



**Recommended Action Items  
Regarding the Intersection of the Police &  
The Mental Health System in Portland**

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## **DISCUSSION PROCESS**

Commissioner Dan Saltzman, Commissioner Amanda Fritz, Chief Rosie Sizer, staff from the Commissioners' offices, representatives from the Office of Human Relations, and Portland Police Bureau staff participated in a series of discussions with members of the mental health and developmental disabilities communities, including mental health professionals, advocates, consumers and family members. A complete list of the discussion participants is included at the end of these recommendations.

The discussions focused on how the Portland Police Bureau is doing in its work to improve its interactions with people with mental illness or developmental disabilities, following the tragic death of Mr. James Chasse. Ideas were generated regarding how the Portland Police Bureau and the City of Portland should continue to improve both interactions and relationships with the community. This report summarizes the discussions and recommendations.

The consumers, mental health professionals, and family members of consumers who participated in the discussions were very clear that since the death of James Chasse, there is an increasing hesitance and increased fear of police in the mental health community. This fear may have been exacerbated by the recent shooting deaths of Aaron Campbell and Jack Collins, which happened after our conversations.

Most of the participants felt there is a significant disconnect between the culture of law enforcement in Portland, and the culture of those in the mental health and cognitive disabilities communities. All participants agreed that meaningful two-way and multi-way communication could help bridge this divide and lead to greater understanding by all parties.

During the discussions, Chief Sizer presented information about the many changes that the Portland Police Bureau has made as a direct result of the tragic death of James Chasse. Although not directly related, the Bureau has also made significant changes to its Use of Force policy since that time. A complete list of all changes made since Mr. Chasse's death accompanies this document.

One of the most important changes discussed at length was the Bureau's Crisis Intervention Team (CIT) Training. Many participants expressed their appreciation of the CIT training the police has required of all of its street officers since the death of Mr. Chasse. They noted that they had seen a positive difference in the interactions between the police and those with mental illness, and they commended the Bureau for undertaking this training. Other participants were unaware that the Bureau has made these changes.

Prior to Mr. Chasse's death, the Portland Police Bureau used a voluntary model of Crisis Intervention Training. This meant the Bureau trained only a fraction of street officers who volunteered for the training. Upon reflection, however, it is clear that all police officers routinely deal with people in crisis. After analyzing what could have improved the interactions with Mr. Chasse, the Bureau mandated CIT Training for all of its uniformed officers and sergeants working the streets, to teach them more skills in de-escalating potentially volatile situations. As of December of 2008, the Bureau had trained 540 employees, as well as Multnomah County deputies and some Gresham officers. The Bureau hired a mental health professional in the role of CIT Coordinator. This role was previously held by a sworn Portland Police Bureau member.

Currently, the Portland Police Bureau provides CIT training for every officer in the Bureau's Advanced Academy training. This training builds on the crisis training that all Oregon law enforcement personnel receive at the state's basic academy held in Salem. Officers in Portland's CIT training receive information

on specific mental illnesses, and how people's ability to communicate is affected by their mental status and/or cognitive abilities. Trainers help officers understand the disenfranchisement of people with disabilities, and how that impacts the choices they have available to them. Issues regarding housing, medication, lack of insurance and the complications of co-occurring disorders are emphasized, in order to change traditional thinking on crime and punishment. The Portland Police Bureau is one of only a few police departments in the country to mandate this training for all front-line officers.

The CIT Training provides a history of the mental health system from a national and local perspective, the challenges and barriers to seeking help, and the effects of stigma. Officers hear directly from mental health care service consumers, as well as from officers who have mentally ill or developmentally disabled family members. Information regarding systems issues concerning the jails, emergency departments and local community resources is discussed. Trainers present a review of state statutes concerning the civil commitment process, along with a discussion on the criteria to determine "danger to self or others". Officers practice communication and de-escalation techniques in both classroom and field scenarios. Trainers for the CIT program make every effort not only to provide relevant information, but also to give recruits a deeper empathetic understanding of the experience of being marginalized and how that might affect a person's state of mind and actions during a crisis.

