to calls. Three of the officers’ comments focused on the confusion (among non-ECIT officers) regarding whether ECIT officers are to be in a supportive role or primary role when responding to a call. One person made a general comment regarding the need to provide education to non-ECIT officers as to what services ECIT officers can provide. Two people mentioned a lack of understanding of the role of ECIT officers among
sergeants. One officer pointed out that non-ECIT officers are often requesting ECIT officers when they are not really needed, which ties up resources.

Summary and Discussion

Usefulness of the Enhanced Crisis Intervention Training

The majority of respondents reported that the ECIT training expanded upon their previous knowledge regarding behavioral health crises, increased confidence in handling situations involving a behavioral health crisis, and improved ability to effectively engage with family members and/or care providers.

The survey results suggest that all of the main categories of the training had value. The training sections on communication/de-escalation and risk assessment received the highest amount of responses for what was most helpful when returning to patrol.

Some additional questions were asked to obtain more specific feedback regarding the utilization of the site visits and suicide components of the training. All but one of the respondents reported they have found the site visits productive and almost half of the officers had utilized one or more of these facilities since the training (either by referral or bringing someone to the facility). The person who did not find the site visit helpful provided comments that they were already aware of the usefulness of the location they were assigned. Overall, the feedback in the 2014 findings has been more strongly supportive of the site visits. This could be related to the cohort of trainees, the changes made to this section of the training in 2014, or other factors. Future feedback will be helpful for confirming whether this section is meeting the training needs of the participants across cohorts.

All of the responding officers, with the exception of one, had responded to calls related to suicide since the training. The survey respondents were asked to rate how helpful the suicide intervention class and the scenario training were in responding to at least one of these calls since the training. Both the classroom and scenario portions of the training were found to be beneficial on the job.

Supervisor and Peer Support

Most of the responding officers appear to be receiving sufficient support from their supervisors, however, the findings suggest a greater amount of supervisor support may be beneficial for at least a few of the officers. The strength of agreement in regards to supervisors allowing the ECIT officers the needed time and resources to implement the training was lower for the 2014 cohort than the 2013 one, although overall supervisor support was about the same. This may be related to the difference in cohort, the increasing workloads occurring throughout the organization, or other factors. In discussion with program coordinators and instructors, it was suggested to break
down this survey item further to capture separately time needed to respond to calls versus time needed for training.

Overall, most people agreed at some level that their peers were very supportive of the ECIT program but the level of agreement was weaker than the reported support from supervisors. A portion of this may be related to the confusion of the role of the ECIT officer. There was not strong agreement that most officers understand the role of the ECIT officers and what services they provide. Furthermore, some officers reported that there is confusion regarding whether they or the primary officer should lead the call when they respond as an ECIT officer. The written feedback also reflected some desire to have more support and understanding from other officers and sergeants as to the role of the ECIT officers. In addition to the survey feedback, the internal ECIT Advisory Council has mentioned that, although there is significant improvement in understanding of the ECIT role, primary non-ECIT officers are sometimes dispatching ECIT officers when they are not needed. Non-systematic verbal feedback suggests these aspects have improved as the program has become more established and additional information regarding the role of ECIT officers has been dispersed. However, additional support in this area may be beneficial to the program.

**Call Load and BOEC**

The majority of ECIT officers who responded to the survey reported being dispatched as an ECIT officer at least once per week. This was substantially more frequent than what officers reported in 2013. In 2013 and 2014, training and other efforts were conducted with the Bureau of Emergency Communication to improve the dispatching of ECIT calls. Feedback from officers on the internal ECIT Advisory Council and those working in the BHU have reported a significant improvement in the accuracy of dispatching ECIT calls, although ECIT officers were occasionally getting dispatched when the call did not warrant an ECIT officer per dispatch protocols. The difference in survey results is likely a reflection of this work.

The 2014 survey respondents also reported a greater frequency in responding to calls as an ECIT officer based on another officer’s request. Their distribution of how frequently they respond as an ECIT officer as a self-initiated response was similar to those who responded in 2013.
ON THE JOB APPLICATION: BEHAVIORAL HEALTH UNIT FEEDBACK

Organizational monitoring and reinforcing of training objectives is a critical component to ensuring that the desired skills and knowledge will be implemented correctly on the job. How an organization chooses to observe desired outcomes can vary greatly. Some examples include reviewing work products, conducting surveys, observation, interviews, and key performance indicators. This does not have to be an exact measurement of how often a behavior is being utilized on the job but it can be. The purpose is for the organization to have a process of ongoing feedback regarding whether the key training objectives are being utilized on the job. Another part of this process is to have the organization reinforce these behaviors. This can include additional follow-up training; however, some other examples are job aids, reminders from supervisors and upper management, work review checklists, executive modeling, recognition when exhibiting that behavior, and mentoring.

Given that the ECIT program is operated under the Behavioral Health Unit, this unit has a critical role in observing and reinforcing on-the-job application. For the ECIT program, the Behavioral Health Unit monitors the following key performance behaviors: 1) the utilization of health facilities and community based mental health services (such as Project Respond) in lieu of jail when appropriate and possible, 2) the utilization of techniques related to disengagement and increasing the likelihood of de-escalation, and 3) the utilization of the BHU’s Electronic Referral System. Frank Silva, the Behavioral Health Unit Analyst, tracks this data.

The utilization of health facilities and community based mental health services (such as Project Respond) in lieu of jail when appropriate and possible.

The goals of the Portland Police Bureau include reducing criminal behavior, contributing to citizens in need, and being a partner with the mental health system as it pertains to public safety issues and calls for police service. At times, the utilization of health facilities and other mental health services will be beneficial to individuals as well as the larger community during calls involving a behavioral health crisis, particularly in cases where the individual poses no clear threat of serious violent criminal behavior. Each call that officers attend is unique, due to the individual’s needs, wishes, level of criminal behavior (if any), level of support and the circumstances surrounding the call.

