

# **Behavioral Health Unit (BHU)**

## **Overview**

The Portland Police Bureau's (PPB) Behavioral Health Unit's (BHU) mission is to coordinate the response of Law Enforcement and the Behavioral Health System to aid people in behavioral crisis resulting from known or suspected mental illness and/or drug and alcohol addiction.

The BHU is a part of the Community Services Division, which is under the umbrella of the Chief's Office, oversees the four tiers of PPB's multi-layered police response to individuals with mental illness or in behavioral crisis. These layers include:

- The core competency of Crisis Intervention Training for all patrol officers
- The Enhanced Crisis Intervention Team, a group of volunteer officers that respond to mental health crisis calls.
- The proactive Behavioral Health Response Teams (BHRT); and
- The Service Coordination Team

As primary responders to crisis calls, all Portland Police Bureau officers receive basic Mental Health Response Training/Crisis Intervention Training, as well as annual mental health refresher training.

In addition, the Bureau has volunteer officers from a variety of patrol assignments on the Enhanced Crisis Intervention Team (ECIT). These officers respond to crisis calls that are determined to be related to an individual with mental illness. ECIT officers receive additional training in order to; identify risks during a behavioral crisis, utilize crisis communication techniques to help deescalate a person in crisis, and have knowledge of available community resources.

Behavioral Health Response Teams (BHRT) pair a patrol officer and a qualified mental health professional from Cascadia Project Respond. The Portland Police Bureau has three BHRT teams. The officers and mental health professionals work proactively with individuals who have a mental illness and are identified as having multiple or high-risk contacts with police. The BHRT cars teams work to connect individuals to appropriate community resources in order to reduce their frequency of contact with police. Referrals to the BHRT cars teams are made through from patrol officers throughout the agency.

The mission of the Service Coordination Team is to improve public safety, reinforce community livability and increase quality of life by coordinating law enforcement, criminal justice, and resources for individuals who are chronically in and out of the criminal justice system. The SCT Program offers housing, treatment, and robust services to address the underlying root causes of police contact and to help break the entrenched cycle of addiction and criminality.

## **Outcomes Associated with police officers with Mental Health Response Training/CIT Training**

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All officers who work for the Portland Police Bureau receive 40 hours of Mental Health Response Training/CIT Training. **About 8% of all calls service involve a mental health component<sup>1</sup>.**

In its most recent report to the Portland Police Bureau, The Department of Justice (DOJ) found<sup>2</sup> that Force has remained low in relation to encounters involving an actual or perceived mental health component (0.9 percent of the calls). In addition, most often force is described as a Category 4 force incident, the lowest level of force, defined as not reasonably likely to result in physical injury. Category 2 and 3 force incidents, which includes the use of ECWs or Tasers, are used in just one-fourth of one percent of encounters).

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<sup>1</sup> It must be noted that there are various calls that do not warrant an indication of if mental health was confirmed on the call

<sup>2</sup> <https://beta.documentcloud.org/documents/20476946-dojcomplianceport21121>

## **Outcomes Associated with Behavioral Health Response Teams (BHRTs)**

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To gauge the effectiveness and efficiency of the work being produced within the unit, BHU utilizes several Key Performance Indicators (KPIs), to ensure the BHU is adhering to its mission. One of the KPIs BHU utilizes are outcomes facilitated by the BHRTs that involve some sort of behavioral health system coordination.

When looking at these associated outcomes, the BHU can report **that approximately 50% of all outcomes facilitated by the BHRTs are due to this behavioral health system coordination**. This coordination can include connecting an individual to services, the individual becoming involved in the civil commitment, or coordinating with other systems partners. The BHU postulates that this may illustrate BHU's reliance on community partners. Further, this may highlight how PPB is working with non-traditional partners to solve non-traditional policing issues with non-traditional responses.

Another goal of the BHU is to reduce the amount of police contacts individuals are having with law enforcement. To examine if the BHU is achieving this goal, the BHU compares police contact one year before BHU intervention (being assigned to a BHRT caseload) to police contact one year after BHU intervention.

This quasi-experimental pre/posttest design illustrates that for those persons that have a police contact history and have reached a BHRT outcome in 2019, there was a **44% reduction in total contacts when looking at police contact history one year before BHRT intervention, compared to the police contact history one year after BHRT intervention**. There was also a **19% reduction in average arrests per person associated with BHRT intervention**. In addition, BHRT intervention is associated in a **36% reduction in police officer holds and or director custodies** and a **60% reduction in mental health related contacts** of those who were assigned to the BHRT caseload.

To corroborate these pre/posttest outcomes, the BHU had an independent analysis facilitated to verify these results. This independent analysis indicated that **BHRT intervention is associated with reduced arrests/custodies for the following year and in the absence of a more sophisticated evaluation design (with control groups), the findings are suggestive of a positive impact**. Which is to say, **BHRT follow-up coordination is working as intended in providing secondary services to community members with mental health concerns**.

In summary, when looking at KPIs associated with BHRT outcomes, it seems as though BHU's efforts are aligned with the Unit's priorities and intended results, and BHU is achieving its desired goals.