In addition, Chief Sizer presented information on an upcoming collaboration, the Bazelon Project. The Bazelon Center for Mental Health Law is conducting a national pilot in five cities including Portland, using performance improvement strategies to reduce crisis contacts between people with mental illness and the police. The pilot works from the hypothesis that if the mental health system is working optimally, there will naturally be less interface between police and persons with symptoms of mental illness. Portland has been selected as one of a handful of cities to participate in this pilot. Partners are Cascadia,

Multnomah County, Consumer Advocates, Portland Police Bureau and Office of Human Relations, and other key stakeholders. All participants in the conversations believe that this project is very promising.

The Portland Police Bureau has also implemented a Community Partnership program in which new police recruits prior to entering the police academy assist community-based programs for three to five weeks. New officers have participated with Project Respond, Central City Concern, Self Enhancement, Inc., NAYA, and El Programa Hispano/Catholic Charities among others.

The Bureau has also been a collaborative partner with the Human Rights Commission and its Community and Police Relations Committee. The Bureau has provided overviews of various trainings including the Crisis Intervention Training program and Changing Perspectives training which focuses on reducing the unintended impact of police practices and the history of the African American community and the police. The Committee has been able to provide meaningful input to the Bureau as it develops and implements its trainings and will continue to serve in a collaborative advisory role.

## **RECOMMENDATIONS FOR IMMEDIATE ACTION**

Based on these discussions, Commissioners Saltzman, Commissioner Fritz and Chief Rosie Sizer make the following recommendations for immediate action:

### **Police Outreach to Mental Health Community**

Many participants noted that there appears to be a cultural divide between the mental health community and the Portland Police Bureau, and that there is a great need to bridge this gap. Many felt that persons with mental illness or developmental disabilities, instead of feeling like they can go to police for protection, hold an ongoing a fear of police since the death of James Chasse.

**Recommendation:** The Portland Police should work to increase trusting relationships by participating in small group discussions with mental health consumers, advocates, and family members to foster a relationship of mutual trust and understanding, with the intent to humanize all parties. The Portland Police should seek help from the Office of Human Relations, the Office of Neighborhood Involvement, and organizations such as the National Alliance on Mental Illness (NAMI). Police officers should go to meetings in the community at places where people experiencing mental illnesses feel comfortable, rather than expecting community members to come to City events.

**Recommendation:** The Portland Police should participate in mental health community activities and events. The Portland Police Bureau will:

- 1)** Sponsor the NAMI Walk in 2010. We recommend that this become an ongoing annual sponsorship. Commissioner Fritz is the 2010 Honorary NAMI Walk Chair. Police Officers will be encouraged to participate in the walk with their families, the Chief will walk, and Commissioners Fritz and Saltzman will encourage their staff to participate. The goal is to demonstrate support for community mental health services, and to allow

consumers and providers to interact with officers as fellow human beings who care about each other. **2)** Find additional ways for police officers to engage with the mental health community on meaningful levels, in partnership with local and statewide NAMI organizations, Central City Concern, the City's Office of Human Relations and Office of Neighborhood Involvement, and multiple community organizations and advocacy groups. Examples may include visits by Community Policing Officers at meetings of mental health consumers, similar to visits at Neighborhood Associations; dialogues between police and mental health consumers and community advocates under the programs of the Office of Human Relations and the Human Rights Commission; Restorative Listening Project events under the Office of Neighborhood Involvement; and other such partnerships.

### **Revitalize Crisis Intervention Advisory Council**

The Portland Police Bureau is currently advised by a Crisis Intervention Advisory Council. The Advisory Council is made up of consumers, advocates, mental health professionals and family members. The role and mission of the Advisory Council should be strengthened and clarified. Moreover, a member of the Chief's staff should participate in meetings in addition to the CIT Coordinator.

**Recommendation:** Revitalize the Crisis Intervention Advisory Committee. The role and mission of the Advisory Council should be strengthened and clarified. The Advisory Council should help oversee the project delineated below, partnering mental health professionals and police officers. A liaison from the Human Rights Commission and one from the Commission on Disability should be invited to participate. Moreover, a member of the Chief's staff, upon request of the Council should participate in meetings in addition to the CIT Coordinator.

**Recommendation:** The Advisory Council should be utilized to suggest and review policy and training pertaining to individuals who are in crisis, have mental health issues or developmental disabilities.

**Recommendation:** The Crisis Intervention Advisory Committee should also be charged with providing feedback on interactions with the police officers and those experiencing mental illness or those with developmental disabilities. The feedback provided should then be used to provide ongoing performance improvement advice in a non-disciplinary context to officers in the field and/or to inform future training where appropriate.