Due to the uniqueness of each individual and each call, it is difficult to establish a set quantitative measurement that can capture both the utilization of health services and the associated decision making process without reading through the narratives of police reports. Therefore, this measurement is monitored through the Behavioral Health Unit through a combination of examining call data and reading narratives through the referral process. Neither of these methods

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captures the exhaustive use of health facilities or community-based mental health services by Portland Police Bureau Officers. In fact, it likely only captures a small percentage of utilization. However, it does provide us some information regarding whether these services are being utilized during police contacts that include the greatest safety risk and/or severity of need surrounding mental health issues. In 2015, the Behavioral Health Unit increased their data collection effort around this item as well as their staffing for examining related reports. ECIT officers now complete a form when they attend a call as an ECIT officer. This new data source will provide the BHU some more accurate information regarding how often these resources are being utilized on ECIT calls, specific information regarding which mental health professional was contacted, whether a mental health professional responded to the incident, and the context of the call. The form can be found in Appendix D.

**Monitoring Sources and Current Results**

In 2014, the Behavioral Health Unit had the following three systems in place for continually monitoring the utilization of health facilities when appropriate and possible for calls involving a behavioral health crisis.

1) Frank Silva, the Behavioral Health Unit Analyst, analyzes the database from the Bureau of Emergency Communications to see how many ECIT calls involve the utilization of health facilities or other mental health professionals. This information is gathered from notes made in the disposition of the call. These are voluntary notes and likely greatly underestimate the utilization of these resources. There were no notes made in the disposition for approximately seventy-two percent of the ECIT dispatched calls for 2014.

The main findings in 2014 were:

- There were 609 ECIT dispatched calls from May 10, 2014 to December 31, 2014.
- In approximately twenty-one percent of the ECIT dispatched calls officers noted transporting someone to a care facility.
- In approximately six percent of the ECIT dispatched calls officers noted contacting a mental health professional.
- Approximately seven percent of the ECIT dispatched calls resulted in a physical arrest and less than one percent resulted in a cite in lieu of arrest.

<table>
<thead>
<tr>
<th>2014 ECIT Dispatched Calls to Portland Police Bureau Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization of health facilities and mental health services</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1st QTR</td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>Transport to hospital</td>
</tr>
<tr>
<td>Mental health professional contacted*</td>
</tr>
<tr>
<td>Arrest (physical)</td>
</tr>
<tr>
<td>Arrest (cite-in-lieu)</td>
</tr>
</tbody>
</table>

\* Mental health professional contacted can include taking someone to a walk in clinic.
\*\* The ECIT Dispatch Protocol was enacted on 5/10/2014. Thus, this is the start date for the data reported above.
\*\*\* The data reported above was obtained from Remote vCad on 4/20/2015. Current counts may differ due to continually updating of records.
2) The BHU also examines how frequently officers are transporting people to a hospital or mental health facility for mental health care in general. This information is derived from police reports on “Mental Health Cared For” incidents and “Mental Health/Emotional Assistance Rendered” incidents\textsuperscript{10}.

The main findings in 2014 were:

- There were a total of 1,274 transports classified under these two incident types in 2014.
- ECIT officers responded to 649 (50.9 percent) of these calls\textsuperscript{11}.
- 807 (63.3 percent) of the incidents were “Mental Health Cared For” and 467 (36.7 percent) were “Mental Health/Emotional Assistance Rendered”.

<table>
<thead>
<tr>
<th>2014 Mental Health Cared For and Mental Health/Emotional Assistance Rendered Incidents</th>
<th>N</th>
<th>% of Total Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ECIT Officer Present at the Scene</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, ECIT Officer was at the scene</td>
<td>649</td>
<td>50.9%</td>
</tr>
<tr>
<td>No ECIT Officer was at the scene</td>
<td>625</td>
<td>49.1%</td>
</tr>
<tr>
<td><strong>By Incident Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Cared For Incident</td>
<td>807</td>
<td>63.3%</td>
</tr>
<tr>
<td>Mental Health/Emotional Assistance Rendered</td>
<td>467</td>
<td>36.7%</td>
</tr>
</tbody>
</table>

3) The BHU Sergeant and CIT Coordinator read through the daily referral reports where they are able to obtain additional information regarding the use of health facilities and resources, with

\textsuperscript{10} Data for this analysis was pulled from CAMIN on 4/27/2015. Data illustrated above may change slightly due to the updating of records. Forty-one cases were excluded due to missing call data information.

\textbf{Mental Health Cared For}
A report is coded as Mental Health Cared For when:
- \textit{Peace Officer Custody of an Allegedly Mentally Ill Person} paperwork is received. This report indicates the person was taken to a hospital.
- The person is placed on a Director’s Custody.
- Any other reason an officer is documenting the involuntary transport of a subject to the hospital due to mental health issues.

In Oregon, police officers and/or mental health professionals can take a person into custody (police) or direct police to take a person into custody (mental health providers) who are a danger to themselves or others.

\textbf{Mental Health/Emotional Assistance Rendered}
A report is coded as Mental/Emotional Assistance Rendered when:
- If the person is taken to a treatment facility or hospital; or
- Any voluntary transport (without a Peace Officer or Director’s Custody).

\textsuperscript{11} This count represents the amount of these calls where an ECIT officer responded. The ECIT officer may or may not have been responding as an “ECIT officer” and the call may or may not have met the criteria for being an ECIT call.
some further information that pertains to the context in which the facilities are being referred or utilized. For the most part, they found facilities and resources being properly utilized. There were a few cases that were getting referred to the BHU’s Electronic Referral System where contacting Project Respond would have been a better fit. The BHU Sergeant followed up with the officers in these cases and those situations no longer continued.

**Strategies for Reinforcing this Training Objective**

In 2014, the Behavioral Health Unit and the Chief’s Office continued to reinforce the utilization of health facilities and community based mental health services. Below are some examples of this work:

- In 2014, the BHU continued to publish the monthly Behavioral Health Unit Newsletter which highlighted several case studies where officers utilized health facilities and mental health services during calls involving a behavioral health crisis.

- In February of 2014, Sergeant McCormick met with officers during roll call to discuss and answer questions regarding the utilization of ECIT officers. Within this discussion, he talked about the role of ECIT officers, which included being a connector to resources pertaining to mental health and utilizing the Behavioral Health Unit referral process. These were held at each precinct and shift, although some pre-relief roll calls were missed. The majority of patrol officers were in attendance during these roll calls.