## **Outcomes Associated with Enhanced Crisis Intervention Team (BHRT)**

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The ECIT team operates as a detached part of the BHU, though ECIT officers are not relieved of regular patrol duties. The Portland Police Bureau has approximately 150 ECIT officers. These patrol officers have received at least 80 hours of mental health response training (40 Hours CIT, 40 Hours ECIT) and are dispatched to mental health crisis call AND any of the following:

- Upon request of a citizen
- Upon request of a responding member
- The subject is violent
- The subject has a weapon
- The subject is threatening or attempting suicide
- The subject's behavior is escalating the risk of harm to self or others
- The call is at a residential mental health facility

In 2020, ECIT officers were dispatched to **3,780 ECIT calls**. Of these calls, **1.6% involved force**. This includes all categories of force.

As part of the Department of Justice (DOJ) Settlement Agreement, the Compliance Officer/Community Liaison (COCL) publishes regular compliance reports<sup>3</sup>, and hosts town halls to hear public input on those reports. In November of 2020, PPB provided the COCL with its fifth semi-annual evaluation of the ECIT program. As part of this, PPB reports that ECIT officers are on-scene for approximately 70% of calls that meet ECIT criteria, consistent with the report prior (70%). **Generally speaking, ECIT officers respond to 70-75% of all ECIT calls.** Similar to prior evaluations conducted by PPB, the most common reason for an **ECIT officer not being on the scene of an ECIT call is that they were called off or cleared before they could arrive (55%).**

Another outcome regarding the ECIT program was highlighted in the COCL's assessment for 2020 Q4. Their assessment indicated that when an officer determines a subject was not suffering from an actual or perceived mental illness, **the officers were correct in their assessment 97%** of the time – consistent with the findings of the previous 6-month evaluation conducted by PPB.

Also the evaluation of the differences between ECIT and non-ECIT officers when responding to non-ECIT calls (the ability of non-ECIT officers to handle low risk calls with a mental health component in a qualitatively similar fashion is a pillar of Portland's modified Memphis Model approach). One aspect of this is whether a person living with mental illness is transported to the hospital at the same rate regardless of whether the responding officer is ECIT or not. In the past, it has been noted a disparity between non-ECIT and ECIT officers (ECIT officers are more likely to transport to the hospital) but the gap between the two groups had been consistently narrowing. For their most recent evaluation, PPB has found similar results, **indicating that if an ECIT officer arrived on scene, there was a 32.3% probability of the subject being transported to the hospital compared with a 25.4% probability if a non-ECIT officer responded to the scene.**

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<sup>3</sup> <https://www.portlandcocl.com/reports/01/2021/draft-quarterly-report-quarter-4-updates-analysis>

Further, the ECIT training program is evaluated on a scheduled basis<sup>4</sup>. The outcomes included in these reports center on training effectiveness, support, learning objectives, and on the job application.

Last, the BHU has been involved in evaluating mental health partnership effectiveness<sup>5</sup>. The outcomes uncovered in this evaluation were overall, **those that worked more closely with the Portland Police Bureau (PPB) were supportive of the skills and partnership provided by both individual PPB members and the Behavioral Health Unit's (BHU) programs.** The findings also support substantial improvements have been made in the collaboration between the Portland Police Bureau and the local mental health system. **It was clear this success was achieved by the dedication and passion of both those in law enforcement and those in the local mental health field. The findings were supportive of the Enhanced Crisis Intervention Team and other Behavioral Health Unit programs.** They also highlighted the critical need for these programs and further work to be done to enhance these collaborative efforts.

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<sup>4</sup> <https://www.portlandoregon.gov/police/62638>

<sup>5</sup> [portlandoregon.gov/police/62638](https://www.portlandoregon.gov/police/62638) (ECIT Evaluation Report: Mental Health Partnership Effectiveness)

## **Outcomes Associated with the Service Coordination Team (SCT)**

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Evaluations conducted by Portland State University have demonstrated the positive impact of the SCT on the clients it serves. For instance, the most recent PSU evaluation found that of those who had completed the SCT program, **87% had “reductions in post-program arrests” while the remaining 12.1% had no change in the number of arrests** after completing the program compared with prior to completing the program. These findings also mean, “no one who completed the program had increased arrests post program.” **Completion rate was 29.7% for those who engaged in the program for 30 days or longer.** The evaluation also concluded, “**every \$1 the program spends has a corresponding \$20.61 in avoided cost for the community” in terms of criminal justice system costs.**

As part of SCT operation, the Supportive Transitions and Stabilization (STS), program continues to provide a direct housing resource for BHRT clients. Program, which provides direct, service-connected housing for individuals assigned to the Behavioral Health Response Teams. The goal is to decrease police contact by assertively addressing the needs of individuals with mental health, co-occurring disorders, and unstable housing. **The STS program has consistently accepted over 90% of referrals they have received and in the past four quarters, their acceptance rate has been 93.6%. Completion rate for the program was 47% and resulted in 87% reduction in police contacts.**