### **Improve Ongoing Communications with Mental Health Professionals**

The Portland Police Bureau employs an experienced mental health professional as its CIT Coordinator. The Coordinator has improved and expanded communication between mental health professionals and the police, and should continue to do so.

Consumers and/or their caseworkers would like to improve communication soon after an incident with the police, similar to routine debriefing/patient care conferences held by inpatient mental health providers following an incident in the hospital. The aim of this communication should be to provide timely feedback to officers to improve their interactions with those with mental illness or developmental disabilities, and to allow for a two-way dialogue as well as sharing of concerns and experiences by officers. There is a formal and independent complaint system, the Independent Police Review division of the Auditor's Office, which consumers or their caseworkers may choose to use. It is desirable to have a non-complaint-driven, regular mechanism of communication between citizens and officers, and between officers and their supervisors. The goal is continuous improvement in interactions with people

experiencing mental illness, and to foster greater understanding between officers and those they serve.

**Recommendation:** Further expand the role of the Portland Police Bureau CIT Coordinator as the Portland Police Bureau’s contact for mental health workers and consumers. The CIT Coordinator will create mechanisms for ongoing communication, including input from mental health providers, users, and their caseworkers.

**Recommendation:** The City of Portland, Multnomah County, and community mental health care providers and consumers should investigate voluntary sharing of information aimed at ensuring that people experiencing chronic mental illnesses receive ongoing support in the community.

### **Restructure Relationship with Project Respond: Partnering Mental Health Workers & Police Officers in Tandem Service**

Due to reduced funding for community based mental health, law enforcement agencies across the county have played an increasingly important role in the management of persons who are experiencing psychiatric crises. The police are very often the first to be called to deal with persons with mental health emergencies.

Currently the Portland Police’s primary source of mental health assistance is Project Respond. Project Respond is the mobile mental health crisis response team for Multnomah County. Project Respond is accessed through the Multnomah County Crisis Line and provides crisis assessment to individuals and families within the county experiencing a mental health emergency. Project Respond is a vital partner of the Portland Police Bureau. Many

participants in the conversations noted that this relationship could provide even greater care to those the police encounter in crisis.

**Recommendation:** Build upon best-practice models in North America to define a system in which partner police officers and mental health professionals work in tandem to respond to calls and/or conduct outreach together. The Police-Project Respond team would respond to mental health crisis calls, respond to field officers' requests for assistance with persons in apparent mental health crisis, return uniformed officers to patrol duties as quickly as possible when called for assistance with people experiencing mental health crises, and conduct proactive and follow-up investigations on individuals who repeatedly require police intervention, working to help break the cycle of crisis and continued need for police assistance.

These teams have been shown to be effective in resolving emergency situations in the community involving persons with mental illness, and in diverting them to the mental health system rather than to the criminal justice system.

The Police-Project Respond teams identified above also offer the unique benefit of having access to information not usually available when the police respond to individuals in mental health crisis alone, and thus the team may be in a better position to make an accurate evaluation of those individuals. If the team takes the person to a hospital, the mental health professional will have more relevant information to give to clinicians at the emergency department than the police alone would have, which may allow appropriate and effective treatment to be initiated earlier.

**Crisis Assessment & Treatment Center: Re-affirm the City's Support for Initial Capital Funding and Support Ongoing Operational Funding**

Currently, Multnomah County lacks a sub-acute mental health facility - a facility that would serve individuals experiencing a mental health crisis who cannot manage their symptoms on their own yet do not require a hospital stay to become stable.

Former County Chair Ted Wheeler and Mayor Sam Adams jointly committed to the funding necessary to provide the capital resources needed to open the center. The center will be a 16-bed facility offering short-term mental health stabilization treatment in a secure environment. Approximately 600 to 800 individuals could be served each year, with an average length of stay from 4 to 14 days. Admission to the facility will be coordinated through the County's Mental Health Call Center, which will work with police and local hospitals to triage the individuals most clinically appropriate for admittance to the center.

The County has identified \$2.1M of annual operating revenue from federal and state sources to fund the Center. \$1.1M annually still needs to be secured for operation of this vital community resource.

**Recommendation:** The City should partner with Multnomah County to fill the funding gap identified to open and operate the Crisis Assessment & Treatment Center. The City should continue to engage in the planning of the Center and its operations, to ensure the Center complements the services of the Portland Police Bureau. Commissioners Saltzman and Fritz recommend that operating expense gap should be shared evenly by the City and the County, to meet both social service and community public safety needs.