- The Behavioral Health Unit created a roll call video on the services that the Early Assessment & Support Alliance provides for teens and young adults and how to refer to their services. This video was distributed to all Portland Police Bureau members on March 30, 2015. At the time of this report, there were 374 views.

- In July of 2014, the Portland Police Bureau enacted a new directive, 850.20, which includes evaluating the need for assistance from individuals who are specialized in mental illness or crisis situations, such as community crisis mental health personnel. The directive also states that potential dispositions for calls involving a person in crisis include the use of mental health services such as: 1) referring someone to a mental health agency, crisis hotline, or other related service agencies, 2) consulting with a mental health professional, and 3) transporting a person to a mental health or medical facility for voluntary care.

- In the Fall of 2014, the Training Division added an Advanced Academy class to provide new recruits with additional information on the structure of the Behavioral Health Unit, the role of ECIT officers, the BHU Electronic Referral System, and other mental health resources. A similar class was also added into the Reserve Officer training program in 2014.

- The Behavioral Health Unit delivered four trainings to the Bureau of Emergency Communications between the dates of October 20th to November 8th, 2014. The goal of these trainings was to increase understanding of the organization and mission of the
Behavioral Health Unit, in order to dispatch ECIT and Behavioral Health Resource Team resources to the appropriate police calls.

**ECIT Officers Effectively Utilizing Disengagement and Other Techniques for Promoting De-escalation**

The utilization of techniques related to disengagement and increasing the likelihood of de-escalation is also a central component of the ECIT program. The effectiveness of these techniques varies widely on individual factors, situational factors, and the intersection of these various characteristics, which often cannot be predicted. One of the goals of the ECIT program is to resolve calls involving a behavioral health crisis with as little reliance on force as practical. One of the strategies to support this is providing officers additional training in communication and other skills that may promote de-escalation in crisis situations.

Like the utilization of health services, effectively utilizing disengagement techniques and skills that promote de-escalation can vary greatly among individuals and circumstances. Therefore the Behavioral Health Unit utilizes multiple methods in order to best capture how often ECIT officers are employing these techniques and assessing the related decision making process. The use of disengagement and de-escalation for ECIT calls was not being collected until 2015, except in report narratives. This data will become more accessible for future reports, due to the new form for ECIT calls described above. This data will provide counts on the following disengagement techniques: non-engagement, disengagement, delaying custody as well as for de-escalate.

Since part of the motivation for promoting techniques related to de-escalation and disengagement involves concerns about force, the Behavioral Health Unit also examines force usage pertaining to ECIT calls. It is the expectation that officers will have encounters which necessitate the use of force, including during ECIT calls. However, out of the 609 ECIT dispatched calls in 2014, only one involved force. The force in this case entailed the pointing of a firearm, no physical force was applied. A future increase or decrease in force during ECIT calls alone does not necessarily reflect a failure or success of the ECIT program. The ECIT program and related call coding is new, therefore, there are no data available prior to the beginning of this program for comparison. However, at this level of the training evaluation process, the purpose is to monitor job outcomes to see whether they are in-line with the training and organizational goals, and make reinforcements if needed. These findings were supportive and presented no identified concerns.

**Monitoring Sources and Current Results**

In 2014, the Behavioral Health Unit had one system in place for continually monitoring the use of techniques pertaining to disengagement and de-escalation. As noted above, the BHU established an additional measurement system in 2015, to better capture the utilization of these techniques during ECIT calls.
In 2014, the BHU Sergeant and CIT Coordinator read through the daily referral reports where they were able to obtain some information regarding the utilization of techniques related to disengagement and de-escalation. From the information provided in these reports, it appears that the officers are employing these skills and the BHU has seen an increase in the utilization of disengagement techniques. The BHU noted that they sometimes find the documentation of the plan following a disengagement strategy could be more detailed. The BHU is working with the Patrol Tactics Lead Instructors for future training in regards to the follow-up plans related to disengagement techniques.

**Strategies for Reinforcing this Training Objective**

In 2014, the Behavioral Health Unit and the Chief's Office continued to reinforce the utilization of techniques related to disengagement and de-escalation. Below are some examples of this work:

- In 2014, the BHU continued to publish the monthly newsletter which highlighted several case studies where the use of de-escalation and disengagement techniques were used successfully in a call involving a behavioral health crisis.

- In February of 2014, Sergeant McCormick met with officers during roll call to discuss and answer questions regarding the utilization of ECIT officers. Within this discussion, he talked about the main roles of ECIT and their three primary roles which included being a resource on intelligence gathering and specific communication techniques that can help de-escalate a person in crisis. These were held at each precinct and shift, although some pre-relief roll calls were missed. The majority of patrol officers were in attendance during these roll calls.

- In July of 2014, the Portland Police Bureau enacted a new directive, 850.20, which includes the goal of de-escalating situations safely when practical, and the use of non-engagement, disengagement, and delaying custody under certain circumstances to reduce safety risks.

- In September 2014, a discussion on disengagement was led at the ECIT Internal Advisory Council. The discussion included disengagement “walk-aways”, which was new terminology included in the new mental health directive, the trend of using disengagement, and documenting the safety/follow-up plan. There was feedback from the council that, overall, disengagement as a tactic was being used more often.

**ECIT Officers Utilizing the BHU Electronic Referral System**

The BHU’s Electronic Referral System (BERS), allows any member of the Police Bureau to make mental health referrals to the Behavioral Health Unit. The BERS captures pertinent information regarding an individual’s mental and behavioral health status and history collected from police officers, citizens and care providers. These referrals are prioritized and followed up by the Behavioral Health Response Teams.
Although BERS is only a small component of the ECIT training, the utilization of the BERS is considered a critical component of achieving organizational goals associated with the ECIT program.

**Monitoring Sources and Current Results**
In 2014, the Behavioral Health Unit continually monitoring the use of this system and reviewed the daily intake of referrals.

The following information will illustrate the Utilization of BERS by ECIT officers. Utilization can be defined as a referral to the BHU, a note of information about an individual’s mental and behavioral health status and history collected from police officers, citizens and care providers.

*The main findings in 2014 were:*  
- For 2014, there were a total of 2,222 documented notes within the BERS system.  
- Approximately 32 percent (N=715) were by an ECIT Officer. Of the 32 percent, approximately 12 percent (N=272) worked outside of the Behavioral Health Unit\(^\text{12}\).  
- Since January 1, 2013, 440 officers have utilized the BERS system at least once\(^\text{13}\). In 2013, 153 officers had utilized the BERS system and in 2014, 353 officers utilized the BERS system\(^\text{14}\).

<table>
<thead>
<tr>
<th>2014 Utilization Counts of BHU Electronic Referral System (BERS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by an ECIT Officer</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The Behavioral Health Unit reported no concerns with the quality or quantity of the referrals being made. It appears that the system is currently working well for them.

*Strategies for Reinforcing this Training Objective*
Fewer resources have been spent reinforcing this learning objective, however, in 2014 the Behavioral Health Unit did facilitate a discussion at the March 19\(^\text{th}\) ECIT Internal Advisory

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\(^{12}\) It must be noted that in September and November of 2014, two ECIT officers who previously did not work within the BHU, were hired as Behavioral Health Response Team Officers in the unit. Because this transition occurred late in the year, they were included in this cohort.  

\(^{13}\) Count as of May 11, 2015.  

\(^{14}\) In 2013 there were 546 authorized officer positions in the Operations Branch and in 2014 there were 511 authorized officer positions under this branch. The Operations Branch includes Central, East, and North Precincts; Traffic and Transit Units; and Youth Services. This includes the primary officers working the streets.
Council meeting to obtain feedback regarding how the system seems to be working. It appeared to be working well. The only request was to receive bi-weekly email updates on the current people the BHU were following up with. These emails provide officers with pertinent information and instructions that may be helpful if officers come into contact with the described individual during patrol. The BHU fulfilled this request.

**BHU Feedback Summary**

In summary, the purpose of this component of the evaluation process is for monitoring and reinforcing the training objectives that are believed to have the most impact on achieving the related organizational goal(s). The methods for monitoring, at this level, are purposely chosen to naturally fit into the workflow of the organization in order to increase sustainability. The methods for reinforcing training objectives are dependent on what information is discovered during the monitoring process and the most effective, and sometimes practical, method of delivery. This system strengthens alignment between the training event and the rest of the organization, increases the likelihood of job application of the training materials, provides support to employees, and allows the organization to identify areas for program improvement and adjustments if needed.

In 2014, the Behavioral Health Unit staff monitored the utilization of health facilities and mental health resources, techniques related to disengagement and de-escalation, and the Behavioral Health Unit’s Electronic Referral System. The program coordinators and analyst found all three of these core training objectives were being effectively employed on the job and, in some cases, the utilization of these techniques and resources increasing over time. This was the case for ECIT and non-ECIT officers, though it would appear that the frequency of some of these resources is greater among ECIT officers. This may be related to receiving more training pertaining to these topics or it may be due to various other factors, such as ECIT officers responding to certain call types at a greater frequency. The program coordinators were also able to identify areas where additional learning was needed for increasing the effectiveness of utilizing these techniques and resources.

The Behavioral Health Unit program coordinators and analyst established an additional data collection system in 2015 that will provide more detailed information regarding the use of the above skills and resources during ECIT calls. This system will be particularly beneficial for monitoring how often techniques related to disengagement and de-escalation are being employed during ECIT calls, and more accurate data pertaining to the utilization of mental health resources during ECIT calls.
FUTURE TRAINING NEEDS

The follow-up surveys which were delivered to training participants several months after the 2013 and 2014 ECIT trainings included two open-ended questions regarding their future ECIT training needs. The results from both the 2013 and 2014 survey are included here since ECIT follow-up trainings will apply to both groups.

How often do you think ECIT officers should be offered follow-up trainings on behavioral health issues? Please feel free to include how many days of training you would recommend.

Findings for the 2013 ECIT training participants
Eleven of the fourteen officers provided information pertaining to this question. Ten of them expressed an interest in having a follow-up training for ECIT officers (or an “ECIT In-Service”) at least once a year, six mentioned twice a year or more, and one suggested offering a training every other year. In addition, one person mentioned a follow-up training should be conducted “when pertinent information exists in the mental health or legal field which can benefit officers and cannot be appropriately disseminated through other means”.

A couple of other people commented on how important these follow-up trainings are “to ensure a cohesive and correlated effort throughout the Bureau” and to ensure officers do not fall behind with evolving behavioral health issues, resources and communication tools.

Findings for the 2014 ECIT training participants
Fifteen of the seventeen officers provided responses to this question, with all of them expressing an interest in additional training. Twelve of them expressed an interest in having follow-up training for ECIT officers at least once a year, one wrote twice a year, one mentioned two to four times a year, one suggested four times a year, and one recommended once every other year.

Eight of the respondents provided some suggestions regarding the length of training. Five of the officers suggested one training day, one mentioned a day or two, one wrote two days, and one recommended four hours.

In addition, a few people commented on what they would like to see in future trainings and one person suggested email updates for information pertaining to resource changes. Most of those who responded appeared to desire more training opportunities. One person noted that they currently have a work assignment where they do not have the opportunity to utilize some of the skills/knowledge on a frequent basis, such as connecting people to resources.
What topics would you like to see in future trainings for ECIT officers?

Findings for the 2013 ECIT training participants
Five of the fourteen officers responded to this question. Their suggestions for future training topics were:

- Additional training in negotiations and the Crisis Negotiation Team (CNT), including pre-CNT/SERT arrival (to better understand how to assist responding resources) such as a CNT implementation checklist.
- Active listening and de-escalation tools and strategies.
- More on resources and alternatives to hospitals.
- A walk-through of partnering systems such as the Bureau of Emergency Communication (BOEC) and Behavioral Health Unit (BHU), to see what they do. Do a ride along with an Involuntary Commitment Program (ICP) staff person during a follow-up.
- Specifics on what common medications are associated with which diagnoses.
- How to better integrate with the mental health community and learning the mental health community’s communication strategies and philosophy.