### **Support Additional State & Federal Mental Health Funding**

Due to a reduced lack of funding from state and federal partners, law enforcement agencies are playing an increasing role in the management of persons who are experiencing mental health crises. The police are often the system of last resort for people who fall through the cracks in the mental health system. To affect real change in our mental health system and in interactions between those with mental illness and police, community and hospital mental health services need adequate funding.

**Recommendation:** The City of Portland should use its Office of Government Relations Office and the advocacy of its elected officials to advocate on the state and federal level for stable and adequate funding for mental health services. We should join with our community partners and county partners in advocating for these resources. This must become part of the City's legislative platform and become a priority for the City, if the interactions with police and those in mental health crisis are to improve.

### **Increase Interaction with Multnomah County Crisis Line and 911**

When an individual in crisis calls 911, a Portland Bureau of Emergency Communications call-taker should sometimes connect the individual with the Multnomah County Crisis Line, a 24 hour-a-day phone based mental health triage service, rather than the police. Currently, it is the standard protocol for the 911 call center to send Portland Police Bureau officers to respond to mental health crisis calls.

**Recommendation:** The Portland Bureau of Emergency Communications and the Portland Police Bureau should work with the Multnomah County Crisis Call Center to increase their interaction when a call regarding a mental health crisis comes in to 911 - examining and defining situations, where appropriate, when a caller or person in crisis should interact

directly with the Crisis Call Center and not have a uniformed police officer sent out.

## **RECOMMENDATIONS FOR ADDITIONAL FOLLOW-UP**

In addition to the immediate action item recommendations, Commissioners Saltzman, Commissioner Fritz and Chief Rosie Sizer make the following recommendations for additional follow-up:

### **Peer-to-Peer Mental Health Drop-in Centers**

A great need for peer-to-peer mental health drop-in centers was identified in the discussions. A peer-to-peer drop in center would provide a program of support and opportunities for people with severe and persistent mental illnesses. In contrast to traditional day-treatment and other professional day program models, Clubhouse participants and their restorative activities focus on strengths and abilities, rather than illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. Services are provided by peers. Clinical aspects of traditional programs have been removed so as to focus on the strengths of the individual, rather than their illness. All participation in a Clubhouse is strictly on a voluntary basis. The Clubhouse provides a safe and supportive place for individuals experiencing mental illness to spend time, possibly lessening interactions with law enforcement and more expensive medical treatment options. Multnomah County will be considering a budget request in the 2010/2011 fiscal year to open such a Clubhouse. The City of Portland and Portland Police Bureau should examine potential partnerships with Multnomah County and the Clubhouse, if it does open.

## **Improve Emergency Room Experiences for those with Mental Illness, Law Enforcement Personnel, and Hospital Staff**

Currently, the police do not have adequate or appropriate places to take those suffering from mental illness. The options are usually either jail or the Emergency Room. Jail is not the appropriate place to take a person in mental health crisis. An Emergency Room visit may not result in the person receiving treatment. This is an untenable situation for the person experiencing mental illness as well as the police officers and medical practitioners. If the person is not admitted to the hospital, the police may re-encounter the individual a short time later, often in an even worse state of mental distress. While the Crisis Triage Center may alleviate this problem to some extent, it will not solve the problem.

Commissioners Fritz and Saltzman intend to continue to explore improving the Police Bureau's relationship with hospital Emergency Rooms and improving outcomes for those with mental illness. This is an extremely complicated issue. There is more work to be done with our hospital partners before considering specific action items. To that end, the Commissioners will invite our hospital partners to begin dialogues aimed at improving the Emergency Room experience for those with mental illness, law enforcement officers, and hospital staff.

## **CONCLUSION**

Commissioners Saltzman, Commissioner Fritz, Chief Sizer and the Portland Police Bureau share many community concerns regarding care of people experiencing mental illness. We commit to:

- Improve community care and support systems for assisting people experiencing mental illness;
- Reduce unfavorable interactions between police officers and people experiencing mental illness, and increase positive outcomes in such interactions;
- Develop meaningful, constructive partnerships between police officers, City and County bureaus/agencies and support services, hospitals, community organizations, and mental health care consumers; and
- Work to secure funding for necessary system improvements.

## **LIST OF DISCUSSION PARTICIPANTS**

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