Findings for the 2014 ECIT training participants
Nine of the seventeen respondents provided future training suggestions in response to this question or the previous question. Their future training suggestions were:

- Training specific to juveniles and mental health.
- More scenario based training.
- Multi-law enforcement training in regards to mental health calls, working with other agencies.
- More on resources, including how to refer people to programs, depth about resources, and additional site visits.
- The utilization of actual incidents that we have responded to.
- Updates on systems, program expectations, reference materials, and any new trends that the ECIT coordinators are noticing.
- Opportunities for feedback on what things are working or not working well and the ECIT needs.
CONCLUSION

The Enhanced Crisis Intervention Team training program evaluation process examines multiple levels of outcomes surrounding the training event itself, on-the-job application, and organizational goals. The main purpose of this process is for refining the training event itself, identifying areas where on-the-job support or reinforcing would be beneficial, and ensuring that the ECIT program as a whole is contributing to the organizational mission. To date, the evaluation process has focused on the training event itself and on-the-job application. Within this process, however, it has been clear that many of the outcomes of the ECIT calls are in-line with the organizational goals. It is within the ECIT training evaluation plan to more thoroughly examine the extent to which the organizational goals related to this program are being achieved.

Training Event and Student Learning

Taken as a whole, the evaluation results to date would suggest that the Enhanced Crisis Intervention Team training event is effective. Ultimately, the students were satisfied, engaged, found the training relevant, and gained in knowledge, skills and confidence in core learning objectives for this program. There were no sections of the training program identified to be failing to meet the students’ needs. As expected during any training evaluation process, there were areas of the training that were identified for strengthening, to further increase student engagement and for meeting the officers’ training needs. The program coordinators and some of the instructors are working on reviewing curriculum, along with the feedback and learning assessment results, to strategically reinforce these areas prior to the next ECIT training.

On the Job Application

To date, the feedback from ECIT officers and the Enhanced Crisis Intervention Team Advisory Council, and the analyses from the Behavioral Health Unit, demonstrate the utilization of the ECIT program and several of the main learning objectives.

Several months after the training, the training participants self-reported greater knowledge regarding individuals experiencing a behavioral health crisis, more confidence in ability to handle situations involving a behavioral health crisis, and increased ability to effectively engage with family members and/or care providers during a mental health crisis. They also reported utilizing the mental health facilities used as site visits in the training, regularly responding to ECIT calls, and finding the training beneficial in responding to suicide calls.

The Behavioral Health Unit monitors the utilization of health facilities and community based mental health services, techniques related to disengagement and de-escalation, and the Behavioral Health Unit’s Electronic Referral System. Their findings further demonstrate that these services and techniques are being utilized. For instance, they found that in 2014, Portland Police Officers handled a minimum of 1,274 transports related to calls involving a mental health component and 2,222 referrals were entered into the BHU’s Electronic Referral System. They also found a small
percentage of ECIT calls resulting in arrests and use of force. Of the 609 ECIT dispatched calls from May 10th to December 31st, 2014, 40 resulted in a physical arrest, 3 resulted in a cite-in-lieu arrest, and one case involved force (which entailed the pointing of a firearm, no physical force was applied)\(^{15}\). By monitoring the utilization of these training objectives on a regular basis, the BHU has been able to identify areas where improvements in utilization can be made in a timely manner, provide corrective follow-up as needed, and help address system barriers.

These measures and the others represented in this report do not capture the full utilization of the training objectives. However, they do confirm that the training skills and knowledge are being utilized on the job and provide some indication of how frequently during some call types. These measures are intended to ensure that training objectives are being utilized and reinforced on the job, and to identify areas for system improvements. They are not intended to be an exact measurement of how much the training event itself contributed to these outcomes. Overall, the feedback suggests that the ECIT training event is contributing to the desired outcomes; however, it is likely a combination of factors that are contributing to these outcomes. This should not be viewed as a shortcoming, as relying on training events alone to meet organizational goals is typically an ineffective approach\(^{16}\). It is when there is alignment in training, supervision, and other organizational systems, that desired organizational outcomes are best achieved.

**Leading Indicators and Obtaining Organizational Goals**

The data collected through the Behavioral Health Unit to monitor the utilization of training objectives also serve as some of the leading indicators that the Bureau is on track for meeting their organizational goals (assuming that the objectives have properly been identified). In addition to these measurements, the ECIT training evaluation plan includes feedback from Project Respond workers, additional analyses of use of force data, officer and subject injury data, further feedback from ECIT and non-ECIT officers, and a feedback survey of those working in local mental health facilities. At the time of this report, this work has not been completed. Some of these measurements are in progress and others will be conducted as staffing capacity allows.

**Future Training Needs**

In addition to identifying ways for strengthening the training program and assessing on the job application of the training objectives, the evaluation process has directly and indirectly captured information for future training planning. In regards to follow-up trainings for ECIT officers, most of the ECIT officer survey respondents expressed the need for at least a yearly training for ECIT officers. They also provided many topics of interest which included, but are not limited to,

\(^{15}\) It is important to note that these counts are not intended to reflect exact program expectations. It is the expectation that officers will have encounters which necessitate the use of force and arrest, including during ECIT calls. These counts may vary from year to year based on many factors, such as the quantity of ECIT calls. However, some of the concerns driving the ECIT program involve force and ensuring that mental health services are being utilized in lieu of jail when appropriate and possible. Therefore, these outcomes are important and monitored, but need to be reviewed within the context of the call for interpreting their relation to program successes or failures.

additional Crisis Negotiation Team training, de-escalation tools and strategies, juveniles and mental health, and additional training on the utilization of various services pertaining to mental health.

The evaluation information is also being utilized to help determine future training needs pertaining to the ECIT program for non-ECIT officers. For instance, a few sources of information indicated that there appears to still be some confusion as to the role of ECIT officers and how best to utilize them to support officers and sergeants during a call. The program coordinators, some of the instructors, and the Supervisor’s In-service Lieutenant are currently discussing potential curriculum options for the next Supervisor’s In-service.
# APPENDIX A: 2014 ECIT TRAINING INITIAL DAILY SURVEY QUESTIONS

## Day One Survey Questions

Please mark your level of agreement with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
</tr>
</tbody>
</table>

### 1. The following class sessions were a good use of my training time:

<table>
<thead>
<tr>
<th>Class Session</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECIT Dispatch Protocols and Referral Process</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>History of Mental Health Treatment: <em>Dr. Gerritsen’s Section</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><em>Peers and the Peer Recovery Movement Section</em></td>
<td>1</td>
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<td>6</td>
</tr>
<tr>
<td>Family Member Panel Discussion</td>
<td>1</td>
<td>2</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>NAMI</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Consumer Panel Discussion</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
</tr>
<tr>
<td>EASA</td>
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<td>2</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Criminal Justice System and MIO</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>ECIT Resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### 2. The following class sessions *expanded upon my previous knowledge base* regarding individuals experiencing a behavioral health crisis or resources related to behavioral health:

<table>
<thead>
<tr>
<th>Class Session</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECIT Dispatch Protocols and Referral Process</td>
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<td><em>Peers and the Peer Recovery Movement Section</em></td>
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<td>NAMI</td>
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</tr>
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<td>Consumer Panel Discussion</td>
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<td>6</td>
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<tr>
<td>EASA</td>
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<td>6</td>
</tr>
<tr>
<td>Criminal Justice System and MIO</td>
<td>1</td>
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<td>6</td>
</tr>
<tr>
<td>ECIT Resources</td>
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<td>6</td>
</tr>
</tbody>
</table>
We would like to get some specific feedback regarding a few of the classes:

<table>
<thead>
<tr>
<th>Family Member Panel</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. This section of the training gave me a greater understanding of the challenges</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>families have when a member has a mental illness.</td>
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<td>2</td>
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<td>4</td>
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<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consumer Panel Discussion</th>
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</thead>
<tbody>
<tr>
<td>4. This section of the training gave me a greater understanding of how mental</td>
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</tr>
<tr>
<td>health issues can be overcome.</td>
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<td>2</td>
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<td>6</td>
</tr>
<tr>
<td>5. It would have been helpful to have more people on the panel to represent a</td>
<td></td>
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</tr>
<tr>
<td>greater variety of challenges related to mental health.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. What was the most valuable thing that you learned from the Family Member and</td>
<td></td>
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</tr>
<tr>
<td>Consumer Panel Discussions?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Criminal Justice System and MIO</th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. I have a clear understanding of the process for referring offenders to the</td>
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</tr>
<tr>
<td>Forensic Diversion program.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Please feel free to provide any additional comments for improving this training here:
## Day Two Survey Questions

Please mark your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>1. The following class sessions were a good use of my training time:</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination Team Overview (with Billy Kemmer, Tuesday afternoon)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Mental Status Indicators</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Mental Health Risk Assessment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Suicide Intervention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Mental Health Facilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. The following class sessions expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis or resources related to behavioral health:</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination Team Overview (with Billy Kemmer, Tuesday afternoon)</td>
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<td>2</td>
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<tr>
<td>Mental Status Indicators</td>
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<td>6</td>
</tr>
<tr>
<td>Mental Health Risk Assessment</td>
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<td>2</td>
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<td>6</td>
</tr>
<tr>
<td>Suicide Intervention</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Mental Health Facilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

We would like to get some specific feedback regarding a couple of the classes:

### Suicide Intervention Class

<table>
<thead>
<tr>
<th>3. I believe that the material covered during this class will increase my effectiveness interacting with people who are suicidal.</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Brainstorming and discussing responses to potentially suicidal statements was a valuable exercise for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Continued:

<table>
<thead>
<tr>
<th>Mental Health Threat Assessment</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. The case studies were helpful for practicing the practical application of the threat assessment matrix.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. I feel confident that I will be able to apply the threat assessment matrix on the job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

7. What suggestions do you have for increasing the relevancy of the mental health risk assessment class for officers?

Please feel free to provide any additional comments for improving this training here:
Day Three Survey Questions

Crisis Response Training Day with Sergeant Troy King

Please mark your level of agreement with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The following Crisis Response training sessions were a good use of my training time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overcoming Adversity Video</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>The Parallels Between CNT and ECIT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>The Big Picture (step back, slow down, be skeptical)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Crisis Communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Intelligence Gathering (intelligence gathering and verification)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Tools and Techniques (for locating, contacting and convincing a person)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Information on BOEC Capabilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Verbal Containment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Form Your Team (setting up a mini CNT model)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>St. John’s Debrief on a Suicidal Person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. This training day enhanced my:</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>De-escalation Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Intelligence Gathering Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Confidence in de-escalating people who are in a behavioral health crisis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Confidence in effectively managing situations involving people in a behavioral health crisis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Understanding of how I can assist on calls as an ECIT officer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
We would like to get some more specific feedback on a few of the Crisis Response class sessions:

<table>
<thead>
<tr>
<th>The Parallels Between CNT and ECIT</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. I found the CNT model helpful for framing my response as an ECIT officer.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Big Picture (step back, slow down, be skeptical)</th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Assisting the on scene police officers with maintaining a broad view of a situation is a role I can envision doing.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Form Your Team (Setting up negotiation cell)</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>6. I have a clear understanding of how to set up a negotiation cell that includes a communicator, coach and intelligence gatherer.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7. I can envision assisting in the role of a coach during a behavioral health crisis call.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>St. John’s Debrief on a Suicidal Person</th>
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</tr>
</thead>
<tbody>
<tr>
<td>8. I found the St. John’s debrief helpful for framing my role as an ECIT officer.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Did you find any of the Crisis Response class sessions too basic for your training needs? Yes / No**
If yes, please provide more information about that here:

If you need to clarify any of your responses above or have suggestions for improving this training day, please feel free to provide further information here:
## Day Four Survey Questions

**Patrol Tactics Training Day**

Please mark your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The following Patrol Tactics training sessions were a good use of my training time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom on Behavioral Crisis Calls Tactical Options</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Lukus Glenn Table Top Exercise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Scenario Training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. The following Patrol Tactics training sessions expanded upon my previous knowledge base regarding responding to calls involving a behavioral health crisis:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom on Behavioral Crisis Calls Tactical Options</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Lukus Glenn Table Top Exercise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Scenario Training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. This training day enhanced my:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>De-escalation Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Ability to appropriately weigh the totality of the circumstances related to behavioral health crises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Confidence in effectively managing situations involving people in a behavioral health crisis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. The facts of the scenarios were plausible.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. I found the scenarios appropriately challenging.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. I learned a lot from watching others go through the scenarios and debriefs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7. A critical scenario was missed and should be included in future trainings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
8. If you need to clarify any of your responses above or have suggestions for improving this training day (including scenario ideas), please feel free to provide further explanation here:

General Questions Regarding the ECIT Training:

9. Why did you apply to receive E-CIT training? (Choose all that apply)
   a. Professional development in managing situations which involve a mental health crisis.
   b. The training will enhance my promotional opportunities.
   c. I am interested in learning about mental health.
   d. I respond to calls involving mental health crises anyway and I want to be as successful as possible during these calls.
   e. I have a family member, friend, or associate with a mental illness and I find that learning more about mental health issues increases my ability to interact with them.
   f. Other (please specify): _______________________

10. What do you think is the ideal class size for the ECIT training?
    15 - 20  21-25  26 - 30  31 - 35  36 - 40  I don't know  I don't think the class size matters

11. How often do you think ECIT officers should be offered follow-up trainings on behavioral health issues?

12. What topics would you like to see covered in future trainings for ECIT officers?
APPENDIX B: BHU ADVISORY COMMITTEE RECOMMENDATIONS

To: Lieutenant Cliff Bacigalupi  
Portland Police Bureau, Behavioral Health Unit

Captain Mike Marshman  
Portland Police Bureau, DOJ Compliance Coordinator

Compliance Officer Community Liaison COCL

Chief Ken Johnson  
Fairview Police Department / Chair, BOEC User Board

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

On: July 8, 2014

Re: 2014 Enhanced Crisis Intervention Team Training Recommendations

As part of our mission and as described by our bylaws, the Behavioral Health Unit Advisory Committee (BHUAC) will provide recommendations regarding the Enhanced Crisis Intervention Team (ECIT) Training. As we did in the previous year, members of the BHUAC attended and/or presented at the May 2014 ECIT Training. Once again, it was an incredible experience, and we are honored to be a part of the process. On the whole, the BHUAC was greatly encouraged to see our recommendations from the previous training incorporated in the 2014 training updates. Additionally, we were impressed with the quality of the training and the response from the officers. Members did not believe it was necessary to spend months debriefing each class of the training but rather spent time during two regular monthly committee meetings to discuss overall reactions to the training along with specific feedback we would like to share with the Behavioral Health Unit.

Following are the formal recommendations submitted on behalf of the BHUAC to the Portland Police Bureau Behavioral Health Unit, the Compliance Officer Community Liaison and the Bureau of Emergency Communications User Board regarding the May 2014 ECIT Training.

**Recommendations to May 2014 ECIT Training**

**#1 Suicide and Psychosis**

**Committee Recommendation:** The BHUAC recommended the PPB add a class on Suicide and Psychosis for future Enhanced Crisis Intervention Team trainings.
#2 Holds

Committee Recommendation: The BHUAC recommended 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.

#3 Information on Recovery

Committee Recommendation: The BHUAC liked the new addition of the information regarding the concept of recovery and the history of the recovery movement and recommend it be included in future ECIT trainings.

#4 Information on Early Assessment and Support Alliance (EASA)

Committee Recommendation: The BHUAC liked the new addition of the EASA presentation recommend it be included in future ECIT trainings.

#5 Information on National Alliance on Mental Illness (NAMI)

Committee Recommendation: The BHUAC liked the new addition of the NAMI presentation recommend it be included in future ECIT trainings.

#6 Consumer and Family Member Panels

Committee Recommendation: The BHUAC found the consumer and family member panels benefitted from the additional time and recommend that additional time should be allotted in future ECIT trainings.

#7 Trauma Informed Care

Committee Recommendation: The BHUAC found the presentation on trauma informed care was excellent. However, in the next ECIT Training, the BHUAC recommends the addition of time for officers to reflect on their own self-care and the effect traumatic incidents have on them.
#8 Presentation Style and Format

Committee Recommendation: The BHUAC recommends more interactive teaching formats should be explored as an alternative to the standard lecture format to enhance overall and shared learning. Breaking the large group into smaller group discussions of materials presented would allow more dialogue between officers that encourages self-reflection and personal application of content. This format would value the strengths and skills officers are already using and give opportunity for officers to apply class content immediately to potential situations on the ground.

Applied learning model

#9 Seating Configuration

Committee Recommendation: The BHUAC found the large U shaped seating configuration was positive and encouraged more discussions than the standard classroom format. Members believed this group of trainees asked more questions of the presenters due to the layout of the room.

#10 Peers as Actors in Scenarios

Committee Recommendation: The BHUAC thoroughly discussed the idea of using actual peers in ECIT training scenarios. After a thoughtful discussion the committee will make no formal recommendation on peers as actors in scenario training at this time.

#11 Diversity

Committee Recommendation: The BHUAC held a robust conversation regarding the issue of diversity within the training group and the instructors. The discussion included information on seniority and the vetting process in an all-volunteer unit. Is there a recommendation here? We were asked to send any recommendations re: diversity in the trainers to Liesbeth or Amy. Please let me know if I should keep in, edit, add to, or delete.
APPENDIX C: POST-TRAINING ECIT OFFICER SURVEY QUESTIONS

Survey: ECIT 2014 Follow Up Survey August-September 2014
Enhanced Crisis Intervention Training Follow-Up and Future Needs

Thank you for participating in this survey. The survey will ask you some questions related to what you have found most helpful from the ECIT training, obstacles you are running across in the field with the ECIT program, and what you would like to see in future trainings.

The survey is anonymous and will allow you to skip any questions you do not want to answer.

The information will be used to make the ECIT program more efficient and to make the best use of your training time. The survey takes approximately 5 to 7 minutes.

Please mark your level of agreement or disagreement with the following statements:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ECIT training expanded upon my previous knowledge base regarding individuals experiencing a behavioral health crisis.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Since the ECIT training, I feel more confident in my ability to handle situations involving people in a behavioral health crisis.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The ECIT training has improved my ability to effectively engage with family members and/or care providers during a mental health crisis.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

What aspects of this training have you found to be the most useful as you returned to patrol? (Choose all that apply)
- ☐ Communications / de-escalation training
- ☐ Group discussions with consumers
- ☐ Risk assessment training (e.g. analyze dispatch calls, key questions and continuous assessment)
- ☐ Site visits
- ☐ Systems information (e.g. information about mental health systems such as resources, crisis system map, mental health court, etc.)
- ☐ Tactical training (e.g. disengagement, developing a plan, determine safe time, place and location)
- ☐ All of the above (roughly equal in value)
- ☐ Other

In hindsight, I have found that the site visits were productive.
- ☐ Yes
- ☐ No

Please mark which site visits you attended during the ECIT training, which ones you have taken someone
to since the training, which ones you have referred someone to since the training, and which ones you thought were helpful to learn about.

<table>
<thead>
<tr>
<th></th>
<th>Attended this site visit</th>
<th>Brought someone to site</th>
<th>Referred someone to site</th>
<th>Helpful to learn about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cascadia Urgent Walk In Clinic</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Faulkner Place</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Golden West</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lines for Life</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Multnomah County Crisis Line</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>North Star (NAMI)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you did not find the site visits helpful or you have experienced obstacles in utilizing these site visits as a resource, please provide more information here:

Please mark your level of agreement or disagreement with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>My supervisor(s) are very supportive of the ECIT program.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My supervisor(s) allow me the needed time and resources to implement the ECIT training.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My peers are very supportive of the ECIT program.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Most officers understand the role of the ECIT officers and what services they provide.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Approximately how often are you responding to calls as an ECIT officer under the following circumstances?

<table>
<thead>
<tr>
<th></th>
<th>More than twice per day</th>
<th>Daily</th>
<th>At least 5 times a week</th>
<th>At least twice per week</th>
<th>Once a week</th>
<th>A couple times a month</th>
<th>Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispatched as an ECIT officer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Another officer requested an ECIT officer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Self-initiated response as an ECIT officer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

When I attend a call as an ECIT officer, there is confusion as to whether I or the primary officer should lead the call.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
I am reluctant to respond to a call as an ECIT officer without being requested.

I am reluctant to respond to these calls because (Select all that apply):
- The officers already present may not be familiar with the ECIT program.
- The officers already present may not be supportive of the ECIT program.
- The officers already present may feel insulted by an ECIT officer showing up to the call.
- I do not want to encroach on district integrity.

I have responded to calls related to suicide since I attended the ECIT training.
- Yes
- No

Please mark your level of agreement or disagreement with the following statements:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found the information presented during the suicide intervention class helpful in responding to at least one of these calls.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The suicide scenario provided during the training was a helpful exercise for responding to at least one of these calls.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide feedback regarding any obstacles you are facing with the ECIT program in the field and any suggestions you have for making the process of responding to calls related to mental health crises more efficient:

How often do you think ECIT officers should be offered follow-up trainings on behavioral health issues? Please feel free to include how many days of training you would recommend.

What topics would you like to see in future trainings for ECIT officers?
## APPENDIX D: ECIT CALL REPORT FORM

If a General Offense (G.O.) report is completed, only fill out the items with an asterisk (*). If a G.O. is not completed, please fill out the entire template.

### Enhanced Crisis Intervention Team (ECIT) Template

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Cad Number</td>
<td></td>
</tr>
<tr>
<td>*Associated Case Number (if Any):</td>
<td></td>
</tr>
<tr>
<td>*Role on Call</td>
<td>□ Primary □ Assist/Consult □ Other:</td>
</tr>
<tr>
<td>*Supervisor On-Scene</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>*Mental Health Professional Respond to Incident</td>
<td>□ Yes: Which_ □ No</td>
</tr>
<tr>
<td>*Mental Health Professional Contacted Subject as a Result of the Incident</td>
<td>□ Yes: Which_ □ No □ Unknown</td>
</tr>
<tr>
<td>*Disposition of Call</td>
<td>□ J □ F □ I □ G □ Z □ X □ A □ B</td>
</tr>
<tr>
<td>*U.S Military Veteran</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>*Mental Health Crisis Response per Directive 850.20</td>
<td>□ Custody/Arrest □ Non-Engagement □ Disengagement □ Delaying Custody □ De-Escalate □ Elope □ N/A</td>
</tr>
<tr>
<td>*Use of Force Incident</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Subject’s Name (Last, First, Middle)</td>
<td></td>
</tr>
<tr>
<td>Subject’s Last Known Address</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>□ Male □ Female □ Unknown</td>
</tr>
<tr>
<td>Race</td>
<td>□ African American/Black □ Asian □ Hispanic □ White □ Other</td>
</tr>
<tr>
<td>Complainant’s Name (Last, First, Middle)</td>
<td></td>
</tr>
<tr>
<td>Complainant’s Last Known Address</td>
<td></td>
</tr>
<tr>
<td>Precinct of Incident</td>
<td>□ Central □ East □ North □ Other</td>
</tr>
<tr>
<td>Location/Address of Incident</td>
<td></td>
</tr>
<tr>
<td>Was Subject Armed</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Type of Weapon</td>
<td>□ Firearm □ Knife □ Other:</td>
</tr>
<tr>
<td>Injury to Officer, Subject, or Others During Incident (if Yes, and No G.O. is completed, please include pertinent information in Narrative Section)</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Brief Narrative of the Incident If Not Referred In Associated G.O Report (Print)**

(Use back of sheet if more room is needed)

**Reporting Officer (Print) and DPSST:**

**Supervisor Signature and DPSST:**

□ CE □ EA □ NO □ Other